



Medway NHS Foundation Trust

Review into the Quality of Care & Treatment provided by 14 Hospital Trusts in England

Key Findings and Action Plan following Risk Summit

July 2013

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1. Overview

A Risk Summit was held on 3 June 2013 to discuss the findings and actions of the Rapid Responsive Review (RRR) of Medway NHS Foundation Trust (“the Trust”). This report provides a summary of the discussion held, including the Trust response to the findings, any support required from health organisations, including the regulatory bodies and the agreed actions and next steps.

Overview of review process

On 6 February 2013, the Prime Minister asked Professor Sir Bruce Keogh, NHS England Medical Director, to review the quality of the care and treatment being provided by those hospital trusts in England that have been persistent outliers on mortality statistics. The 14 NHS trusts which fall within the scope of this review were selected on the basis that they have been outliers for the last two consecutive years on either the Summary Hospital Mortality Indicator (SHMI) or the Hospital Standardised Mortality Ratio (HSMR)¹.

These two measures are intended to be used in the context of this review as a ‘smoke alarm’ for identifying potential problems affecting the quality of patient care and treatment at the trusts which warrant further review. It was intended that these measures should not be reviewed in isolation and no judgements were made at the start of the review about the actual quality of care being provided to patients at the trusts.

Key principles of the review

The review process applied to all 14 NHS trusts was designed to embed the following principles:

- 1) **Patient and public participation** – these individuals have a key role and worked in partnership with clinicians on the reviewing panel. The panel sought the views of the patients in each of the hospitals, and this is reflected in the reports. The Panel also considered independent feedback from stakeholders related to the Trust, received through the Keogh review website. These themes have been reflected in the reports.
- 2) **Listening to the views of staff** – staff were supported to provide frank and honest opinions about the quality of care provided to hospital patients.
- 3) **Openness and transparency** – all possible information and intelligence relating to the review and individual investigations will be publicly available.
- 4) **Cooperation between organisations** – each review was built around strong cooperation between different organisations that make up the health system, placing the interest of patients first at all times.

¹ Definitions of SHMI and HSMR are included at Appendix I of the full Rapid Responsive Review report published here <http://www.nhs.uk/NHSEngland/bruce-keogh-review/Pages/published-reports.aspx>

Terms of reference of the review

The review process was designed by a team of clinicians and other key stakeholders identified by NHS England, based on the NHS National Quality Board guidance on rapid responsive reviews and risk summits. The process was designed to:

- Determine whether there are any sustained failings in the quality of care and treatment being provided to patients at these Trusts.
- Identify:
 - i. Whether existing action by these Trusts to improve quality is adequate and whether any additional steps should be taken.
 - ii. Any additional external support that should be made available to these Trusts to help them improve.
 - iii. Any areas that may require regulatory action in order to protect patients.

The review followed a three stage process and this report documents the conclusions of Stage 3:

- **Stage 1 – Information gathering and analysis**

This stage used information and data held across the NHS and other public bodies to prepare analysis in relation to clinical quality and outcomes as well as patient and staff views and feedback. The indicators for each trust were compared to appropriate benchmarks to identify any outliers for further investigation in the rapid responsive review stage as Key Lines of Enquiry (KLOEs). The data pack for each trust reviewed is published at <http://www.nhs.uk/NHSEngland/bruce-keogh-review/Documents/trust-data-packs/data-pack-medway.pdf>.

- **Stage 2 – Rapid Responsive Review (RRR)**

A team of experienced clinicians, patients, managers and regulators, following training, visited each of the 14 hospitals and observed the hospital in action. This involved walking the wards and interviewing patients, trainees, staff and the senior executive team. This report contains a summary of the findings from this stage of the review in section 2.

