

**HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

**Friday, 8th June, 2018**

**10.00 am**

**Council Chamber, Sessions House, County Hall,  
Maidstone**







## AGENDA

### HEALTH OVERVIEW AND SCRUTINY COMMITTEE

**Friday, 8th June, 2018, at 10.00 am**  
**Council Chamber, Sessions House, County Hall, Maidstone**

Ask for: **Lizzy Adam**  
Telephone: **03000 412775**

*Tea/Coffee will be available from 9:45 am*

#### Membership

- Conservative (11): Mrs S Chandler (Chair), Mr P Bartlett, Mrs P M Beresford, Mr A H T Bowles, Mr N J D Chard, Mr N J Collor, Mrs L Game, Ms S Hamilton, Mr K Pugh and Mr I Thomas and Vacancy
- Liberal Democrat (1) Mr D S Daley
- Labour (1): Ms K Constantine
- District/Borough Representatives (4): Councillor J Howes, Councillor M Lyons, Councillor D Mortimer and Councillor M Peters

#### Webcasting Notice

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By entering into this room you are consenting to being filmed. If you do not wish to have your image captured please let the Clerk know immediately.

#### **UNRESTRICTED ITEMS**

*(During these items the meeting is likely to be open to the public)*

- | Item   | Timings* |
|--|----------|
| 1. Membership  |          |
| 2. Election of Vice-Chair  |          |
| 3. Substitutes   |          |
| 4. Declarations of Interests by Members in items on the Agenda for this meeting. |          |

5. Transforming Health and Care in East Kent - Verbal Update (Pages 5 - 6) 10:05
6. Medway NHS Foundation Trust: Update (Pages 7 - 46) 10:30
7. Maidstone & Tunbridge Wells NHS Trust: Update (Pages 47 - 68) 11:15
8. NHS response to winter in Kent 2017/18 (Pages 69 - 74) 12:00
9. Patient Transport Service: Key Performance Indicators (Written Briefing) (Pages 75 - 80)
10. Date of next programmed meeting – Friday 20 July 2018

Proposed items:

- East Kent Hospitals University NHS Foundation Trust
- East Kent Out of Hours GP Services and NHS 111
- Kent and Medway NHS and Social Care Partnership Trust

### **EXEMPT ITEMS**

*(At the time of preparing the agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)*

*\*Timings are approximate*

Benjamin Watts  
General Counsel  
03000 416814

**31 May 2018**

*Please note that any background documents referred to in the accompanying papers maybe inspected by arrangement with the officer responsible for preparing the relevant report.*

## Item 5: Transforming Health and Care in East Kent – Verbal Update

By: Lizzy Adam, Scrutiny Research Officer  
To: Health Overview and Scrutiny Committee, 8 June 2018  
Subject: Transforming Health and Care in East Kent – Verbal Update

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Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by the East Kent CCGs.

It provides additional background information which may prove useful to Members.

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## 1. Introduction

- (a) On 27 April 2018 the Committee considered an update about Transforming Health and Care in East Kent. The Chair enquired about the timescale and progress of the transformation programme, it was explained that external consultants had been appointed to complete a readiness assessment which would be used to develop the timescale. It was agreed that a verbal update, to give further detail about the timescale, would be presented to the Committee at its June meeting
- (b) Caroline Selkirk, Managing Director, East Kent CCGs will be in attendance for this item.

## 2. Recommendation

RECOMMENDED that the verbal update be noted and the East Kent CCGs be requested to provide an update at the appropriate time

## Background Documents

Kent County Council (2018) '*Health Overview and Scrutiny Committee (27/04/2018)*',  
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7846&Ver=4>

## Contact Details

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## Item 6: Medway NHS Foundation Trust: Update

By: Lizzy Adam, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 8 June 2018

Subject: Medway NHS Foundation Trust: Update

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Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by Medway NHS Foundation Trust.

It provides additional background information which may prove useful to Members.

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## 1. Introduction

- (a) Medway NHS Foundation Trust is responsible for the single site hospital based in Gillingham, Medway Maritime Hospital, which serves a population of more than 405,000 across the areas of Medway and Swale. It provides clinical services to almost half a million patients a year, including 110,000 Emergency Department attendances, 62,000 admissions, 325,000 outpatients attendances and 5,000 births.
- (b) The Trust was in special measures from 2013 - 2017; the Committee considered the Trust on nine occasions during this period. The Trust was last considered by the Committee in October 2016 and an update has been requested for this meeting as part of the Committee's review of acute services.
- (c) The Trust has asked for the attached reports to be presented to the Committee:

Trust Report	pages 9 - 14
List of services provided by the Trust	pages 15 - 16
Trust Showcase Document	pages 17 - 46

## 2. Recommendation

RECOMMENDED that the report on Medway NHS Foundation Trust be noted and the Trust be requested to provide an update at the appropriate time.

## Background Documents

Kent County Council (2016) '*Health Overview and Scrutiny Committee (07/10/2016)*',  
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7639&Ver=4>

## Item 6: Medway NHS Foundation Trust: Update

### **Contact Details**

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# Improvement plan – Better, Best, Brilliant – progress report

## 1. EXECUTIVE SUMMARY

- 1.1. The Trust last provided an update to the HOSC in October 2016, shortly before our most recent inspection by the Care Quality Commission. At that stage we were rated ‘inadequate’ and had been in quality special measures for more than three years. However, we knew we had made great improvements and that the safety and quality of care was very much better.
- 1.2. We were therefore delighted when, in March 2017, our rating was moved to ‘requires improvement’ and we exited special measures. This was important for giving patients confidence in their hospital, but also welcomed by staff who had done so much to raise standards at the hospital.
- 1.3. The report gave many areas a ‘good’ rating, and for maternity and gynaecology there was an ‘outstanding’ in the ‘caring’ domain.
- 1.4. However, we recognised that there was still much to do, and we immediately set about addressing areas still requiring attention through a CQC improvement plan.
- 1.5. We also launched a ‘Better, Best, Brilliant’ programme, which aims to enhance and transform services across the Trust.
- 1.6. Just over a year on from exiting special measures, we have seen services improve in a number of areas. But many challenges remain, particularly in relation to our financial sustainability.
- 1.7. In April and May this year we had another CQC inspection, which was in three parts – looking at core services, use of resources, and ‘well-led’. They have since followed up with requests for further information which has been supplied.
- 1.8. Initial feedback from the inspection team was that they found the staff to be extremely friendly and welcoming. I am pleased to say they raised no patient safety concerns.
- 1.9. We are expecting the report to be published towards the end of June.

## 2. TRUST-WIDE IMPROVEMENT PROGRAMME – BETTER, BEST, BRILLIANT

- 2.1. Within our Better, Best, Brilliant programme, a number of workstreams sit beneath our four strategic objectives:
  - Integrated healthcare
  - Innovation

- People
  - Financial stability.
- 2.2. Work is taking place under each of these, but over the past 12 months there has been particular focus on patient flow and financial recovery.
- 2.3. This remains the case, but increasingly we are focusing on transforming our services in order to ensure care is sustainable for the future. Rather than concentrating only on speeding up existing processes, or making cost efficiencies, this gives us a great opportunity to think more creatively about the optimum way to deliver the best of care to the communities we serve.
- 2.4. Working more closely with health and social care partners in Medway, and being active partners in the Sustainability and Transformation Partnership, will be important to help us to translate our vision into a reality.

### **3. PATIENT FLOW**

- 3.1. Under our patient flow programme we have sought to improve the number of patients being seen, treated and admitted or discharged from our Emergency Department within four hours. The national constitutional target for this is 95 per cent. However, in planning guidance following winter, it was announced that Trusts will be expected to be on a trajectory to meet 90 per cent by September 2018 and 95 per cent by March 2019.
- 3.2. We have improved on our past performance, but we are not yet consistently meeting the target. Performance has been in the high 80s and early 90s at times, however, the figure isn't yet stable or consistent, and over the winter period, in common with other Trusts, we experienced longer delays than we would like. It has taken some time to recover from what was a harsh and long winter, and at this stage our performance is not yet where it needs to be.
- 3.3. We have implemented a series of actions to standardise procedures so that flow is maintained and the four-hour performance within ED can be sustained.
- 3.4. Reduction in performance is often due to lack of internal flow from the main bed base to discharge, so we have instigated improvements in areas known to slow down the discharge process, such as by having a mobile pharmacy in the discharge lounge, and ensuring more patients are identified for discharge earlier in the day.
- 3.5. Throughout the winter we held daily teleconferences with system partners – CCG, local government, community providers – to review the patients who are considered to be 'delayed transfers of care' (DTOCs).
- 3.6. This provided greater visibility and focus and as a result we saw a dramatic reduction in the numbers, and, importantly patients being transferred to where they will receive appropriate care.

- 3.7. We are now seeing DTOCs in single figures, compared with more than 40 this time last year – one of the best achievements in the country.
- 3.8. We have also conducted an audit of stranded patients with system partners (ie patients who have been in hospital for more than seven days where there is not a plan of ongoing care). The purpose of the audit was to review these patients, understand what the plan is for treatment and determine what they are waiting for – and then make it happen.
- 3.9. These actions enabled us to close the escalation ward that had been open since December 2014. Having escalation space is a critical aspect of our winter planning, and we utilised the extra beds during the height of winter pressures but were able to close it again within weeks.

## **4. OTHER CONSTITUTIONAL STANDARDS**

- 4.1. We are also measured against other national standards – waits for cancer treatment, and waits for surgery (known as Referral to Treatment).
- 4.2. We are performing well in relation to cancer, with 94.2 per cent of people being treated within 62 days of a GP referral. The target is 85 per cent.
- 4.3. For surgery the target for the number of people waiting less than 18 weeks from referral to treatment is 92 per cent.
- 4.4. Following the severe winter which put huge pressures on the hospital, and the national 'pause' in surgery during January, our performance, like other trusts, decreased, but it is now improving, and at the time of writing stands at around 82 per cent.

## **5. WORKFORCE AND VACANCIES**

- 5.1. Historically the Trust has struggled to recruit, resulting in a higher number of agency staff than we would like.
- 5.2. Staffing levels and use of temporary/agency workers were identified as areas needing improvement by the Trust and the CQC.
- 5.3. Since the Trust has been seen to be improving, and particularly since we exited special measures, we have begun to recruit more permanent staff. We also have a very healthy nursing bank, meaning our reliance on agency staff has reduced and continues to do so.
- 5.4. The Trust continues its three pronged approach to recruitment, in particular to address nurse vacancies, via local, national and international routes. An international campaign in the Philippines continues with 193 nurses actively engaged in the process, with a cohort having started in January 2018.

- 5.5. Further collaborative regional procurement continues for international nurse recruitment with partner organisations processing 510 offers. We expect this to materialise into around 170 nurses joining us from over the financial year.
- 5.6. Some shortfalls in medical and dental rotations from Health Education England result in vacancies in medicine. The Trust has actively recruited to these posts, alongside Medical Trainee Initiative (MTI) recruitment and introduced the Trust's first appointments of Physician Associates (PAs).
- 5.7. The Trust's workforce profile continues to show a significant change from 2016/17 with a three per cent increase to substantive staff as a percentage of total pay bill and an 11 per cent decrease in the use of agency staff (£23million reduction year to date). We have increased by eight per cent the number of staff coming from our bank, as the Trust works to reduce and manage its temporary staffing expenditure.

## 6. FINANCIAL RECOVERY

- 6.1. The Trust's financial position remains very challenging, with a significant long-standing deficit.
- 6.2. Over the past year we have begun implementing plans to reduce our costs and increase efficiency.
- 6.3. Unfortunately we have not made enough progress, and as a result we reported a revised end of year position at £66.4million.
- 6.4. This is a serious situation, with our deficit equal to more than 20 per cent of the Trust's income.
- 6.5. We have agreed a control total of £46.7million for 2018/19 with our regulator, NHS Improvement. It is imperative that we implement transformational schemes that will reduce inefficiencies and tackle overspending on pay in order to reduce the deficit by the required £20million over the next year.
- 6.6. We have continued to engage staff in our financial improvements by keeping them informed and by seeking their ideas for further cost efficiencies.
- 6.7. We have recruited senior leads to support some of the programmes; this includes using the Model Hospital and other benchmark data to identify where we have variation. We have also run programmes to support staff to lead improvement projects across the Trust.
- 6.8. We need to continue to focus on our own efficiency through our Better, Best, Brilliant improvement programme, and it is also important that we receive the right level of income for the services we provide.
- 6.9. We will continue to work closely with commissioners and other partners to provide services the community needs within the available budget, as this is not just about the hospital but about the healthcare system across Medway and Swale.

## 7. FIRE SAFETY

- 7.1. In 2016 the Trust commissioned a fire safety report from Kent Fire and Rescue Service which identified a number of risks and actions required.
- 7.2. Following the report we produced a detailed action plan, and immediately set about addressing the concerns raised.
- 7.3. Since the tragic fire at Grenfell Tower, we have continued to review our fire safety plans and implement remediation works. We work in close liaison with Kent Fire and Rescue Service.

## 8. OUR ACHIEVEMENTS

- 8.1. We have achieved a great deal over the past 12 months, which is delivering better care for our patients.
- 8.2. This is being recognised externally through nominations and awards. This is welcomed by our staff, for whom it is evidence of recognition and the value they bring, while for our patients it is further confirmation that the care they receive is often among the best in the country.
- 8.3. Attached to this report is a document detailing some of our notable achievements.

