

# HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

**12 JANUARY 2023**

## UPDATE FROM MEDWAY NHS FOUNDATION TRUST

Report from: Jayne Black, Chief Executive

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### Summary

The report seeks to update the Committee on progress at Medway NHS Foundation Trust. When the Trust last attended the Committee in August 2022, Members requested more information on staff and finance, and this is included within the report.

#### 1. Budget and policy framework

1.1. This report relates to healthcare policy and strategy.

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

#### 2. Background

2.1. The Trust last updated the Committee in August 2022. On that occasion members were given a progress report on performance and introduced to our new Patient First strategy which is driving improvements across the hospital.

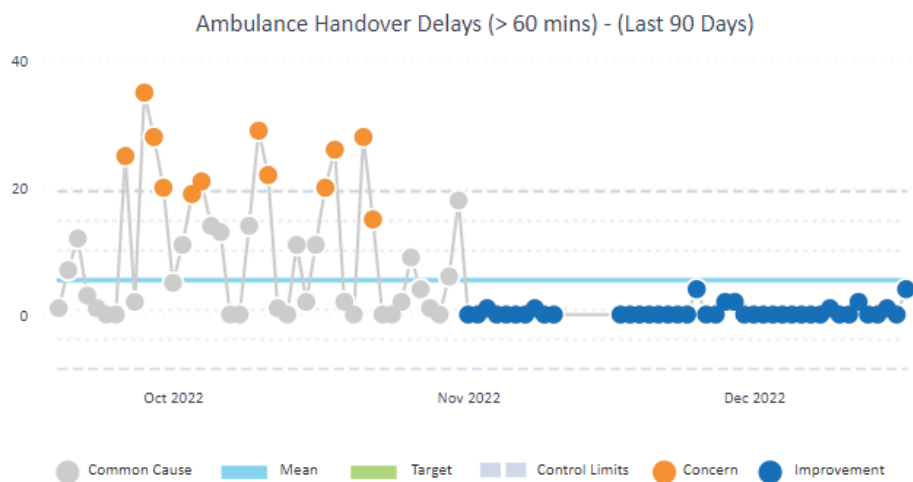
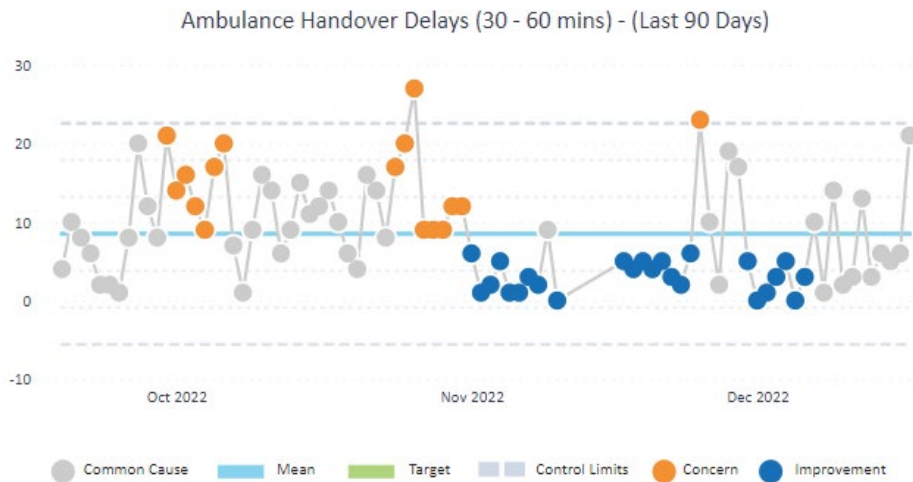
2.2. In September we responded to a request from members with a briefing note on our financial position. This report provides the current performance position.

- 2.3. In October we provided a report to inform the Committee about proposals to create a Frailty Unity in Sheppey Community Hospital. These plans are now being implemented and more details are contained within this report.
- 2.4. Members also asked for more information about staffing and workforce, and this is also detailed within the report.

