

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

7 DECEMBER 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. The Trust last attended the Committee in January 2023.

1. Recommendation

1.1 The Committee is asked to note the report.

2. Budget and policy framework

2.1 This report relates to healthcare policy and strategy.

2.2 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.

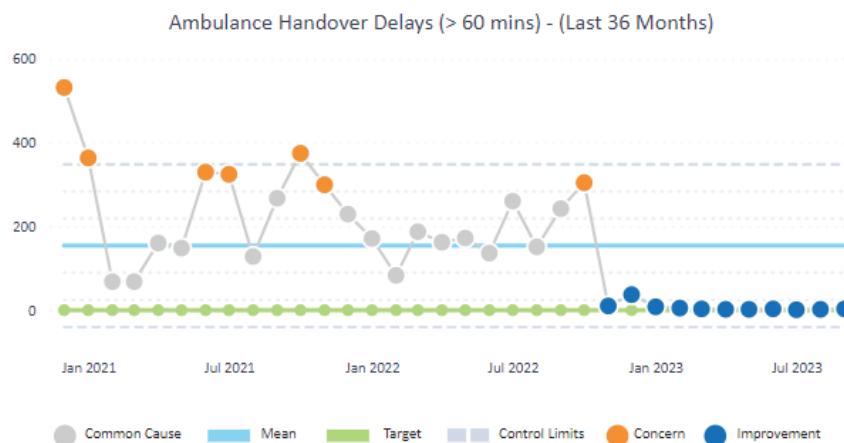
3. Background

3.1 The Trust last updated the Committee in January 2023, covering performance, workforce, finance, improvements and safeguarding. It also referred to visits and reports by the Care Quality Commission.

4. Performance

Ambulance handovers

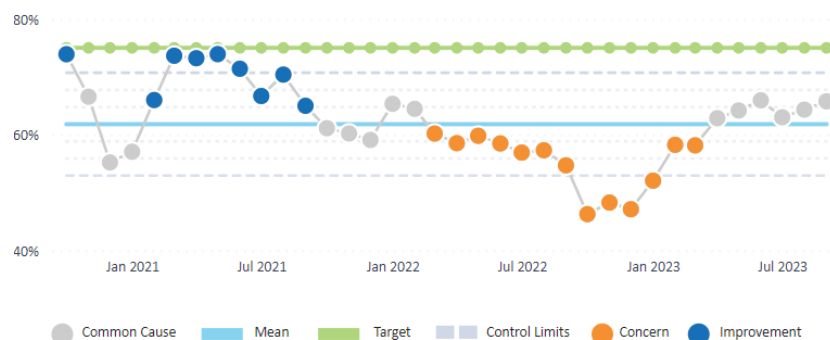
- 4.1 When we attended this Committee in January of this year we reported that we had moved from being the worst performer for ambulance handovers to the best in the country. I am pleased to say that we have maintained our position as one of the best performing trusts, meaning ambulances are able to get back on the road with minimal delays after bringing patients to our Emergency Department.
- 4.2 At the time of the last report we had recently introduced a new Acute Medical Model as part of the national HARIS project (Hospital Ambulance Reception Improvement System).
- 4.3 National guidance states that patients arriving by ambulance must be handed over to the care staff within 15 minutes, with none taking more than 30 minutes. The creation of our Acute Medical Model, coupled with the hard work of staff in the Emergency Department, has brought a far more comprehensive approach to managing patients on a same day basis and increased collaborative working for urgent and emergency care. As a result, Medway has become one of the busiest and best performing sites in the region for ambulance handovers.
- 4.4 This has helped to improve the way we care for our patients while also assisting our partner organisations, such as the Southeast Coast Ambulance Service (SECamb), to free up ambulances and staff to treat patients more quickly.
- 4.5 We are now working closely with the ambulance service (SECamb) to support direct admissions to Same Day Emergency Care (SDEC) and Surgical Assessment Unit (SAU) and MedOCC with a focus on admission avoidance.
- 4.6 The graphic below shows ambulance handover times since January 2021.



