

Medway NHS Foundation Trust Keogh Review Briefing to HOSC

1. Introduction

In February 2012 the Prime Minister asked Sir Bruce Keogh to undertake a review into the Quality of Care at 14 Acute Hospitals. These Hospitals were identified as being consistently higher than average on either Hospital Standardised Mortality (HSMR) Ratios or Standardised Hospital Mortality Index (SCMI) for two consecutive years. Medway NHS Foundation Trust was identified for having higher than average HSMR.

This report outlines:

- The purpose of the review
- The review process
- The findings
- The Trusts Quality Improvement Plan
- The next steps

2. The Purpose of the Review

“The purpose of my investigation is to assure patients and myself that these hospitals understand their problems and have all the support they need to improve. These hospitals are already working closely with a range of regulators. If there were concerns that services were unsafe, the regulators should have intervened. The purpose of this investigation is to provide solutions that speed up improvement.”

Bruce Keogh

The review was established to determine whether there are any sustained failings in the quality of care and treatment being provided to patients at the trusts.

It was to identify:

- whether existing action by these trusts to improve quality was adequate and whether any additional steps should be taken
- any additional external support that will be made available to these trusts to help them improve
- any areas that may require regulatory action in order to protect patients.

The review was guided by the NHS values set out in the NHS Constitution and underpinned by the following key principles:

- Patient and public participation
Patients and members of the public played a central role in the overall review and the individual investigations, working in partnership with clinicians. The views of patients in each of the 14 hospitals, either directly or through representatives, were sought by the teams and reflected in their reports.
- Listening to the views of staff
Staff in the each of the 14 hospital trusts were supported to provide frank and honest opinions about the quality of care and treatment provided to patients in their hospital.
- Openness and transparency
All possible information and intelligence relating to the review and the individual investigations has been made publicly available.
- Co-operation between organisations
The overall review and the individual investigations were built around strong co-operation

between the different organisations that make up the health system, placing the interests of patients first at all times.

3. The Review Process

The Trust were informed in February 2013 that they would be part of the review. In April a data pack was developed and published (this is available on the www.nhs.uk website). This formed the basis of the Key Lines Of Enquiry:

Theme	Key Line of Enquiry
Governance and leadership	Can the trust articulate its governance processes for assuring the quality of treatment and patient care? Can staff at all levels of the organisation describe the key elements of the quality governance processes?
	Are the leadership roles and responsibilities clearly defined for the quality processes?
Clinical and operational effectiveness	What processes does the Trust have in place to support monitoring mortality data and clinical effectiveness? What actions is the Trust taking to improve mortality performance, particularly in general medicine and elderly care?
	How does the Trust manage deteriorating patients?
	What processes does the Trust have to manage bed occupancy? How does the Trust manage patient moves during their time in hospital?
Patient Experience	How does the Trust seek views from patients about their experience? What are the key themes from patients on their experiences? What action is the Trust taking to address the key themes emerging?
Workforce and Safety	What do staff groups interviewed (including trainee/student groups) say are the main barriers in the Trust to delivering high quality treatment and care for patients?
	How does the Trust approach workforce planning including skill mix to ensure that patient safety is managed effectively?
Trust specific – Diabetes	What specific contribution is the Trust making to improve the health outcomes of the local population with diabetes? <i>(This KLoE was covered in clinical and operational effectiveness)</i>
Trust Specific – Quality Care Strategy and Implementation	How have they refreshed their Quality Care Strategy (April 2012)? <i>(This KLoE was covered in Governance and Leadership)</i>

The Trust Rapid Review Team visited in May. As well as the planned visit there were two unannounced out of hours visits. The review team also met with the public twice, once at a Medway Forum and once at a Swale Forum. The Review Team met separately with staff groups on an individual and group basis over the two days.

A risk summit was convened in June and subsequently the Trust has developed an Action Plan in response to the recommendations.

The Trust is expecting a follow up visit and risk summit in August and September.

4. The Findings

The panel presented their findings at the Risk Summit in June (also available on the www.nhs.uk website). The panel's overall impressions were that:

- There was a positive and helpful welcome to the panel
- The Trust had already begun a number of improvements
- A period of stability in the Executive Team will now enable greater focus on patient safety and quality
- There were many examples of good practice, albeit inconsistently implemented in some areas
- Staff are committed and were open to the panel visit
- There are clear areas for further improvement
- Some improvements are within the gift of the Trust and others will require cooperation and support from the wider health community, commissioners and Monitor

The findings concluded that

‘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 Team did identify the following issues that would enable consistent high quality and care:

