

Annual Members' Meeting

Wednesday 11 September 2024



Patient
FIRST

Welcome

John Goulston
Chair



Patient
FIRST

Review of the Year

Jayne Black
Chief Executive



Patient
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About us



Medway
NHS Foundation Trust

More than
5,000
employees

and over
300
volunteers

serve a
population
of around

427,000
people

throughout Medway
and Swale.



353,000
Outpatient
appointments

81,000
of these were
held virtually



More than
197,000
Emergency
Department
attendances

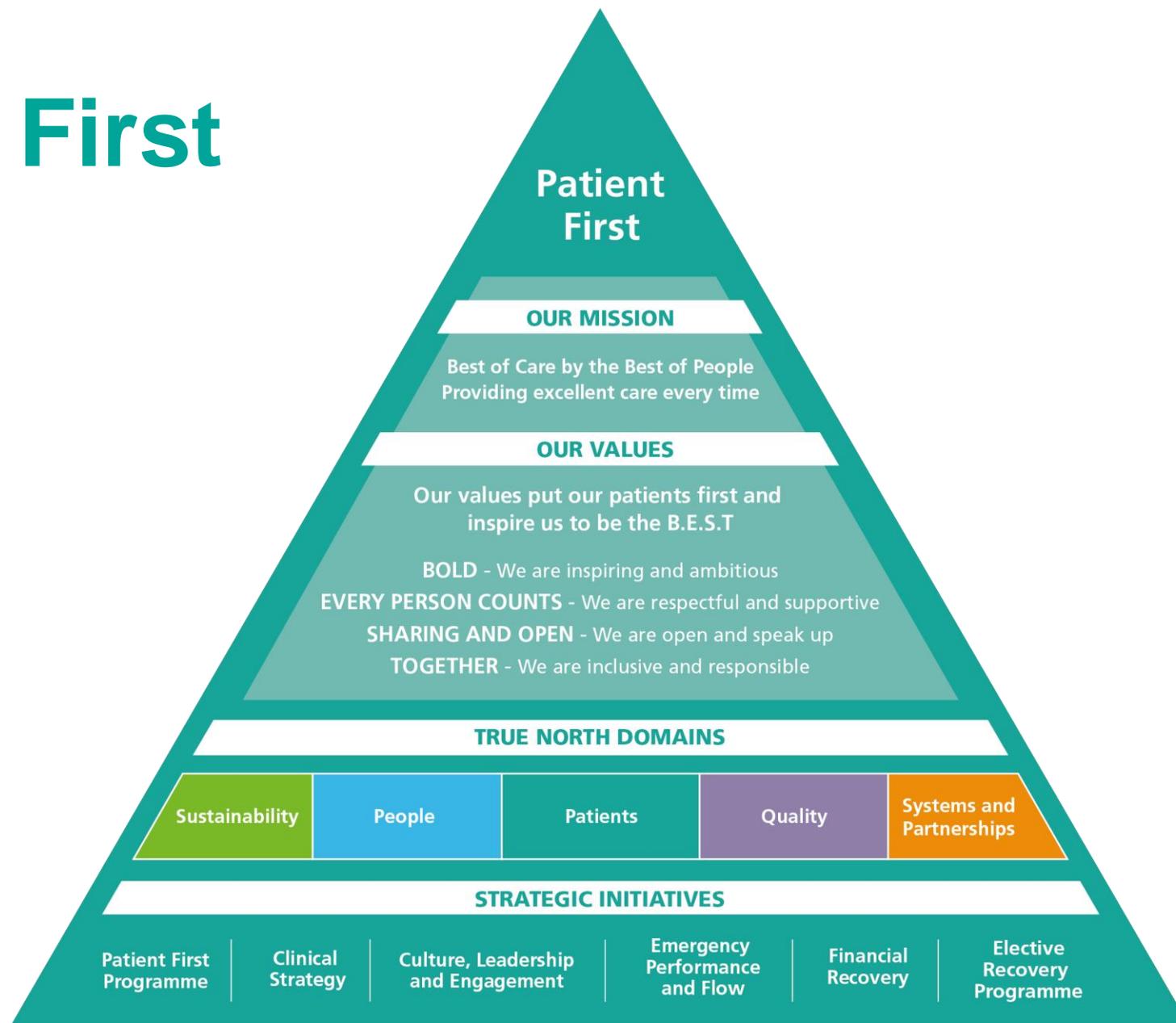
88,000
admissions



4,480
babies born
each year



Patient First



A year to be proud of



Improving our wards



£1.74 million renovation of **Harvey Ward**



Multimillion pound transformation of **Ruby Ward** for respiratory and cardiac patients



Organ Donation Committee funded improvements in Critical Care New murals for children thanks to the **Medway Hospital Charity**

Technology releases time to care



- By introducing a new bed management system, TeleTracking, we have:
- Released **1,500 hours a month** back to clinical staff to care for patients
 - Bed turnaround times down from more than **4 hours** to **2 hrs 20 mins**
 - Saved **161 days** of 'wasted' bed time

Further investment in technology



Our new pharmacy dispensing robot in action



The surgical team with one of the first patients to be treated by 'Hugo' earlier this year

Community Diagnostic Centre



Wasim said: *"It was really easy to come here; we live just around the corner so it was only a five-minute drive. There is plenty of parking and no queues – we found it a lot less stressful than visiting a bigger hospital site."*

Innovating to improve patient care



Patient Eric Hitchcock: *“Before I used to tense up because I knew what was coming. Now I don’t feel a thing because I’m concentrating on the scene in the headset and I’m relaxed. It’s definitely helped me a lot.”*

Patients Know Best



NHS
Medway
NHS Foundation Trust

Access your health record

and manage your health online anytime, anywhere.

- Access your appointments
- View your medical letters
- View results



Scan for information

For more details visit
www.medway.nhs.uk

 PATIENTS KNOW BEST®
THE PATIENT'S COMPANY

Patient Daniel Robinson, from Chatham, said: “It allows me to see my upcoming appointments instantly, and to read any letters from the consultant and not have to wait for the letters to be posted.”

