

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

16 AUGUST 2022

MEDWAY NHS FOUNDATION TRUST UPDATE

Report from: Jayne Black, Chief Executive, Medway NHS Foundation Trust

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Summary

This report provides an update on improvements at Medway NHS Foundation Trust, and the Trust's Patient First strategy for further improvements. It also covers recent performance in emergency care, elective surgery, cancer care, and diagnostics.

1. Budget and policy framework

1.1. This report provides an update on progress with improvements to patient care.

1.2. 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 Overview and Scrutiny Committee as set out in the Council's Constitution.

2. Background

2.1. Medway NHS Foundation Trust last reported to the Committee in October 2021 when we provided an update following inspections by the Care Quality Commission.

2.2. At that time leadership at the Trust had been lifted from 'inadequate' to 'requires improvement'.

- 2.3. Although improvements had been noted in Medical Care and Old People's Care, and Children's and Young People's Services, Urgent and Emergency Services were rated as inadequate and the Trust was required to carry out a number of actions.
- 2.4. The CQC returned to inspect Urgent and Emergency Care Services again in February 2022.

3. CQC report – Urgent and Emergency Services

- 3.1. The CQC published its report on 24 June 2022, and the Trust was delighted that it recognised the significant improvements that have been made to the way emergency care is provided at the hospital.
- 3.2. The service was rated as 'Good' overall, whereas previously it had been rated as 'Inadequate'.
- 3.3. In the report, inspectors commended staff for managing infection control risks, assessing risks to patients, and acting upon them. They praised the way care was planned to meet the needs of local people and the individual needs of patients. They also reported that staff felt respected, valued, and supported and that they were focused on the needs of patients receiving care.
- 3.4. A number of improvements had been made following the CQC inspection of the Emergency Department in December 2020, including:
 - Working with health partners on a collaborative approach to managing demand in the Emergency Department, leading to a reduction in the number of patients waiting in ambulances for longer than 60 minutes.
 - Putting processes in place to quickly identify patients who are deteriorating in ambulances so they can be prioritised.
 - Increasing reviews of patients waiting to be admitted resulting in greatly reduced waiting times.
 - Opening an additional 20 beds in order to cope with demand.
 - Instigating a multi-agency approach to increase timely discharge for patients who do not need to be in the hospital.
 - Introducing a tailored development programme to improve leadership and culture.
- 3.5. For our staff the recognition from the CQC and the improved rating was a tribute to their hard work, and a boost to morale after a very challenging period. For patients it gave confidence that issues raised were being addressed and that in many respects the services had improved.
- 3.6. However, the Trust acknowledges that there is more work to do to get to 'Outstanding' and actions to address this will be pursued through the recently launched Patient First strategy (see below).

- 3.7. We know that we do not get it right every time, and that on occasions patients do not have the experience they deserve and should expect. We are implementing a new Patient Experience Strategy to ensure we listen to patients, carers and families, and address their feedback through our improvement programme.

4. Performance

Emergency Department

- 4.1. Over the summer the Trust has experienced high levels of demand, with attendances above that normally expected at this time of year. This has led to longer waiting times than we would wish to see in our Emergency Department, and we apologise to patients whose experience has been affected as a result of long waits.
- 4.2. The Executive Team has instigated a focus on ensuring patients are seen, treated and admitted or discharged within four hours, including using an electronic Patient Tracking List enabling us to match demand and capacity, and the four-hour metric has now begun to stabilise.
- 4.3. The pressure on the Emergency Department is not only related to increased attendance and the higher than usual acuity of patients, but also linked to a poor discharge profile in the hospital, which leads to reduced flow of patients.
- 4.4. We are working closely with partners in the community and at system level to ensure packages of care are in place for patients who are medically fit to go home; currently the number of patients in the hospital who are medically fit is high which is not good for those patients. Reducing the average length of stay is one of our priorities.
- 4.5. We are also looking at other projects to support patients who do not need to be in a bed within the acute hospital.
- 4.6. In addition, we have focused on improving ambulance handover times, and have introduced a pilot scheme called the Hospital Ambulance Reception Improvement System (HARIS) which has already identified areas for improvement.
- 4.7. We are also introducing a new medical model to optimise the care of patients within the Emergency Department and other parts of the urgent care pathway.