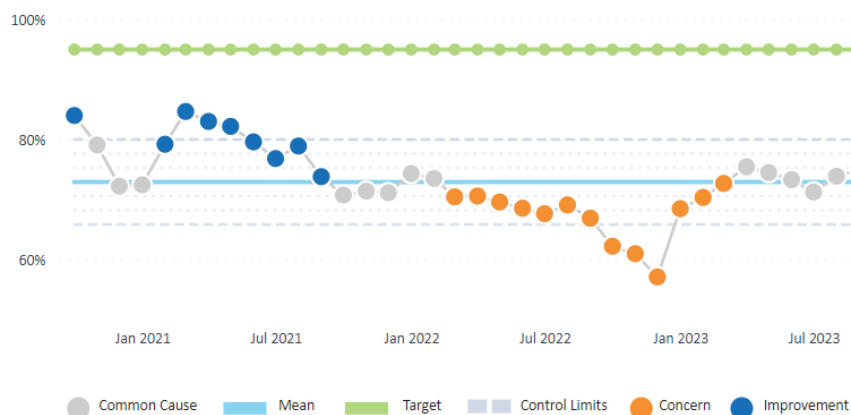
Four-hour performance

- 4.7 NHS England's planning guidance for 2023/24 introduced a lowered interim target of 76 per cent for all acute trusts (significantly below the official standard of 95 per cent).
- 4.8 In recent months we have regularly been meeting this target, with performance sometimes above 80 per cent.
- 4.9 However, we are not yet exceeding the 76 per cent target at all times, and this is something we are working to address.
- 4.10 Our Type 1 performance is good for patients coming to the Emergency Department but not needing to be admitted, but there is more to do to improve the time it takes to admit patients from the ED.
- 4.11 There have, at times, been challenges with the MedOCC out of hours service (Type 3) which has affected the overall ED four-hour performance; we are working with the provider to support improvements in this area.
- 4.12 The graphs below show four-hour performance over the past 36 months.

Type 1 EC 4 Hour Performance - (Last 36 Months)



Total EC 4 Hour Performance - (Last 36 Months)



Length of Stay in the Emergency Department

- 4.13 In the past three months there has been an increase in the number of beds occupied for more than 21 days. This is being driven by a high number of patients with No Criteria to Reside (NCTR), and delays to their discharge into the community.
- 4.14 System partners join daily meetings to support efforts to discharge patients in a timely way, and to look at forecasting to prevent issues once patients have No Criteria to Reside.
- 4.15 Funding has been secured to help with discharge, and we are using this to create 21 step-down beds and 20 nursing care beds in Amherst Court in Chatham. A small number of patients have already been cared for in the new facility, and once it is fully up and running it will help free capacity in Medway Maritime Hospital and improve flow throughout the hospital, particularly as part of our winter planning.
- 4.16 The Trust has seen a significant rise in the number of the number of NCTR patients (up to 150) over the past two months and we have seen the length of stay increase. This has resulted in longer lengths of stay for patients waiting for admission from the Emergency Department and unfunded additional escalation beds being opened, resulting in pressures on the workforce and increased bank and agency use.
- 4.17 As part of the Medway and Swale, Health and Care Partnership (HaCP) we are working with partners to review the impact of additional winter funding given to support community and social partners.

Diagnostics

- 4.18 Our diagnostic performance is not where it needs to be, and has seen a reduction over the past year. This is largely driven our endoscopy service, where a lack of capacity has created a backlog: we currently only have two rooms for endoscopy procedures, which is not enough to deal with the demand we are seeing. Some patients have had endoscopy procedures carried out at Darent Valley Hospital under a mutual aid arrangement to help avoid longer waits.
- 4.19 The good news is that we have successfully applied for funding to install two mobile endoscopy units on site, and hope to receive confirmation of further funding for another mobile unit on the Isle of Sheppey.
- 4.20 We are also looking forward to increasing our cardiac cath lab capacity within a cardio respiratory 'village' in the hospital.
- 4.21 Since April this year we have seen a 20 per cent improvement in the number of sleep studies carried out, and look forward to further improvement in this area.