## 9. CONCLUSION AND NEXT STEPS

- 9.1. The Trust is in a very different position to when we last reported to the HOSC, shortly before our CQC inspection.
- 9.2. We have been keen to keep up momentum in our improvement, and ensure that the successes in key areas are maintained and spread throughout the hospital.
- 9.3. We also recognise that there are considerable challenges for the Trust, especially in addressing our financial deficit and making the hospital sustainable for our community.
- 9.4. It is vital that our staff remain connected with our Better, Best, Brilliant programme, and financial recovery, and we will continue to engage them throughout the challenges that lie ahead.
- 9.5. Improving healthcare for the people of Medway is not just the remit of the hospital – we are working closely with local partners as well as through the STP to deliver the best of care for our population.
- 9.6. Through the STP we are pursuing opportunities to build on services that are vital for our community. For example, we believe Medway is in an excellent position to become one of the Hyper Acute Stroke Units recently consulted upon.

- 9.7. We look forward to transforming services for the people of Medway and Swale to ensure they continue to have access to the best of care in their local hospital, and in the community.

# Our services

The Trust is licensed to deliver the following services:

Acute Medical Unit  
Allergy services  
Antenatal care  
Anaesthetics  
Attention Deficit Hyperactivity Disorder  
Blood tests  
Breast care  
Cardiology  
Cardio respiratory  
Cardio thoracic medicine  
Cancer services  
Children's services  
Critical care  
Day surgery  
Dementia support  
Dermatology  
Diabetes  
Diagnostics services  
Ear, nose and throat  
Emergency Department (A&E)  
Endocrinology  
Endoscopy  
General medicine  
Gynaecology services  
Haematology  
Home First  
Imaging (Radiology)  
Intensive Care  
Maternity services  
Neonatal medicine  
Neurology  
Nutrition and dietetics  
Occupational therapy  
Orthodontics  
Orthognathic and maxillofacial surgery  
Orthopaedics and trauma  
Paediatrics  
Pharmacy  
Physiotherapy  
Plaster theatre  
Podiatry  
Radiology  
Rheumatology  
Speech and language therapy  
Surgical services  
Urology  
Vascular surgery  
Women's health

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# Better, Best, Brilliant - reasons to be proud

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**Best** of care  
**Best** of people

# Clinical Innovation and Improvement

## FRONT DOOR STREAMING

We have developed an innovative front door model streaming pathway to Primary Care (MedOCC), ambulatory emergency centre and assessment areas. As a result we are now streaming 25 per cent of patients away from the emergency department.

## DELAYED TRANSFERS OF CARE

We have worked closely with Medway Clinical Commissioning Group, community services and social care to ensure patients can be discharged in a timely way. This has meant we have been able to reduce the number of Delayed Transfers Of Care from an average of around 25 to single figures. This is a significant achievement and we now regularly have one of the lowest DTOC figures in the country.

## CLINICAL COORDINATION CENTRE

We have instituted a Clinical Coordination Centre (CCC) to coordinate the management of admissions and discharges to the hospital. It meets four times a day to review the position in the emergency department, number of decisions to admit, ensure movement of patients to the most appropriate area, bed situation and any staffing issues. It is attended by managers and clinicians from all the admitting areas, the Senior Manager on Call (SMOC) and the Director of Clinical Operations / Director on Call.

Key to the CCC's success has been the introduction of an electronic bed management system and a focus on early Electronic Discharge Notices as well as an improved process for reducing the wait time for medication to take home. We also keep transport bookings under review to avoid unnecessary waits.

# Clinical Innovation and Improvement

## BETTER CARE FOR PATIENTS WITH FRACTURED HIPS

The Trust Emergency Department developed a new way of caring for patients who come to the Trust with suspected hip fractures. From the moment that the ambulance arrives at their home, the patient is guided through the new clinical pathway, getting ‘fast tracked’ into our imaging department for diagnostic tests and are admitted straight into an orthopaedic bed. Our mortality rates for hip fractures have improved dramatically, decreasing from 11.2 per cent to 5.7 per cent (some of the lowest in England), while the waiting time between initial assessment by paramedics and transfer to a specialist ward has also reduced from 379 to 81 minutes, thanks to this new clinical pathway. The project was highly commended at the 2018 BMJ Awards.

## THE CHOLECYSTECTOMY QUALITY IMPROVEMENT COLLABORATIVE (Chole- QuIC)

We were chosen to participate in Chole-QuIC, a Royal College of Surgeons

programme developed to improve care for acute gallstone disease.

Since launching in October 2016, we have made huge changes to our practice for treating gallbladders. This includes creating two dedicated operating lists for “hot gallbladders”, developing an email referral infrastructure and upskilling our clinical support workers to support the new pathway. We have operated on 136 patients on this new programme. Results so far have shown an improved eight-day rate and time to surgery and reduced length of stay across all gallstone disease, which has led to cost savings. We have also seen a vastly reduced numbers of recurrent attendees.

## CLOSURE OF ESCALATION BEDS

Over the past two years we have successfully closed 53 beds: Sapphire ward, an escalation ward with 28 beds which had been open since 2014, was closed in September 2017. It is now used only by exception when the hospital is under extreme pressure. Gundulph ward, an acute admissions ward, had already been closed, resulting in a reduction of 25 beds.

Clinical Innovation and Improvement

Training and Education

Leadership and Culture

Research

Awards

Staff Engagement

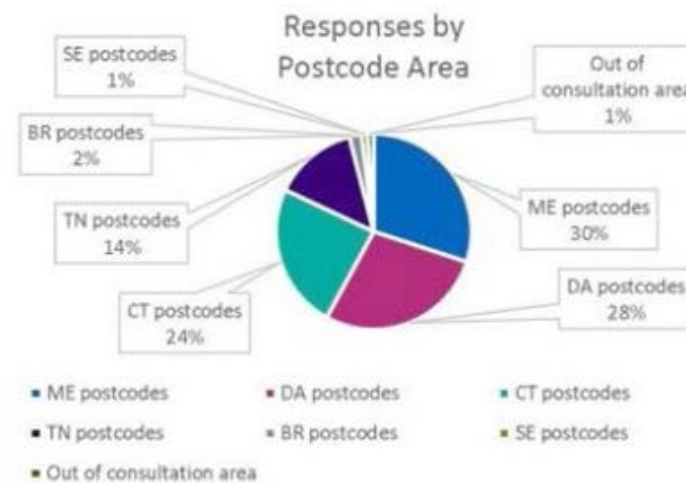
Patient Experience

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# Clinical Innovation and Improvement

## STROKE CONSULTATION

We received a great deal of support from the public, our stakeholders and partner organisations, who all, like us, believe that Medway is ideally placed to become a site for a Hyper Acute Stroke Unit (HASU). We organised a campaign to raise awareness of the consultation survey and public events. At the close of the survey, there had been more responses from the Medway area than anywhere else in the stroke consultation area.



## NHS KENT, SURREY AND SUSSEX LEADERSHIP AND INNOVATION AWARD FOR EXCELLENCE IN OUT OF HOSPITAL CARE

Consultant Geriatrician, Dr Sanjay Suman received the award in March in recognition of his inspiring Proactive Assessment Clinic for the Elderly (PACE). PACE is a community based initiative that supports the health needs of patients over 65 years old. The initiative, which has been delivered in partnership between the Trust, Medway Council and local GP services since 2016, has meant that elderly local residents can continue to live healthy and independent lives with support from the expanding number community centres opening across Medway. It has also meant that patients who need medical care but do not require emergency care at the hospital can be treated efficiently and with high quality expertise at their nearby centre.

Better, Best, Brilliant – reasons to be proud

Clinical Innovation and Improvement

Training and Education

Leadership and Culture

Research

Awards

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Patient Experience



# Clinical Innovation and Improvement

## IMPROVING BREAST SCREENING

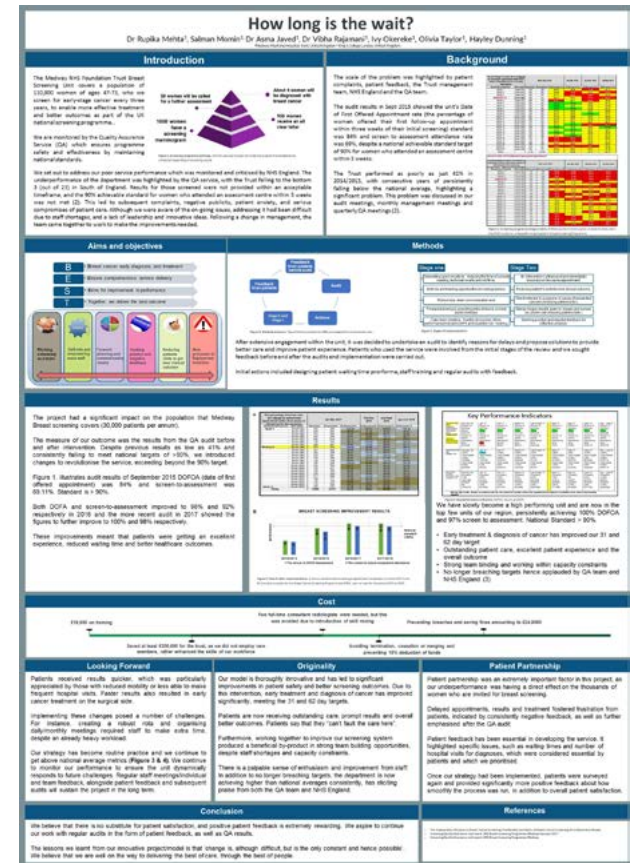
Under the leadership of Dr Rupika Mehta, Director of Breast Screening Unit and Consultant Radiologist at Medway NHS Foundation Trust, the Breast Cancer Screening Service has been transformed and is now providing a greatly enhanced service to our patients.

The project had a significant impact on the population that Medway breast screening covers (30,000 patients per annum). The measure of our outcome was the results from the quality assurance audit. Despite previous results as low as 41 per cent and consistently failing to meet national targets of more than 90 per cent, we introduced changes to revolutionise the service, exceeding beyond the 90 per cent target.

Our model is thoroughly innovative and has led to significant improvements in patient safety and better screening outcomes. Due to this intervention, early treatment and diagnosis of cancer has improved, meeting the 31 and 62 day targets.

The work carried out was shortlisted for a BMJ award.

A poster that the team created to present the project was selected to be displayed at the International Forum for Quality and Safety in Health Care in Amsterdam in May this year.



# Clinical Innovation and Improvement

## OUR WINNING EMERGENCY DEPARTMENT

In 2017 the Emergency Department won third place in the category of Emergency Department Clinical Team of the Year at the Royal College of Emergency Medicine's Annual Awards. This accolade has been achieved through a comprehensive strategy focusing on patient safety, workforce development and education, and sustained improvement.

Last year also saw the graduation of our first cohort of nurses who completed their degrees in Evidence-based Emergency Nursing BSc or MSc. This programme was developed by one of our Consultant ED nurses (and former university lecturer) Cliff Evans, who wrote a university-accredited degree and master's emergency nursing course for all senior and junior sisters.

So far, 33 nurses have undertaken the programme. The course has been so successful that several other local Trusts now send their nurses on our course as part of an Emergency Care Collaborative that we have established to share best-practice within the south and south east of England.

## ACUTE RESPONSE TEAM

We have developed our Acute Response Team (ART) and there are two members present in the Trust 24/7. They review all patients that have been stepped down from level two or three care and respond to all patients with a rising NEWS score. This has led to a significant reduction in inpatient cardiac arrests with no transfers from the bed base to level two and level three beds in the last four months (as at May 2018).

# Clinical Innovation and Improvement

## ORGAN DONATION

The Trust has a reputation as one of the leading Trusts in the South East of England in terms of numbers of patients referred for organ donation, and the numbers of organs successfully retrieved to benefit others. In 2016/17, there were nine successful organ donations, which led to 22 patients receiving life-saving organs thanks to donors from the Trust.

Artwork installed in Medway Maritime Hospital commemorating organ donors won a coveted Gold Award in the FESPA International Printing Awards, held in Hamburg. This spectacular artwork, named The Gift of Life, is dedicated to all those who have selflessly become organ donors and their families. It features more than 120 birds that inhabit the Medway Estuary, each one uniquely cut out in a variety of aged metal finishes.

## IMPROVING MENTAL HEALTH SUPPORT FOR MOTHERS-TO-BE

The Trust obstetrics team has developed a new pathway to help provide better mental health support for women during and immediately after pregnancy. The new Perinatal Mental Health pathway identifies potential mental health issues in women who are pregnant and provides advice, medication and sign-posting to mental health services where required. Thanks to early intervention, management and support, overall referrals to the Mother and Infant Mental Health Service were substantially reduced, by 70 per cent.

Additionally, there was a reduction in 'referral to seen' times, with no patient waiting more than five weeks to be seen, while a downward trend in non-attendance (DNAs) was also noted, falling significantly from the initial figure of 23 per cent. The pathway was shortlisted for a BMJ award.

