

Appendix 1 – Maidstone and Tunbridge Wells NHS Trust Briefing Note

Acute Trust National Priorities

In the year 2008/9 two targets in particular were failed by the Trust. These were A&E 4 hour target and cancelled operations. Since April the position in all priorities has improved significantly as shown below.

18 Week Referral to Treatment

The Trust has made steady and sustainable progress towards this standard. In January 2008 the Trust position was 36.5% and by September 2008 we had improved to 74% of seeing a consultant and starting their treatment, following a GP referral (patients seeing a consultant, but not needing inpatient care).

We reached the non-admitted 95% target at the end of October 2008 and have sustained this consistently to date. We reached the 90% admitted RTT at the beginning of December and maintained a consistent performance not only on a weekly scale but also monthly. This is particularly commendable considering the huge pressure the Trust was under for emergency activity throughout January and February.

The new management structure put in place between June and August 2008 ensured that accountability and responsibility was taken for this target by all those working within the programme. Lines of accountability are now in place to ensure the right people in the right place at the right time do what is asked and proposed. There is still work to do around the specialities of Head & Neck and Trauma & Orthopaedics where they are not quite at 90%

Cancer Targets

Cancer targets have continued to be met consistently through the Trust for two years according to old guidelines. The new cancer strategy commitments are now in place and the Trust is committed to this process and confident they can continue with the achievement of this target. As a major tertiary centre MTW compliance however may well be lower than average. We are still awaiting an announcement from the Department of Health regarding the level the threshold will be set and this will be incorporated into our performance data.

National Sentinel Stroke Audit

The Trust performed poorly in the last year's stroke audit; this was due to a change of focus. The Trust has taken decisive action to open an acute stroke unit at both our hospitals, with 6-beds each and are actively participating in the network thrombolysis rota. Both hospitals were ready for the start date in January 09 (not all hospitals within our network were able to do this) and we can offer thrombolysis (administering clot-busting drugs) at both hospitals Monday-Friday, 9-5 and as part of the on-call rota, out of hours. Thrombolysis has been performed successfully in both hospitals according to national guidelines. A further stroke physician has now been appointed and taking us to a total of 5. We opened a 28 bedded combined stroke unit/ward in August 2009 at Maidstone Hospital which incorporates the acute stroke unit.

The length of stay (LoS) for this group of patients has already dropped from 38 to 21 days due to more efficient processes and pathways in line with national guidelines, ensuring our patients get the very best of care at both sites. With these improved measures and dedicated consultant led units we feel confident we will be compliant and significantly improve our scores in the next audit.

Access to GUM Clinics

Up to until July 08 the Trust had been performing poorly in this area. The Sexual Health Services were moved to another Division, one that has a smaller remit therefore increased intense senior management focus could be applied to this target. Some nationally recognised service improvement methods were employed in this area and the Trust has been reporting 100% compliance with patients being offered appointments and seen within 48 hours since October 08 and consistently achieved to date.

Cancelled Operations

Last year performance for the Trust was 2.3% against the target of 0.8%. Improving this has been a huge challenge to the Trust and considerable effort was placed on this target throughout the summer of last year with good effect, however winter pressures, especially around January and the snow and ice of February, incurred the largest amount of cancelled operations in one month to date. It was not only patients cancelled by us due to the unprecedented emergency activity but also patients who cancelled themselves. The Trust was also performing poorly against rebooking these patients within 28 days due to the pressures of the 18 week target. The Operations team have worked diligently and consistently on this target in order to improve the quality of care we provide for our patients. Our performance year to date is 0.8% and July and August were both below target at 0.5%.

26-Week Breaches

There have been no breaches year to date.

13-Week Breaches

Year end performance 08/09 was 0.05% against a target of 0.03% therefore very close to being "met". Continues good practice and high performance has led to no breaches occurring this year.

Total Time within the A&E Department

In the year to March 09 compliance with the 4 hour target was 95.9% against a target of 98%. The Trust had found this increasingly challenging especially during the winter. We had had a period of 10 weeks achieving over 98% consistently then serious winter pressures from December onwards left the Trust vulnerable to an increase in Emergency activity of 10%.

Despite huge efforts from all concerned and extra beds put in place by the community and support from the PCT in this crisis time, it took a long time for the Trust to recover. Maintaining safety and quality care for patients remained a priority and the escalation policy was strictly adhered to at all times so as not to compromise this safety.

The Trust is now consistently performing week on week against the 98% target and is at 98.9% year to date. One of the most effective strategies recently employed has been regarding clinical involvement. The Chief Executive has now met with all consultants collectively regarding the pressures the Trust is under and engaging them in assisting us to meet this target. These plans are ongoing and successful.

Diagnostic Waits

The national target that no patient waits over 6 weeks for a diagnostic test was achieved for 08/09 and remains in place for trust activity this year to date. There are 15 tests within this remit including: MRI, CT, US, endoscopy and echocardiograms. However the national project put in place to alleviate long MRI waits by outsourcing to the private sector did result in one MRI breach due to circumstances out of our control. The Trust by purchasing a 3T MRI scanner no longer is reliant on this service and has a maximum 4 week wait for this service.