The two day announced RRR visit took place at the Trust's main site on Thursday 9th and Friday 10th May 2013 and the unannounced visit was held on Friday 17th May 2013. A variety of methods were used to investigate the Key Lines of Enquiry (KLoEs) to enable the panel to analyse evidence from multiple sources and follow up any trends present in the Trust's data pack. The KLoEs and methods of investigation are documented in the RRR report for Medway NHS Foundation Trust. A full copy of the report was published on 16 July 2013 and is available online: <http://www.nhs.uk/NHSEngland/bruce-keogh-review/Pages/published-reports.aspx>

- **Stage 3 – Risk summit.**

This stage brought together a separate group of experts from across health organisations, including the regulatory bodies (Please see Appendix I for a list of attendees). The Medway NHS Foundation Trust Risk Summit was held on 3 June 2013. The risk summit considered the report from the RRR, alongside other hard and soft intelligence, in order to make judgements about the quality of care being provided and agree any necessary actions, including offers of support to the hospitals concerned.

The meeting was Chaired by Andrea Young (Deputy Chief Executive and Chief Operating Officer, NHS England) and focused on supporting the Trust in addressing the priority actions identified to improve the quality of care and treatment. The opening remarks of the Risk Summit Chair and presentation of the RRR key findings were recorded and are available online: <http://www.nhs.uk/NHSEngland/bruce-keogh-review/Pages/published-reports.aspx>

Conclusions and priority actions

The review panel did not identify any sustained failings in the quality of care and treatment provided by the Trust that required regulatory action to protect patients. However, the panel did identify the following issues which might increase the risk of excess mortality and impact the Trust's ability to provide consistently high quality and safe care and treatment to patients:

- A need for greater pace and clarity of focus at Board level for improving the overall safety and experience of patients
- A need to review staffing and skill mix to ensure safe care and improve patient experience
- A need to improve the consistency of early senior clinical review of patients in some areas, particularly patients admitted through the Emergency Department
- A need to implement a universal and unambiguous escalation protocol to rapidly identify patients at risk of deteriorating.

These are described in more detail in section 2 of this report and the recommended actions agreed with the Trust are in section 3.

Next steps

The Trust supported the findings of the review Panel and welcomed the support of risk summit attendees to increase the pace and focus of improvement. It was acknowledged that the Trust need to rapidly agree the improvement journey for the Medway NHS Foundation Trust over the next 12- 24 months, and as part of that plan the Board should agree a patient safety and quality improvement plan with clearly documented accountabilities and timescales. This was reviewed by risk summit attendees in early June.

It was agreed a further risk summit will be held in August 2013 to review progress against the plan. The risk summit will consider the ongoing review and monitoring arrangements required, which will involve the new Chief Inspector of Hospitals and the regulators.

2. Summary of Review Findings and Trust Response

Introduction

The following section provides a summary of the Review Panel's findings and the Trust's response to the risks identified.

Overview of Trust's response

The Trust's response was presented by the Chief Executive, Mark Devlin. The Trust accepted the findings of the Panel and risk summit participants agreed the RRR report provided an accurate analysis of the Trust's current position.

Summary of Review Findings

1. Need for greater pace and clarity of focus at Board level for improving the overall safety and experience of patients

The capacity of the Board and Clinical Executive Group has been diminished by changing personnel and the work associated with the possible merger with Darent Valley Hospital in Dartford and Gravesham NHS Trust. This has led to a lack of clear focus and pace at Board and Executive level for improving the overall safety and experience of patients.

Recommendation

The Trust urgently needs a single visible strategy and action plan based on a recognised patient safety improvement model and underpinned by systematic staff training and roll out.

Accountability needs to be threaded through the organisation, via the clinical directorates, to embed responsibility for patient safety and experience at every level of the Trust. In order to achieve the required pace and focus the Trust should drive it through a strong programme delivery structure, with accountability for delivery at Board level. Responsibility for developing and delivering a coordinated action plan should be the full-time day job of one individual (Programme Director – Patient Safety) with input from the current Head of Audit and Patient Safety Lead accountable via one of the clinical executives to the CEO. The Programme Director should be supported by an appropriately staffed project management office.

Trust response

The Trust accepted the need to improve the pace and focus for improving the safety and experience of patients. The Trust has previously focussed on the merger with Dartford and Gravesham NHS Trust as the solution for providing clinical and financial sustainability and, now the merger has been paused, the Trust needs to focus on what it can do itself to improve patient safety and experience.

