

Medway NHS Foundation Trust – update

1. BACKGROUND

- 1.1 Medway NHS Foundation Trust was inspected by the Care Quality Commission in April and June this year.
- 1.2 The inspection took the form of announced and unannounced reviews of core services, an inspection related to Infection Prevention and Control, and a review under the CQC's 'Well Led' domain.
- 1.3 The Trust received high level feedback, with a formal report expected in late June or early July.
- 1.4 These inspections followed an unannounced visit in December following which the CQC highlighted the need for urgent improvements in care for patients attending the Emergency Department.
- 1.5 In response to the December inspection the Trust has implemented a number of actions.
- 1.6 The Trust's Our Medway Improvement Plan covers these, as well as a wide programme of improvements across the Trust.
- 1.7 In February the Trust received a report from the Care Quality Commission following an unannounced inspection of the hospital's Emergency Department in December 2020.
- 1.8 At the same time, the Trust has been managing demand in the context of the COVID-19, with a current focus on restoring services to reduce the backlog of elective, outpatient and diagnostic appointments which has arisen due to the pandemic.

2. CQC VISITS IN APRIL AND MAY

- 2.1 In April the CQC notified the Trust that they would be carrying out unannounced inspections, a review of Infection Prevention and Control (IPC), and an inspection under the 'Well Led' domain. This was in line with our expectations about the timescale for future inspections.
- 2.2 On 28 April they carried out their first unannounced inspection, looking at medical services including and old people's care. During the day, they visited a number of wards and clinical areas and spoke to staff and patients.
- 2.3 They returned on 5 May for the IPC inspection, visiting clinical areas, and observing staff behaviours and processes.

- 2.4 On 12 May they returned to inspect Children's and Young People's Services, reviewing paediatrics and our neo-natal unit.
- 2.5 On 12 and 13 May the team also held a focus group for junior doctors, received a presentation from our older people's team, and visited our Coronary Care Unit.
- 2.6 The final part of the inspection was the Well Led review during the week beginning 24 May, which involved interviews with Board members and Governors, and assessments of our governance and leadership.

3. FEEDBACK

- 3.1 We are currently awaiting a formal CQC report following the recent visits, with publication expected in late June or early July.
- 3.2 Following the visits the Chief Executive, Dr George Findlay, received high level feedback from the inspection team, which was largely positive.
- 3.3 They praised staff, describing them as welcoming, open and willing to talk about their achievements with pride, as well as how they approach the challenges they face.
- 3.4 Inspectors acknowledged good practice and said they had seen improvements.
- 3.5 However, as we would expect, they also noted areas for improvement, although these were mainly minor, and where there were concerns we already had plans for improvements.

4. INSPECTION OF URGENT AND EMERGENCY CARE

- 4.1 On 14 December 2020 the CQC carried out an unannounced inspection of the adult Emergency Department (ED) and the paediatric (children's) ED.
- 4.2 They provided feedback which led to some immediate improvements, and their formal [report](#) was published on 25 February.
- 4.3 At the time of the inspection, the hospital was in the grip of the second wave, with 213 COVID-19 inpatients, more than 50 per cent higher than at the height of the first wave in April 2020.
- 4.4 Bed occupancy was high in December, at 93 per cent, leading to challenges with the flow of patients through the hospital, while the number of ambulances was far higher than normal, and higher than in other parts of Kent.
- 4.5 Around this time the Kent variant was acknowledged as being responsible for the surge in cases.

- 4.6 Inspectors noted concerns about patients experiencing lengthy waits in ambulances, and while waiting to be admitted to wards.
- 4.7 They also highlighted areas for improvement in the way records of patients' care were kept, the escalation of deteriorating patients, and some aspects of IPC.
- 4.8 The report also noted that there was poor flow out of the department at times, with some patients experiencing substantial delays before being admitted or discharged.
- 4.9 The team felt the department leadership, governance and culture did not always support the delivery of high-quality person-centred care for patients, although they praised the compassionate care provided by our staff and made other positive observations.
- 4.10 The CQC subsequently issued a letter of intent relating to a Section 31 notice, which was followed by the issuing of a Section 29a notice. A warning notice under Section 29a is served when the CQC identifies issues across either the whole or part of an NHS Trust and decide there is a need for significant improvement. The Trust produced an action plan to address the concerns raised.
- 4.11 Unfortunately, following publication of the report the rating for the Emergency Department was lowered to Inadequate.
- 4.12 The department was rated Good for 'caring' and 'effective'. Unfortunately 'responsive', 'safe' and 'well-led' were rated Inadequate.
- 4.13 The change in ratings did not affect the rating for the whole hospital, which remained as Requires Improvement.