Cancer

- 4.22 Our two-week wait performance has fallen in recent months as a result of capacity being lost due to the Consultants' strike action. Our 28-day faster diagnosis is also just below target, impacted by endoscopy capacity and diagnostic delays.
- 4.23 The 31-day target for first treatment remains compliant.

Key Performance Indicator	Target	V	A	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Cancer 28 Day Faster Diagnosis %	75.5%			71.5%	71.8%	62.4%	61.2%	75.3%	75.7%	77.5%	69.2%	72.3%	73.2%	73.9%
Cancer 28 Day Faster Diagnosis Screening %	-			40.0%	60.5%	56.3%	73.9%	86.2%	54.5%	81.8%	88.5%	56.4%	68.9%	68.5%
Key Performance Indicator	Target	V	A	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Cancer 2ww Performance	93.0%			93.3%	89.6%	92.8%	84.6%	70.7%	80.9%	94.5%	94.8%	92.2%	94.3%	88.5%
Key Performance Indicator	Target	V	A	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Cancer 31 Day First Treatment Performance	96.0%			96.4%	98.1%	98.2%	100.0%	98.2%	100.0%	100.0%	98.8%	98.7%	99.3%	98.3%
Key Performance Indicator	Target	V	A	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Cancer 62 Day Treatment - GP Refs	85.0%			85.0%	80.6%	84.8%	71.9%	85.6%	79.0%	80.1%	68.5%	72.7%	73.6%	75.2%

Elective surgery

- 4.24 Ongoing strike action by Junior Doctors and Consultants has meant we have not gone as far as we would like in addressing the elective backlog which resulted from the COVID-19 pandemic. However, we have been achieving 108 per cent performance for elective surgery compared to 2019/20 which is an improvement on last year of more than 10 per cent.
- 4.25 At the end of August we completed a £1.74million refurbishment of Harvey Ward, providing 25 beds for trauma and orthopaedic patients, which is providing a much better environment for patients and staff. This development has enabled the Trust to utilise Sunderland ward as a day case area, leading to an increase in the number of day case procedures that can be carried out.
- 4.26 Significant improvement work has been undertaken (using our Patient First methodology) in theatres, which has resulted the Trust in improving the utilisation of theatres up to 85 per cent and being top in the country (Model Health Data).

Mortality

- 4.27 Mortality data for the Trust shows an improvement on the previous six-month period.
- 4.28 Summary Hospital-level Mortality Indicator (SHMI) stands at 114.45, and Hospital Standardised Mortality Ratios (HSMR) at 112.92. There has been continuous improvement since November 2022 when the HSMR peaked at 115.79.

Service improvements

4.29 In addition to the improvements set out above, we have been working on the following projects to improve care for our patients:

- Acute-based HARIS programme – phase two on the Acute Medical Model which has seen the introduction of ‘hot’ clinics
- The community heart failure service has been expanded to support admission avoidance
- Opening of mental health suite to reduce the number of patients waiting in the Emergency Department
- Increase in capacity of the ‘falls car’ across Medway and Swale to help avoid admissions among those at risk of falling
- Opening of rapid access frailty clinics in Medway and in the Sheppey Frailty Unit
- Increase in virtual ward capacity
- Opening of Community Diagnostic Centre in Rochester, with MRI services now live
- Launch of TeleTracking bed management system on 10 October which will improve flow through the hospital.

5. Patient First improvements

5.1 This year we celebrated the first anniversary of the launch of our Patient First improvement strategy.

5.2 We introduced Patient First to move ourselves away from a culture of fire-fighting. We knew that working reactively ‘in the moment’ meant we were not able to take a step back and focus on how we could do things differently to avoid these situations in future.