The Trust has a new leadership and management commitment framework that includes competencies, values and behaviours to deliver the highest levels of patient safety and experience. This will be launched as part of the appraisal for all staff in June 2013. A new method to make Ward rounds more multidisciplinary is being piloted by the Medical Director and Chief Nurse in 2013 and the Trust has undertaken a full review of how it responds to serious incidents. The Trust will continue its Listening in to Action methodology and welcomed advice on implementation of a patient safety model.

1. Need for greater pace and clarity of focus at Board level for improving the overall safety and experience of patients

As a result of the merger being paused, the Trust agreed that it urgently needs to develop a strategic plan to agree and communicate what the improvement journey looks like over the next two years. The Trust also recognised that it needed a 100 day plan to implement improvements to cope with increased pressure during the winter months.

2. Review of staffing and skill mix to ensure safe care and improve the patient experience

The Panel observed that in some areas of the Trust it was clear that staffing levels and skill mix are potentially unsafe. The Trust's proposal for additional nursing staff was considered to be a good start but a holistic medical staffing review and recruitment strategy needs immediate attention. Reducing the level of locum usage for consultants indicates a clear starting point for this work.

Recommendation

The Trust urgently needs a holistic medical staffing review and recruitment strategy.

Trust response

The Trust recognised that its ratio of registered to unregistered nurses was inappropriate. Following a comprehensive review by the Interim Director of Nursing, the Trust has started to increase the ratio of registered to unregistered nurses, however the Board needs to agree the funding available for implementing the recommendations of the review. The Trust is also strengthening the leadership of senior nurses and improving focus on the importance of multidisciplinary working. The Trust has also completed a review of medical staffing and identified 25 vacancies – 14 new posts and 9 replacements. Recruitment into these posts is a challenge but work is underway.

3. Redesign of unscheduled care and critical care pathways and facilities

Poor A&E admission processes and a lack of early senior clinical review means the Trust is failing to take enough opportunity to prevent admission. The impact of this failure to properly manage admissions in A&E is felt right across the Trust with frequent use of escalation wards, overstretched staff and a failure to predictably and systematically manage patients on the correct care pathway, including critical care. The review team recognise the totally unsuitable layout of the A&E department and the constant work arounds staff are using to try and cope with working in an environment unfit for purpose. This is not a new problem and the limited Board and Executive capacity and the diversion of the merger work appears to have delayed an earlier solution being planned. The Trust has a limited timeframe to develop and implement a plan to manage quality and safety through the winter period. This will require proactive engagement with partners.

Recommendation

The Trust urgently needs to review the design and layout of the emergency department, admission and critical care areas to be incorporated in an estate strategy. Partnership working with health and social care providers will be important to the success of this.

Trust response

The Trust commissioned an assets optimisation review from Capita in 2011. There are ongoing discussions with KMPT and MCH about vacating areas of the Medway Maritime Hospital site to free up space and the Trust needs to agree a timescale with the support of the Local Area Team. The short term estates strategy is focussed on internal redesign to maximise space for emergency patient flow and this is currently being costed. The Trust would require temporary extra capacity while the work is

being completed. The Trust is close to reaching its borrowing level and is planning to borrow £3.7M in 2013/14 to support implementation of a new IT system (PAS) and replacement MRI. Further borrowing to redesign the Emergency Department would require additional support from Monitor.

The medium term estate strategy involves a total redesign of the internal layout of the Trust and refurbishment of space currently occupied by Kent and Medway Partnership Trust (KMPT) and Medway Community Healthcare (MCH). It is not yet known what it would cost to convert this area in to Ward space. The Trust recognise that it needs to agree the short, medium and long term estate strategy to form part of the Medway Foundation Trust (MFT) Strategic Plan and that each option should be fully costed and where necessary discussed with stakeholders such as Monitor. Agreement on the estate strategy will provide further clarity on the improvement plan for Medway Hospital.

4. Improved senior clinical assessment and timely investigations

Insufficient senior medical assessment of acute medical and surgical admissions and timely investigations and interventions for them means the Trust is not taking enough early opportunity to prevent deterioration. This is particularly so out of hours and at weekends, but not exclusively. As a result of this and pressure on meeting A&E waiting times there is also evidence that patients are potentially being admitted unnecessarily.