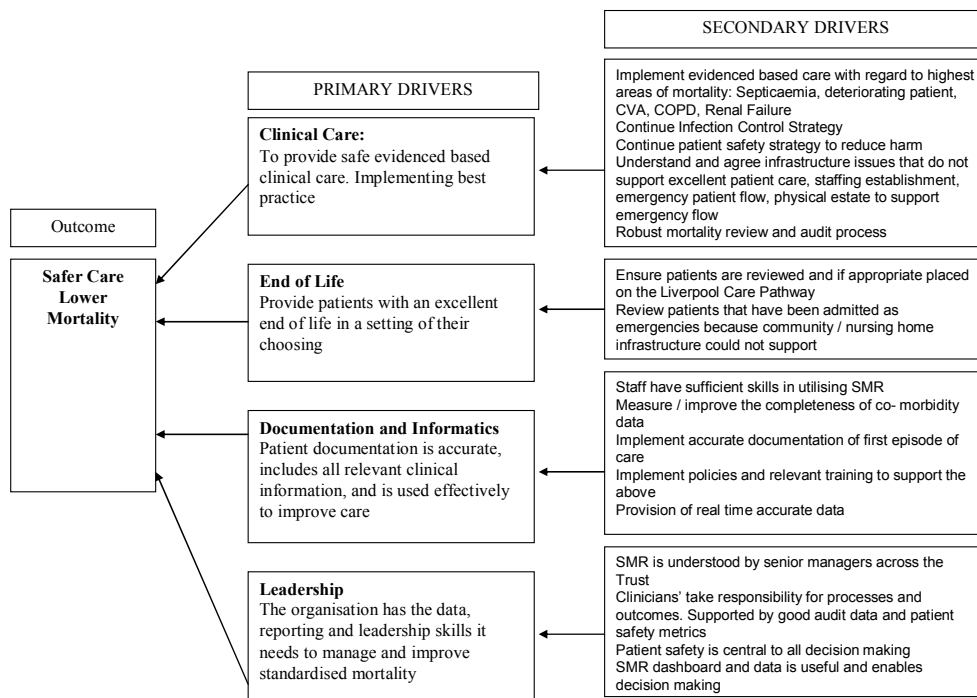
- Need for greater pace and clarity of focus at Board level for improving the overall safety and experience of patients
- Review of staffing and skill mix to ensure safe care and improve patient experience
- Re-design of unscheduled care and critical care pathway
- Improved senior clinical assessment and timely investigations
- Need to galvanise the good work that is already going on in Wards and adopt and spread good practice
- Improve public reputation

5. The Trusts Quality Improvement Plans

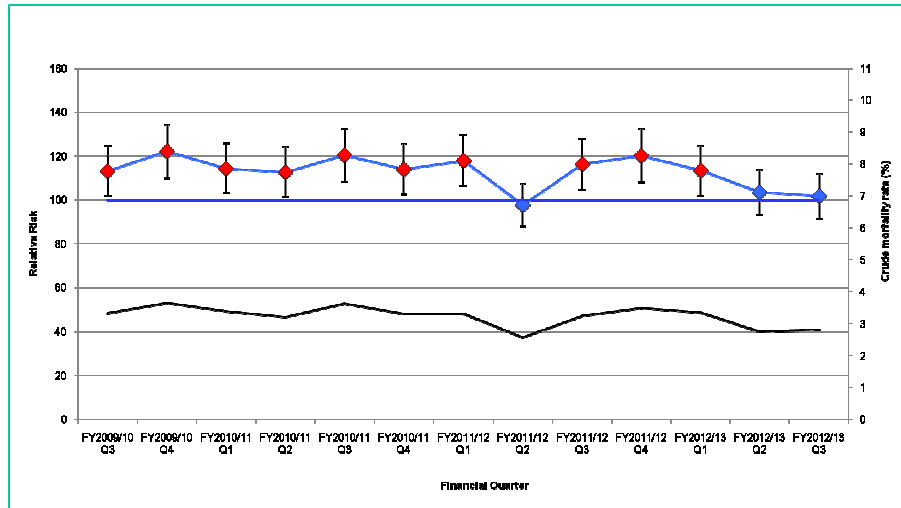
In November 2012, at the request of the Chief Executive and Chair of MFT a Hospital Mortality Working Party (MWP) has been established to oversee a reduction in the HSMR and SHMI at Medway NHS Foundation Trust and provide the Board of MFT assurance that all aspects of quality of care and factors that may affect or contribute to the current mortality rates are addressed.

The membership includes Board and Governing Body representation from MFT, the three North Kent CCGs and the Medical Director from The National Commissioning Board Area Team. It is chaired by the Director of Public Health. The MWP has developed an action plan focused on improving mortality rates.

The key driver:



SHMI Trends: 2011/12 and 2012/13



In response to the six review findings and incorporating all the work already underway, the Trust Developed a Quality Improvement Plan (appendix 1).

5.1 The Six Review Findings

Number One: 'Need for greater pace and clarity of focus at Board level for improving the overall safety and experience of patients'

The overarching Quality Improvement Plan was endorsed by the Board in June 13. It will be monitored at Board monthly.

Building on the existing strategy, a new Patient Safety Strategy is being developed. This will be presented to Board in September 13. The launch of new strategy is timed to coincide with appointment of the New Medical Director in August 13.