Improving hospital services



Free food for parents and carers while their children are in hospital



The **First Rate Café and Shop** run by our valued partners the Medway League of Friends



A year of Sheppey Frailty Unit



Thank you to the **wonderful staff and volunteers** who support our patients



Patient Trevor Bodium and his wife Hazel



25 years of maternity at Medway



Megan Perry, midwife Mary Hall and mum Amanda Perry



Baby Nellie with her commemorative bear



Dr Jaroslaw Beta holding baby Jarek, with mum Lauren Davis

Staff Survey feedback



We are
 compassionate
 and inclusive



We are recognised
 and rewarded



We each have a
 voice that counts



We are safe and
 healthy



We are always
 learning



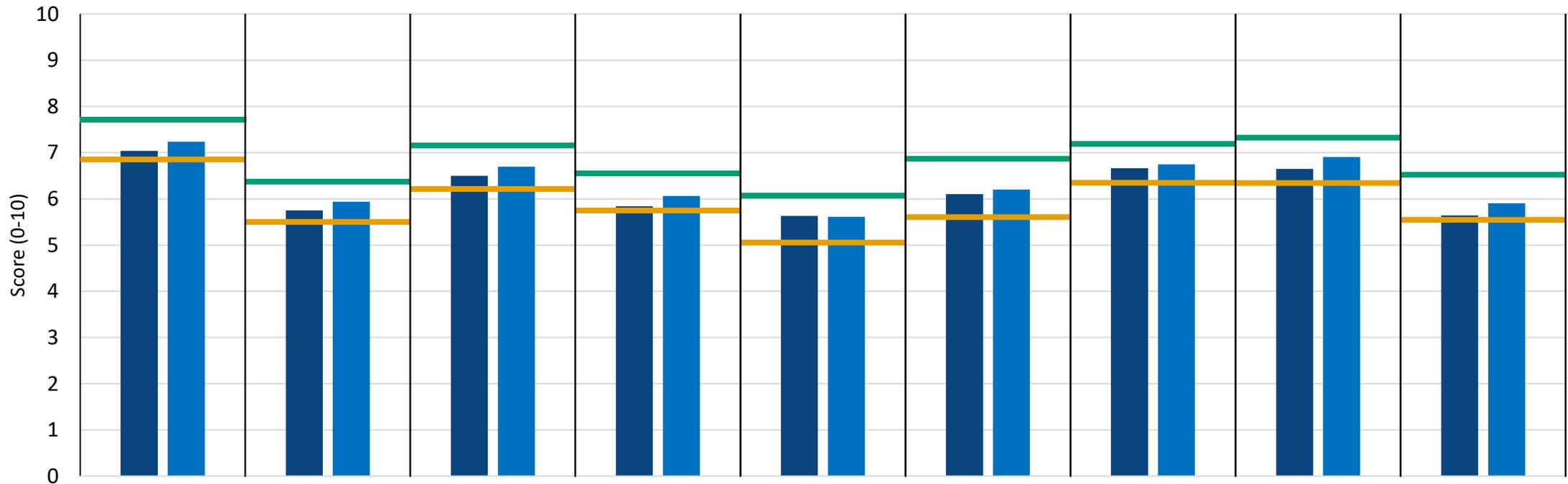
We work flexibly



We are a team

Staff Engagement

Morale



Your org	7.04	5.75	6.50	5.84	5.63	6.10	6.66	6.65	5.64
Best result	7.71	6.37	7.16	6.55	6.07	6.87	7.19	7.32	6.52
Average result	7.24	5.94	6.70	6.06	5.61	6.20	6.75	6.91	5.91
Worst result	6.85	5.50	6.21	5.75	5.05	5.60	6.35	6.34	5.54
Responses	1934	1939	1910	1909	1858	1922	1930	1933	1938

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

Acting on staff feedback



Launched a new **Faiths and Beliefs Staff Network** meaning we now have six in total



Started **Patient First In The Spotlight** to celebrate colleagues' work to improve our services



Rolled out a **wellbeing trolley** to support staff during times of high pressure



Introduced a new **anti-bullying and harassment group** to identify trends and take action



Recruited a team of **Dignity at Work Advisors** to help and signpost staff to support for bullying, harassment and discrimination



Set up a **Welcome Aboard** face-to-face event to support new starters



Commissioned **conflict and difficult conversation courses** to help staff deliver difficult messages



Created a weekly **Take 5 newsletter** featuring key actions for managers and supervisors to cascade to staff



Introduced **nine new apprenticeships** to help staff develop and learn new skills



Walk into Wellness sessions launched for staff to access resources and support



Recognising success



Medway
NHS Foundation Trust



Patient First improvements win NHS Parliamentary Award



Anaesthesia Clinical Services
Accreditation



NHS England Chief Nursing Officer Awards



NHS Pastoral Care Quality Award



Fantastic celebration of our hardworking colleagues at Medway Annual Star Awards

Freedom of Medway



Medway
NHS Foundation Trust



Launch of our Clinical Strategy



Turning the Spotlight on Patient First



PATIENT FIRST IN THE SPOTLIGHT



Emergency Care



16,000 to 18,000

Emergency Department attendances per month



Improvements in emergency care

We are
**TOP IN THE
COUNTRY**
for ambulance
handovers



We have introduced a new
**SAME DAY EMERGENCY
CARE SERVICE**
for frail patients



Our
**PATIENT
FEEDBACK**
has **IMPROVED**



We have
**REDUCED
OVERCROWDING**

We have
EXCEEDED
the national
four hour target
(78 per cent)



Cancer Care

Cancer diagnosed
or ruled out
within 28 days

 TARGET 75 PER CENT

April 2023

78
per cent

December 2023

71
per cent

March 2024

67
per cent

August 2024

76
per cent



1,800 to 2,300
patients are referred to cancer
services per month

Diagnostics and Planned Care

April 2023

December 2023

March 2024

August 2024

**Diagnostic test
within six weeks**

 **TARGET 95 PER CENT**

68
per cent

57
per cent

67
per cent

64
per cent

**Planned treatment
within 18 weeks of
referral**

 **TARGET 92 PER CENT**

60
per cent

52
per cent

50
per cent

49
per cent

2,000 to 2,500
planned operations per month



Looking ahead



Ensure patients have a good or very good experience in our care

Invest in attracting and retaining highly skilled staff

Ensure our patients have the best possible outcomes and avoid harm

Reduce the time patients wait to be admitted, or discharged, by working with system partners to address delays. Bring down the longest waits for patients needing planned operations.

Make the best use of all our resources and reduce waste

A final word of thanks



Medway
NHS Foundation Trust



Quality Report

Sarah Vaux
Interim Chief Nursing Officer



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Quality Account 2023/24

Purpose of the Quality Account

A key mechanism to enhance the Trust's accountability to the public and its commissioners, providing demonstrable evidence of measures taken in improving the quality of the Trust's services, and what further improvement is required. Quality accounts are therefore both retrospective and forward looking.