The Medical and Nursing Director must urgently agree a single model to assess the deteriorating patient and a clear protocol for escalating concerns which is rapidly implemented on every ward. Junior Doctors must be trained in the system so when they are called by nursing staff they understand how to respond, including asking for consultant help, and that the single model is part of the induction process for all staff.

Recommendation

The Trust should ensure appropriate consultant cover for acute medicine and medical high dependency unit at night and weekends. A review of care provided in the admissions and discharge lounge should be urgently completed. The Trust should develop a clear, universally understood, mandated, unambiguous, graded, activation protocol for escalating, monitoring or summoning a response to a deteriorating patient. This should be standardised across the whole hospital.

Trust response

The Medical Director and Interim Director of Nursing are re-enforcing the single assessment and early warning system for deteriorating patients to ensure it is universally understood and implemented. As part of this work it was agreed the Trust should jointly train nursing and medical staff on the system. The Trust is also placing greater emphasis on documentation, planning of patient care, review and evaluation, improving the skill mix on wards is a key to making this happen. The Trust is currently modelling 24/7 working and is ensuring sufficient senior medical staff in the Emergency Department.

5. Need to galvanise the good work that is already going on in Wards and to adopt and spread good practice

The panel met a large number of committed and concerned staff who frequently reported that they feel unable to raise patient safety concerns and when they do, little or no action is taken. The Trust needs to create a culture that welcomes improvement, galvanises the good work that is already going on in some Wards and adopts and rapidly spreads good practice.

Staff feedback on patient safety must be taken seriously by the Board and Clinical Executive Group. This will require the Executive to engage all staff in suggesting ideas for improvement, and where good ideas are identified action plans must be developed and implemented to deliver improvements consistently. Staff need to know that they are not only being listened to but that their concerns are being acted upon. The Big Conversation staff engagement and empowerment methodology adopted by the CEO over the last year is a good start to this.

Recommendation

The Trust should develop a strategy and action plan to create a culture that welcomes improvement, galvanises the good work that is already going on in some Wards and adopts and rapidly spreads good practice.

Trust response

The Trust launched the Big Conversation to engage staff in the improvement journey and identify good practice, this has started to achieve traction with staff. The high level culture and experience plan provides a starting point for the Trust to develop a culture that welcomes and encourages feedback at all levels. It was recognised that the Trust will need to be proactive in handling performance management issues and increase the pace of the Big Conversation to quickly capture all staff groups.

6. Improve public reputation

The review team held two public meetings in Gillingham, Kent and in Minster, Isle of Sheppey, Kent. The public meetings identified a number of common themes about the way this Trust is viewed by the public that attended and in many cases supported the key themes emerging from interviews, observations and data review. Many of the patient stories we heard had common threads of inconsistent and inaccurate communication with patients, poor identification and management of deteriorating patients, inappropriate referrals and medical interventions, delayed discharges and long A & E waiting times. The Trust needs to improve the methods and frequency with which it engages with the public and as a starting point extend its staff Big Conversation work to the public.

Recommendation

The Trust should improve the methods and frequency with which it engages with the public and as a starting point extend its staff Big Conversation work to the public.

Trust response

The Trust agreed that it needs to change the way it engages with the public and move away from lecture style events towards a more open and engaging listening style of event to inform the improvement plan. This will provide a platform for the Trust to describe what it is doing to improve patient safety and experience.

3. Risk Summit Action Plan

Introduction

The following section provides an overview of the discussion at the Risk Summit and actions agreed for each of the key issues. The following section provides an overview of the issues discussed at the risk summit with the developed action plan containing the agreed actions, owners, timescales and external support. This is followed by details of the agreed next steps following the risk summit.

All attendees agreed the report accurately reflects the current position of the Trust and there was no new information attendees felt the Panel should be aware of.