Clinical Innovation  
and Improvement

Training and Education

Leadership and Culture

Research

Awards

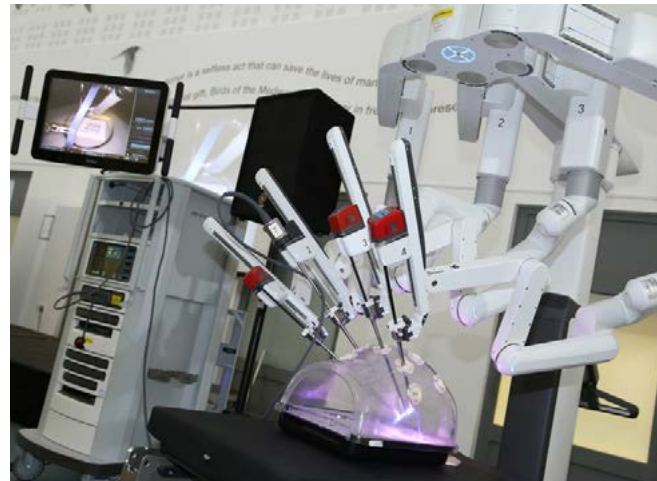
Staff Engagement

Patient Experience

# Clinical Innovation and Improvement

## DA VINCI ROBOT

Da Vinci is a minimally invasive surgery tool which revolutionises the care provided to patients undergoing surgery of the prostate. Under the control of a highly-trained surgeon, da Vinci is able to perform complex and incredibly precise procedures in a way not possible with human hands. Medway is the hub of the West Kent Urology Cancer Centre, and the introduction of this innovative equipment in November 2017 means that prostate cancer patients across the whole region are benefitting. Plans for the future include expanding the range of procedures carried out by da Vinci.



## STRENGTHENING SUPPORT FOR BEREAVED FAMILIES

The surgical department developed a bereavement service for the families of patients who had died during surgery to help them to grieve and speak to clinical staff about the care their loved ones received.

The majority (78 per cent) of the users of this service reported that it had helped them obtain closure or have their concerns addressed. Additionally, review of the feedback forms demonstrated that 44 per cent of the service users reported that they would otherwise have submitted a complaint to the hospital to obtain the answers they needed and raise the concerns they had. The service was shortlisted for an HSJ Patient Safety Award.

## TEAM AURELIA

Team Aurelia, a multi-disciplinary team supporting women requiring an elective Caesarean section has been highlighted as an example of outstanding practice.



# Clinical Innovation and Improvement

## STOMP

The Maternity Team was awarded the Johnson's Award for Excellence in Maternity Care at the Royal College of Midwives in March 2017.

Perineal trauma is the most common type of morbidity encountered by women and healthcare professionals, and has an important impact on women's birth experience. The incidence of severe perineal trauma, specifically third- and fourth-degree tears, has been rising consistently in the UK and other developed countries.

The Maternity Team won this award for its outstanding achievement in reducing third and fourth degree tears in women during childbirth from a national average of 5.8 per cent to just one per cent. This great stride has been accomplished through the introduction of the stop traumatic oasis morbidity project ('STOMP') – a prevention method designed by the team at Medway.

The method focusses on position, speed and coaching techniques during childbirth, reducing both the amount and severity of injuries that women can face. The team

has also led the way in postnatal perineal care in Kent by using the most sophisticated technology available for the assessment and potential treatment of women who have previously suffered from injury.

## TEAM MAIA

Our midwives Lyndsay Walker and Sonya Hinchey, known as 'Team Maia', provide specialist care to women in Medway prior to childbirth. In recognition of their dedicated work, Lyndsay and Sonya were crowned winners of the 'Midwifery Innovation Award' at the inaugural London 2018 Maternity and Midwifery Festival Awards. They were praised for 'recognising the need for and the implementation of a dedicated induction of labour team to provide bespoke care and drive forward positive change'.

## FETAL MEDICINE UNIT AND NICU

Our Fetal Medicine Unit (FMU) and Neonatal Intensive Care Unit (NICU) are renowned as one of the best to treat complicated births and pregnancies outside of London.

# Clinical Innovation and Improvement

## NATIONAL EMERGENCY LAPAROTOMY AUDIT (NELA)

We are a participant in the NELA project. Neil Kukreja, Colorectal Surgeon and Clinical Co-Director has been the lead for the project which set out to improve the trust management of patients requiring emergency laparotomy. Medway Consultant Anaesthetist Sarah Hare is now the national clinical lead for NELA at the Royal College of Anaesthetists. The improvements at the Trust from the NELA project include a reduction in mortality from 22 per cent to 13 per cent.

The team has also launched an Emergency Laparotomy Patient Support Group which is the first of its kind in the UK. The feedback has been excellent with a growing interest nationally. They are currently developing the concept of co-delivery of care with former patients who will come onto wards as volunteers to talk with laparotomy inpatients. A poster highlighting the importance of the focus group entitled "Use of Patient Focus Groups in Enhancing the Emergency Laparotomy Patient Experience", was

awarded first place in the NELA trainee poster prize category at the Association of Anaesthetists of Great Britain and Ireland Winter Scientific Meeting, London earlier this year.



**USE OF PATIENT FOCUS GROUPS IN ENHANCING THE EMERGENCY LAPAROTOMY PATIENT EXPERIENCE**

Medway NHS Foundation Trust

S Williams, M Leong, H Usnar, C Cowell, E Decker, C Grimes, N Kukreja, S Hare

**INTRODUCTION**

- NELA has driven improvement in clinical outcomes of emergency laparotomy (EL) patients
- Limited work has been done to assess and improve patient experience and care following discharge
- NELA aims to improve patient and public involvement- an underutilised resource
- Prior to our work, no support group was in existence
- We aim to:
  - Utilise principles of patient and public involvement to improve the patient and relative experience
  - Improve quality of care from the patient perspective through focus groups and patient feedback

**METHOD**

- Using NELA database, EL patients are invited to join patient focus groups
- Patient opinions and ideas were attained through facilitated discussions and utilisation of PROMS questionnaires
- Feedback is collated and analysed
- Key issues raised in focus group identified for action plans
- Multidisciplinary groups allocated tasks from action plans
- Re-evaluation at further focus groups

**DISCUSSION**

- 3 key issues were identified
  - Lack of patient and relative understanding about EL process
  - A need for longer term psychological support
  - Post-discharge, patients require continued support and information regarding on going care
- Action plans
  - ✓ A patient and relative information leaflet was created to address this issue and further adapted based on EL survivor feedback
  - ✓ A survivor support group initiated
  - ✓ Plan to create educational patient video post discharge inc. stoma care and heparin injection administration
  - ✓ Clinician consultations offered at group meetings
- Patient feedback has increased awareness of the psychological impact of critical illness and EL surgery amongst healthcare professionals at the trust

**CONCLUSION**

- Patient focus groups are an under-utilised resource in improving patient and public involvement in quality improvement
- Focus groups have a potential impact on long term wellbeing of patients following EL surgery

Clinical Innovation  
and Improvement

Training and Education

Leadership and Culture

Research

Wards

Staff Engagement

Patient Experience

# Clinical Innovation and Improvement

## REDUCING AVOIDABLE PRESSURE ULCERS

We recognise that avoidable pressure ulcers are a key indicator of the quality and experience of patient care, and we have been making changes to processes and pathways across the Trust to help us reduce – and eliminate - all avoidable pressure ulcers. The work we have done in this area includes, creating a fully established tissue viability team, developing and making changes to tissue viability paperwork, replacing the Braden risk assessment tool, improving communication between the wards and tissue viability team and including competence-based wound management with all tissue viability training.

There has been a 31 per cent reduction in hospital acquired pressure ulcers between April 2017 and March 2018, compared to April 2016 and March 2017, and we have seen a 60 per cent reduction in moderate or severe harm incidents between April 2017 and March 2018 (10 cases) when compared to April 2016 to March 2017 (25 cases). There have been no cases of the hospital acquired pressure ulcers being a factor in the patient's death in this period. We continue to work towards zero avoidable harm to our patients.

## IMPROVING INCIDENCE OF FALLS

We have worked hard across the Trust to reduce the numbers of patient falls in hospital by implementing several strategies and projects. We have introduced a Falls Investigation toolkit and ran a falls awareness campaign “May the falls NOT be with you” in May last year. Our falls prevention Clinical Nurse Specialist has been invited to speak at several conferences (Falls Prevention Summit – London and Birmingham, Guernsey Fallsafe Launch) to talk about our successes and share best practice. Our funky frame project, which aims to create a culture where elderly patients take more ownership of their walking frames was featured in the Nursing Times last year. We have seen an 11 per cent reduction in falls in April 2017 – March 2018 when compared to April 2016 – March 2017 and we continue to remain below the national mean rate for falls per 1,000 occupied bed days.

Clinical Innovation  
and Improvement

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# Clinical Innovation and Improvement

## D+R BALANCE APP

This is an app developed by one of our consultant ENT surgeons. Balance disorders affect 30 per cent of the population under the age of 65 years, and problems increase with age. Methods and machines used to assess balance can cost between £35,000 and £85,000. This innovative app has saved thousands of pounds by providing a quick, simple and much cheaper method of recording postural sway. It is now used by balance and falls units around the world. It can also be used to monitor and provide feedback to patients as they go through their balance rehabilitation programme, thus improving patient compliance with exercises.

The developers are currently exploring how the app could be used to predict the risk of falls.

## SUPPORTING BEREAVED PARENTS

In October 2017, we were selected to be one of 11 sites to trial the National Bereavement Care Pathway, a new pathway developed to improve the quality of care experienced by bereaved parents and families. Our provision of care for parents who experience a still birth is already considered “gold standard” with the opening of our bereavement suite, Abigail’s Place. Since opening in 2016, 40 families have used Abigail’s Place.

Since we started the National Bereavement Care Pathway, we have supported 82 families through the pathway. We are now about to start on the second wave which sees us supporting two Trusts - Royal United Hospitals Bath and Frimley Park Hospital - to develop their bereavement pathway.

Better, Best, Brilliant –  
reasons to be proud

Clinical Innovation and  
Improvement

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# Training and Education

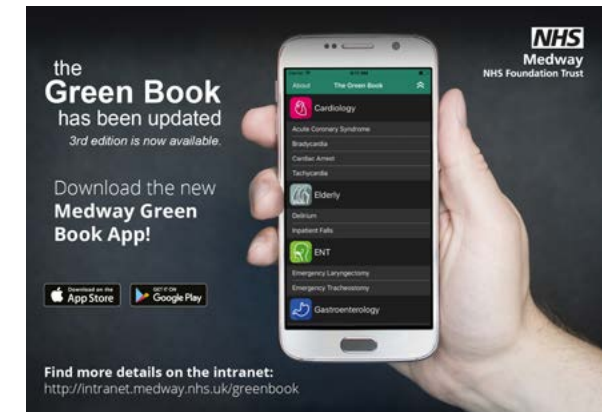
## MEDILEAD



Our internal MediLead programme (a junior doctor leadership programme) empowers doctors new to the Trust to talk about their ideas with colleagues. Sharing insights and new approaches helps create a professional culture where robust challenge and open discussion is valued and innovation encouraged. Every idea for improving our patients' care is welcomed and explored. On application to the MediLead Programme, each doctor identifies a project that they will work on with support from senior doctors, senior nurses and managers, as part of their leadership development.

## GREEN BOOK

This is an app to help junior doctors provide faster, safer treatment for patients with acute illness. Developed over five months by four junior doctors working at the Trust, the app provides junior doctors with easy access to up to date advice in acute clinical situations.



Better, Best, Brilliant –  
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Clinical Innovation and  
Improvement

**Training and Education**

Leadership and Culture

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# Training and Education

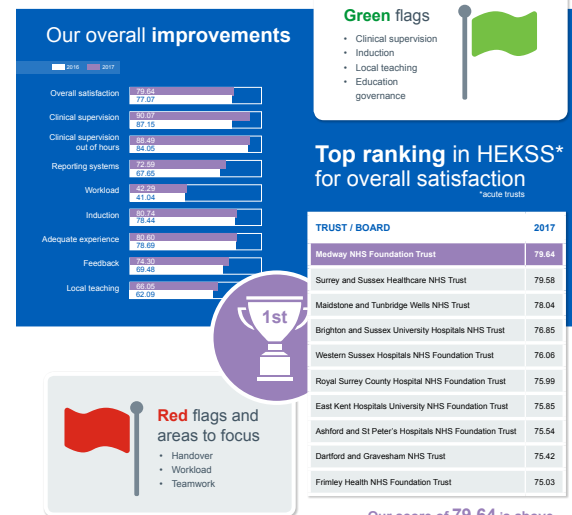
## HUMAN FACTORS

Medway is the human factors training centre for Kent, Surrey and Sussex.

## GMC TRAINEE SURVEY

The Trust was rated the highest in Kent, Surrey and Sussex for trainee satisfaction – and was above the national average.

### Our 2017 GMC Trainee Survey Results



Our score of 79.64 is above national mean of 79.32



## DARZI FELLOW

We are delighted to have welcomed Coral Akenzua, the first Darzi Fellow to be placed at the Trust (one of only four in the county in the current programme). Darzi Fellowships are intended to help established clinicians make the leap into systems leadership through a post graduate programme and experiential learning from the chosen project.

Coral is currently working across traditional organisational boundaries to develop a community pathway for COPD. It is anticipated that a new pathway providing a highly responsive COPD service in the community closer to home will minimise disruption and inconvenience for patients and carers. This will not only improve the patient experience through a seamless journey, but also result in a reduction in the number of patients referred to hospital.

# Training and Education

## HEARING THE TRAINEE VOICE

A 'Trainee in Action' group has been formed to provide an extra level of support for trainee professionals in Pharmacy, including pre-registration trainee pharmacy technicians and foundation pharmacists. This is a group run by trainees, for trainees, in order to discuss any issues or concerns regarding education and training within the Trust and specifically Pharmacy. It will also provide peer support and discuss possible solutions and ideas to feed back to the senior management team.

Examples of changes and improvements that have been made as a result of this group include: a review of rotations and workload, the introduction of a daily clinical huddle to support foundation pharmacists, and a review of the annual leave request process for trainees.

## MEDICAL APPRAISAL AND REVALIDATION

We have made improvements to our medical appraisal system to ensure it is

robust, supports revalidation and operates effectively.

