

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

30 JANUARY 2015

MEDWAY NHS FOUNDATION TRUST

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Summary

This report has been requested to provide the Committee with an update on the measure in place to support the hospital emergency department.

1. Background

- 1.1 Non-Elective care pressures have continued at Medway NHS Foundation Trust (MFT) across 2014/15. A tripartite approach from Monitor, the Care Quality Commission (CQC) and NHS England is in place to monitor actions and support improved performance. Whole system working across providers and commissioners in Medway and Swale is coordinated via the Medway and Swale Executive Programme Board.

2. Care Quality Commission (CQC) Inspection

- 2.1 A further CQC Inspection was conducted at MFT on 9 December 2014. The results of this inspection have not yet been made available publicly, but whilst the Trust remains rated as inadequate they recognised that there was some small progress being made to improve the situation within the emergency department.

3. Winter Pressures

- 3.1 Planning for winter started earlier than any previous year this year. This year the Operational Resilience Capacity Plan (ORCP) was signed off on 3 July 2014 by the Overview and Scrutiny Committee. A significant proportion of the plan was reliant on additional winter funds. The Executive Programme Board took the decision to start some schemes early in August going at risk. The funding was eventually agreed in tranches with final sign off agreed following re-submission of the plan in December.

Funding allocation	Allocation £000	Date
1 st Tranche	1,722	Oct
2 nd Tranche	3,097	Oct
Mental health funding	295	Dec

- 3.2 This year there has been significant NHS England scrutiny and there is a monthly submission made on the 15th of each month, which records progress in terms of key performance delivery, risks and expenditure against budget. The Medway & Swale system faces significant challenges. These were summarised at the Star Chamber on 13 November 2014.
- 3.3 The agreed month by month (average performance) 4 hour trajectory is set out below. This trajectory recognises that whilst there will be a continued operational drive to ensure existing pathways are working at an optimum level (internal and external) the new models/pathways will come on line during January.

	Nov	Dec	Jan	Feb	Mar
Planned Average monthly performance	80% <i>(un-validated)</i>	85%	85%	90%	95%
Actual performance to date	80.16%	76.56%	N/A	N/A	N/A

- 3.4 Performance for December has been a national issue with unprecedented demands placed on emergency departments across the country. MFT has struggled to increase performance against a back drop of challenges these are summarised into the following categories with mitigating actions being undertaken:

- a. **Trust leadership and governance.** Monitor has been working with the Trust and has supported the Trust through the engagement of a substantive Chair and subsequent Trust led growth of an executive team to populate the revised structure. They have facilitated a 12 week period of support in Autumn 14 from University Hospitals Birmingham (UHB) with the delivery of both clinical and management support to the Trust, culminating in improvement plans across a number of areas in the Trust. The Trust declared a serious incident under the North Kent escalation plan over Christmas holiday period and was on black status. System wide daily conference calls have been implemented to address system blockages
- b. **Workforce (availability and recruitment)** ORCP funding has provided additional workforce resources in Emergency Department, on wards and in terms of management support.
- c. **Peak in attendance.** Attendances were above forecast plan by 23% during 26th and 27th December. An additional communication plan specific to the event was implemented on 29th December. ORCP communications began during December with target specific marketing intensifying in January. Further work is currently being led by public health forecasting future demand and modelling impact.
- d. **Increase in acuity.** The Trust Emergency Department consultants have indicated that patients coming through the Emergency Department appear to have higher levels of acuity with a significant number of frail elderly patients requiring support. Following the ECIST visit in November, the ORCP Frailty pathway programme will provide Geriatricians within the Emergency department in January. To increase capacity in the emergency department. Further ORCP investment has been made to increase primary care provision. The MedOCC service has been extended to seven days a week with an

increased support from paramedic practitioner. This currently is working well increasing numbers referred month on month.

- e. **Hospital flow** –Work has begun within the hospital to understand what restricting performance in terms of internal waits. Subsequently ORCP investment has been made to increase areas of concern in terms of equipment and staff. A new AMU short stay facility is now in place but has not been fully functioning due to bed capacity issues. An increased focus on discharge implemented internally within the trust with some system wide mapping work started on 14 January.
- f. **External** - Oak Group International have been commissioned to undertake an audit, Making Care Appropriate for Patients (MCAP), to understand in more detail the decisions around lower levels of care, capacity and service gaps. The audit started at the beginning of January and is due to reach conclusion by the end of January. This will inform future commissioning requirements.

4. Conclusion

- 4.1 Most of the high impact schemes for the Trust come on line in January. MFT has a PMO in place and has identified resources to ensure performance is tracked and managed within the plan. Delivery of schemes to date is broadly on track, but impact on the 4-hour target is not yet evident.