Action Plan

Key Issue	Agreed Action & support required	Owner	Timescale
1. Need for greater pace and clarity of focus at Board level for improving the overall safety and experience of patients <i>The Trust urgently needs a single visible strategy and action plan based on a recognised patient safety improvement model and underpinned by systematic staff training and roll out</i>	<p>The Trust Board will endorse this Improvement Plan at its public board meeting in June 13 (subject to current understanding of publication timeline).</p> <p>Work on the revised strategy will take place over the next two months with an update to the August Board meeting. The new Patient Safety Strategy will be presented in its final form to the Trust Board on 3rd September 13 by the new Medical Director and Chief Nurse. It will articulate a clear and compelling vision for patient safety and continuous improvement, building on the patient safety key driver framework (endorsed by the Mortality Working Party in May 2013 and reflecting national learning from AQuA²).</p> <p>Ongoing support from MWP will be required.</p>	Trust Chief Nurse	<p>Outline Comprehensive Strategic Plan and Detailed Quality and Safety Plan 25 June 2013</p> <p>Comprehensive Strategic Plan – Sept Board</p>
	<p>The delivery of the patient safety strategy will be underpinned by a comprehensive training programme. NHS IQ (NHS Change Model) has been invited to lead a board master class, followed by systematic roll out throughout the organisation, including clinical leads and multi disciplinary teams. The process will commence this summer. External support is required from NHS Improving Quality.</p>	Trust Director of Organisational Development and Communications	Rollout to be completed by June 2014
	<p>The Trust's patient safety strategy will be complemented by the introduction of dedicated multi-disciplinary Schwartz rounds to encourage multi professional assessment and learning. This will commence in October</p>	Trust Medical Director	Commence October 2013

² AQuA. Informatics observatory providing benchmarked intelligence and evidence based best practice

Key Issue	Agreed Action & support required	Owner	Timescale
<p>1. Need for greater pace and clarity of focus at Board level for improving the overall safety and experience of patients</p> <p><i>Accountability for patient safety and quality needs to be threaded through the organisation, via the clinical directorates, to embed responsibility for</i></p>	13 and rollout over a six month period.		
	A dedicated Programme Management Office, including a Programme Director Patient Safety, project manager, data analyst and co-ordinator is being developed to spearhead this work. The Trust has asked for NHS England support to set this up.	Trust Chief Executive	Complete June 2013
	<p>The new Director of Organisational Development & Communications has developed an Organisational Development framework (for consideration by the Workforce sub Committee of the Trust Board on 17 June 2013 prior to formal ratification by the Trust Board on 25 June 2013).</p> <p>The capability plan incorporates all learning and development, which is required to deliver the annual plan, including this Improvement plan. It includes essential training, continuous professional development, leadership and management development.</p>	Trust Director of Organisational Development and Communications	25 June 2013 Launch July 2013
	The new Director of Organisational Development & Communications has developed a leadership and management development framework. It illustrates the accountability and underpinning knowledge and expectations of all staff, at every level, in respect of the vision, values and strategic objectives of the organisation – including patient safety, outcomes and experience. It is being launched in July 2013 as part of the 5 priority areas for action and the implementation of a new style appraisal to underpin the implementation of the Agenda for Change Agreement (initially for all leaders operating at band 8 and above, or equivalent, including Consultants).	Trust Director of Organisational Development and Communications	Launch July 2013
	The Trust is undertaking a corporate governance review to ensure that the terms of reference and membership of board sub committees (including their role in providing adequate scrutiny, and performance management arrangements are clear, particularly in relation to patient safety, outcomes and experience. This will include the Boards role in defining strategy and gaining assurance. This will take place in July and August and report to the September 3 rd Board.	Trust Director of Governance and Strategy	Complete 3 Sept 2013
	The Medical Director and the Chief Nurse remain responsible for presenting evidence to comply with the Monitor Quality Governance Framework.	Trust Medical Director and Chief Nurse	Completed Sept 2013