- The purpose of the Trust's Quality Account is to;
 - promote quality improvement across the NHS
 - increase public accountability
 - allow the Trust to review the quality of care provided through its services
 - demonstrate what improvements are planned
 - respond and involve external stakeholders to gain their feedback including patients and the public
- Account published 30 June 2024

Quality Priorities 2023/24

Safe: Reducing harm and creating a culture of safety

Action:	Description:
1	To reduce the number of avoidable 2222 cardiac arrest calls to no more than 12/year (<1 / month) and the reduce the number of peri-arrest calls by 30% from 50 calls (2022/23) to 35 calls (<3 / month) by April 2024

The steps taken to achieve this quality goal in 2023-24 were:

- A3 meetings between resuscitation, outreach, emergency, and acute medical multidisciplinary teams. Root cause analysis identified primary causes of avoidable 2222 calls as failure to recognise, failure to escalate, and gaps in clinical planning. This was triangulated with both quantitative and qualitative data to ensure validity and targeted interventions.
- Quality Improvement methodology was used to process map and audit the responses to high National Early Warning Scores (NEWS), carried out by the Acute Response Team (ART).
- A qualitative thematic analysis of incident reports and causes of avoidable 2222 calls.
- Acute Response Team (ART) response to escalated High NEWS of patients displayed on Electronic Patient Record (EPR) system tracking board enabling early monitoring of unwell patients.

Cardiac arrest calls from April 2023- March 2024

Avoidable cardiac arrest calls = 13 (Target <1 /month i.e. 12) [Not achieved]



Peri-arrest calls from April 2023- March 2024

Avoidable Peri-arrest calls = 22 (< 3/month i.e. 35) [Achieved]



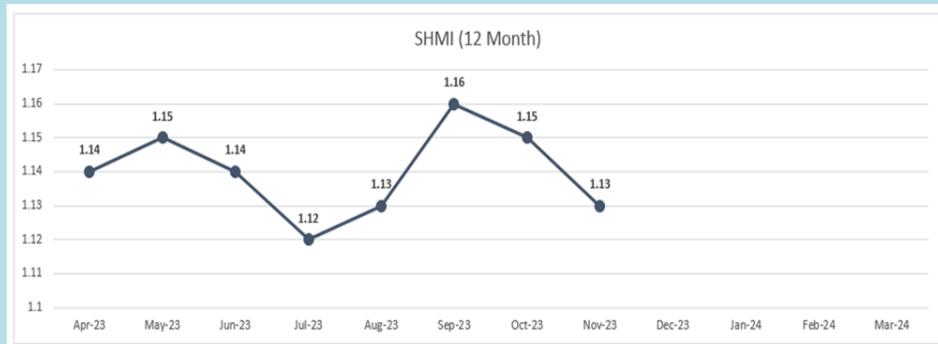
Safe: Reducing harm and creating a culture of safety

Action:	Description:
2	Improve patient outcomes through having lowest possible quartile mortality rate

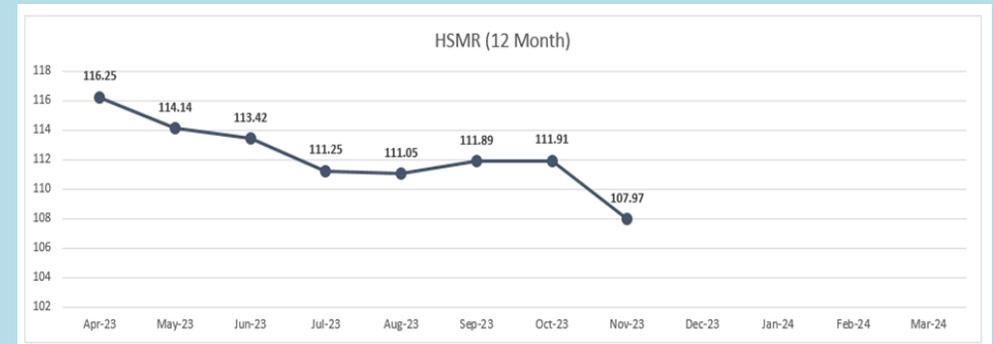
In order to achieve this priority we carried out the following actions:

- Task and finish group set up between May 2023 - Sept 2023
- Improvements made to EPR for easy input of comorbidities and clear working diagnosis
- Risk-Adjusted Mortality (RIP) validation process initiated
- Palliative care recording made visible on EPR for coding purposes
- Education around Treatment Escalation Plan (TEP) form completion
- Task and finish group for the reduction of avoidable 2222 calls to improve patient safety
- Ensured robust Structured Judgement Review (SJR) and deep dive process to ensure timely reviews are undertaken where there are concerns raised regarding a death
- Appointed a clinical Learning from Deaths Lead
- Embedded positive change and improved communications with clinical and other relevant colleagues through shared learning on mortality and learning from deaths - newsletters, weekly flash reports
- National benchmarking of mortality rates against the indicators to ensure performance is “within” expected (SHMI = 1; HSMR = 100).

The graph below shows the Summary Hospital-Level Mortality Indicator (SHMI) position for 2023/24



The graph below shows the Hospital Standardized Mortality Ratio (HSMR) position for 2023/24



Quality Priorities 2023/24

Effective: Evidence based and best practice

Action:	Description:
3	All patient referral to treatment (RTT) pathways to be completed within 65 weeks

Top contributing areas to the RTT performance:

Gastroenterology/colorectal/Hepatology

- Top contributor to long waits identified as available Endoscopy capacity.
- Trust utilising mutual aid from Dartford and Gravesham NHS Trust to increase capacity and this is to continue into 2024/25.
- Trust to lease a mobile endoscopy unit situated on the Acute site and this will further increase the capacity by around 400 per month – mobile unit ordered May 2024