We currently have 90 medical appraisers who have undertaken the approved training for enhanced medical appraisals. This includes staff grade doctors, some of whom appraise consultants. We are one of the very few Trusts in the country to take this approach. Our appraisals have a high quality standard with robust auditing of individual appraisals. Revalidation recommendations to GMC are only made after rigorous checks in the Revalidation Governance Group meetings headed by the Medical Director.

For the most recent appraisal year reported (2016/2017), 97 per cent of our doctors had a completed appraisal which feeds well into the five yearly revalidation cycle. This compares favourably to national data with 86.6 per cent of doctors in the same sector having a completed appraisal. This is strong evidence of how engaged our doctors are in the process. There are regular updates and training on appraisals for all doctors and specific training for doctors new to the UK or new to the Trust.

# Training and Education

## APPRENTICESHIPS

We are committed to training a highly skilled workforce and retaining our staff through our apprenticeship programme. Our long term plan is to become an apprenticeship end point assessment centre which will enhance our reputation as a centre of excellence for learning. Our programme is already further developed than other neighbouring NHS organisations, and we continue to share best practice with the organisation in the neighbouring health economy. We currently have 18 apprenticeships in place and are rolling out more in different disciplines in the coming months.

## PATIENT SAFETY CONFERENCE

We are holding our fourth annual Patient Safety Conference this month (May). This is always an excellent opportunity to reflect on some of the fantastic work we have done to improve patient safety and celebrate our achievements. The agenda includes exciting topics such as reducing avoidable term admission into neonatal units, medicines management and the role of MDT ward round in surgery (improving

the safety and quality of care for patients with complex inflammatory bowel disease) from both internal and external speakers. Panel discussions encourage lively debate and shared learning and there is always great energy in the room. It is always well attended and all staff are encouraged to attend.

## ACHIEVEMENTS IN SIMULATION-BASED TRAINING

We are very proud of our simulation-based education facility and its recent achievements. We have developed a unique initiative of simulation-based training (Work Without Worry) to support medical students to get ready for Foundation doctor role, and recently won a national bid to develop a simulation based training course to support junior doctors returning to training after a break.

We recognised a need to provide simulation led training for clinical staff so, with the University of Kent and Christ Church University we developed Masters modules as part of an MSc. These modules are - Simulation in Healthcare and Human Factors in Healthcare.



# Leadership and Culture

## HSJ TOP 50 CEOs

The Trust's Chief Executive Lesley Dwyer was named by the Health Service Journal as one of the top 50 NHS chief executives in the country.



## KENT AND MEDWAY LEADERSHIP PROGRAMME

The Trust is a part of the Kent and Medway Leadership Programme. This brings together organisations from all over Medway including the Trust, schools, the Police and the Army, sharing knowledge and experience and developing skills. It provides a great opportunity for us to work together for the benefit of the communities we serve.

## THE EXECUTIVE TEAM

The Trust has benefited from having a stable senior leadership team with all positions on the Executive Board filled by substantive appointments.

In 2017 the Trust underwent the required well-led review which suggested some areas for development but no concerns were raised requiring immediate action. The Director of Nursing and Medical Director are the named executive leads for Quality and Patient Safety. In December 2017, a new position of Deputy Chief Executive was nominated.

There is a named Non Executive Director who chairs the Quality Assurance Committee and one for the mortality reviews. Our governance structure has continued to develop and embed. Recently a full review has taken place leading to some changes. The terms of reference and membership of committees are reviewed annually. The board receives a monthly IQPR and report from the Quality Assurance Committee. The Executive has continued to visit all areas of the Trust through executive walkabouts and the GEMBA visits.

# Leadership and Culture

## RECRUITMENT

The Trust has reduced its expenditure on agency workers by over £17million in 2017/18 compared to the previous year, resulting in an overall temporary spending reduction of £8million. We have made significant progress filling our nursing vacancies, with more nurses joining the Trust each month than leaving.

## HR TEAM OF THE YEAR



In March 2018, the Trust's Human Resources and Organisational Development Team was crowned HR Team of the Year at the Kent Chartered Institute of Personnel Development's (CIPD) annual awards. The award is aimed at teams that demonstrate genuine strategic status within their organisation.

## FINANCIAL WELL-BEING

The Trust was shortlisted, alongside high-profile companies such as Hays UK, GSK and Talk Talk, in the Employee Benefits 2018 awards, 'Best Financial Wellbeing Strategy' category.

## BEST CHOICES

This is a voluntary scheme that provides staff with the opportunity to review their current working arrangements. The Best Choices Scheme allows individuals to pursue one of four options:

- Mutually agreed resignation (with severance pay)
- Career break
- Retirement
- Flexible working.

Last year we ran a scheme that supported staff to follow one of the options. As a result, we reviewed job roles and structures to help the organisation evolve as required for the future sustainability of the organisation. We will be running another Best Choices in late Spring 2018.

# Leadership and Culture

## UNCONFERENCE

The Trust held an Unconference, facilitated by Helen Bevan to enable staff to get involved in shaping the culture of Medway. More than 60 members of staff from across the hospital came together to discuss how we could move forward as an organisation.



## PROFESSIONAL STANDARDS

Our professional behaviour framework called the Clinical Compact was created with the input of 60 consultants. This clearly sets out behaviours expected from senior clinical staff against trust values and leadership domains of the NHS Academy. It has been further enhanced through the introduction of a promoting professionalism programme where staff and patients can report behaviours and incidents that do not meet Trust values or compromise patient safety in real time.

We are now training peer messengers to support staff. This was introduced after our Medical Director and two consultants undertook the training themselves at Vanderbilt University in the US regarding the direct impact on quality of poor clinician behaviour.

# Leadership and Culture

## A TRANSFORMATIONAL WORKFORCE STRATEGY

We published our new Workforce Strategy in April 2017. This is purposefully short at two years to provide a direct response to our immediate needs. In the first year, the strategy focuses on our immediate business needs through a three strand approach to recruitment: local, national and international. The second year focuses on consolidation and retention. Part of this is our Talent Management Strategy “My Brilliant Career”.

The strategy aims to be transformational and is the result of a collaborative effort across the Trust. We sought to understand what the organisation wants and needs from a future workforce, and have ensured that this is intrinsically linked to the operating plan and the financial model.

## LEADERSHIP DEVELOPMENT

Over the past year staff have been invited to leadership development sessions in which they hear from keynote external speakers to develop their understanding of leadership in a broad sense, to provide them with tips and techniques for success, and to inspire them to achieve their potential.

Our lecture theatre has regularly been packed to hear from the speakers, ranging from world class coaches and mentors, to people who have overcome adversity to achieve their goal. All sessions have received excellent feedback from staff, with comments such as: *“It was brilliant to hear from someone who has faced huge challenge but has used that experience to tap into their own potential, and instead of being defeated by it, has turned it to their advantage. I could see a parallel in my life, and want to see if I can now rise to the challenge in my career.”*

# Research

We have around 150 research projects in a range of areas including heart disease, cancer, diabetes and mental health. We are the largest recruiter to clinical trials in Kent, Surrey and Sussex.

Each year around 5,000 patients participate in our clinical trials, and their involvement is crucial to our programme of work.

Some patients are invited to take part in observational research as part of their care, which involves looking at routinely collected diagnostic information, like blood pressure readings, images or samples.

Where appropriate, patients are invited to participate in new treatments and therapies.

Participation in research is voluntary and is based on informed patient consent.

Among the research projects we have undertaken over the last year are the Heartbeat Study, which looked to improve decision-making in caring for babies born with encephalopathy through micro-analysis of their heart rates; the Stampede project, that is evaluating the impacts of prostate cancer treatments when

delivered early in the course of the disease in combination with hormone therapy; the Test It project, testing a new bedside device to rapidly diagnose sepsis; and the Events study, which is investigating the use of progesterone to reduce premature births of twins.



# Awards and Nominations

## NHS70 PARLIAMENTARY AWARD NOMINATIONS

- Excellence in Urgent and Emergency Care – Fractured Neck of Femur Pathway – **Ashike Choudhury**
- Excellence in Urgent and Emergency Care – Nursing Recruitment – **Cliff Evans**
- Excellence in Mental Health Care – Perinatal Mental Health – **Helen Watson**
- Excellence in Primary Care – Frailty Pathway – **Sanjay Suman**
- Excellence in Cancer Care – Improving Breast Screening – **Rupika Mehta**
- Care and Compassion Award –Surgical Bereavement Service – **Caris Grimes**
- Lifetime Achievement Award –**Diana Hamilton-Fairley**

## THE BMJ AWARD NOMINATIONS

- Improving Breast Screening - **Cancer Care Team**
- Accelerated Fractured Hip - **Emergency Team**
- Perinatal Mental Health - **Mental Health Team**

## HSJ VALUE AWARD NOMINATIONS

- Effect of Triaging of Spinal Referrals - **Specialist services**
- Emergency Department Workforce Recruitment and Retention - **Specialist services**

## HSJ TOP CHIEF EXECUTIVES LIST 2018

- **Lesley Dwyer** – Named as one of top 50 NHS Chief Executives

## MEDWAY CLINICAL COMMISSIONING GROUP (CCG) COMMUNITY AND PATIENT PARTNERSHIP AWARDS 2018

- **Surgical Bereavement Service** - The Learning from Experience award

# Awards and Nominations

## LONDON 2018 MATERNITY AND MIDWIFERY FESTIVAL AWARDS

- **Team Maia (Midwives Lyndsay Walker and Sonya Hinchey)** - Midwifery Innovation Award

## KENT CHARTERED INSTITUTE OF PERSONNEL DEVELOPMENT (CIPD) AWARDS 2018

- **Human Resources and Organisational Development Team** - HR Team of the Year

## ROYAL COLLEGE OF MIDWIVES ANNUAL MIDWIFERY AWARDS 2017

- **Maternity Team** - Johnson's Award for Excellence in Maternity Care

## KENT, SURREY, SUSSEX (KSS) LEADERSHIP AND INNOVATIONS AWARDS 2017

- **Dr Sanjay Suman** – Excellence in out of hospital care

## ROYAL COLLEGE OF EMERGENCY MEDICINE AWARDS 2017

- **Emergency Department** - Clinical Team of the Year (third place)

# Staff Engagement

## CONNECTING WITH STAFF

We have a wide-ranging programme of internal communications and staff engagement, which has been applauded internally and externally. We use a combination of methods to reach out to our staff and ensure they are able to input into Trust improvements. We have weekly emails ensuring staff are sighted on key issues, mid-week 'theme of the week' messages from the Medical Director and Director of Nursing, and regularly updated, eye-catching screensavers to highlight important matters. Our most widely read communication is the Chief Executive's Friday email, which conveys messages in a personal, informal and engaging style.

We also value opportunities for face-to-face engagement, holding bi-monthly senior manager meetings, attended by 40-50 staff, after which they are expected to cascade messages in a consistent and relevant fashion to their own teams. We also hold staff briefings quarterly. These regularly attract an audience of upto 400, and are an invaluable way of ensuring staff from all staff groups hear directly from the chief executive.

In between these set forums we ensure members of the Executive Team engage with staff on a regular basis, for example through International Nursing Day and International Midwives Day, when events took place within the hospital, and through the well-supported Fab Change Day. Following the snow this winter we provided a free lunch to thank staff who had worked hard to ensure quality of care was maintained. Feedback was that this gesture was appreciated and staff acknowledged the recognition from the senior team.

## FORWARD APP

The Forward app was developed by junior doctors while they were at Medway and it provides a secure platform for clinical staff to communicate with one another.

We became the first UK Trust to officially approve the use of the app, which allows our clinical staff to securely and quickly communicate using their smartphones, instead of relying on pagers and landlines. More than 375 of our staff are already using it to save time on communication allowing them to spend more time with patients.



# Staff Engagement

## @MFT APP

The Trust launched a dedicated app for staff called @MFT, which has been downloaded more than 1,500 times. This has been specially designed by Trust staff for Trust staff and provides them with touch-of-a-button access to a wide range of systems and information, news and updates, important policies and mandatory training.



## ONBOARDING PORTAL

In September 2017 we introduced an onboarding portal designed to help us engage with new members of staff from the moment they receive their offer letter of employment. Each new staff member has a login and can access the portal anywhere on any device. The portal walks staff through five steps designed to help orientate them with the Trust, learn about the culture and understand job functions across the Trust in a timely fashion. Since launch more than 337 new staff members have used the portal.



# Patient Experience

## HELLO MY NAME IS...

The Trust fully supports the 'Hello my name is' initiative and all staff wear the prominent yellow badges. We urge every member of staff to say their name, their role and what they are going to do when first approaching a patient.

## THE RED BAG

The 'red bag' scheme supports patients who have to come to hospital from a care home. Similar in concept to the maternity bag many women keep by the front door in the run up to their due date, it keeps together both important information about patients care and needs, along with personal belongings such as clothing, glasses, hearing aids, dentures etc.

The bag is kept with the patient throughout their stay as they move through departments and, when they leave, a copy of their discharge summary is added to the bag so that care home staff have access to it.

## SMOKE FREE

In October 2016, Medway Maritime Hospital became a smoke-free site, meaning that patients, visitors and staff are no longer able to smoke in the buildings, hospital grounds and car parks. The purpose of going smoke-free was to protect and improve the health and wellbeing of all patients, visitors and staff who use the hospital. The move was in keeping with many hospitals and public spaces where smoking is no longer permitted.

We employ wardens to remind smokers that they cannot light up anywhere on site.

The Trust has also worked closely with partners to promote the dangers of smoking in pregnancy; this has included events hosted by the Trust and a joint presentation with Medway Council Stop Smoking Service at the Trust AGM.