Key Issue	Agreed Action & support required	Owner	Timescale
<i>patient safety and experience at every level of the Trust</i>	<p>The Director of Operations, supported by the new Director of Strategy and Governance will introduce “new style” monthly directorate performance reviews in July 2013. These reviews will enable the executive team to review the performance of clinical directorates using a balanced score card approach including: patient safety, outcomes and experience, workforce, finance and service development; activity and efficiency.</p> <p>This will be developed to include external benchmark information to drive an improvement culture.</p>	Trust Director of Operations	<p>Complete July 2013</p> <p>Complete Sept 2013</p>
<p>The Trust must ensure learning from serious incidents and complaints is disseminated in a timely manner and that actions to prevent a recurrence are implemented</p>	<p>The Medical Director will continue to develop the Serious Incident (SI) process.</p> <p>The Board will receive a monthly report on the analysis of serious incidents. To include key themes and actions arising.</p>	Trust Medical Director	Reports to be received by Board July 2013
	<p>The Chief Nurse will continue to present regular reports on complaints to the Patient Safety Committee and Patient Safety Forum, identifying themes, learning and actions to prevent recurrence. The learning and outcomes of these reviews will be reported to the CCG Quality Committee.</p> <p>The Board will receive a report quarterly illustrating key themes arising from patient complaints and actions that have been taken.</p>	Trust Chief Nurse	<p>Ongoing</p> <p>24 Sept 2013</p>
<p>2. Review of staffing and skill mix to ensure safe care and improve patient experience</p> <p><i>Holistic medical staffing review and recruitment strategy needs immediate attention.</i></p> <p><i>Reducing the level of locum usage for consultants provides</i></p>	<p>The new Organisational Development framework set includes a capacity plan, which will align the acuity of patients with the workforce – both in terms of numbers of staff by staff group and the skill mix. This will build on the existing medical, nursing and midwifery reviews. Healthcare Education England has committed to supporting the Trust with the development of a long term workforce plan – maximising opportunities for introducing new roles and ways of working to address 7 Day Services as well as national skill shortage areas and hard pressed specialities.</p>	Trust Director of Organisational Development and Communications (CN/MD)	September 2013
	<p>A Rapid Recruitment Program is in place to fill existing medical and nursing vacancies with high calibre candidates.</p>		Commenced
	<p>All locum medical staff will receive high quality local induction.</p>	Trust Director of Operations	Commenced
	<p>The Clinical Training Programme has been extended to enable multi disciplinary teams to learn together and adopt the best clinical standards in relation to Care planning, Handover, Safe patient transfers internally and externally and implement National Early Warning System.</p>	Trust Chief Nurse	Commenced April 2013

Key Issue	Agreed Action & support required	Owner	Timescale
<p><i>a suggested starting point for this work.</i></p>	<p>The HE KSS action plan is being implemented to strengthen the clinical supervision and teaching of junior medical staff. In addition, two experienced consultants have been identified to provide pastoral support to supplement the formal clinical tutor roles. This will complement listening exercises such as the Big conversation with junior staff on the 20 June 2013.</p>	<p>Trust Medical Director</p>	<p>Commenced</p>
	<p>The Trust is working with the HE KSS to explore options for a new Director of Medical Education. This includes consideration in partnership with the Dean of a joint post, GP / Physician who will lead the development of education and training of junior doctors for the future.</p>		<p>Sept 2013</p>
<p>3. Redesign of unscheduled care and critical care pathways and facilities</p> <p><i>Urgent review of the design and layout of the emergency department, admission and critical care areas to be incorporated in an estate strategy.</i></p> <p><i>Partnership working with health and social care providers will be important to the success of this.</i></p>	<p>The Trust has been working with the Emergency Care Intensive Support Team (ECIST) to establish a Medway Emergency Flow Programme Board which will oversee the review of emergency pathways. It is likely that these pathways lend themselves to the greatest improvement.</p> <p>This programme will build on best practice from other sites facilitated by ECIST and in collaboration with HEE KSS. It will need support from Medway CCG and NHS England 's local area team.</p>	<p>Trust Chief Nurse</p>	<p>Commenced</p>
	<p>The Trust is in the process of appointing an Associate Director of Estates to develop an estates strategy for the Medway site. The short term priority is to lead the internal redesign of the emergency department to maximise space for emergency patient flow and to relocate the MDU and emergency assessment areas. The medium term priority is to redesign services into vacated clinical areas (currently occupied by KMPT and MCH). Longer term it is proposed to establish a new purpose built Emergency Department.</p> <p>It will need support from NHS England and external project management and Capital funding support.</p>	<p>Director of Governance and Strategy</p>	<p>Commenced</p>
	<p>In preparation for winter 2013, the Trust will scope and procure additional modular capacity to create decant space and enable reconfiguration. This will require funding.</p>	<p>Trust Director of Operations</p>	<p>Aug 2013</p>
	<p>Through the CCG Urgent Care Board, the Trust will work in partnership with stakeholders and ECIST to understand the demand on the emergency pathways and review:</p> <ul style="list-style-type: none"> • the provision of out of hospital care • adequate commissioning of emergency pathways • adequate commissioning of out of hours care 	<p>Trust Director of Operations</p>	<p>June 2013</p>