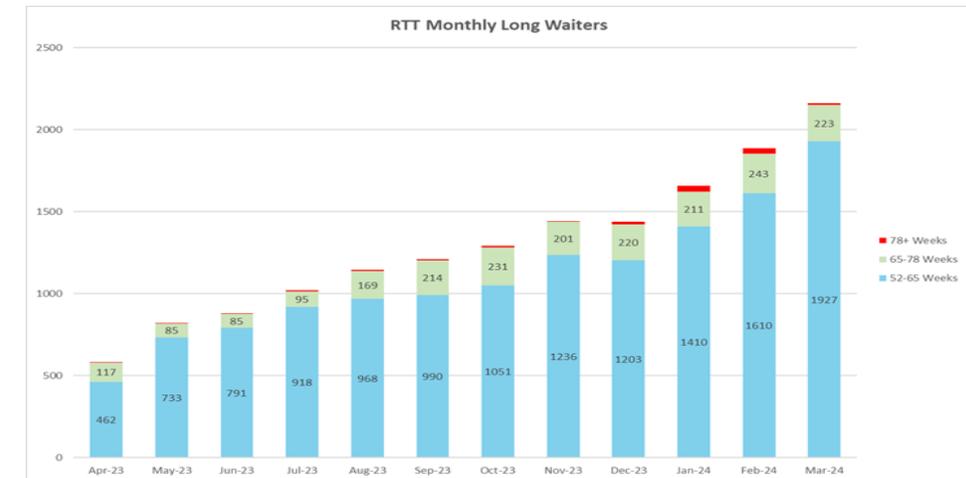
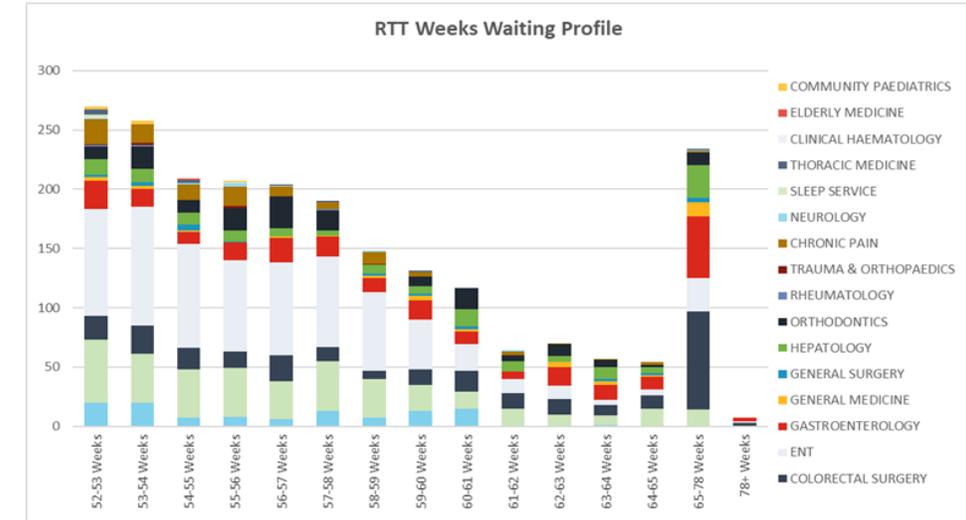
Cardiology

- Top contributor are continuing issues is cardiac testing capacity, leading to delays.
- Task and finish group set up with operational and clinical stakeholders
- Outsourcing capacity investigated
- Additional Imaging Consultant.
- Ad hoc additional clinics booked to create additional capacity

ENT

- Superclinics to cover larger cohort of patients
- High Volume/Low complexity theatre lists set up to increase activity
- Weekly Patient Tracking List (PTL) meetings with general managers to review performance alongside an outpatient transformation programme to drive initiatives around Patient Initiated Follow-up (PIFU) and virtual clinics.
- New Artificial Intelligence proof of value project within Patient Service Centre to automate telephone systems. Expected to lead to a reduction in call drops and increases the ability for patients to cancel and/or rebook clinic appointments which should lead to a reduction in Did Not Attend (DNA) rates to support clinic utilisation and also drive up performance.

Despite the hard work and continued efforts of the Trust, at the end of 2023/24 the Trust had reported a total of 232 patients waiting over 65 weeks to commence treatment.



Quality Priorities 2023/24

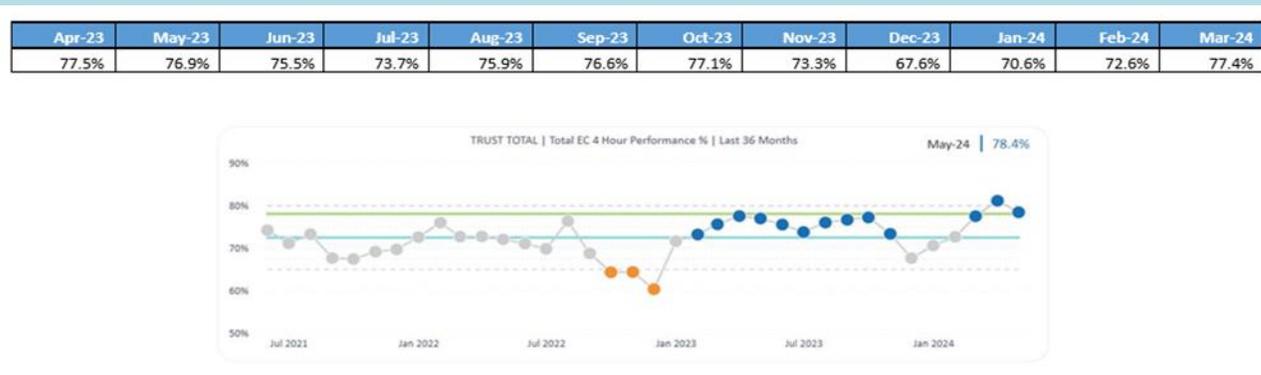
Effective: Evidence based and best practice

Action:	Description:
4	Work with ePR and Patient Administration System (PAS) to review and redesign clinical systems, to enable a patient to be taken off the clock correctly.

To help us achieve this priority and achieve the 4-hour ED wait target we carried out the following improvement actions:

- Senior Staff presence within the emergency department daily
- Live validation of wait times
- Increased awareness of wait times with clinical staff
- Increased use of Area 3
- Increase in Clinical Decision Unit utilisation
- 111 direct access pathway
- South East Coast Ambulance Service (Secamb) pathway
- Acute Medical Model

Emergency Care – total EC 4 Hour Performance % [Target Achieved]



Quality Priorities 2023/24

Patient Experience: Best experiences of care for our patients, families and carers

Action:	Description:
5	Friends and Family Test (FFT) - Percentage of Patients who would recommend

- Over 2023/24 the Trust's FFT results saw continued improvement with the recommend rate rising significantly within in-patient areas. The 45% response rate has been achieved within in-patient areas, which has been a great achievement for the clinical teams to hear the voice of patients using our services.



- The focus on improvements have been directly in response to patient feedback. The themes and trends are identified and discussed with the Chief Nurse and senior teams during the weekly breakthrough huddles. Through the driver huddles and catch ball meetings, clinical teams engage with their feedback and respond quickly to concerns and share and celebrate the fantastic feedback they receive. As an organisation, staff attitude will be a focus for celebration and improvements over the next six months. The emergency department feedback will be a specific focus for improving response and recommend rates. Projects have been initiated to improve the challenges around flow and quality in the Emergency Department, the first quality week is scheduled to be held at the end of May 2024.