# Patient Experience

## DEMENTIA AND DELIRIUM

The Trust has put in place a number of measures to improve the experience of patients with dementia and delirium, and their carers.

We have recruited and trained 22 dementia link workers (Butterfly Champions) from different disciplines and departments.

We have also introduced innovative dementia and delirium training practice including having two people living with dementia sharing their experiences on nursing induction. And the Trust has employed the Virtual Dementia Tour experience several times over the last few years including 2017. In addition we have a new day-long 'Applied Dementia Workshop' (also involving people with dementia) based on level 2 DEALTS training recommendations.

On-going work is taking place with the CCG and community colleagues to improve dementia care across Medway area.

## END OF LIFE CARE

Recognising the importance of relatives or carers being able to sit close to patients nearing the end of life, we have introduced a 'Buddy Chair'.

This enables loved ones to have a comfortable chair/flat bed by the bedside of patients. The 'Buddy Chair' is also available within our Cedar Room for relatives.



## FANTASTIC PATIENT FEEDBACK

We are proud to receive fantastic feedback from our patients, as shown in this video filmed recently in the hospital.

» [Watch it online now](#)

# Patient Experience

## PATIENT STORIES

The Trust is keen to hear the experiences of patients (and sometimes relatives) told in their own words and last year introduced the concept of ‘Listening To Patient Stories’. Each Board meeting begins with a patient story, told by the patient or family member. Trust Board members welcome the opportunity to hear, first hand, of a patient’s recent experience, including what went well and where improvements can be made, and, indeed, where we have already implemented change as a result of patient feedback.

The Patient Experience Team and Healthwatch Medway work collaboratively to support patients and relatives, including having pre-meets and telephone calls with them to help them express and develop their stories. A presentation is prepared for the patient but using their own words which acts as a prompt in case they need it when sharing their story. It also allows us to be completely familiar with the story to be able to support the patient or relative in telling their story if they are too nervous or emotional.

This format has been developed based on best practice from around the world.

## MEDWAY SURGICAL EDUCATIONAL PROGRAMME

This unique and interactive programme of events, led by our Consultant Anaesthetists, provides key advice to our patients on how to stay healthy before and after surgery. The monthly seminars have been staged at both the hospital and Medway Council buildings, with audiences made up of our patients who have recently undergone surgery.



# Patient Experience

## OUR PATIENTS' VOICE ASSURES QUALITY

Our Quality Assurance Committee consists of no less than three non-executive directors of the Trust, the Chief Executive, the Medical Director and the Director of Nursing and is regularly attended by directors of clinical operations and deputy directors of nursing. In order to ensure that our patients' perspective is at the heart of all our work in delivering safe, effective and high quality care we invited a patient to sit on the Committee. This patient has been attending, and contributing to meetings since March 2016. His input has been invaluable in the development of our Quality Strategy.

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## Item 7: Maidstone &amp; Tunbridge Wells NHS Trust: Update

By: Lizzy Adam, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 8 June 2018

Subject: Maidstone & Tunbridge Wells NHS Trust: Update

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Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by Maidstone & Tunbridge Wells NHS Trust.

It provides additional background information which may prove useful to Members.

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## 1. Introduction

- (a) Maidstone & Tunbridge Wells NHS Trust operates from three main clinical sites: Maidstone Hospital, Tunbridge Wells Hospital at Pembury and Crowborough Birth Centre. The Trust provides a range of general hospital services and some areas of specialist care to around 560,000 people living in the south of West Kent and the north of East Sussex.
- (b) In addition, the Trust provides specialist Cancer services to around 1.8 million people across Kent and Sussex, via the Kent Oncology Centre, which is sited at Maidstone Hospital and at Kent and Canterbury Hospital in Canterbury.
- (c) At the Trust's CQC inspection in 2015, the Trust was rated as requires improvement. The Trust was re-inspected in October 2017 and whilst the CQC had found that there had been significant and sustained improvement throughout the Trust, the Trust's rating stayed the same.
- (d) The Committee last received an update on the Trust in September 2016 following the Trust being placed in Financial Special Measures. An update has been requested for this meeting as part of the Committee's review of acute services. The Trust has asked for the attached report to be presented to the Committee.

## 2. Recommendation

RECOMMENDED that the report on Maidstone & Tunbridge Wells NHS Trust be noted and the Trust be requested to provide an update at the appropriate time.

## Background Documents

Kent County Council (2016) 'Health Overview and Scrutiny Committee (02/09/2016)', <https://democracy.kent.gov.uk/mgAi.aspx?ID=41835>

**Contact Details**

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# Kent HOSC

Maidstone and Tunbridge Wells  
NHS Trust (MTW) Presentation  
8<sup>th</sup> June 2018

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# Content:

- Introduction
- Finance
- Operational Performance
- CQC

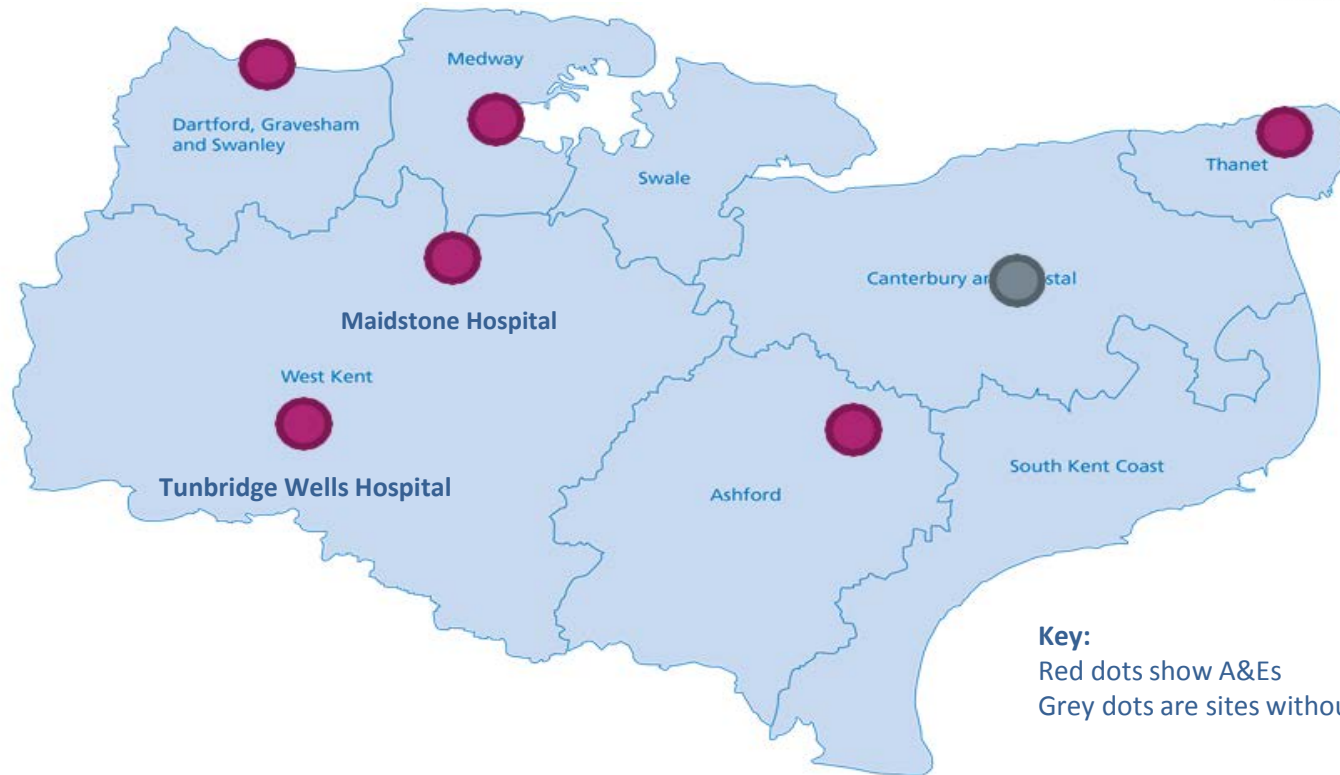
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# Introduction to MTW

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**Key:**  
Red dots show A&Es  
Grey dots are sites without a front door

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**Turnover for Kent Acute Trusts:**

Medway FT £270m

Dartford and Gravesham £250m

Maidstone and Tunbridge Wells £450m

East Kent FT £560

# MTW Services By Site

## Maidstone Hospital

- 325 overnight beds
- Emergency Department
- Medical Admissions Unit
- Acute Frailty Unit
- Respiratory Ward
- Acute Stroke Service
- 10 operating theatres
- Eye, Ear & Mouth Unit (largest specialised eye unit in SE)
- Critical Care Unit
- Breast Care Unit
- Kent Oncology Centre (9 linacs on 2 sites)
- Midwife-led Birth Centre
- PET CT
- Academic Centre

## Tunbridge Wells Hospital

- Opened 2011
- First single room en-suite design in NHS
- 475 overnight beds
- 11 operating theatres
- Trauma Unit & all emergency surgery
- Acute Medical Unit
- Acute Frailty Unit
- Acute Stroke Service
- Main site for women's & children's care
- Education centre & simulation suite

## Other MTW services

- Crowborough Birth Centre
- Oncology Centre in Canterbury
- Outpatient services in the community

**5,000 staff – 800,000 patient visits a year – 170,000 A&E attendances**  
**6,000 births - 110,000 operations - 510,000 OPD appointments**

# MTW Finance

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# MTW Finances: FSM background to the deficit

- MTW was placed in Financial Special Measures in July 2016 because
  - the Trust had not accepted its control total and was planning a significant deficit of £22.9m, (turnover £430m FY16/17)
  - The Trust was also identified at the time in the cohort of trusts with a pay spend increasing above national averages.
- The underlying deficit at the Trust had operated c £30m - £35m in previous years, supported by non-recurrent items e.g. tapering PFI support; high local prices for cancer activity, which were transitioning to national tariffs
- NHS Improvement appointed a Finance Improvement Director to work with us in the construction of a recovery plan. The FID's report identified a potential deficit of £42.7m and proposed a Financial Recovery Programme.

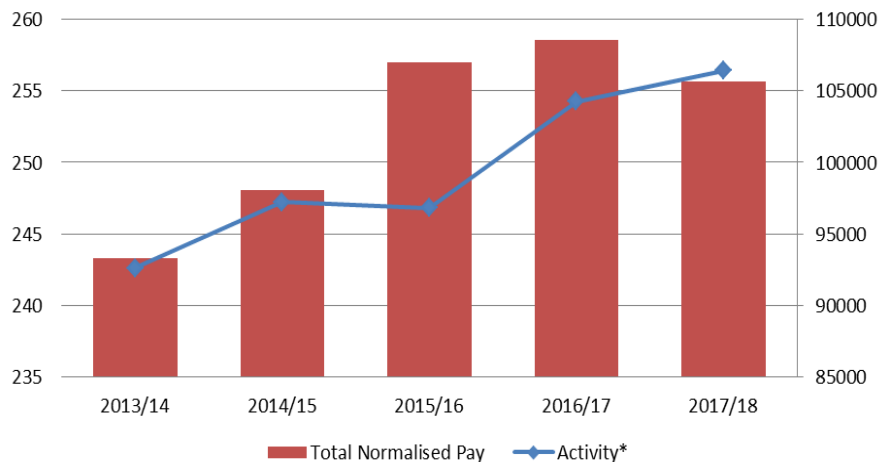
## Drivers of MTW Deficit: FID report, September 2016

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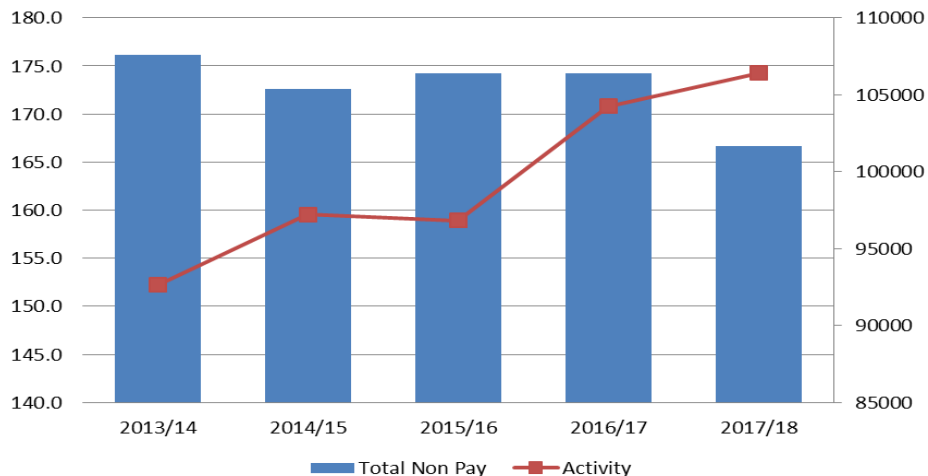
Deficit Driver	Comment	£m
1. CNST Premium	CNST Premium is £8.4m above the national average for an acute Trust	8.4m
2. Premium Pay Cost	Establishment MTW pay £7.5m higher than substantive costs due to agency premium for Nursing, Medical and STT posts	7.5m
3. Efficiencies	Further efficiencies required to cover the cost of the PFI	14.9m
4. Fines	Current forecast for commissioner fines during 16/17	5.8m
5. Activity Balance	Elective activity levels significantly lower than planned, resulting in the fixed cost base being higher than elective income. Driven by: increased non elective activity paid at marginal rate; high bed occupancy; higher than average DTOCs (6.1%)	6.1m
<b>2016/17 Run Rate</b>	<b>Run rate Case based on months 1-4</b>	<b>£42.7m</b>