5.3 Patient First is now helping us do that, and the improvements highlighted in this report have been achieved through the Patient First methodology.

5.4 A number of teams have been finalists in the Health Service Journal and Nursing Times awards, particular for emergency and acute medicine, and improvements for deteriorating patients.

5.5 The project introduced to improve the care of deteriorating patients and reduce avoidable cardiac arrest calls (2222 or crash calls) was also named South East regional winner at the NHS Parliamentary Awards 2023 in the ‘Excellence in Urgent and Emergency Care’ category. In line with a key objective set out in the Trust’s Patient First improvement plan, the multidisciplinary team project – led by Arangan Lingham, Darzi Fellow, Orthopaedic Specialty Training Registrar, and Alison Davis, Chief Medical Officer – has seen colleagues record a sustained reduction in avoidable cardiac arrest calls across acute and emergency care from an average of five calls per month to just one.

- 5.6 This improved early identification and treatment of unwell patients was made possible through collaborative, frontline-led changes to the Trust's intelligence, systems, and culture. This included introducing twice-daily safety huddles for unwell patients, an initiative where patients and relatives could raise concerns about a decline in clinical condition, an electronic track and trigger system enabling early identification of deteriorating patients, and a new medical model to reduce ambulance handover delays.
- 5.7 Gaining insight through the Friends and Family Test (FFT) has been a priority for the Trust this year.
- 5.8 Through the FFT noise at night was identified as being a high contributor to negative feedback on some planned care wards. Following discussions the same issue was identified on some unplanned care wards too.
- 5.9 To help try and combat the issue, over the coming weeks, staff on Phoenix, Arethusa, Bronte and Nelson wards have been handing out single use ear plugs and eye masks to patients, after they have undergone an individual risk assessment to ensure they will use the items appropriately and that no harm is likely to be caused to them by doing so.
- 5.10 A leaflet entitled 'Sleeping, resting and reducing noise while you are in hospital' is also handed to patients when they arrive on the ward with top tips on how both staff and patients can help keep the ward quiet and respect other people's need to rest and sleep.

6. Finance

- 6.1 The year to date (YTD) financial performance of the Trust up to and including month six (September 2023) is shown in the table below. This reports a deficit of £22.7million against a planned deficit of £10.2million, that is an adverse variance of £12.5million.

£'000	YTD Budget	YTD Actual	YTD Var.
Clinical income	181,019	182,335	1,316
High cost drugs	12,181	13,064	884
Other income	14,204	16,552	2,348
Donated Asset Adjustment	-	41	41
Total income	207,404	211,993	4,588
Medical	(41,286)	(50,479)	(9,194)
Nursing	(55,785)	(59,297)	(3,513)
Other	(37,754)	(39,468)	(1,714)
Total pay	(134,824)	(149,244)	(14,420)
Total non-pay	(70,027)	(72,789)	(2,762)
Total non-opex	(12,739)	(12,687)	52
Deficit	(10,186)	(22,727)	(12,541)

- 6.2 The favourable income position is predominantly due to the additional pay award monies, with the offset being increased expenditure on pay.