Quality Priorities for 2024/25

Domain	No.	Description	Measurement for success
Safe: Reducing harm and creating a culture of safety	1	10% reduction in the total number of unwitnessed inpatient falls (including the emergency department).	No more than 621 (i.e. a 10% reduction compared to 2023/24) unwitnessed in-patient falls in 2024/25.
	2	Reducing complaints and Patient Advice and Liaison Service (PALs) relating to staff attitude	Reduction in the proportion of complaints and PALs where staff attitude is a theme, as a percentage of all complaints and PALs, compared to last year. Complaints 12.3% and PALS 5.1%.
Patient Experience: To provide the best experiences of care for our patients, families and carers and respond appropriately when we get this wrong	3	Earlier recognition of the dying person and commencement on an end of life care individualised care plan.	Improvement in the National Audit of Care at the End of Life (NACEL) summary scores from 4.9 (Families' and Others' experience of care) and 4.3 (Needs of families and others) to 6.3 and 5.5 respectively (Round 4; 2022/23 England and Wales summary scores) Improved completion of bereavement survey to 25% Where clinically appropriate, increase in the percentage of patients made End of Life between 06:00 – 18:00 from 50% (2022/23 NACEL data) to 60%.
	4	50% of all Getting it Right First Time (GIRFT) improvement programmes referenced within the clinical strategy to benchmark within the top 25% Nationally (using the model health system data set)	50% of all GIRFT improvement programme national specialty report recommendations, referenced within the Trust clinical strategy, actioned and benchmarked within the top 25% nationally
Clinical Effectiveness: To provide evidence based and best practice care	5	Improve from 26% to 95% of applicable National Clinical Audit (NCA) reports having an established delivery and improvement action plan within 90 days.	Improve from 26% to 95% of all applicable National Clinical Audit reports in 2024/25 having an established delivery and improvement action plan within 90 days of publication.

Quality Strategy 2024-2027



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Core principles of the strategy

- Alignment to:
 - Clinical Strategy
 - Patient Experience Strategy
 - Patient First True North Objectives
 - Integrated Care Board (ICB) and Health and Care Partnership (HaCP) quality objectives
 - Quality Account priorities
- Acknowledge the need to ‘get the basics right’
- Engage staff, patients, public and healthcare partners in agreeing our priorities
- Moving to ‘Good’ and beyond
- Development of a detailed delivery plan

Quality Strategy delivery plan



Implementation Plan

- Implementation Plan approved by Trust Board
- The plan specifies the target year of completion, named leads for accountability, presents baseline comments, and is updated quarterly. Presented at Quality Assurance Committee (QAC) for oversight
- Celebrations so far include achieving the launch of the Patient Safety Incident Response Framework (PSIRF) and Learning From Patient Safety Events (LFPSE), both in line with national deadlines
- Supporting colleagues with easy access to reliable clinical data at Trust, Divisional, Care Group and ward levels using Business Intelligence sources has been achieved, and continues to be monitored and improved
- The remaining actions due for completion in year one remain on track.

Aim	Breakthrough objective	Key initiatives	Measurement of success
<p>Safe</p> <p>Reduce harm and create a culture of safety</p>	<p>Excellent outcomes, ensuring no patient comes to harm and no patients die who should not have</p>	<p>Recognising, escalating and acting on deteriorating patients</p> <p>Reducing unwitnessed falls</p> <p>Reducing hospital acquired / deteriorating pressure damage</p> <p>Timely review, escalation and action on diagnostic tests</p>	<p>Reduce the number of avoidable 2222 cardiac arrest calls to no more than 12 per year and the reduce the number of peri-arrest calls by 30 per cent from 50 calls (2022-23) to 35 calls by April 2024</p> <p>10 per cent reduction in the total number of unwitnessed inpatient falls per financial year.</p> <p>Reduce the total number of hospital acquired category 2 and above pressure damage by 10 per cent each financial year</p> <p>Reduce the total number of incidents where failure to follow up on a diagnostic tests has led to an adverse outcome for a patient or where a misdiagnosis has been made</p>
	<p>National Requirement: To Implement the Patient Safety Incident Response Framework (PSIRF) and Learning from Patient Safety Events (LFPSE)</p>		<p>PSIRF and LFPSE launched in line with national deadlines</p>

Aim	Breakthrough objective	Key initiatives	Measurement of success
<p>Patient Experience</p> <p>To provide the best experiences of care for our patients, families and carers and respond appropriately when we get this wrong</p>	<p>Providing outstanding, compassionate care for our patients and their families every time</p>	<p>Reduce the number of open and breached complaints</p>	<p>No more than 80 complaints open at any one time. Year on year reduction in the number of breached complaints, achieving Trust target of 95 per cent in 2024-25.</p>
		<p>Reduce the number of complaints received</p>	<p>Year on year reduction in the number of complaints received between 2023-24 and 2026-27</p>
		<p>Reduce complaints related to staff attitude</p>	<p>60 per cent reduction in the number of complaints received that reference staff attitude by 2026-27</p>
		<p>Improve the management of dying patients and of the bereaved</p>	<p>Year on year improvement in the National Audit of Care at the End of Life (NACEL) summary scores between 2024 to 2027</p>

Aim	Breakthrough objective	Key initiatives	Measurement of success
<p>Clinical Effectiveness and Outcomes</p> <p>To provide evidence based and best practice care</p>	<p>Excellent outcomes, ensuring no patient comes to harm and no patients dies who should not have</p>	<p>Reduce the backlog of outstanding NICE guidance</p>	<p>Year on year improvement in the percentage of National Institute for Health and Care Excellence (NICE) guidance that is reviewed within 90 days</p>
		<p>Improve implementation of national audit recommendations</p>	<p>95 per cent of all applicable National Clinical Audit (NCA) report recommendations have an associated improvement action by 2026-27</p>
		<p>Improve management of local audits and associated learning</p>	<p>90 per cent of local clinical audits are aligned to a Trust priority</p>
		<p>Improve prison health care provision</p>	<p>Develop plans to improve prisoner health and access to acute and secondary care with a view to reducing admissions from prisons</p>
	<p>National Requirement: Getting It Right First Time (GIRFT)</p>	<p>95 per cent of all GIRFT programme national specialty report recommendations actioned</p>	