# Financial Recovery to date

## Normalised Pay £m v In Patient Activity

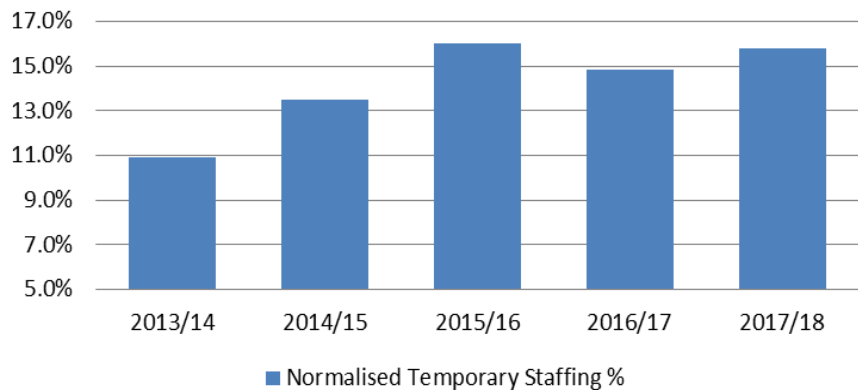


## Normalised Non Pay and Activity

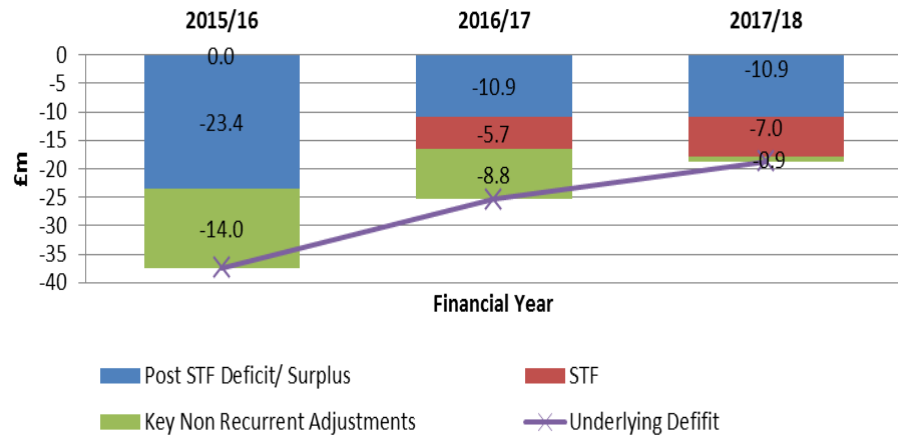


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## Normalised Pay % Substantive v Temporary

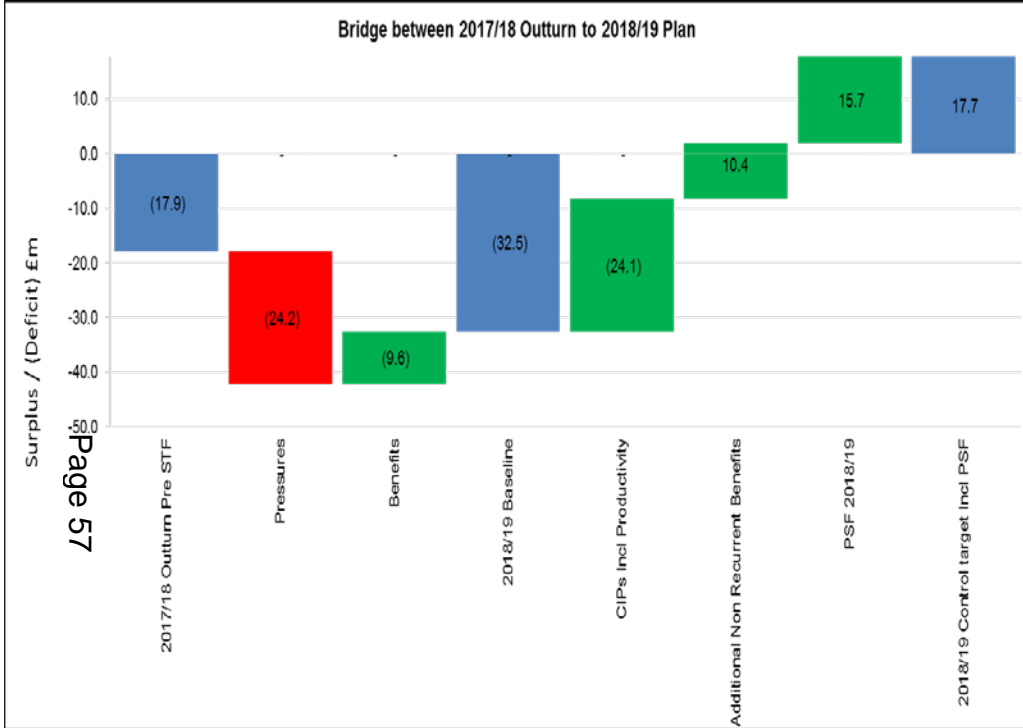


## Underlying deficit - FY15/16 to FY17/18





# FY18/19 Plan: making progress to recurring balance



## 2018/19 CIP Target

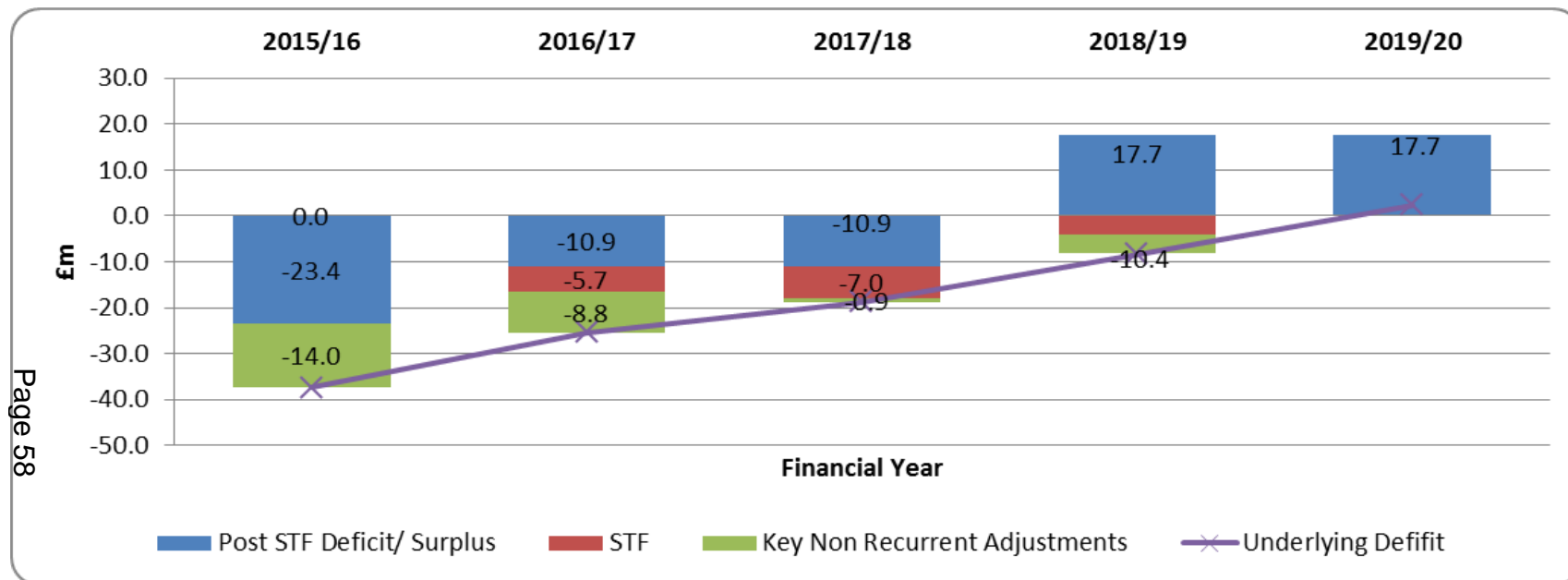
Programme	Target £000	Identified Target			Total Identified
		Green	Amber	Red	
Best Workforce	3,669	2,822	320	527	3,669
Best Patient Flow	8,795	1,114	6,066	1,615	8,795
Best use of Resources	10,459	5,683	1,414	3,362	10,459
Best Safe	0				0
Best Quality	1,184	909	0	275	1,184
<b>Total</b>	<b>24,107</b>	<b>10,528</b>	<b>7,800</b>	<b>5,779</b>	<b>24,107</b>

## 2018/19 NR Benefits

Programme	Target £000	Identified Target			Total Identified
		Green	Amber	Red	
Asset Sale	3,300	3,300			3,300
Other benefits	500		500		500
West Kent CCG Income	6,600			6,600	6,600
<b>Total</b>	<b>10,400</b>	<b>3,300</b>	<b>500</b>	<b>6,600</b>	<b>10,400</b>

Mitigations	£000				
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
Release Trust Contingency Reserve	1,120	1,120	786	786	<b>3,812</b>
Restrict Pay Investment	750	750	750	750	<b>3,000</b>
System capacity to manage NEL demand – reduced costs	100	100	200	200	<b>600</b>
Asset Sale Review – other accommodation, laundry, etc.	0	0	0	2,000	<b>2,000</b>
Temp Staffing Controls (5% reduction)	465	462	513	533	<b>1,973</b>
<b>Total</b>	<b>2,435</b>	<b>2,432</b>	<b>2,249</b>	<b>4,269</b>	<b>11,385</b>

# Full recovery in FY19/20: recurring surplus plus PSF or equivalent



- The Trust's underlying position had been c£35m in 2013/14, 2014/15 and 2015/16
- The Trust reported a pre STF deficit in 2015/16 of £23.4m which reduced to a £17.9m in 2017/18.
- The Trusts underlying deficit (after adjusting for key non recurrent items) has reduced between years from £25.4m in 2016/17 to £18.7m in 2017/18, a reduction on £6.7m between years.
- The Trusts plan for 2018/19 is a underlying deficit of £8.4m but moving to a recurring surplus position in 2019/20 this will be achieved by delivering £22.8m savings in 2019/20.

# Operational Performance

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# Trust Performance Dashboard – Year to March 2018

Safe	Latest Month		Year to Date		YTD Variance		Year End		Bench Mark
	Prev Yr	Curr Yr	Prev Yr	Curr Yr	From Prev Yr	From Plan	Plan/ Limit	Forecast	
*Rate C-Diff (Hospital only)	13.14	8.4	10.5	9.5	-1.1	- 0.8	11.5	9.5	
Number of cases C.Difficile (Hospital)	3	2	28	25	-3	- 2	27	25	
Number of cases MRSA (Hospital)	0	0	1	0	-1	0	0	0	
Elective MRSA Screening	98.0%	99.6%	98.0%	99.6%	1.6%	1.6%	98.0%	99.6%	
% Non-Elective MRSA Screening	97.0%	No data	97.0%	No data			95.0%	No data	
**Rate of Hospital Pressure Ulcers	1.31	1.02	2.62	2.12	- 0.51	- 0.89	3.01	2.27	3.00
***Rate of Total Patient Falls	6.22	6.58	6.07	5.98	- 0.09	- 0.02	6.00	5.98	
***Rate of Total Patient Falls Maidstone	4.76	4.84	5.30	5.51	0.21			5.51	
***Rate of Total Patient Falls TWells	7.28	7.69	6.64	6.28	- 0.36			6.28	
Falls - SIs in month	4	3	38	34	- 4				
VTE - SIs in month	0	4	8	13	5				
Number of Never Events	0	0	3	4	1	4	0	4	
Total No of SIs Open with MTW	28	59			31				
Number of New SIs in month	8	18	112	173	61	53			
***Serious Incidents rate	0.35	0.75	0.42	0.65	0.23	0.60	0.0584 - 0.6078	0.65	0.0584 - 0.6078
Rate of Patient Safety Incidents - harmful	0.69	0.64	0.75	1.12	0.37	- 0.11	0 - 1.23	1.12	0 - 1.23
Number of CAS Alerts Overdue	0	0			0	0	0		
VTE Risk Assessment - month behind	95.6%	95.1%	95.4%	95.4%	0.0%	0.4%	95.0%	95.4%	95.0%
Safety Thermometer % of Harm Free Care	97.3%	97.4%	96.6%	97.3%	0.7%	2.3%	95.0%		93.4%
Safety Thermometer % of New Harms	2.56%	2.57%	3.11%	2.55%	-0.56%	-0.5%	3.00%	2.55%	
C-Section Rate (non-elective)	12.9%	14.0%	11.9%	13.7%	1.77%	-1.3%	15.0%	13.7%	
Caring	Latest Month		Year to Date		YTD Variance		Year End		Bench Mark
	Prev Yr	Curr Yr	Prev Yr	Curr Yr	From Prev Yr	From Plan	Plan/ Limit	Forecast	
Single Sex Accommodation Breaches	0	4	12	46	34	46	0	46	
****Rate of New Complaints	1.53	2.26	1.69	1.93	0.2	0.61	1.318 - 2.02	1.93	
% complaints responded to within target	68.8%	52.1%	74.3%	60.2%	-14.2%	-14.8%	75.0%	60.2%	
****Staff Friends & Family (FFT) % rec care	76.6%	66.7%	76.6%	66.7%	-9.9%	-12.3%	79.0%	66.7%	
*****IP Friends & Family (FFT) % Positive	94.9%	94.4%	95.5%	95.3%	-0.2%	0.3%	95.0%	95.3%	95.8%
A&E Friends & Family (FFT) % Positive	92.6%	93.6%	90.7%	91.2%	0.5%	4.2%	87.0%	91.2%	85.5%
Maternity Combined FFT % Positive	91.5%	90.9%	93.6%	93.9%	0.3%	-1.1%	95.0%	93.9%	95.6%
OP Friends & Family (FFT) % Positive	84.1%	83.0%	83.0%	84.3%	1.3%			84.3%	

\* Rate of C.Difficile per 100,000 Bed days, \*\* Rate of Pressure Sores per 1,000 admissions (excl Day Case), \*\*\* Rate of Falls per 1,000 Occupied Beddays, \*\*\*\* Readmissions run one month behind, \*\*\*\*\* Rate of Complaints per 1,000 occupied beddays.