Key Issue	Agreed Action & support required	Owner	Timescale
	The Trust will need support from the CCG / NHS England / ECIST.		
4. Improved senior clinical assessment and timely investigations <i>Ensure appropriate consultant cover for acute medicine and medical HDU at night and weekends</i>	An urgent review of consultant cover on medical High Dependency Unit has been carried out to ensure appropriate cover and timely review. It has been agreed to implement daily consultant ward rounds 7 days a week.	Trust Medical Director	First Board Report July 13
	As part of the capacity planning work to support the ECIST programme and the move to seven days services, senior clinical decision makers are currently timetabled 'at the front door' from 8am to midnight.	Trust Medical Director	Completed
	The timescale on the implementation of Rapid Assessment and Treatment system is planned to allow the full engagement of the consultant team in designing and agreeing the change required in working practices. This will be implemented throughout July. The Trust will require support from Health Education Kent Surrey Sussex.	Trust Medical Director	Complete July 2013
<i>Review care provided in the Admission and Discharge Lounge</i>	As an interim measure, the Chief Nurse has converted the Admission and Discharge Lounge to a ward with a Head of Nursing overseeing clinical quality and undertaking a daily review of all patients. The ward is adequately equipped and established to function as a ward.	Trust Director of Operations	Completed
	The Trust is committed to revert to a fully functioning ADL through the ECIST work programme.	Trust Director of Operations	Aug 2013
<i>Develop a clear universally known activation protocol for escalating a response to deteriorating patients. This should be standardised across the whole</i>	The Medical Director and Interim Director of Nursing will re-launch a standardised activation protocol for the deteriorating patient. This will form part of the personalised and team objectives of all clinical staff and monitored and reviewed daily through the normal line management process. The Trust will require support from the Health Foundation / HE KSS.	Trust Medical Director/Chief Nurse	30 June 2013
	The Trust has established a weekly multi-disciplinary mortality review. The outcomes from this review go back immediately to the originating consultant and team. The process is led by the Deputy Medical Director. The key themes and actions arising from this process will be reported to Board monthly.	Trust Medical Director	Commenced 30 July 2013

Key Issue	Agreed Action & support required	Owner	Timescale
<p><i>hospital.</i></p> <p>5. Need to galvanise the good work that is already going on in Wards and to adopt and spread good practice</p> <p><i>The Trust should develop a strategy and action plan to create a culture that welcomes improvement, galvanises the good work that is already going on in some wards and adopts and rapidly spreads good practice</i></p>	<p>An electronic database is being developed so learning can be collated and acted upon through the Trusts audit programme and patient safety committee structure.</p>	Trust Medical Director	Complete July 2013
	<p>The Trust has implemented the CHKS Q Lab programme via the audit programme. Q lab is a continuous improvement process that provides the Board with the assurance that the performance across the directorates is within expected ranges.</p>	Trust Medical Director	Commenced
	<p>The organisational development framework includes a Culture and People Experience Plan. It is due for consideration by the Workforce sub Committee of the Trust Board on 17 June 2013 prior to formal ratification by the Trust Board on 25 June 2013. The plan will embed a culture which is consistent with the Trust values and behaviours including the learning from patient feedback and the Francis Enquiry. It will improve the working experience of staff through actively listening and responding to staff feedback and improve staff engagement across the organisation and within multi disciplinary teams. It will develop a consistent approach to change management which maximises opportunities to involve and support staff throughout the change process.</p> <p>Support is required from HE KSS / Leadership Academy / IHI.</p> <p>Key actions include:</p>	Trust Director of Organisational Development and Communications	Commenced
	<ul style="list-style-type: none"> Adoption of the 'NHS Change Model' providing a framework for developing the capabilities of individuals and teams (within the organisation and across the system) in service improvement techniques 		March 2014
	<ul style="list-style-type: none"> Develop staff and leaders in assertiveness techniques, handling challenging people and situations 		Sept 2013
	<ul style="list-style-type: none"> Encourage the identification and treatment of "cause(s) not effect(s)" of culture 		Commenced
	<ul style="list-style-type: none"> Promote the "speaking up campaign" - voicing and reporting concerns and closing the feedback loop 		June 2013
	<ul style="list-style-type: none"> Launch the board visibility and assurance programme ("Director of the week" - Pairings with wards/ clinical areas, "Back to the Floor" programmes) 		Commenced
	<ul style="list-style-type: none"> Introduce monthly Pulse surveys to provide regular feedback on staff experience by June 2013 		Commenced
	<ul style="list-style-type: none"> Maintain existing staff recognition schemes 		Commenced