Aim	Breakthrough Objective	Key initiatives	Measurement of success
<p>Continuous Quality Improvement</p> <p>To develop, implement and monitor quality improvement plans</p>	<p>Excellent outcomes, ensuring no patient comes to harm and no patients dies who should not have</p>	<p>Implement a systems learning approach</p>	<p>Staff to be trained in SEIPS (Systems Engineering Initiative for Patient) methodology and Patient Safety Incident Response Framework (PSIRF) to be embedded</p>
		<p>Collaborative working across the Health and Care Professions Council (HCP)</p>	<p>Embed the HCP Governance arrangements and explore options for integration such as the appointment of joint Patient Safety Partners, and Patient Safety Investigations</p>
		<p>Improving data quality</p>	<p>Reliable and easy access to clinical data at Trust, Division, Care Group and ward level from Business Intelligence sources</p>
		<p>Review and implement improved Quality IT systems and solutions</p>	<p>Introduction of a new integrated quality management system by 2024-25</p>
	<p>National TOMs (Themes, Outcomes and Measures) framework to evaluate social value (the added value organisations bring to the economy, community life, the health of the local population and the environment)</p>	<p>Develop plans for long term initiatives within the Integrated Governance, Quality and Patient Safety sphere which generate social value</p>	

Annual Accounts 2023-24

Alan Davies
Chief Financial Officer



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Key points for 2023-24

After adjusting for additional funding received, the Trust control total was breakeven (nil surplus or deficit) actual adjusted performance was a deficit of £23.7 million

Positives

- Continued significant capital investment in hospital infrastructure and services
- External audit accounts opinion: “Unqualified”
- Delivery of elective recovery targets

Areas for improvement

- Pay continues to grow at rates over and above the pay award settlement values
- Delivery against our efficiency programme
- External audit value for money opinion: concern expressed by exception in respect of delivery of efficiencies programme.
- Head of internal audit opinion: “Partial assurance with improvements required”

Statement of comprehensive income

Year ended 31 March 2024



Medway
NHS Foundation Trust

	2023/24	2022/23
	£000	£000
Operating income from patient care activities	433,955	397,443
Other operating income	36,717	34,801
Operating expenses	(487,131)	(431,098)
Operating Surplus/(Deficit) from continuing operations	(16,459)	1,146
Finance income	1,370	844
Finance expenses	(72)	(26)
PDC dividends payable	(8,835)	(8,168)
Net finance costs	(7,537)	(7,350)
Other gains/(losses)	19	0
Deficit for the year	(23,977)	(6,204)

Key points

- Deficit of £23.9m (2022-23 deficit of £6.2m)
- Staff costs (within operating expenses) increased by c. £31m, reflecting the pay award (£14.7m) and pension costs (£3m), service developments (c. £10.4m, including Sheppey Frailty Unit and Community Diagnostic Centres) and industrial action (c. £4m)
- Notable growth in other operating costs came from purchase of healthcare for elective activity (£12.2m), depreciation charges following capital investment (£2.9m), drugs (£2.4m) and premises costs (£5.2m)
- The Trust benefitted from the receipt of support funding from NHS England and the Integrated care Board (ICB) during the year. This was in recognition of the operational pressures faced in non-elective care together with industrial action.

Balance sheet

Year ended 31 March 2024

Key points:

- £29.9m of gross asset investment and an upwards revaluation of c. £5.4m are offset by net impairments of £8.6m and depreciation charges of £18.6m and has increased the value of property, plant and equipment and right to use assets by £8.4m.
- Cash balance has reduced, principally as a result of the operating deficit.

	31 March 2024 £000	31 March 2023 £000
Non-current assets		
Property, plant and equipment	279,165	271,810
Right of use assets	1,966	928
Receivables	757	780
Total non-current assets	281,888	273,518
Current assets		
Inventories	6,554	6,374
Receivables	29,574	29,086
Cash and cash equivalents	21,042	34,742
Total current assets	57,170	70,202
Current liabilities		
Trade and other payables	(57,537)	(50,285)
Borrowings	(358)	(953)
Provisions	(285)	(519)
Other liabilities	(881)	(800)
Total current liabilities	(59,061)	(52,557)
Total assets less current liabilities	279,997	291,163
Non-current liabilities		
Borrowings	(3,072)	(1,950)
Provisions	(1,307)	(1,031)
Total non-current liabilities	(4,379)	(2,981)
Total assets employed	275,618	288,182
Financed by		
Public dividend capital	489,836	475,198
Revaluation reserve	61,181	64,406
Income and expenditure reserve	(275,399)	(251,422)
Total taxpayers' equity	275,618	288,182

Capital expenditure

Year ended 31 March 2024

Programme	£m
Estates and site infrastructure	7.2
Fire safety	1.2
Service developments	8.5
IT	5.5
Equipment	5.8
Sub-total	28.1
Leases	1.7
Total	29.9

Key projects:

- Community Diagnostic Centres - £9.1m
- Ward refurbishments - £3.9m
- Diagnostic equipment - £3.2m
- Electronic Patient Records - £2.9m
- Fire safety - £1.2m

Key points:

- The Capital Resource Limit (CRL) for 2023-24 was £32m (2022/23: £26.9m)
- Capital spend against this – which excludes donated assets - was £29.7m (2022/23: £25.9m)
- The £2.3m slippage in year and £1m slippage in the prior year related to the externally managed Community Diagnostic Centre works
- £14.3m of schemes were funded from Trust resources, with a further £15.6m funded by Public Dividend Capital

Audit outcomes

Year ended 31 March 2024



Medway
NHS Foundation Trust

Unqualified Audit Statements

- The Trust independent auditor's judgment is that the Trust's financial statements are fairly and appropriately presented, without any identified exceptions.

Economy, efficiency and effectiveness (value for money)

- In addition to their opinion on the financial accounts, the external auditors also provide an opinion on whether the Trust has processes in place and has delivered value for money
- Whilst there were no concerns in respect of the overall arrangements at the Trust, the auditors did report by exception that the Trust was unable “to bridge its funding gaps and identify achievable savings” in 2023-24.

Forward View 2024-25

Current performance

- 2024-25 is expected to be a challenging period financially, not just for the Trust but for the Integrated Care System (ICS) and NHS as a whole
- The Trust has a planned deficit control total of £27.8m
- £21.6m / 5 per cent efficiency programme
- 2024-25 financial performance at month four is £0.5m adverse to plan due to industrial action (cost estimates not budgeted as per NHS England planning guidance)

Long term financial sustainability

- The Trust produced and agreed an Integrated Improvement Plan (IIP) in Summer 2024 which set out immediate and medium-term actions to move the Trust towards financial sustainability, with an immediate objective being the exit of NHS England's Oversight Framework level 4.
- Work also began during the summer between system partners to develop a broader financial sustainability strategy. This work is ongoing and will dovetail into our own plans.

