

## Medway NHS Foundation Trust – update

### 1. BACKGROUND

- 1.1 At the time of the Trust's last report to the Committee (June 2021) we were awaiting the outcome of inspections by the Care Quality Commission in the spring.
- 1.2 The CQC had inspected Medical Services including Older People's Care, and Children and Young People's Services.
- 1.3 During the visit they also visited the Coronary Care Unit.
- 1.4 They had also reviewed Infection Prevention and Control (IPC) at the hospital and assessed leadership at the Trust under their 'Well Led' domain.
- 1.5 At that time we were making good progress with actions following an earlier inspection of Urgent and Emergency Services that had taken place in December 2020.

### 2. URGENT AND EMERGENCY CARE INSPECTION DECEMBER 2020

- 2.1 At the time of this inspection, on 14 December 2020, the hospital was in the grip of the second wave, with 213 COVID-19 inpatients. This was associated with the newly-emerging Alpha (or Kent) variant which was subsequently identified.
- 2.2 Inspectors noted concerns about patients experiencing lengthy waits in ambulances, and while waiting to be admitted to wards.
- 2.3 They also highlighted other areas for improvement, such as the way records of patients' care were kept, the escalation of deteriorating patients, and some aspects of IPC.
- 2.4 Unfortunately, following the visit, the rating for Urgent and Emergency Services was lowered to 'inadequate'.
- 2.5 The Trust implemented a number of immediate actions to address the findings, particularly targeting ambulance handover times and waiting times for admission.
- 2.6 Changes included:
  - Enhanced audits and safety checklist
  - Acute Assessment Unit model introduced
  - Enhanced training for key staff
  - Nationally-recognised programme introduced, aimed at reducing time from decision to admit, to admission

- New twilight shifts for nurses to ensure better handover
  - Better segregation of areas within the Emergency Department to minimise the spread of infection
  - A new process, working with mental health providers, to improve waiting times for mental health patients.
- 2.7 The Trust has a Quality Panel that meets regularly to ensure actions are appropriate, and that improvements are embedded.
- 2.8 All 'must do' and 'should do' actions identified by the CQC have now been closed.
- 2.9 Although the pressure due to COVID-19 has reduced since the peak of the second wave, ambulance attendances have remained high throughout the summer, with more presentations than usual for this time of year.
- 2.10 The reasons for this are felt to be traditional 'winter' demand being experienced in the summer, delays in some patients seeking treatment, deconditioning, particularly for those patients with long-term conditions, and a perceived or actual lack of primary care access. GP consultations are actually higher than 2019 levels, but fewer are face to face with some surgeries returning to face-to-face consultations more recently.
- 2.11 The percentage of patients streamed away from the emergency department to either MEDDOC or the Urgent Treatment Centre has not changed significantly. Our experience at Medway is similar to that seen in other local acute hospitals.

### **3. CORE SERVICES INSPECTIONS – APRIL AND MAY 2021**

- 3.1 A report following the April and May inspections of core services was published in late July 2021. The report can be found at <https://www.cqc.org.uk/provider/RPA>
- 3.2 It noted a number of improvements in Medical Care and Old People's Care, and Children's and Young People's Services. In particular, it 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.
- 3.3 Inspectors acknowledged good practice and said they had seen improvements.
- 3.4 Feedback for Medical Care included:
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. We observed positive interactions between staff and patients. Staff introduced themselves to patients before providing care and included patients in discussions about their care. This was an improvement from the last inspection.
  - Staff kept detailed records of patients' care and treatment, although there were separate systems for this. The service primarily used an electronic patient record system but we noted some patient care was recorded on a paper system.

- The service treated patient concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.
- Staff assessed and monitored patients and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service had a vision for what it wanted to achieve and each care group had developed individual strategies to achieve this. Staff were aware of the vision and strategy and the part they played in achieving this.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.
- Staff followed guidance in relation to social distancing and the use of personal protective equipment on the wards we visited. However, we escalated our concerns to trust leaders about the coronary care unit as it was unclear if social distancing guidelines were being met due to the environment.
- Staff felt respected, supported and valued by their colleagues.

3.5 The report also noted areas for improvement, and although in most cases where there were concerns we already had plans for improvements, we recognise that we have more to do.