Key Issue	Agreed Action & support required	Owner	Timescale
6. Improve public reputation <i>The Trust should improve the methods and frequency with which it engages with the public and as a starting point extend its staff Big Conversation work to the public.</i>	<ul style="list-style-type: none"> The Trust will continue to use the Listening into Action methodology. The Trust has signed up to move into the second phase of implementation and become a 'Beacon' site. This phase commences in September 2013. 		Sept 2013
	<p>The Trust is planning to pilot a Clinician Led Quality improvement Team to drive clinical improvement and rapidly spread good practice. As part of the pilot, a software platform 'Crowdicity' has been procured to provide an electronic means for staff to share good practice, innovate and problem solve.</p>	Trust Chief Executive	July 2013
	<p>An annual communications and engagement plan has been developed which identifies Executive relationship leads for all stakeholders, including the public, members and governors. The plan is due for consideration and ratification by the Trust Board on 25 June 2013 and where possible will be aligned to national publication timelines and the Trust annual plan. It is likely that a new communications officer role will be created to focus on good news stories for publication and to improve public relations in a sustained manner.</p>	Trust Director of Organisational Development and Communications	June 2013
	<p>Continued promotion and improvement of Friends and Family feedback.</p>	Trust Chief Nurse	Commenced
	<p>Plans are in place to build on the Friends and Family test with a patient electronic feedback APP. This will provide instant feedback to wards and clinical areas.</p>		Sept 2013
	<p>Promote the PALs service as an effective advocate for patients.</p>		July 2013

Appendix I: Risk Summit Attendees

Role and Name	
NHS England	Andrea Young (Chair)
NHS England	Liz Redfern CBE (Chair of RRR Panel), Chief Nurse (South)
NHS England	Nigel Acheson, Regional Medical Director (South)
Medway NHS Foundation Trust	Mark Devlin, Chief Executive
Medway NHS Foundation Trust	Susan Osborne, Interim Director of Nursing
Medway NHS Foundation Trust	Dr Gray Smith-Laing
Kent & Medway Area Team	James Thallon, Medical Director
Kent & Medway Area Team	Felicity Cox, Director
Kent & Medway Area Team	Sally Allum, Director of Nursing
Medway CCG	Peter Green, Accountable Officer
Kent CCGs	Geoffrey Wheat, Chief Nurse
Swale & Dartford, Gravesham & Swanley CCGs	Patricia Davies, Accountable Officer
Panel member	Priscilla Chandro, Patient/Public Representative
Panel member	Georgina McMasters, Patient/Public Representative
Panel member	Chris Gordon, Leadership Academy
PwC	Kate Bennett, Senior Moderator
PwC	Daniel Burke, PwC Programme Director
CQC	Ian Biggs, Deputy Director of Operations (South)
CQC	Sue Sheath, Head of Regional Compliance South (East)
Monitor	Paul Streat, Regional Director (South)
Monitor	John Sparrowhawk, Regional Director
KSS Deanery	Professor David Black (by phone)
GMC	Michael Cotton, Employer Liaison Adviser (South East & Channel Islands)
Healthwatch	Dan McDonald, Lead for Kent Healthwatch
KSS Deanery	Alison Crombie