### 3. Performance

#### 3.1. Emergency Department

- 3.1.1 In November we had just 10 ambulance handovers that took more than 60 minutes. This compared to more than 300 in November 2021. As a result we moved from being the worst performer for ambulance handovers just over a year ago to the best in the country in November 2022.
- 3.1.2 The improvement is due to a new Acute Medical Model which was implemented at the beginning of November, as part of the national HARIS project (Hospital Ambulance Reception Improvement System).
- 3.1.3 The Acute Medical Model sees senior clinical decision making at the front door – medical and nursing – directing patients to the most appropriate pathway.
- 3.1.4 Streaming also takes place from SECamb straight to assessment areas, reducing the number of patients needing to be seen in the Emergency Department.
- 3.1.5 In addition, clinicians from our assessment units identify patients to reduce the number waiting in the ED and to ensure patients are seen by the appropriate specialist at the earliest opportunity.
- 3.1.6 Attendances in the ED have remained high, with more people unwell due to seasonal illnesses such as flu and respiratory conditions, as well as a rise in the number of COVID-19 cases, and heightened awareness of Strep A.
- 3.1.7 The two graphs show ambulance handover times over the past three months.



3.1.8 Under our Patient First strategy which prioritises areas to improve the experience of our patients, we are working to discharge 40 per cent of patients before noon as we know this is better for patients and greatly improves flow through the hospital. The figure currently stands at 15 per cent.

3.1.9 Bed occupancy in the hospital was around 98 per cent for the first half of December.

### 3.2 Elective surgery – Referral to Treatment

3.2.1 The NHS works to an 18-week target for patient treatment. The pathway is known as the Referral to Treatment target (RTT) and is for non-urgent treatment, ie from your GP (or other health professional such as physiotherapist) to a hospital consultant.

3.2.2 The target maximum waiting time is 18 weeks from the day your hospital (or service) receives the referral.

3.2.3 92% of patients should begin treatment within the target time. It was last achieved for the NHS as a whole in February 2016.

3.2.4 It is important to note that it is the minimum time for treatment to start (or a decision that no treatment is needed), not to be seen.

3.2.5 Treatment could include:

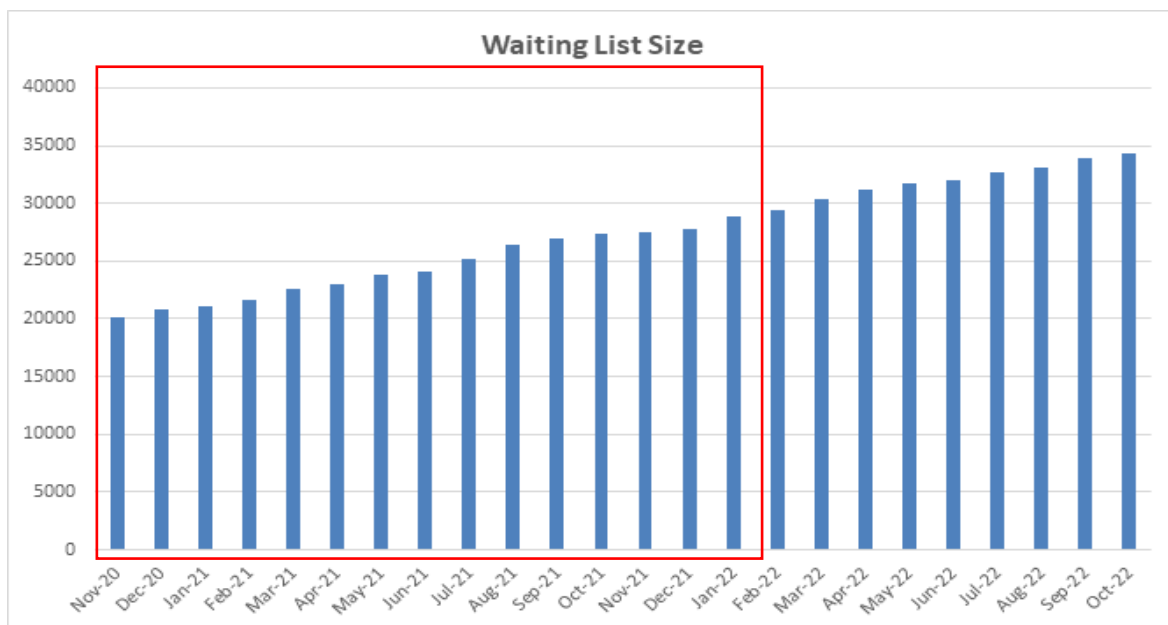
- Being admitted to hospital for an operation or treatment
- Starting treatment that does not require you to stay in hospital, such as taking medicine
- A decision that treatment is not needed.

3.2.6 Unfortunately, since July 2021 there has been a steady increase to the waiting list for patients awaiting elective surgery, with the list doubling since January 2021. This has led to longer waits and a higher number of 52-week breaches as the demand continues to increase.