Rapid Access Chest Pain Clinic

The Trust has a sound record of providing rapid access for chest pain patients which has improved due to the provision of services on both sites. There has been a % difference in compliance for each site but recent validation efforts and retraining regarding definition has resulted in 100% compliance for Q4 08/09. This resulted in a “MET” for the year. Year to date 100% compliance continues.

Leadership

Meeting targets and therefore hugely improving the quality of care our patients receive has been at the forefront of everything we do. This has been achieved by strong, visual leadership and consistent systems approaches. The Trust has embarked on a leadership/developmental programme largely funded by the SHA in order that a “board to ward” approach and sign-up has occurred. The Trust Board and Senior Leaders of the organisation (including the consultants responsible for each Division) have now completed the programme and now the middle managers are halfway through theirs. The trust believes this approach to be the key to its current success and for sustainability for the future.

This along with some strong national Service Improvement/Innovation initiatives has been vital in achieving most of the above targets. Just one example of this is the Length of Stay (LoS) project. In order to make the Trust more efficient and continue to improve quality of patient care average LoS was too long for many patients.

Achieved

- Average length of stay reduced in year:
 - Elective (waiting list operations) from 3.53 to 3.14 days (this takes us to the top 10% of Trusts in the country)
 - Non-elective (emergency operations) from 6.09 to 5.81 days (this takes us to the top 25% of Trusts in the country so further improvement still required)
- Efficient use of beds have therefore enabled us to close 40 escalation beds thus improving significantly the patient experience.
- Day Surgery Unit at Kent & Sussex now closed at weekends
- Fractured neck of femur (NoF) pathway has been re-designed through an accelerated improvement project, resulting in a length of stay reduction from 18 days to 13 days. The Trust has the shortest length of stay in ‘simple’ NOF benchmarked against all Trusts nationally.

Further Work Required

- Further work to focus on pre-operative bed days, ensuring patients on enhanced recovery programmes, benefit from being admitted prior to day of surgery through a reduction in their total length of stay with increased clinical outcomes for the patient, also ensure that rates are decreased for all other patients
- Additional focus required to improve the day case and short stay surgery rates.
- Review of trauma and non-weight bearing patients across the Trust.
- Review of all patients with 0-24hour length of stay.

Standards for Better Health

The trust declared 20 standards as not met for the year 07/08. The trust took a hard line on the declaration following the publication of the investigation report. This was reduced to 10 standards not met for the whole of 08/09, and whilst we have 4 standards not met at the end of March 2009 as below:

These were: c13c - Information Governance
c14c - Complaints Learning
c15b - Food
c23 - Public Health Cycle

We remain on track to declare all standards met by the end of 2009.

The Trust is working with the PCT Director of Health Improvement. Plans are being developed to increase the Trust's contribution to smoking cessation, reduction of obesity and reduction of alcoholism. The Trust has recognised that it has two roles – one as a healthcare provider and the other as an employer.

Infection Control

The Trust continues to perform extremely well against all national and local targets for reductions of healthcare acquired infections. 2008/09 was very successful but we have managed to sustain and surpass these numbers ensuring we run some of the cleanest and safest hospitals in the south of the country. C.Diff and MRSA targets have been achieved by a significant margin.

Finance

The Trust has not been in recurring financial balance since its inception in 2001. The underlying deficit before support and non-recurring items has run at about £2.25m per month. This has now been reduced to £1m per month

(month 6), well on the way to our stated objective of being in recurring balance for the final quarter of the financial year. (This will enable support to achieve a break-even for the year).

Our external auditors statement shows the recognised progress that the organisation has made.

Investment

Despite the financial constraints. The Trust has continued to invest in areas which impact directly on the quality of service we provide to our users. These include:

- 540 new non-powered dynamic mattresses, featuring all the benefits of alternating powered mattress systems, without the necessity of power supply. Evidence has shown that these mattresses can reduce hospital acquired pressure damage.
- These mattresses will enable all patients from low – high risk to be placed onto a pressure relieving mattress immediately upon admission, and therefore, reduce the risk of hospital acquired pressure damage.
- On plan for 100% electric bed frames with the last phase of investment to replace 231 old static frames with state of the art electrical profiling bed frames.
- We have invested in additional bathrooms, toilets, privacy curtains and signs to help deliver same sex accommodation.
- We have created a daily electronic reporting system to monitor all key elements of privacy and dignity relating to delivering same sex accommodation.
- We have reduced our use of agency nursing staff by over 50% since April, by employing more permanent staff enabling better continuation of quality of care. Our nursing vacancy rate reduced to 8% by the end of October.

Strategic Investment

Aside from the tremendous progress of the new hospital at Pembury which is on time and budget, a number of major strategic capital investments have been made. These include:

- A new state of the art 3 tesla MRI to support the Cancer Centre at Maidstone.

- A new laparoscopic theatre (the best in Europe at present) together with the building of a laparoscopic training centre at Maidstone. In partnership with the University of Kent.

Current approved schemes that will be started in 2009/10 include:

- The purchase of 2 new laser guided radiotherapy machines for Maidstone and Canterbury.
- The conversion of the nurses home at Maidstone into a birthing centre (midwife led) together with a training centre and offices.
- A new histopathology laboratory covering Maidstone, Tunbridge Wells and Medway at Maidstone Hospital.