Message to members

John Wright
Partner Governor



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All in a Day's Work – Celebrating day surgery and same day hip and knee replacements

Claire Leaney, Matron, Sunderland Day Case Centre
Pre-Assessment

Howard Cottam, Consultant Orthopaedic Surgeon



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Day Surgery



Patient
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Day surgery

- A culture and mind-set
- A pathway that allows patients to be admitted, recovered and safely discharged on the same calendar day
- Allows patients to recover peacefully in their own bed surrounded by their support network with access to medication, food and drink when they need it at a time that suits them
- Reduces the risks of hospital acquired infections
- Early mobilisation is proven to expedite recovery
- Empowers patients through education and honest expectations to manage their own recovery
- Cost effective
- Frees up inpatient beds for those who need them
- Nurse-led criteria-led discharge.

Sunderland Day Case Centre since 11 September 2023

- Ring fenced day case facilities
- All inpatient equipment relocated in favour of theatre trolleys and beds
- Re-established identity of service
- Day case 'mindset'
- Increased knowledge and experience
- Improved patient information and discharge
- Nurse-led discharge
- 24-hour post-discharge phone call to check on patient and outcomes
- Integration of paediatric day case service for improved patient pathways

Same Day Hip and Knee Replacement Surgery

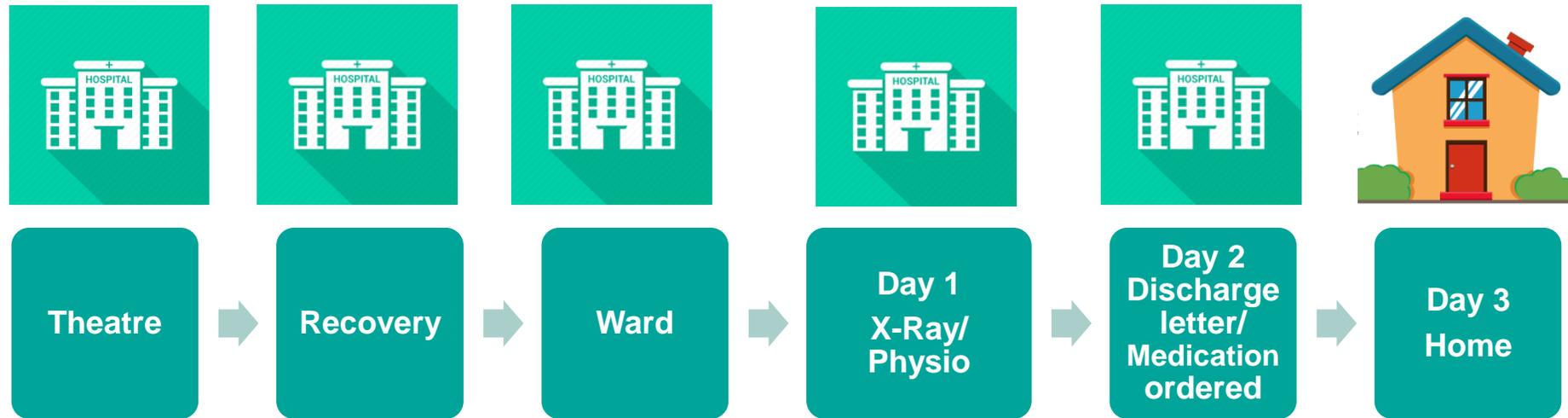


Patient
FIRST

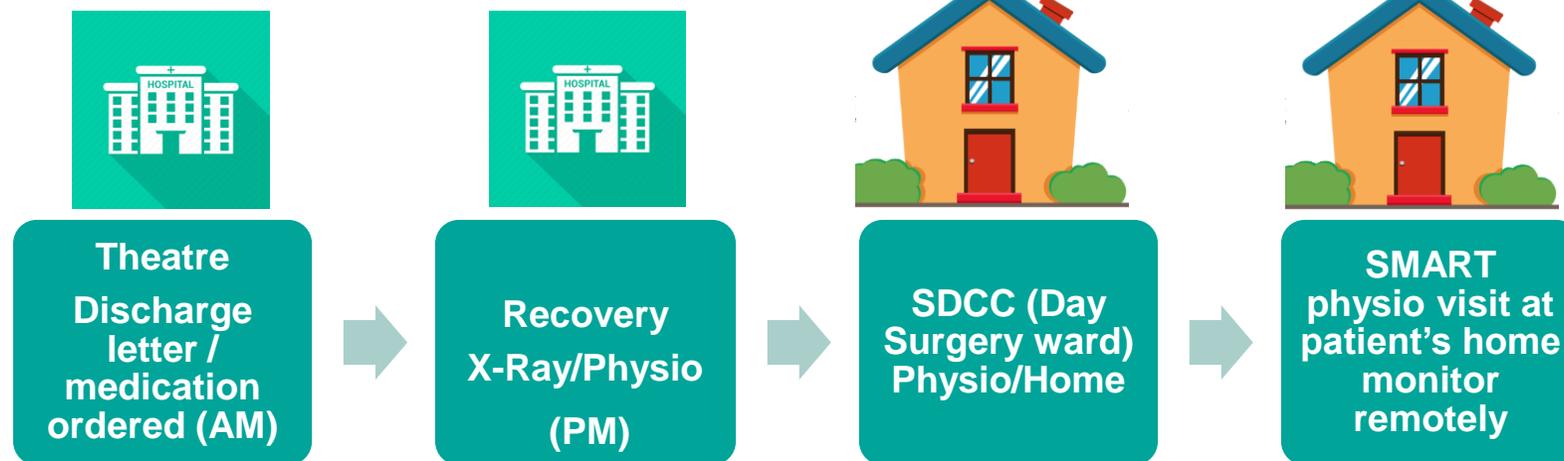
Pathway improvement

- Hip and knee replacements typically have an average length of stay of two to four days prior to discharge home
- Working Group consisting of consultant, theatre, physiotherapy, day surgery and SMART team staff looked at the ideal pathway for patients to achieve same day discharge and went about putting it into practice
- Patients who meet the criteria are automatically placed on a day case pathway by consultant from outpatient appointment
- Physiotherapists are alerted and educate the patient as a day case patient in Joint School.