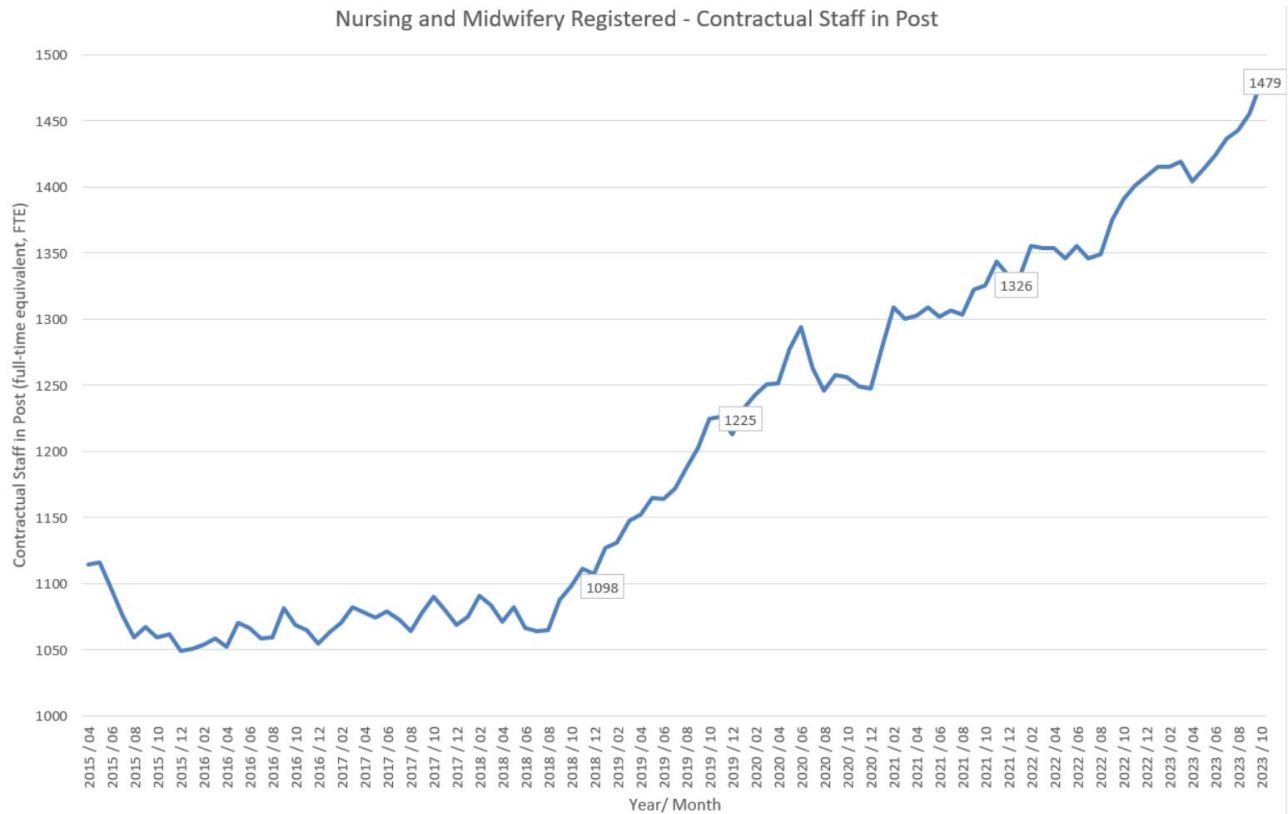
- 6.3 The key drivers of the Trust's adverse expenditure are:
- Maintaining escalation areas within the hospital
 - Challenges in meeting planned efficiencies, such as length of stay
 - Medical staffing pressures, including from industrial action, funding shortfall for pay award, additional escalation capacity and vacancies
 - Increased patient acuity.
- 6.4 At the time of writing a forecast position is under development as part of a national exercise; it is unlikely that the Trust will meet its year end control total of £15million deficit. 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.
- 6.6 The Trust is working with the Integrated Care Board leadership team to establish and deliver the forecast outturn and is engaging third party support to further develop mitigating actions.
- 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. Workforce

- 7.1 The Trust's strategic initiative for 2022 to 2025 across the Patient First People domain is to improve its staff engagement score (into the upper quartile) through the annual national staff survey. The Trust has improved its scores successively for the last two years; however, the Trust remains in the fourth/third quartile boundary.
- 7.2 In order to improve our staff engagement, during 2022/23 we focused on wellbeing conversations, regular management meetings with staff through annual appraisal cycle – and the Trust met its target and sustained a 90 per cent appraisal rate for all staff.
- 7.3 Across 2023/24 to support staff engagement we are focusing on reducing turnover for staff with less than 24 months service using countermeasures including a new intention to leave process to understand leavers and hopefully retain staff.
- 7.4 The Trust has reduced its vacancy rate consistently through the year from over seven per cent in April to four per cent in October through a number of measures to retain staff, but also through a strong international recruitment pipeline supporting domestic recruitment. The Trust has similarly seen an improvement of its voluntary turnover rate from over 12 per cent in April to 10.8 per cent in October. The Trust has had an improved sickness rate through 2023/24 compared to 2022/23; however, August to September saw a

significant increase in sickness to five per cent primarily due to an increase in COVID-19, slightly improving in October.