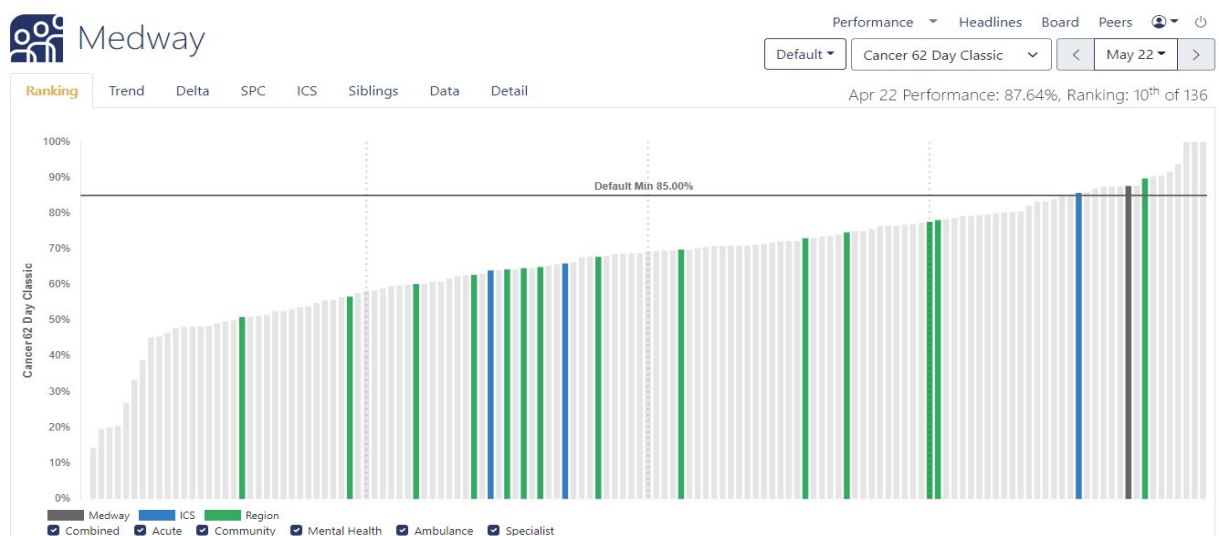
Elective surgery

- 4.8. As has been widely reported in the media, across the country waiting lists for elective surgery have grown significantly during the pandemic. We are very conscious of the impact this has on patients waiting for operation and procedures and for many months have been working hard to address the backlog.

- 4.9. We made good progress, but unfortunately further waves of COVID-19 have led to setbacks and so we have seen demand increase beyond modelled levels.
- 4.10. Actions taken include utilising capacity within private providers, working with commissioners to support pathway reviews for specialties that are more challenged, and looking at additional bed capacity outside of the acute hospital to free capacity within to decrease waiting times for our surgical patients.
- 4.11. Importantly, we have dramatically reduced the number of patients waiting more than 52 weeks for surgery, which had risen during the pandemic when we had to cancel operations to deal with the high numbers of Covid patients.
- 4.12. The next step is to bring down the number of patients waiting for 40+ weeks. We know lengthy waits affects the quality of life for patients, so reducing waiting times is a priority for us, but unfortunately it will take some time to return to pre-pandemic levels.

Cancer performance

- 4.13. Maintaining services for cancer patients has been a priority throughout the pandemic, and the Trust was proud to achieve compliance with national standards for patients being treated within 62 days of a GP referral for the first time in nearly three years.
- 4.14. In recent months we have been challenged by further waves of COVID-19 which have impacted on our services both in terms of capacity within the hospital and in relation to staffing.
- 4.15. However, in May we were one of the best performing trusts in the country for this target as the graph below shows.



- 4.16. Our performance for cancer patients being seen within two weeks and receiving a diagnosis within 28 days has also held up well.

