

Health & Adult Social Care Overview & Scrutiny Committee**Date: Tuesday, 15 November 2016****UPDATE ON MEDWAY NHS FOUNDATION TRUST**

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Summary:

This report seeks to inform the Health & Adult Social Care Overview & Scrutiny Committee of the progress that has been made since we last attended the Committee on Tuesday, 21 June.

Background:

As the Committee will recall, following the Care Quality Commission's (CQC) January report on the Trust, 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.

In April, following fieldwork carried out by the CQC the previous month, the Chief Inspector of Hospitals Sir Mike Richards 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.

This paper provides an update on progress since our appearance at June's committee.

Progress with our Trust Recovery Plan:

Our Trust Recovery Plan continues to progress well. As well as focusing on delivering against the six commitments set out above, we have over the last quarter been focusing on stabilising our finances, introducing new technology to reduce our dependency on paper-based systems and improving care for patients whose conditions deteriorates.

Over the past few months, we have been very pleased to welcome both the Health Secretary Jeremy Hunt (in June) and the Health Minister, Philip Dunne (in September), both of whom acknowledged the progress we are making. Patients are also recognising our progress; according to the quarterly *NHS Friends and Family Test*, the percentage of patients who would recommend Medway Maritime Hospital as a place to be cared for has risen to 85.2 per cent.

Progress with the new Medical Model:

The Committee was interested, when we appeared in June, to hear more about the how our new medical model works. The model was introduced in March and is 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 new model has developed the following benefits:

- Patient triage has been simplified. GP referrals and patients who come to the emergency department and are in a stable condition are triaged into the ambulatory care assessment area (Lister ward). Meanwhile, those who come to the Emergency Department and are critically unwell are triaged to the admissions wards (Gundulph and Wakeley). This has allowed better flow of patients through the hospital.
- For those patients that are admitted, the Medical Model is reducing the number of consultants they see. This means, that ideally, patients should have no more than two consultants managing their care, the initial admitting consultant and a subsequent specialist.
- The Medical Model is helping reduce waiting times in the Emergency Department. 82 per cent of patients are now seen and treated within four hours, compared to 73 per cent in March 2016.
- More than 95% of those with minor injuries are seen within four hours and 25 per cent of patients are seen by our primary care colleagues from Medway Community Healthcare. This has significantly improved patient experience.
- The length of time that patients stay in hospital has reduced. Around 65 per cent of medical patients are now discharged within a day, compared with 20 per cent before its introduction. Lister Ward received a Certificate of Achievement at the recent Emergency Ambulatory Care National Network for being the most improved unit in the country, on account of the reductions in the number of patients staying overnight since the unit opened in March.
- The average length of stay on our admissions wards for patients under 80 years of age has also gone down from 11 days to around three.
- However, our admission rate for emergency admissions that includes over 80s patients is increasing - up by 11 per cent - and the number of medically fit for discharge patients has also increased. We are working with our local partners in order to understand the circumstances that have caused this. This

is an ongoing collaboration, as well as delivering solutions for the lack of suitable placements for our older and frailer patients in the community.

- In addition, there has been an increase in the number of patients on the admission wards staying less than 48 hours.

Emergency Department:

The Emergency Department continues to face significant pressures; the number of people coming to the department has risen by around 12%, year on year. These pressures are impacting our performance against the national four hour target; this is improving slowly, but not at the pace we would want. However, the Department has seen a number of milestones in recent months:

- Patients are no longer being seen in the corridor.
- We are now consistently the best performing Trust in the region in terms of the speed in which patients arriving by ambulance are seen.
- We are getting to grips with the significant vacancy rate we saw among nurses in the past – having had a 65% vacancy rate in November 2015, we had a vacancy rate of just 23% in September.
- We have just begun the main phase of work in the construction of the new majors area of the department, where people with major injuries and life-threatening conditions are seen. This is the final part of our redevelopment of the department, and follows the completion of a new children's emergency department and area for people with minor injuries last year. Once the majors redevelopment has been completed, by the end of 2017, the department will consist of 24 bays in majors, seven bays in resuscitation, and 10 bays in the Clinical Decisions Unit (CDU).