Current pathway



New pathway (criteria led)



Outcome so far

- Five patients undergoing knee replacement successfully discharged as day case
- Four patients undergoing hip replacements successfully discharged as day case

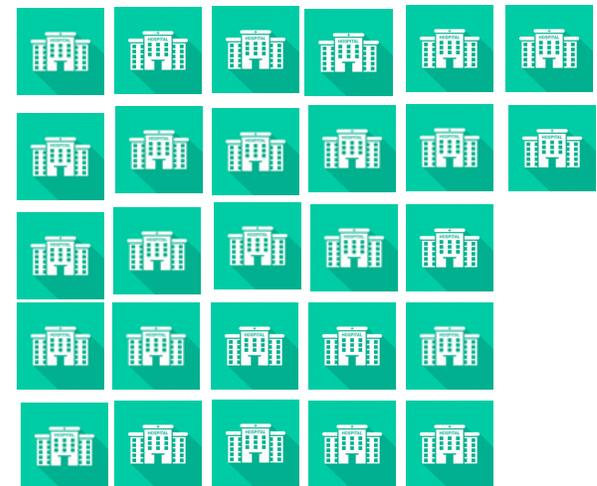
Nine day case discharges



Nine positive patient experiences



27 bed days saved



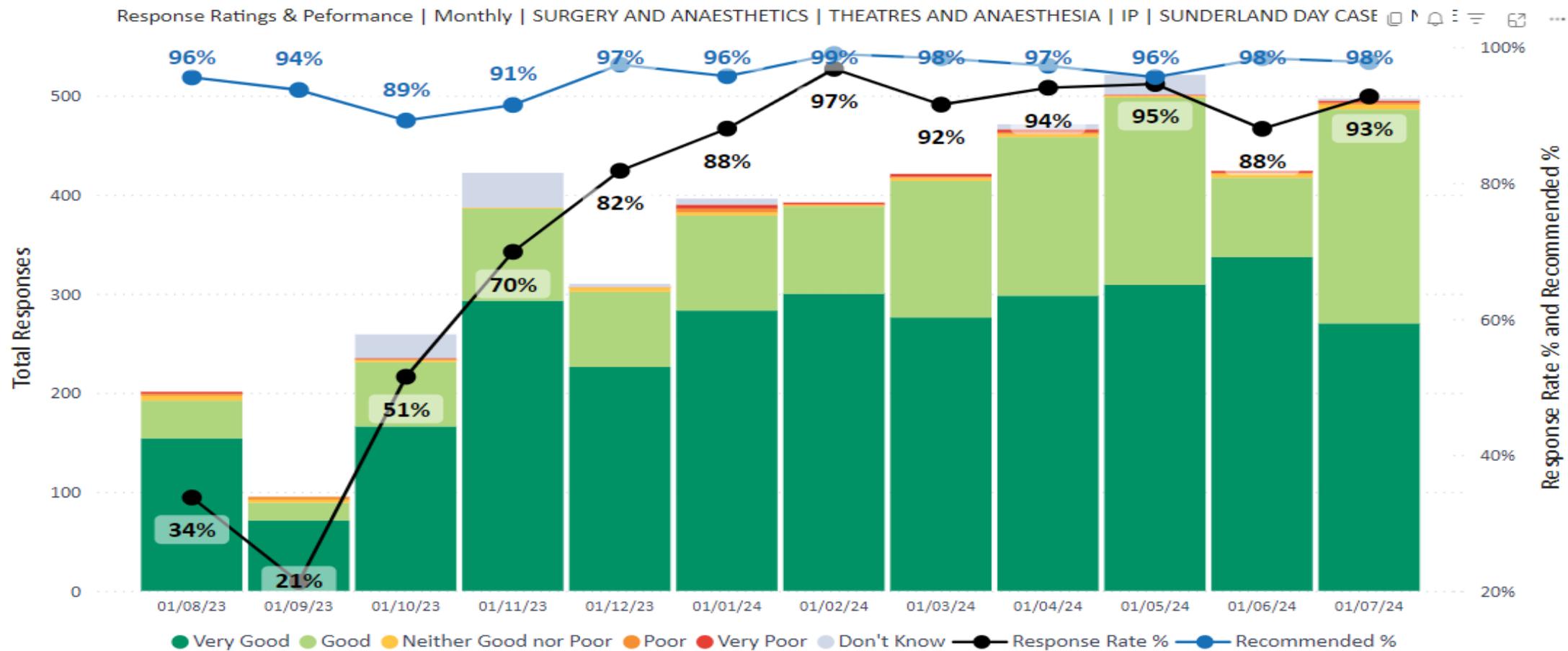
Friends and Family Test



Patient
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Our improvement journey

- Post discharge call script developed and trialled on paper to start
- All patients that had a surgical procedure under general anaesthetic were informed pre-discharge that they would receive a call the following day
- Clinical sisters with experience in day surgery utilised 'natural' low activity/acuity time throughout the day to contact patients
- Transferred to Gathr system on 9 October when calls were business as usual to allow for easier analysis and live data capture
- Any feedback trends relayed to staff the following day at ward huddles.



Date	Eligible Patients	Responses	Response Rate %	Recommended	Not Recommended	Recommended %
July 2024	536	497	92.72%	486	4	97.79%
June 2024	482	424	87.97%	417	3	98.35%
May 2024	551	521	94.56%	498	1	95.59%
April 2024	501	471	94.01%	458	5	97.24%
March 2024	460	421	91.52%	414	4	98.34%
February 2024	405	392	96.79%	388	2	98.98%
January 2024	450	396	88.00%	379	8	95.71%
December 2023	379	310	81.79%	302	1	97.42%
November 2023	604	422	69.87%	386	0	91.47%
October 2023	503	259	51.49%	231	2	89.19%
September 2023	446	95	21.30%	89	3	93.68%
August 2023	596	201	33.72%	192	4	95.52%

Other celebrations

- General Surgery in top performing quartile from bottom performing quartile nationally for day surgery
- Six new theatre trolleys that can accommodate procedure and recovery meaning no need to transfer patients from trolley to trolley
- Introduction of new pathways for high volume low complexity procedures (HVLC) ensuring day case discharge
- Tonsil fest – high volume days for paediatric patients needing tonsillectomy using coblation (a specific piece of equipment that facilitates quicker recovery times). One per month to reduce the waiting times
- Day Case Laparoscopic Hysterectomy pathway
- Urology TURBT day case rates in top performing quartile.

**”I was in for a day operation under
general anaesthetic.
From booking in, to pre op care from
doctors, anaesthetist, nurses
through op and post op care the service
I received was excellent.
Every member of staff can be highly
praised for the treatment
I received.”**



Medway
NHS Foundation Trust

Question time



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Closing remarks

John Goulston
Chair