3.2.7 Overall, the Trust's waiting list has grown steadily from around 20,000 in November 2020 to just under 35,000 in November 2022 (The red square in the graph below indicates months when COVID19 was most prevalent).

3.2.8 Within Patient First we are concentrating on where we can make the most difference, and are deploying a range of strategies to improve performance, including continuing to use the private sector.

3.2.9 The Trust has seen an overall increase in referrals from GPs from 59,653 in 2021 to a year to date number of 69,075 in 2022 which has also had an impact on the overall waiting list.



3.2.10 Other projects such as opening a Frailty Unit (see below) will create capacity within the hospital for more bed for patients undergoing surgery.

- 3.2.11 Within the specialisms, Ear, Nose and Throat is the biggest contributor with 373 patients waiting more than 52 weeks.
- 3.2.12 Long waiting times for ENT services are a national problem due to a shortage of ENT Consultants which makes it very difficult to recruit to any vacancies at the Trust.
- 3.2.13 During the pandemic ENT saw one of the most dramatic reductions in elective activity due to the number of Aerosol Generating Procedures (AGP) (Medical procedure that can result in the release of airborne particles (aerosols) from the respiratory tract when treating someone who is suspected or known to be suffering from an infectious agent transmitted wholly or partly by the airborne or droplet route). Both outpatients and theatres were reduced to less than half capacity of non-Covid times.
- 3.2.14 However, August and September saw two 'super clinics', with Consultants seeing 660 patients virtually in August. We hope to continue these clinics for both new and follow up appointments.
- 3.2.15 As part of the NHS England Planned Care Improvement Programme, we are implementing the Patient Initiated Follow Up (PIFU) pathway.
- 3.2.16 The pathway has been designed for patients following surgery or medical treatment to allow them to access clinical teams if they feel they need to, rather than having a prearranged or regularly scheduled appointment that they may not need.
- 3.2.17 Research has shown that having a regular or prearranged outpatient follow-up does not help to prevent your condition 'flaring-up' or identify new problems. In fact, many people find that follow-up visits to the hospital cause a lot of unnecessary anxiety.
- 3.2.18 PIFU puts the patient in control. Although not suitable for everyone, clinicians will discuss the patient's condition with them to assess whether this type of appointment is suitable.

### 3.3 Cancer

- 3.3.1 We are proud of the Trust's performance in relation to cancer, for which we have been recognised nationally. We have consistently surpassed or been very close to targets for treatment within two-week waits, 62 days of a GP referral, and the 31-day target for first treatment.
- 3.3.2 In September the Trust was ninth in the country out of 136 Trusts for the 62-day target. This compares to 41<sup>st</sup> in the country in September 2021, and 74<sup>th</sup> in the country in September 2020.

### 3.4 Diagnostics

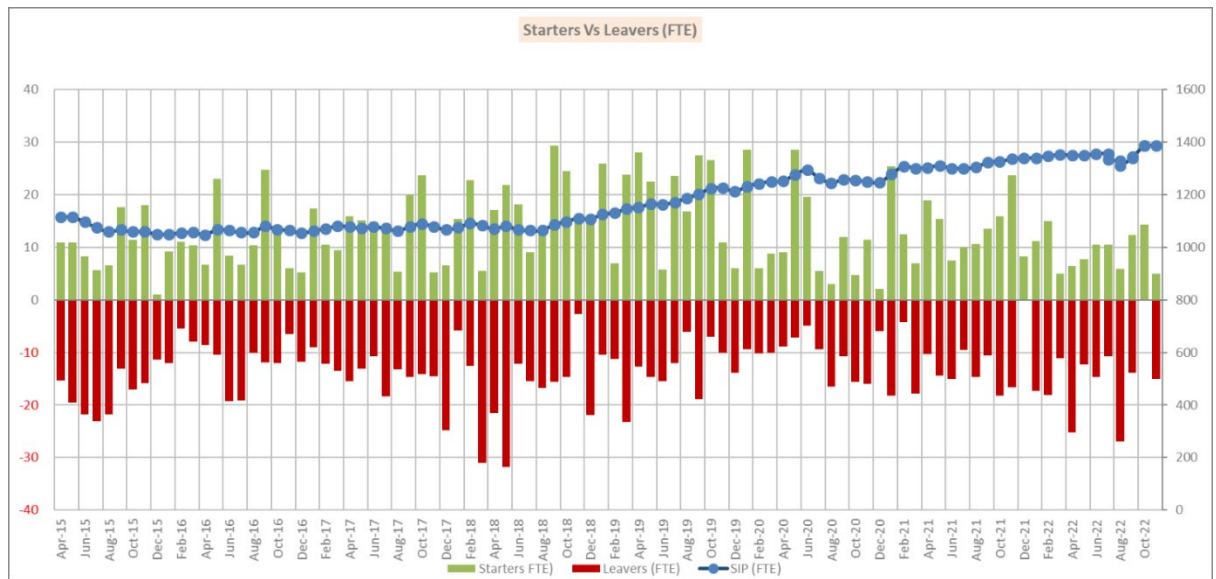
- 3.5.1 In line with the increasing Referral To Treatment waiting list, there has also been significant growth in the waiting list for diagnostics. Over the past three months this has started to reduce, and we are now beginning to see an increase in performance.

