

# Medway NHS Foundation Trust – CQC report

## 1. BACKGROUND

- 1.1 The Care Quality Commission conducted an unannounced inspection of the hospital's Emergency Department on 14 December 2020.
- 1.2 At the time of the visit the hospital was experiencing the peak of the second wave of the pandemic, and for some weeks the infection rate in Medway and Swale had been higher than anywhere else in the country.
- 1.3 At that time the hospital had 213 COVID-19 inpatients, more than 50% higher than at the height of the first wave in April 2020. (At the time of writing this report the number has been gradually reducing and currently stands at around 85 Covid inpatients.)
- 1.4 Bed occupancy was high in December, at 93%, 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.
- 1.5 Unfortunately, as a result, some patients experienced lengthy waits in ambulances, and also waited longer than we would wish to be admitted to wards.
- 1.6 Following the visit the Trust acknowledged feedback from the CQC, and took immediate steps to improve care in the department.
- 1.7 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. The Trust produced an action plan to address the concerns raised.
- 1.8 On Thursday 25 February the CQC published its report of the visit, outlining areas for improvement. The report also noted some positive observations.
- 1.9 The Trust is implementing a comprehensive improvement plan, and many changes have already been made.

## 2. CQC FINDINGS AND RATING

- 2.1. On 14 December the inspection team visited the hospital. The unannounced visit did not extend to other parts of the hospital other than the adult ED and the paediatric (children's) ED.
- 2.2. They provided feedback which led to some immediate improvements, and their formal report was published on 25 February.

- 2.3. In it they noted that staff did not always keep detailed records of patients' care and treatment when completing records for urgent and emergency care patients. This included the completion of nursing, falls and skin risk assessments.
- 2.4. The report highlighted that patients showing signs of deteriorating were not consistently escalated, potentially placing them at risk.
- 2.5. It said the department did not always control infection risk well increasing the risk of cross infection, despite having allocated areas for 'donning and doffing' (putting on and taking off) PPE.
- 2.6. 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.
- 2.7. The team felt the department leadership, governance and culture did not always support the delivery of high-quality person-centred care for patients.
- 2.8. More positively, they praised the compassionate care provided by our staff.
- 2.9. Staff told the inspection team they enjoyed working in the department and spoke of positive working relationships within the team.
- 2.10. They said the service had suitable equipment which was easy to access and ready for use.
- 2.11. They also noted that patients had access to a psychiatric liaison 24 hours a day. Staff told us although the team were increasingly busy, they were responsive and would see patients within two hours or initial referral.
- 2.12. Following publication of the report the rating for the Emergency Department was lowered to Inadequate.
- 2.13. The department was rated Good for 'caring' and 'effective'. Unfortunately 'responsive', 'safe' and 'well-led' were rated Inadequate.
- 2.14. The change in ratings does not affect the rating for the whole hospital, which remains as Requires Improvement.

### **3. ACTIONS TO ADDRESS THE CONCERNS**

- 3.1. Many actions to improve were already underway as part of the Trust's Our Medway transformation programme. However, we recognised that there changes we needed to make quickly to ensure safety and quality of care.
- 3.2. Since the visit we have been 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.
- 3.3. We also put processes in place to quickly identify patients who are deteriorating in ambulances so they can be prioritised.

- 3.4. We also increased reviews of patients waiting to be admitted, resulting in greatly reduced waiting times.
- 3.5. We opened an additional 20 beds in order to cope with the demand and improve flow from the Emergency Department.
- 3.6. We also launched a nationally-recognised Patient First programme to enhance safe care in the Emergency Department.
- 3.7. Recognising that flow through the hospital requires timely discharge for patients, we instigated a multi-agency approach to increase timely discharge for patients who do not need to be in the hospital.
- 3.8. We have put plans in place to improve medical and nursing staff levels in the Emergency Department.
- 3.9. We have also begun a tailored development programme to improve leadership and culture.

## **4. COMMITMENT TO IMPROVEMENT**

- 4.1. Following the inspection and receipt of the warning notice, the Trust began weekly reporting to the CQC on a number of key metrics, including ambulance handover times and the time patients wait to be admitted to a ward after being seen by a specialist.
- 4.2. I am pleased to say that in both cases these have improved significantly, and in late February Medway was the best performing hospital trust in Kent for ambulance handover times.
- 4.3. These metrics are important for patient safety and experience, and it is a tribute to the concerted effort of colleagues that these improvements have been achieved.
- 4.4. We have a comprehensive action plan relating to the actions identified following the visit, and this is monitored through our governance structure.
- 4.5. We continue to work closely with the CQC and look forward to our improvements being recognised the next time they carry out an inspection.
- 4.6. Meanwhile, good working relationship with our system partners is seeing enhanced integration and better experience for patients, such as care being provided through community settings, and in relation to timely discharge.
- 4.7. We are also supported by the NHS Emergency Care Improvement Support Team, with a several specialists working with us at a senior leader to boost our capacity and ensure improvements are made at pace.
- 4.8. The Trust also continues to have an Improvement Director from NHS Improvement, who joined the Trust last year.