The Trust is working with NHS Improving Quality Team to develop a Trust wide training programme utilising the NHS Change Model. This will initial focus on our clinical leaders and rollout out across the organisation.

The Trust are refocusing the directorate monthly performance reviews: These reviews will be developed around a balanced scorecard approach and balance financial performance with patient experience and safety.

The Trust has improved its infrastructure and process with regard to learning from Serious incidence. The new process is supported by a senior experienced nurse who ensures that teams respond quickly to identify root causes, develop action plans that address these and spreads the learning across the

organisation. The patient safety committee aims to peer review each incident to ensure appropriate challenge and Improved learning.

The Trust are undertaking a Corporate Governance Review and Monitor Quality Governance Framework. The outcome of this review will report to Board in September 13.

Number Two: Review of staffing and skill mix to ensure safe care and improve patient experience'

The Trust are developing short and long term workforce plans. These plans build on existing medical and nursing reviews. The workforce plans will be developed to reflect evidence based numbers and skill mix. This will be supported by six monthly benchmarking of clinical staff. Within these plans the Trust are reviewing the requirements of a 7 day service.

The Trust is currently recruiting clinical staff and this is being supported by rapid recruitment and focused campaigns.

The Trust is reviewing the way it trains its clinical staff with a focus on multidisciplinary / team training and induction. Plans are also developing around feedback from the Junior Doctors which will result in improvements in supervision and training.

Number Three 'Re-design of unscheduled care and critical care pathway'

There is a requirement to review the design and layout of the emergency department, admission and critical care areas. This work has commenced and short term, medium term and long term strategies are being developed including short term improvements to the emergency department and assessment areas. Trust wide site development, working with the stakeholders that share the site and the long term plan of a new emergency department.

The Trust have established a Medway Emergency Flow Programme with the aims of meeting the 95% emergency department standard and achieving a 90% bed occupancy. This will ensure improved patient safety and experience on our emergency pathways through our assessment and escalation areas.

Working with Medway and Swale Executive Programme Board, and Urgent Care Board the Trust will review pathways and implement best practice.

Number Four 'Improved senior clinical assessment and timely investigations'

Plans are in place to improve ensure appropriate consultant cover for acute medicine and medical HDU at night and weekends This includes improved handover to weekend and out of hours consultants and improved care planning. The medical HDU are also formalising the senior support cover from the intensivists.

The escalation areas that the review team visited as bedded escalation areas are now closed. The emergency flow programme work is aimed at achieving a 90% bed occupancy to ensure that they are not required in future.

The Trust has responded quickly to the need to develop a clear universally known activation protocol for escalating a response to deteriorating patients and standardising across the Trust. A working group has been established that is chaired by the Patient safety Lead Clinician. A new observation chart and escalation protocol has been agreed and will rollout at the end of July. Trust wide training and communication has been arranged with a focus on the new junior intake across the Trust.

The Trust are working with the DOH Emergency Intensive Support Team to implement Senior Treatment and Review in the emergency department. This will result in patients that require a clinical decision at the front door receive one.

The Trust has established a multidisciplinary review of all patients that die at the Trust. The Trust is also working with CHKS to review their outcome data as part of an external assurance / quality programme that is being led by our Clinical Audit Leads.

Number Five 'Need to galvanise the good work that is already going on in Wards and adopt and spread good practice'

The new Director of Organisational Design and Communications has produced an Organisational Development Plan building capacity (people), capability, culture and patient experience, contribution linked to recognition, communications, engagement and brand. This was endorsed at Board in June 13.

As mentioned previously the Trust intend to Implement the NHS Change Model to implement, spread and sustain change.

A number of other schemes are underway including developing staff in assertiveness techniques and promoting a 'speaking up campaign'. The Trust Board have actively increased their visibility, they have implemented a director of the week and each director has been partnered with a clinical area.

The Trust is further developing Listening into Action as an active way of engaging staff. On the initiative of a team of consultants the Trust has also recently launched a Quality Improvement Team. A large group of self selected staff who have committed to implementing improvements across the Trust.

Number Six 'Improve public reputation'

The Trust will improve the methods and frequency with which it engages with the public and improve upon its relationships with Stakeholder, 'Big Conversations' are already in planned with our members and with our Governors.

The Trust will continue to build on its family and friends feedback and further promote its PALs service as an advocate service for patients and carers.

To assist with improving public reputation the Trust will improve its media communications and actively promote good news stories.

6. Conclusion

The Trust is on an improvement journey, there is good evidence that governance, patient safety, patient experience and staff engagement are responding positively, Despite this mortality indicators have continued to be an issue and the Board wish to increase the pace of improvement

The Quality Improvement Plan has been developed and is now being implemented. This is a binding agreement with Monitor as an undertaking on the Trust's licence

Discussions are ongoing with regard to sources of external support to improve facilities at the hospital and accelerate improvement.