- 7.5 The Trust has previously reported to the committee about its staffing position. In the past there were high vacancies across the hospital, especially in registered nursing and midwifery; however, the position continues to improve. The chart below demonstrates the number of contractual staff in post (registered nursing and midwifery only) from 2015 to today demonstrating an improving position since 2018.



- 7.6 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 and remains dependent on international recruitment.
- 7.7 The Trust has an improved consultant vacancy rate; however, there remains a significantly challenging labour market in relation to anaesthetics, otolaryngology and acute physicians. Recruitment pipelines are in place supplemented by temporary staff whilst substantive medical staff are recruited.
- 7.8 The Trust's workforce profile demonstrates a sustained substantive staffing position as percentage of paybill (85 per cent of the total paybill) meeting its system target of below 3.5 per cent agency spend with 11.5 per cent bank spend – as the Trust works to further reduce and manage its temporary staffing expenditure.

7.9 The Trust is taking part in the national staff survey in the autumn of 2023. Results are expected by spring 2023. The 2022 staff survey results showed an improvement in five of the seven domains, no change to one domain and a deterioration in one domain (pay and recognition). The Trust continues to work on locally-led action plans to address concerns.

8. Care Quality Commission

8.1 The CQC's report into Urgent and Emergency services at the Trust was published in June 2022.

8.2 The CQC noted significant improvements since its previous inspection in December 2020 and rated the service as 'Good' overall. The service had previously been rated as 'Inadequate'.

8.3 A separate review of the Medical and Older People's services, and Children and Young People's service also led to improved ratings in these areas.

8.4 Our Maternity services also retained their 'Good rating'.

9. Safeguarding

9.1 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.

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

9.3 Current safeguarding compliance for safeguarding children is:
Level 1 – 95 per cent
Level 2 – 85 per cent
Level 3 - 81.5 per cent

9.4 Current Safeguarding compliance for safeguarding adults is:
Level 1 - 95 per cent
Level 2 – 93.5 per cent
Level 3 – 54.5%

9.5 Board level safeguarding training was delivered to the Executive and Non-executive Team in November 2022. A refresher is currently being planned.

9.6 There have been 45 safeguarding adult alerts raised in relation to care and treatment received; 14 were closed, five were not substantiated, seven were closed at referral, one inconclusive and one was substantiated for a pressure

ulcer of a cancer patient. These relate to pressure damage, staff allegation and harm caused, the remaining cases remain under investigation.

- 9.7 The safeguarding team is currently increasing the availability for staff to have safeguarding supervision as this has had poor uptake in recent months.
- 9.8 The Trust has contributed to one local Child Practice Review (CPR) and is currently participating in a further CPR. In addition, there have been two learning lessons reviews undertaken.
- 9.9 During this financial year to date we have had 970 Medway Multi Agency Safeguarding Hub (MASH) requests involving the research of 3,466 individuals and given research and analysis as required.
- 9.10 There was also a huge 1,880% increase in strategy meeting requests as it was found that the Trust was not being included previously. This process for health information and participation is being reviewed as it was unsustainable to manage this increase. The Trust now only attends where we have had significant contact with the child in the previous six months. Medway Community Healthcare will provide other health information and ensure that there will be at least one health agency in attendance.

10. Risk management

- 10.1 There are no risks arising from this report.

11. Climate change implications

- 11.1 There are no climate change implications arising from this report.

12. Financial and legal implications

- 12.1 There are no direct financial or legal implications to Medway Council arising from this report.

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Appendices

None

Background papers

None