3.6 The rating for Medical Care and Old People's Care was lifted from '**inadequate**' to '**requires improvement**'.

3.7 Actions required in response to areas highlighted included:

- Mandatory training records to be uploaded to electronic systems in all cases
- Medicines brought in by patients are recorded at admission and stored securely
- Paper patient records to be completed in full contemporaneously
- The trust must ensure that there are sufficient numbers of appropriately skilled staff in clinical areas.

3.8 The CQC also highlighted a number of actions that the Trust 'should do' and these are incorporated in an action plan with the 'must do' actions. Good progress is being made.

3.9 Feedback in relation to Young People's Services included:

- The service had enough staff to care for children and young people and keep them safe. Staff had training in key skills, understood how to protect children and young people from abuse, and managed safety well.
- The service controlled infection risk well.

- Staff assessed risks to children and young people, acted on them and kept good care records.
- The service managed medicines well.
- Leaders ran services well using reliable information systems and supported staff to develop their skills.
- Staff understood the service's vision and values, and how to apply them in their work.
- Staff felt respected, supported and valued.
- The service was focused on the needs of children and young people receiving care.
- Staff were clear about their roles and accountabilities.
- The service engaged well with children, young people and the community to plan and manage services and all staff were committed to improving services continually.

3.10 Services for children and young people were rated '**good**' in the safe domain, where previously they have been '**requires improvement**'.

3.11 This feedback was encouraging, and a tribute to the hard work of teams in these services.

## **4. LEADERSHIP ASSESSMENT – WELL-LED DOMAIN**

4.1 The Trust had previously been rated 'inadequate' for its leadership. Following the inspection the rating was lifted to 'requires improvement'.

4.2 This represented welcome recognition for the improvements that have taken place, while we acknowledge we are not yet where we want to be.

4.3 Areas for improvement are being addressed. Actions include:

- Improved clinical oversight of and learning from incidents
- A review of mortality governance processes
- Review of governance in relation to the Mental Health Act
- Review of the Trust's Audit Committee.

## 5. INFECTION PREVENTION AND CONTROL (IPC)

- 5.1 The CQC carried out an inspection of our Infection Prevention and Control processes in May 2021.
- 5.2 The report following the visit noted improvements and good practice in many areas, but also highlighted areas where actions were required.
- 5.3 The team visited the Emergency Department, outpatient clinics, adult discharge lounge, the surgical and medical assessment units and the therapies department - including the rehabilitation gymnasium.
- 5.4 They also visited public areas and staff rooms to observe social distancing practices. During the visit, they spoke to 18 staff members including nurses, doctors, matrons, managers, allied healthcare professionals, housekeeping and support staff. The inspectors observed practice and reviewed patient records and medication charts to assess compliance with national guidance.
- 5.5 There was no rating associated with this visit.
- 5.6 Infection Prevention and Control was also the subject of a visit by the national IPC team. They visited:
  - The Emergency Department and Children's ED
  - Keats ward
  - Bronte ward
  - Sapphire ward
  - McCulloch ward
  - Jade ward
  - Labour ward
  - Ante Natal Clinic.
- 5.7 Their report in April said the visit "highlighted good progress against several of the recommendations and priorities identified and it was clear that the trust has been working hard to improve infection prevention practice across the organisation."
- 5.8 The team spoke to a range of staff who they said were "keen to engage with the team and showcase the improvements they and the Trust had implemented to support and monitor practices for a COVID-19 safe environment." They added that: "Staff felt there had been improvements in IPC since the pandemic began and that their wellbeing was being supported by the Trust through access to relevant services."
- 5.9 Actions since the visit have addressed areas for improvement noted by the team.

## 6. IMPROVEMENT PLAN – NEXT STEPS

- 6.1 The Trust's overarching improvement plan has been refreshed and aligned to five strategic priorities.
- 6.2 ED performance, patient flow and discharge are among the main areas of focus.
- 6.3 Recovering elective services, including cancer, surgery and diagnostics, is also a key initiative.
- 6.4 The priorities sit within the Trust's new **Patient First** strategy, which builds on the foundations of previous improvement plans. For the first time **Patient First** provides support for staff to be involved in and deliver improvements, with training, programme management and improvement methodologies.
- 6.5 **Patient First** has been instrumental in driving improvements in a number of other trusts and is recognised by NHS England/Improvement and the CQC.