## 4 Care Quality Commission

- 4.1 As part of the national focused inspection regime of all maternity services, the Care Quality Commission (CQC) conducted its inspection of services at Medway NHS Foundation Trust on 7 December 2022.
- 4.2 The Trust expects to receive a draft report in late January 2023, with the report expected to be published in February. During the inspection the CQC only assessed the domains of Safe and Well Led for which the Trust will receive updated ratings in addition to an updated overall rating.
- 4.3 The Trust's maternity services were previously rated overall as 'Good' in 2017 with caring rated as 'Outstanding'.
- 4.4 Initial feedback following the inspection has been positive with the department's approach to training and joint exercises with the ambulance services, the Trust's involvement in a variety of research and innovation projects and the bereavement support and suite identified as areas of good practice.

## 5 Workforce

- 5.1 The Trust has previously reported to the committee about its staffing position. In the past there were high vacancies across the hospital, especially in nursing, however, the position is now much improved. In the current year to date, we have seen registered nursing vacancy levels reduce from just under 15 per cent to around 12 per cent.
- 5.2 The Trust continues its three-stranded approach to recruitment, in particular to address nurse vacancies, through local, national and international routes. The international campaign continues with 139 additional nurses hired between 1 April 2022 and 30 November 2022. In addition to this, there are an additional 47 in the pipeline, with start dates between 1 January 2023 and 31 March 2023. In total our overseas recruitment campaign has seen more than 200 additional nurses join the Trust within the last 12 months.
- 5.3 We have 36 nurses recruited locally starting in the next two months.
- 5.4 Our overall nursing position shows an increase in registered nursing and midwifery staff of more than 24 per cent since 2015, when the Trust had an exceptionally high vacancy rate, with an additional 273 full-time equivalent staff added to our workforce during this time.



5.5 The Trust has continued to focus on reducing the band five registered nursing vacancy levels as well as addressing clinical support workers and Allied Health Professionals. This work is being completed within a challenging labour market following the pandemic.

5.6 The Trust is actively appointing to 11 consultant positions across critical care, orthodontics, elderly care, acute medicine, obstetrics and gynaecology, paediatrics and haematology, with specialists in diabetes and endocrinology in the pipeline.

5.7 The Trust's workforce profile demonstrates a sustained substantive staffing position as percentage of paybill (85 per cent of the total paybill), as the Trust works to further reduce and manage its temporary staffing expenditure.

5.8 The Trust took part in the national staff survey in the autumn of 2022. Results are expected by spring 2023. Early indications are that there are improvements in a number of areas.

## 6. Finance

6.1. The year to date (YTD) financial performance of the Trust up to and including month eight (November 2022) is shown in the table below. This reports a deficit of £11.7million against a planned deficit of £1.1million, ie an adverse variance of £10.6million.