\*\*\*\*\* New :FU Ratio is now both consultant and non-consultant led for all specialties -plan still being agreed so currently last year plan

# Trust Performance Dashboard – Year to March 2018

Effectiveness	Latest Month		Year to Date		YTD Variance		Year End		Bench Mark
	Prev Yr	Curr Yr	Prev Yr	Curr Yr	From Prev Yr	From Plan	Plan/ Limit	Forecast	
Hospital-level Mortality Indicator (SHMI)*****	Prev Yr: July 14 to June 15		1.0260	1.0440	0.0	0.0	Band 2	Band 2	1.0
Standardised Mortality HSMR	Prev Yr: Apr 15 to Mar 16		110.0	103.1	- 6.9	3.1	Lower confidence limit to be <100		100.0
Crude Mortality	1.1%	1.4%	1.3%	1.2%	-0.1%				
****Readmissions <30 days: Emergency	12.2%	13.3%	11.7%	12.8%	1.1%	-0.8%	13.6%	12.8%	14.1%
****Readmissions <30 days: All	11.4%	12.8%	11.0%	12.2%	1.3%	-2.4%	14.7%	12.2%	14.7%
Average LOS Elective	2.97	3.21	3.28	3.23	- 0.06	0.02	3.20	3.23	
Average LOS Non-Elective	7.83	7.73	7.63	7.41	- 0.22	0.61	6.80	7.41	
NE Discharges - Percent zero LoS	32.0%	41.6%	30.9%	37.2%	6.3%			37.2%	
***FollowUp : New Ratio	1.77	1.70	1.80	1.69	- 0.11	0.17	1.52	1.69	
DC Case Rates	85.8%	87.0%	85.7%	86.5%	0.8%	6.5%	80.0%	86.5%	82.2%
Primary Referrals	10,443	9,691	116,852	118,091	1.1%	-1.0%	119,266	118,091	
Cons to Cons Referrals	5,234	3,779	61,475	52,319	-14.9%	-10.8%	58,644	52,319	
First OP Activity (adjusted for uncashed)	17,193	16,921	198,691	193,235	-2.7%	-4.2%	201,705	193,235	
Subsequent OP Activity (adjusted for uncashed)	32,206	23,057	371,479	322,072	-13.3%	-16.1%	383,906	322,072	
Elective IP Activity	647	469	7,599	6,484	-14.7%	-21.9%	8,303	6,484	
Elective DC Activity	3,842	3,115	44,648	41,165	-7.8%	-5.6%	43,602	41,165	
**Non-Elective Activity	4,714	5,406	52,151	58,289	11.8%	25.5%	46,435	58,289	
A&E Attendances (Inc Clinics. Calendar Mth)	13,959	15,563	164,934	172,090	4.3%	2.3%	168,161	172,090	
Oncology Fractions	6,463	5,473	71,785	65,371	-8.9%	-13.2%	75,273	65,371	
No of Births (Mothers Delivered)	495	463	5,977	5,976	0.0%	0.0%	5,977	5,976	
% Mothers initiating breastfeeding	80.8%	81.4%	82.9%	81.4%	-1.5%	3.4%	78.0%	81.4%	
% Stillbirths Rate	0.4%	0.21%	0.59%	0.31%	-0.3%	-0.2%	0.47%	0.31%	0.47%

# Trust Performance Dashboard – Year to March 2018

Responsiveness	Latest Month		Year/Qtr to Date		YTD Variance		Year End		Bench Mark
	Prev Yr	Curr Yr	Prev Yr	Curr Yr	From Prev Yr	From Plan	Plan/ Limit	Forecast	
*****Emergency A&E 4hr Wait	85.1%	89.62%	87.1%	89.1%	2.0%	-1.0%	90.1%	89.1%	76.9%
Emergency A&E >12hr to Admission	0	1	0	7	7	7	0	7	
Ambulance Handover Delays >30mins	New	519	New	4,814				4,814	
Ambulance Handover Delays >60mins	New	67	New	663				663	
RTT Incomplete Admitted Backlog	916	2,692	916	2,693	1,777	1,433	1,259	2,693	
RTT Incomplete Non-Admitted Backlog	459	3,733	459	3,733	3,274	3,102	631	3,733	
RTT Incomplete Pathway	88.3%	79.8%	88.3%	79.8%	-8.5%	-11.4%	92%	79.8%	
RTT 52 Week Waiters	-	5	5	28	23	28	-	28	
RTT Incomplete Total Backlog	2,885	6,426	2,885	6,426	3,541	4,536	1,890	6,426	
% Diagnostics Tests WTimes <6wks	99.63%	99.2%	99.7%	99.2%	-0.5%	0.2%	99.0%	99.2%	
*Cancer WTimes - Indicators achieved	3	4	3	1	- 2	- 8	9	1	
*Cancer two week wait	95.3%	87.6%	93.2%	86.6%	-6.6%	-6.4%	93.0%	89.8%	
*Cancer two week wait-Breast Symptoms	91.1%	88.7%	88.9%	86.0%	-2.9%	-7.0%	93.0%	85.1%	
*Cancer 31 day wait - First Treatment	95.5%	97.0%	96.2%	95.9%	-0.3%	-0.1%	96.0%	95.6%	
*Cancer 62 day wait - First Definitive	67.0%	67.6%	71.4%	67.6%	-3.8%	-14.1%	85.0%	70.6%	
*Cancer 62 day wait - First Definitive - MTW	71.7%	72.4%	71.7%	72.3%	0.6%		85.0%		
*Cancer 104 Day wait Accountable	11.0	7.5	101.0	73.0	-28.0	73.0	0	73.0	
*Cancer 62 Day Backlog with Diagnosis	78	99	78	99	21				
*Cancer 62 Day Backlog with Diagnosis - MTW	63	90	63	90	27				
Delayed Transfers of Care	7.11%	4.26%	6.72%	4.95%	-1.77%	1.45%	3.50%	4.95%	
% TIA with high risk treated <24hrs	72.7%	75.0%	81.7%	72.5%	-9.2%	12.5%	60%	72.5%	
*****% spending 90% time on Stroke Ward	87.5%	90.7%	88.5%	91.1%	2.6%	11.1%	80%	91.1%	
*****Stroke:% to Stroke Unit <4hrs	54.0%	42.3%	52.7%	55.9%	3.2%	-4.1%	60.0%	55.9%	
*****Stroke: % scanned <1hr of arrival	64.7%	61.5%	57.5%	64.4%	6.9%	16.4%	48.0%	64.4%	
*****Stroke:% assessed by Cons <24hrs	68.6%	91.8%	66.8%	80.8%	14.1%	0.8%	80.0%	80.8%	
Urgent Ops Cancelled for 2nd time	0	0	0	0	0	0	0	0	
Patients not treated <28 days of cancellation	3	4	6	32	26	32	0	32	
RTT Incomplete Pathway Monthly Plan is Trust Recovery Trajectory									
*CWT run one mth behind, YTD is Quarter to date, Monthly Plan for 62 Day Wait First Definitive is Trust Recovery Trajectory									
*** Contracted not worked includes Maternity /Long Term Sick **** Staff FFT is Quarterly therefore data is latest Quarter									

# Trust Performance Dashboard – Year to March 2018

Well-Led	Latest Month		Year to Date		YTD Variance		Year End		Bench Mark
	Prev Yr	Curr Yr	Prev Yr	Curr Yr	From Prev Yr	From Plan	Plan/ Limit	Forecast	
Income	41,494	37,735	430,536	437,278	1.6%	0.1%	436,716	437,278	
EBITDA	7,790	1,869	18,962	15,112	-20.3%	-60.3%	38,055	15,112	
Surplus (Deficit) against B/E Duty	5,252	(727)	(10,918)	(13,958)			6,673	(13,958)	
CIP Savings	3,846	2,408	24,552	22,476	-8.5%	-29.1%	31,721	22,404	
Cash Balance	1,197	1,473	1,197	1,473			1,000	1,000	
Capital Expenditure	10,721	6,127	14,743	11,344			16,948	11,344	
Establishment WTE	5,605.4	5,608.4	5,605.4	5,608.4	0.1%	0.0%	5,608.4	5,608.4	
Contracted WTE	5,165.0	5,022.0	5,165.0	5,022.0	-2.8%	-1.7%	5,109.5	5,109.5	
Vacancies WTE	440.4	586.5	440.4	586.5	33.2%	17.5%	498.9	498.9	
Vacancy Rate (%)	7.9%	10.5%	7.9%	10.5%	2.6%	1.6%	8.9%	8.9%	
Substantive Staff Used	4,966.9	4,926.0	4,966.9	4,926.0	-0.8%	-3.6%	5,109.5	5,109.5	
Bank Staff Used	476.6	523.3	476.6	523.3	9.8%	56.2%	335	335.0	
Agency Staff Used	160.3	329.8	160.3	329.8	105.8%	101.2%	164.0	164.0	
Overtime Used	37.9	46.9	37.9	46.9	23.9%				
Worked WTE	5,641.7	5,826.0	5,641.7	5,826.0		3.9%	5,608.4	5,608.4	
Nurse Agency Spend	(609)	(1,008)	(8,242)	(8,132)	-1.3%				
Medical Locum & Agency Spend	(1,630)	(1,936)	(15,004)	(16,200)	8.0%				
Temp costs & overtime as % of total pay bill	17.2%	20.5%	15.6%	16.4%	0.8%				
Staff Turnover Rate	11.5%	10.9%		11.7%	-0.5%	1.2%	10.5%	11.7%	11.05%
Sickness Absence	4.2%	4.0%		3.9%	-0.2%	0.6%	3.3%	3.9%	4.3%
Statutory and Mandatory Training	90.2%	87.3%		87.9%	-2.8%	2.9%	85.0%	87.9%	
Appraisal Completeness	86.9%	89.9%		89.9%	3.0%	-0.1%	90.0%	89.9%	
Overall Safe staffing fill rate	98.5%	100.9%	98.8%	98.3%	-0.5%		93.5%	98.3%	
****Staff FFT % recommended work	52.5%	61%	52.5%	61%	8.1%	-1.4%	62.0%	61%	
***Staff Friends & Family -Number Responses	619	33	619	33	-586				
****IP Resp Rate Recmd to Friends & Family	25.2%	32.7%	23.3%	23.9%	0.6%	-1.1%	25.0%	23.9%	25.7%
A&E Resp Rate Recmd to Friends & Family	27.2%	18.8%	15.5%	15.3%	-0.1%	0.3%	15.0%	15.3%	12.7%
Mat Resp Rate Recmd to Friends & Family	27.7%	39.4%	26.6%	29.5%	2.9%	4.5%	25.0%	29.5%	24.0%

\*\*\*\* IP Friends and Family includes Inpatients and Day Cases

\*\*\*\*\*SHMI is at Band 2 "As Expected"

\*\* NE Activity Includes Maternity

# MTW's 'story of the month' for April 2018

## OPERATIONAL PERFORMANCE REPORT FOR APRIL -18

- The Trust delivered significantly above the expected trajectory in April, scoring 93.1% against a target of 88.0%. For the year 1718 we scored 89.1%, compared to 87.12% in 1617.
- We continue to perform significantly better than the national average on the 4 hour standard. In the past 3 months, we have scored at least 9 percentage points higher than the national average, and have been placed in the top 20% of performing trusts.
- A&E Attendances continue to increase. 1718 attendance (excluding Crowborough MIU) was 3.2% up on the previous year, and there was a significant increase in attendances between mid-November and early January which had no clear reason. April's attendances were 3.5% less than modelled and 1.1% less than the TDA trajectory, but 3.4% higher than Apr-17 (excluding Crowborough MIU)
- Non-Elective Activity (excluding Maternity) was 4.7% above plan & 14.0% higher than last April at 4,395 discharges. NE activity has been steadily increasing since early 2016, increasing by 25-30% since then. Much of this is driven by increased ED demand and our improved flow- through of ambulatory / assessment wards, and increased capacity in CDU.  
Non-Elective LOS was 7.46 days in April, vs 7.41 in 1718. It tends to go up by half a day or so in winter  
The average occupied bed days dropped sharply 729 per day, down from its record 868 in Feb.
- The intensive focus on managing capacity and flow remains in place with daily oversight at senior management and clinical level on the front door pathways and especially on reducing length of stay on the wards. The urgent care division are working collaboratively with system partners to address and change longstanding issues affecting patient transfers and discharges. The most effective changes to date have been:
  - Increased focus on AEC with twice daily board rounds on AMUs
  - Frail Elderly Unit at Maidstone, with a frailty manager in place from 14-May
  - Tunbridge Wells Acute Frailty Unit opened 21st March 2018 as planned on Ward 2 in 2 rooms
  - Focus on SAFER to achieve an improved length of stay.
  - Weekly review of the KPI dashboard to monitor improvements
  - Daily breach analysis & RCA reviews as appropriate
  - Winter "Capacity Huddles" commenced chaired by the COO
  - Implementation of Live Data dashboards to give an understanding of the current position
  - Continuing to work on the areas of improvement identified by 2020 Productivity – AEC, GP Streaming, Frailty and LOS.