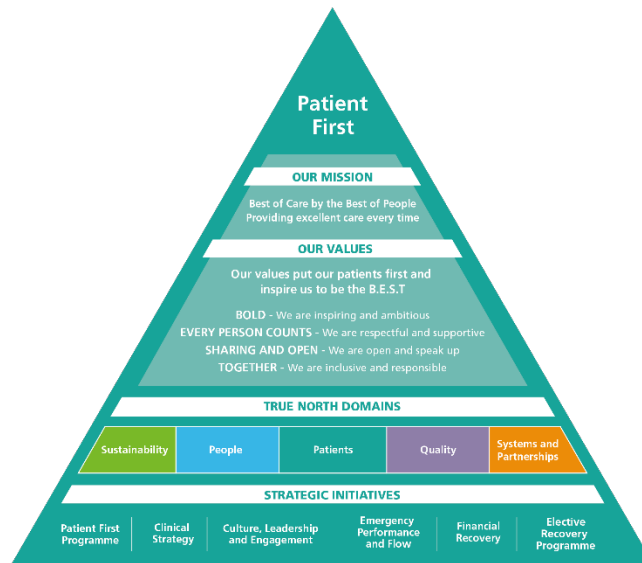
Diagnostics

- 4.17. We are currently working to improve our performance for diagnostics. Although it has improved recently, there are still areas where waits are longer than we would like – for example for endoscopy and MRI.
- 4.18. We have plans in place to improve the service for these patients, and in the meantime have increased the use of private providers to reduce waiting times for a number of specialties.

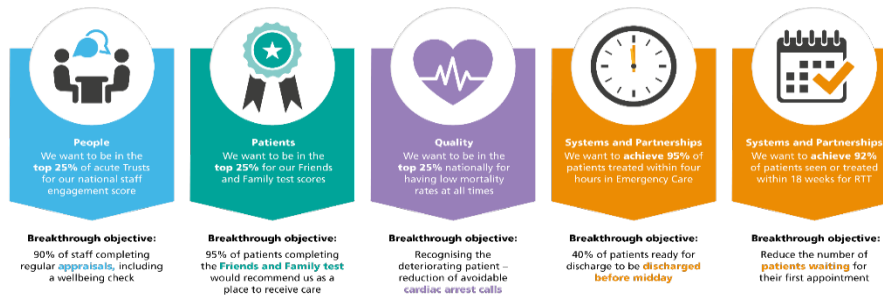
5 Patient First

- 5.1. Patient First is the Trust's new strategy to transform our services and enable us to provide excellent care every time.
- 5.2. Where it has been used in other trusts, Patient First has driven change and been recognised by regulators for achieving improvements.
- 5.3. Patient First is centred around developing a culture of continuous improvement led by frontline staff empowered to initiate and lead positive change. It ensures that we are all focused on the same clear priorities that will make the greatest difference to the care we give our patients.
- 5.4. All staff have a part to play, both clinical and non-clinical teams. The system is being rolled out across the Trust in a phased way, with the first four frontline teams starting to actively use Patient First from July 2022.
- 5.5. Patient First focuses improvement activity on a small number of key areas – we describe this as 'inch wide, mile deep'.
- 5.6. It aligns the whole organisation towards key focus areas, avoiding lots of unaligned actions/projects that are not sustainable.
- 5.7. The aim is to empower and support staff by giving them the tools and skills to make small and continuous improvements, and it provides sustainability by standardising the approaches and doing them every day.
- 5.8. Patient First builds on the strong foundations laid by our previous improvement programme.
- 5.9. There are five domains in our 'True North' – People, Patients, Sustainability, Quality, Systems and Partnerships, and these are the key workstreams led by our Executive Team.
- 5.10. The first four frontline teams began training at the end of July to start actively using the system. Further teams will join the programme, with a roadmap for phased roll-out which takes us to November 2023.
- 5.11. Patient First will become 'business as usual' with colleagues using the tools and techniques that it gives us every day.

5.12. The graphic below is our Patient First triangle. It shows how the strategic initiatives we have identified sit beneath the True North domains. There are also a number of corporate projects.



5.13. We are focusing on five 'breakthrough objectives' which we believe will have the greatest impact on patient experience. These are:



5.14. Patient First is a long-term strategy which we believe is key to transforming services for our community.

6. Financial implications

6.1. There are no financial implications to Medway Council arising directly from the recommendations of this report.

7. Legal implications

7.1. There are no legal implications to Medway Council arising directly from the recommendations of this report.

8. Recommendation

8.1. The Committee is asked to note the report.

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Appendices

None.

Background papers

None.