Staffing:

Recruitment and retaining permanent colleagues and reducing our dependency on agency staff, remains one of our highest priorities. We have continued to step up our recruitment and retention drives with a number of activities:

- We are undertaking a local recruitment drive, which includes advertising on billboards, buses, train stations and social media.
- We are stepping up our partnerships with local universities and our presence at external recruitment fairs.
- We are mounting a new drive to recruit nurses from the EU and also trialling campaigns to bring in staff from countries outside the EU.
- Reviewing our incentives arrangements, analysing why people leave, and stepping up our leadership development activities in order to improve our retention rates. Turnover of staff has decreased slightly in recent months.

These activities will continue apace in the coming months.

Mortality:

High mortality rates at the Trust were one of the principal reasons why it entered into special measures in 2013. In January 2014, our hospital standardised mortality rate (HSMR) stood at 120, one of the highest in the country. Since then, we have put in place a whole range of measures to engender a better safety culture throughout the hospital and a focus on patients whose conditions deteriorate. The result is that our

HSMR has reduced considerably to 100.19 and is almost line with the national average of 100.

Financial stability:

As the Committee will recall, we ended the 2015/16 financial year with a deficit of around £52 million. This was worse than both our original plan and our projections when we put together our half-year forecast in autumn 2015.

The deficit continued to grow because, in response to the CQC's findings, we took the decision to invest in initiatives to improve the quality of patient care. The financial pressures were 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 due to the rise in emergency patients over the level we planned for. This led to a significant drop in our income and the rise in emergency patients – 12 per cent in the last six months - has meant we have had to keep beds open beyond the winter, which incurs increased unfunded staffing costs.

We are determined to stabilise our financial position. Going forward, our recovery plan will focus on delivering greater efficiency and cost reduction, while not compromising on patient safety and quality.

We are aiming to make a saving of £12.6 million in the 2016/17 financial year, representing more than four per cent of our operating costs. We have already made a good start to the year, having met our savings target for the first financial quarter of 2016/17. This has been achieved by procuring goods and services at a lower cost than before. Our plans for the later part of the year include increased early efficiency gains in the way we deliver our services, as identified in the Lord Carter review. We are developing a long-term financial recovery plan and look to build upon this positive momentum until we return to a secure financial footing.

Going smoke-free:

I am delighted that we went smoke-free as a Trust on 17 October. We are pleased with progress after the first few days, with the front entrance free from the clouds of billowing smoke which used to be there. Staff have responded to the change well and hardly any patients are defying the new rules. We continue to work with local residents around the hospital to ensure that they are not adversely impacted by displaced smokers smoking outside their homes.

Sustainability and Transformation Plan:

We continue to work well with our partners to develop the Sustainability and Transformation Plan (STP) for Kent and Medway and are pleased that the governance of this is being put on a more formal footing. The final submission of the Plan was on 21 October.

Other issues for which the Committee has asked for information:

Review of lifestyle services:

The contractor responsible for providing in-house entertainment services at Medway Maritime Hospital has repeatedly refused to engage with the Trust about meeting its obligation to provide and install new equipment that meets the existing Health and Safety and infection control standards.

The main issue is that the large majority of in-house entertainment systems – TVs for example – are installed on bedside cabinets that no longer meet the required standards.

We are now seeking legal representation, with the view of ending the contract before the agreed end date. We will seek to update the committee on the progress of this in the near future.

Can food menus at the hospital detail calorific values?

Our catering contractor, Anglia Crown, has provided the full list of nutritional information from the current patients' menus to our team of expert dieticians. We have also provided the dieticians with a full list of the menus currently in circulation on our wards.

They are currently reviewing the menus to identify all the nutritional information. In addition to this, the dieticians have also agreed to review the food items that are supplied directly from the staff restaurant to identify the calorific content.

We have contacted the company who currently publish our patient menus to inform them of our plan. We will be providing the publishers with a full detailed report of what we want - and expect to see this printed on the menus.

If it proves difficult to fit nutritional and calorific information on the existing patients' menus, one option is to create a small calorific information booklet that can accompany the menus, or be placed on the wards. We will seek to update the committee on the progress of this in the near future.

The current percentage of staff from the European Union who are non-British:

The current percentage of staff working here from the European Union who are non-British is 5.15%. This data is effective as of Saturday, 1 October.

Conclusion:

The last few weeks of 2016 will be extremely busy for the Trust, as we welcome the CQC back on 29/30 November, continue to work on our financial recovery, and develop the next steps on the Sustainability and Transformation Plan with our partners.

We are confident and optimistic about the challenges that we face and look forward to discussing these with the Committee on Tuesday, 15 November.