# Update on the Care Quality Commission (CQC)

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# Update on the Care Quality Commission (CQC) Report and Response

## 2018 Inspection

## 2015 Inspection



**Key**

- Good
- Requires improvement
- Inadequate

M = Maidstone Hospital  
TW = Tunbridge Wells Hospital

# Inspection Report Recommendations

SD1	URGENT AND EMERGENCY SERVICES :The service should ensure significant and sustained improvements in the quality of patient records, including in relation to: risk assessments; triage assessments and observations; documentation of patient outcomes at the triage stage; use of the early warning score tools; pain relief; overall compliance with trust standards
SD2	SURGERY: The trust should implement systems to ensure that learning from incidents and complaints is shared and embedded
SD3	SURGERY The trust should embed a system of prioritisation to ensure holes in theatres department walls and doors are addressed in a timely fashion to minimise infection risk.
SD4	SURGERY The trust should embed a system to ensure all staff meet mandatory training targets.
SD5	SURGERY: The trust should take steps to ensure all shifts are staffed in line with staffing requirements.
SD6	SURGERY: The trust should implement a system to respond to patient complaints in compliance with timelines set out in the trust's complaint policy.
SD7	The Tunbridge Wells Hospital at Pembury should put a system and policy in place to ensure only clinically suitable patients are cared for on the escalated short stay surgery unit.
SD8	SURGERY: The Tunbridge Wells Hospital at Pembury should put a system in place to ensure all patients on the short stay surgery unit, including medical patients, have regular access to consultant care and consultants respond to requests for care on that ward.
SD9	SURGERY: The Tunbridge Wells Hospital at Pembury should work to retain and recruit staff members to address the vacancy rate of 26.6%, more than three times the hospital's target.
SD10	SURGERY: The Tunbridge Wells Hospital at Pembury should ensure patient starvation times are not longer than clinically necessary, and actively manage starvation times when there are delays.
SD11	SURGERY: The Tunbridge Wells Hospital at Pembury should implement systems to ensure patient's pain levels are pro-actively assessed and treated.
SD12	SURGERY: The Tunbridge Wells Hospital at Pembury should put a system in place to address paperwork issues which delay patient discharges.
SD13	CRITICAL CARE: The trust should ensure that there is a standard operating procedure in place for children who may be treated on the unit.
SD14	CRITICAL CARE: The trust should ensure all patient deaths are discussed at morbidity and mortality meetings.
SD15	CRITICAL CARE: The trust should ensure that overnight discharges are reduced.
SD16	CRITICAL CARE: The trust should ensure that all staff receive an appraisal.
SD17	CHILDREN & YOUNG PEOPLE: The trust should ensure children admitted to adult wards are cared for by staff with level 3 safeguarding training.

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## Item 8: NHS response to winter in Kent 2017/18

By: Lizzy Adam, Scrutiny Research Officer  
To: Health Overview and Scrutiny Committee, 8 June 2018  
Subject: NHS response to winter in Kent 2017/18

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Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by NHS England.

It provides additional background information which may prove useful to Members.

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## 1. Introduction

On 24 November 2017 the Committee considered a review of 2016/17 winter and an overview of preparations for 2017/18 winter. The Committee agreed the following recommendation:

- *RESOLVED that the report be noted and NHS England be requested to provide an update about the performance of the winter plans to the Committee at its June meeting.*

## 2. Recommendation

RECOMMENDED that the report be noted and NHS England be requested to provide an update about preparations for 2018/19 winter to the Committee at its November meeting.

## Background Documents

Kent County Council (2017) 'Health Overview and Scrutiny Committee (24/11/2017)', <https://democracy.kent.gov.uk/mgAi.aspx?ID=46499>

## Contact Details

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## NHS response to winter in Kent 2017/18

**To:** Kent Health Overview and Scrutiny Committee  
**From:** Ivor Duffy, Director of Assurance and Delivery, NHS England South (South East)  
**Author:** Zara Beattie, Winter Resilience Lead, NHS England South (South East)  
**Date:** 8 June 2018

### 1.0 Purpose

This report provides a briefing to the Kent Health Overview and Scrutiny Committee that describes the performance of the Health and Social Care system winter plans for winter 2017/18.

### 2.0 Background

Historically, the effects of winter have been shown to place additional pressures on health and social care services across Kent. This is caused by a number of issues including an increase in respiratory illness, increased slips and falls and the impact of seasonal influenza.

The key vehicle for winter Preparedness and Response activities are the Local A&E Delivery Boards that were established in 2016. Kent has four Local A&E Delivery Boards covering the Dartford Gravesham and Swanley; East Kent, West Kent and Medway and Swale. Kent County Council is a core member of each of these groups and is represented on them by an Executive Director.

### 3.0 Winter Assurance

NHS England set a clear expectation that all Local A&E Delivery Boards would have in place robust plans to deliver the urgent care standards and to ensure that plans are in place to effectively manage winter pressures. Therefore ahead of winter 2017/18 NHS England South (South East) and NHS Improvement facilitated a dual assurance process, via self-assessment and peer review, which required Local A&E Delivery Boards to provide assurance that they have put in place preparations for the winter period. This included a review of the key actions being taken to improve on last year's plan, delivery of the national ten high impact interventions, the flu programme for staff and patients and work on Delayed Transfers of Care. LAEDB Winter Plans were assessed through a two part bipartite process.

A workshop for LAEDBs to share good practice between LAEDB systems, begin developing common escalation criteria and provide guidance on effective teleconferences was held in September. Additional exercises based on STP footprints were held in November 2017 to address cross-boundary issues and mutual aid.

#### **4.0 Winter Performance 2017/18**

Winter 2017/18 was an additionally challenging year: alongside the usual increased winter demand, temperatures were lower than average, snow storms arrived in February and March, which then caused a significant number of leakages in the water systems and periods of water outages. Seasonal Influenza was also at its peak in January 2018 with GP influenza like illness consultant rates reaching nearly double those of 2016/17. The prominent strain of seasonal flu this year was also the unusual Type B Yamagata strain, not included in the trivalent vaccine due to its rareness and leading to significant hospitalisation rates.

#### **5.0 Debriefing**

There have been a number of debriefs throughout the winter period to ensure lessons were identified and addressed ahead of future peaks in demand. These have taken a number of different formats:

- A Christmas and New Year informal debrief was held on the Thursday 4 January 2018 weekly system teleconference call.
- A Local AE Delivery Board system Kent, Surrey and Sussex interim winter stocktake was held on 7 February 2018 to review lessons ahead of the half term and Easter holidays.
- An informal debrief was held on the Thursday system calls after the February half term and Easter bank holiday.
- All Local AE Delivery Boards have undertaken system debriefs.
- The full winter Kent, Surrey and Sussex Local AE Delivery Board debrief was held on Wednesday 9 May 2018.

Due to the challenging nature of this year's flu season it was decided that a Kent, Surrey and Sussex wide debrief would provide the opportunity to share good practice and improve plans and therefore response ahead of the 2018/19 influenza season. This was held on Tuesday 8 May 2018. During the debrief a number of good initiatives and plans were identified including the Sussex and East Surrey STP flu protocol and staff vaccination initiatives particularly the vaccine donation programmes. Public Health England's Flu impact predictive data tool was also well received.

Key lessons identified included the need for better communications about both the strains of Influenza, vaccination effects and Influenza management; care home support for Influenza outbreaks and antiviral distribution plans.

The invitation to attend the full winter Kent, Surrey and Sussex Local AE Delivery Board debrief went to all Kent, Surrey and Sussex Local A&E Delivery Board Chairs and Leads, with the opportunity to send a representative from each of the six delivery strands (CCG, Acute, Community, Mental Health, Social Care, Primary Care). An invitation was also extended to Public Health England and Local Authority Directors of Public Health. There were 51 participants on the day across a variety of workstreams and LAEDB areas. The format of the day was well received and the level of discussion and learning was high.



There has been a notable improvement in relationships and partnership working over the Winter 2017/18 period. The dedication of staff across all sectors was recognised and praised. A number of initiatives were also recognised as positively impacting on performance and patient experience such as home first and discharge to assess schemes, improvement in delayed transfers of care and support for care homes. Three key areas for focussed planning ahead of winter 2018/19 were consistent escalation metrics, a review of out of hospital attendance avoidance schemes and in hospital admission avoidance schemes to identify best practice and interoperability of IT systems working across the community.

All lessons have been captured in the relevant debrief reports and an action plan developed for implementation ahead of winter 2018/19.

Zara Beattie  
**Winter Resilience Lead**  
**NHS England South (Kent, Surrey and Sussex)**

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Item 9: Patient Transport Service: Key Performance Indicators (Written Briefing)

By: Lizzy Adam, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 8 June 2018

Subject: Patient Transport Service: Key Performance Indicators (Written Briefing)

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Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by West Kent CCG.

It is a written briefing only and no guests will be present to speak on this item.

It provides additional background information which may prove useful to Members.

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## 1. Introduction

On 27 April 2018 the Committee considered an update about the Patient Transport Service. The Committee was informed that the CCG was in the process of signing a contract variation with G4S which would include new key performance indicators (KPIs). The Committee requested that it be provided with the new KPIs as a written briefing at its June meeting; West Kent CCG has prepared the attached report for the Committee to consider.

## 2. Recommendation

RECOMMENDED that the report on the new Key Performance Indicators for Patient Transport Service be noted and the CCG be requested to present an update on performance to the Committee in the Autumn.

## Background Documents

Kent County Council (2018) '*Health Overview and Scrutiny Committee (27/04/2018)*',

<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7846&Ver=4>

## Contact Details

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**Health Overview and Scrutiny Committee written briefing**  
**Kent and Medway Non-Emergency Patient Transport Service**  
**Key Performance Indicators (KPIs)**  
**June 2018**

**1. Introduction**

KPI performance thresholds will be contractually managed at a Kent and Medway level however, commissioners and G4S will also monitor at a CCG/depot level and ensure remedial action is taken for poor performing areas.

This means they can more efficiently manage the contract and ensure vehicles and staff are used across all contracts better resulting in faster response times.

**2. Service Delivery targets**

Performance against the below service delivery targets will begin in July for Outpatients and September for inpatient transfers and discharges. Prior to this performance will be monitored against the agreed improvement trajectories from the current performance levels.

**Outpatient Journeys – Inward**

- Pre-booked OP - Patients to arrive on time and no more than 75 minutes prior to their appointment time
- On the day booked OP – As above but with a minimum of 2 hours' notice
- Time-bound patients<sup>1</sup> - All patients to arrive no later than 15 minutes before appointment.

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<sup>1</sup> Time bound journeys are restricted to the following:

- Haematology-oncology patients that are receiving IV chemotherapy
- The transport of children
- The discharge of a patient home where a time bound care package is required
- The transport of patients requiring admission to an inpatient mental health unit
- Two-way inter hospital transfers for example a patient being transported from one site to another site for a diagnostic scan and then returned to the original site.
- Patients receiving treatment on the Medway and Swale DVT pathway

***Penalty Structure for inward outpatients***

<b>Breach level</b>	<b>Penalty</b>
After appointment and up to 30 minutes late	10% fine of journey fee
30 minutes – 60 minutes late	20% fine of journey fee
60 minutes – 90 minutes late	50% fine of journey fee
90 minutes late +	100% fine of journey fee (classed as aborted journey)

**Outpatient Journeys – Outward**

- Pre-booked - All patients to be collected within 75 minutes of the booked or made ready time
- Booked on the day – As above but with a minimum of 2 hours' notice
- No more than 1 per cent of patients waiting over 4 hours (for on the day 2 hour notice period applies).

***Penalty Structure for homebound outpatients***

<b>Breach level</b>	<b>Penalty</b>
75 minutes and 120 minutes late	5% fine of journey fee
120 and 180 minutes late.	10% fine of journey fee
Over 180 minutes late	50% fine of journey fee

**Renal dialysis journeys**

- Patients must arrive no earlier than and no later than 15 minutes of their scheduled appointment
- Patients to be collected within 30 minutes of their appointment booked ready time.

***Penalty Structure for Renal***

Breach level	Penalty
Patients arriving after their appointment time but less than 30 minutes late	10% fine of journey fee
Between 30 and 60 minutes late	20% fine of journey fee
Over 60 minutes late	50% fine of journey fee
Over 90 minutes late	100% fine of journey fee (classed as aborted journey)

### Discharges & transfers

- Pre-booked - All patients to be collected within 75 minutes of booked time
- On the day - All patients to be collected within 120 minutes of booked ready time
- Exception reporting for all patients waiting over 4 hours
- Time-bound discharges – Patients to arrive within 15 minutes of required arrival time (on the day requires 4 hour notice)
- Transfer of care outside of Kent and Medway – Patients to arrive on time for their appointment (Min 4 hours' notice)
- Out of area transfer for a child or MH unit IP admission to be transported within 60 minutes of booked ready time.

### *Penalty Structure for transfers and discharges*

Type of journey	Breach level	Penalty
Discharge and transfer of care	Pick up between 121 minutes and 150 minutes	5% fine of journey fee
Discharge	Between 151 and 180 minutes late	10% fine of journey fee
Discharge	Over 180 minutes	50% fine of journey fee
Timebound discharge	Journeys outside of the threshold	20% fine of journey fee
Transfer of care (MH inpatient admission or child)	Journeys outside of the threshold	20% fine of journey fee

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