5. IMPROVEMENTS SINCE THE DECEMBER INSPECTION

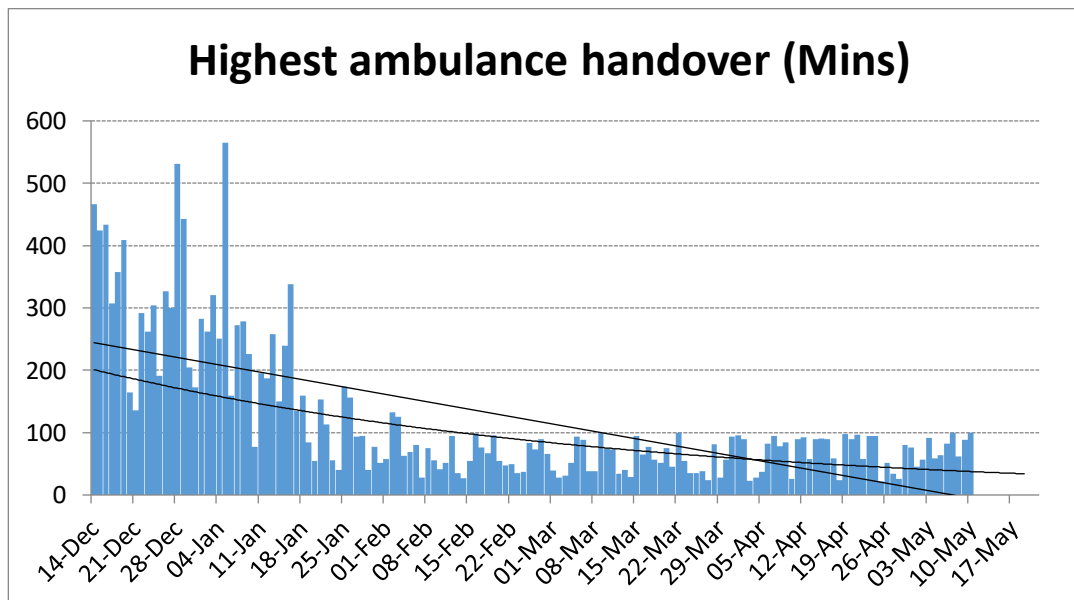
- 5.1 The Trust introduced a Patient FIRST project with support from the national Emergency Care Improvement Support Team (ECIST) to improve emergency care pathways and support the themes that emerged from the December 2020 CQC inspection.
- 5.2 The project began planning in January 2021 and now includes three workstreams:
- Acute Care Transformation (ED, Acute Medicine, Frailty Assessment)
 - Flow and Discharge
 - Site Management
- 5.3 Patient FIRST has the following aims:

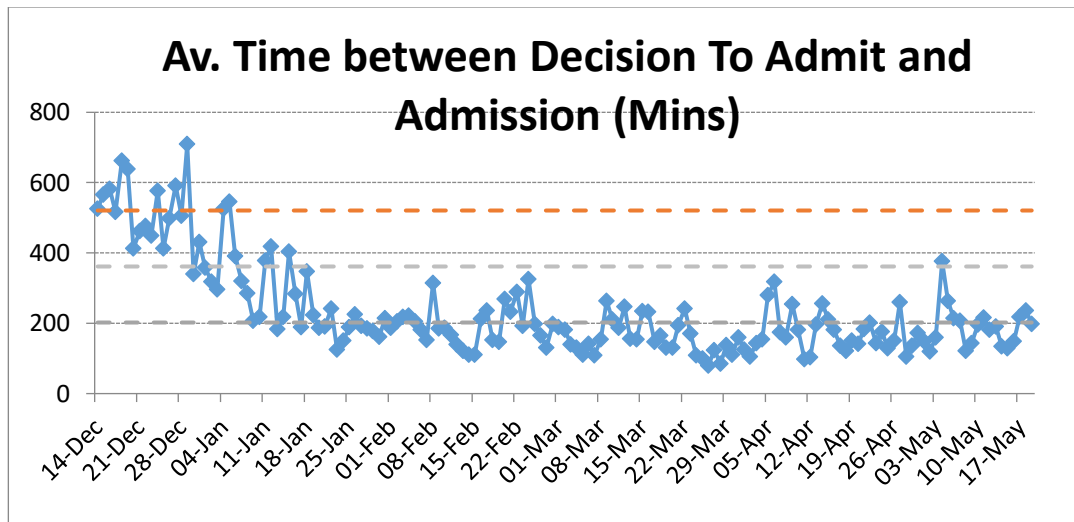
- Improving the patient safety, care quality and experience for all emergency patients
- Reducing the ambulance handover delays and decisions to admit (DTAs) in the ED, thereby improving the currently poor patient experience and long and unsafe waiting times we are providing
- Supporting safe and effective discharge of patients to maintain a safe, flowing hospital and reduce avoidable harm to patients
- Embedding professional standards within the ED and throughout the non-elective pathway to improve the working day of our teams
- Improving the visibility and capability of our clinical and operational leadership – during this period of pressure and in the long-term

5.4 A number of key metrics measure the effectiveness of the project, including ambulance handover times and the time patients wait to be admitted to a ward after being seen by a specialist.

5.5 I am pleased to say that in both cases these have improved significantly. This is in spite of the fact that attendances at our Emergency Department have continued to be high; although we now have very low numbers of COVID-19 patients, there has been an increase in the number of patients with non-Covid related illness.

5.6 The graphs below show progress since December:





- 5.7 We are now also embedding ‘SAFER’ and Home First principles into ward practice, resulting in an increase in discharges before noon since mid-February. A new electronic form will also aid flow and timely discharge and replace the existing paper-based system.
- 5.8 The Trust continues to receive support from the national support team, and has an Improvement Director from NHS Improvement working alongside senior leaders.

6. NEXT STEPS AND CONCLUSION

- 6.1 The Trust has had a number of challenges exacerbated by the high level of COVID-19 experienced during the second wave.
- 6.2 The Patient FIRST programme, along with other improvements such as a Surgical Assessment Unit opened in April 2021, and improvements in our frailty pathway, have seen notable improvements in care for our patients.
- 6.3 Ambulance waits have been reduced, we have reduced waits for admissions from the Emergency Department, and flow through the hospital has been improved, with delays to discharge reduced.
- 6.4 As well as continuing to embed these improvements, we are working hard to reduce the backlog of appointments for elective surgery, outpatients and diagnostics.
- 6.5 Importantly, we also have plans in place to manage any future wave of COVID-19, and to prepare for winter.

Appendices

Appendix A – Action Plan