£'000	Budget	Actual	Var.	Var.%
Clinical income	223,054	227,301	4,247	1.9%
Donated Asset Adjustment	-	16	16	-
High cost drugs	15,102	16,141	1,038	6.9%
Other income	19,763	19,661	(102)	-0.5%
<b>Total income</b>	<b>257,919</b>	<b>263,118</b>	<b>5,199</b>	<b>2.0%</b>
Medical	(54,144)	(57,004)	(2,861)	5.3%
Nursing	(70,384)	(71,280)	(896)	1.3%
Other	(41,648)	(44,913)	(3,266)	7.8%
<b>Total pay</b>	<b>(166,175)</b>	<b>(173,197)</b>	<b>(7,022)</b>	<b>4.2%</b>
Clinical supplies	(29,829)	(32,553)	(2,724)	9.1%
Drugs	(5,056)	(8,018)	(2,961)	58.6%
High cost drugs	(15,102)	(16,332)	(1,230)	8.1%
Other	(28,007)	(29,890)	(1,882)	6.7%
<b>Total non-pay</b>	<b>(77,995)</b>	<b>(86,793)</b>	<b>(8,798)</b>	<b>11.3%</b>
Depreciation	(10,023)	(10,350)	(326)	3.3%
Donated Asset Adjustment	(107)	(4)	103	-96.4%
Net finance income/(cost)	(5)	378	383	-7655.5%
PDC dividend	(4,862)	(4,862)	-	0.0%
<b>Total post-EBITDA</b>	<b>(14,997)</b>	<b>(14,838)</b>	<b>159</b>	<b>-1.1%</b>
<b>Surplus/(deficit)</b>	<b>(1,248)</b>	<b>(11,710)</b>	<b>(10,462)</b>	<b>838.6%</b>
Reverse donated asset adj	107	4	(103)	-96.4%
<b>Control total</b>	<b>(1,141)</b>	<b>(11,706)</b>	<b>(10,565)</b>	<b>926.1%</b>

- 6.2. The favourable income position is predominantly due to the additional pay award monies (£3.6million), with the offset being increased expenditure on pay.
- 6.3. The key drivers of the Trust's adverse expenditure are:
- Maintaining escalation areas within the hospital
  - Challenges in meeting planned efficiencies, such as length of stay
  - Medical staffing pressures
  - Increased cost of drugs
  - Cost of clinical supplies.
- 6.4. At the time of writing a forecast position is under development, although it is unlikely that the Trust will meet its year end control total of breakeven. The Executive Team is considering a number of mitigations to reduce the level of overspend each month.
- 6.5. The Trust is clear that quality of care cannot be compromised in order to meet financial targets, but that evidence shows improving quality leads to greater efficiencies.
- 6.6. The Trust is working with the Integrated Care Board leadership team to establish and deliver the forecast outturn.



6.7. Sustainability has been identified as a strategic objective within the Trust's Patient First strategy in recognition of the financial challenge the Trust continues to face.

## 7. Improvements for patients

7.1 The Trust has been working with partners to create a Frailty Ward using vacant space within Sheppey Community Hospital, and this is due to open in early January 2023.

7.2 The ward is primarily for Swale patients who comprise half of the frail patients currently admitted to Medway Maritime Hospital. The ward will be staffed by a clinical and support team employed by Medway NHS Foundation Trust.

7.3 The majority of patients who live in Medway and need care within a specialised frailty setting will continue to be looked after in Medway Maritime Hospital.

7.4 Creating beds in Sheppey will free capacity within Medway and enable the Trust to allocate further beds for planned operations and treatment, meaning waiting times for surgery will be reduced.

7.5 Funding for the project has been agreed by NHS England through the Kent and Medway Integrated Care Board.

## 8. Safeguarding

8.1 The Trust is committed to safeguarding adults, children and young people in their care and has an established Safeguarding Team to support the delivery of our statutory duties. There are robust governance arrangements in place to ensure that safeguarding reports are received and discussed up to the Trust Board.

8.2 Safeguarding training compliance is monitored through the monthly safeguarding operational group and issues escalated through the safeguarding assurance group.

8.3 Current safeguarding compliance for safeguarding children is;  
Level 1 – 95 per cent  
Level 2 – 90 per cent  
Level 3 - 84.5 per cent

8.4 Current Safeguarding compliance for safeguarding adults is;  
Level 1 - 90.5 per cent  
Level 2 - 92 per cent  
Level 3 - data under review

8.5 Board level safeguarding training was delivered to the Executive and Non-executive Team in November 2022.

8.6 This financial year has seen the Trust receive 40 safeguarding adult alerts raised in relation to care and treatment, eight were closed with no case to answer 19 were substantiated. These relate to pressure damage, missing patients and failed discharges, Others remain under investigation.

8.7 The Trust is currently participating in two local child practice reviews.

8.8 The Safeguarding Team continue to support the health function of the Medway Multi Agency Safeguarding Hub (MASH), responding to 1157 requests for information in this financial year to date. This involved 4078 individuals researched and analysis provided.

## 9. Risk management

9.1 There are no risks arising from this report.

## 10. Financial implications

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

## 11. Legal implications

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

## 12. Recommendation

12.1 The Committee is asked to note the report.

## Lead officer contact

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## Appendices:

None

## Background papers:

None