

Medway NHS FT Update

KCC Health Overview and Scrutiny Committee
7 March 2014

CARING

RESPECTING

LISTENING

LEARNING

Better care *together*

Update

- Quality Improvement Plan
- Transforming Medway Programme
- CQC regulatory actions
- Governance

Quality Improvement Plan

50 actions under 6 themes

1. Need for greater pace and clarity of focus at Board level for improving the overall safety and experience of patients
2. Review staffing and skill mix to ensure safe care and improve the patient experience
3. Redesign unscheduled care and critical care pathways and facilities
4. Improve senior clinical assessment and timely investigations
5. 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
6. Improve public reputation

Achievement of Quality Improvement Plan is a binding agreement with Monitor as an undertaking on the Trust's licence

Quality Improvement Plan delivery

- 90% of our 50 actions are green or complete
- First cohort of clinical champions have started their service improvement training. Two further cohorts are planned
- Vacancy rates continue to fall, currently at 6.1%, as we continue our rapid recruitment campaign
- Work continues with Emergency Care Intensive Support Team to improve emergency pathway. Recent support visit in January reviewing models of medical care.
- We have aligned our *Speaking Out* campaign to the Nursing Times' SOS (Speaking Out Safely) campaign
- There have been two external reviews of our complaints and PALS service. A work stream to action review feedback, linking into the patient experience committee

Beyond Keogh – *Transforming Medway*

- Emerging view that the Keogh QIP would not of itself deliver a step change in quality
- Need for a strategic focus
 - Keogh, Francis, Berwick etc
 - Urgent & Emergency Care Review
 - Operational pressures
 - A new strategy now that merger with Darent Valley will not occur.

Transforming Medway

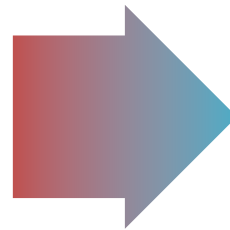
Principle: Focus on a number of high priority and high impact projects

7 overlapping high priority / high impact themes: -

- *Improved Emergency Care Pathway*
- *Adequate, properly skilled staff*
- *Improvement management of deteriorating patients*
- *Deliver fit for purpose information systems*
- *Provide an excellent patient experience*
- *Standardize key pathways to improve outcomes*
- *Improve communication and enable leadership through MFT*

Becoming a top performing hospital for emergency care

- Unmanageable workload disrupts patient flow and impairs quality
- Emergency care is variable and inconsistent
- Clear gaps in the establishment and difficulty recruiting
- Our management of deteriorating patients is not consistently robust
- Staffing and resource levels do not match demand round the clock
- Our staff are tired and have low morale making hard for them to support improvement
- Our clinical leaders lack the support, authority and accountability to drive change



- A. Improve the Emergency Pathway
- B. Ensure we have sufficient well trained staff at all times
- C. Improve management of the deteriorating patient
- D. Deliver fit for the future information systems
- E. Provide an excellent patient experience
- F. Standardise key pathways to improve outcomes
- G. Improve communication and enable leadership throughout Medway FT

Transforming Medway












Absolute priorities

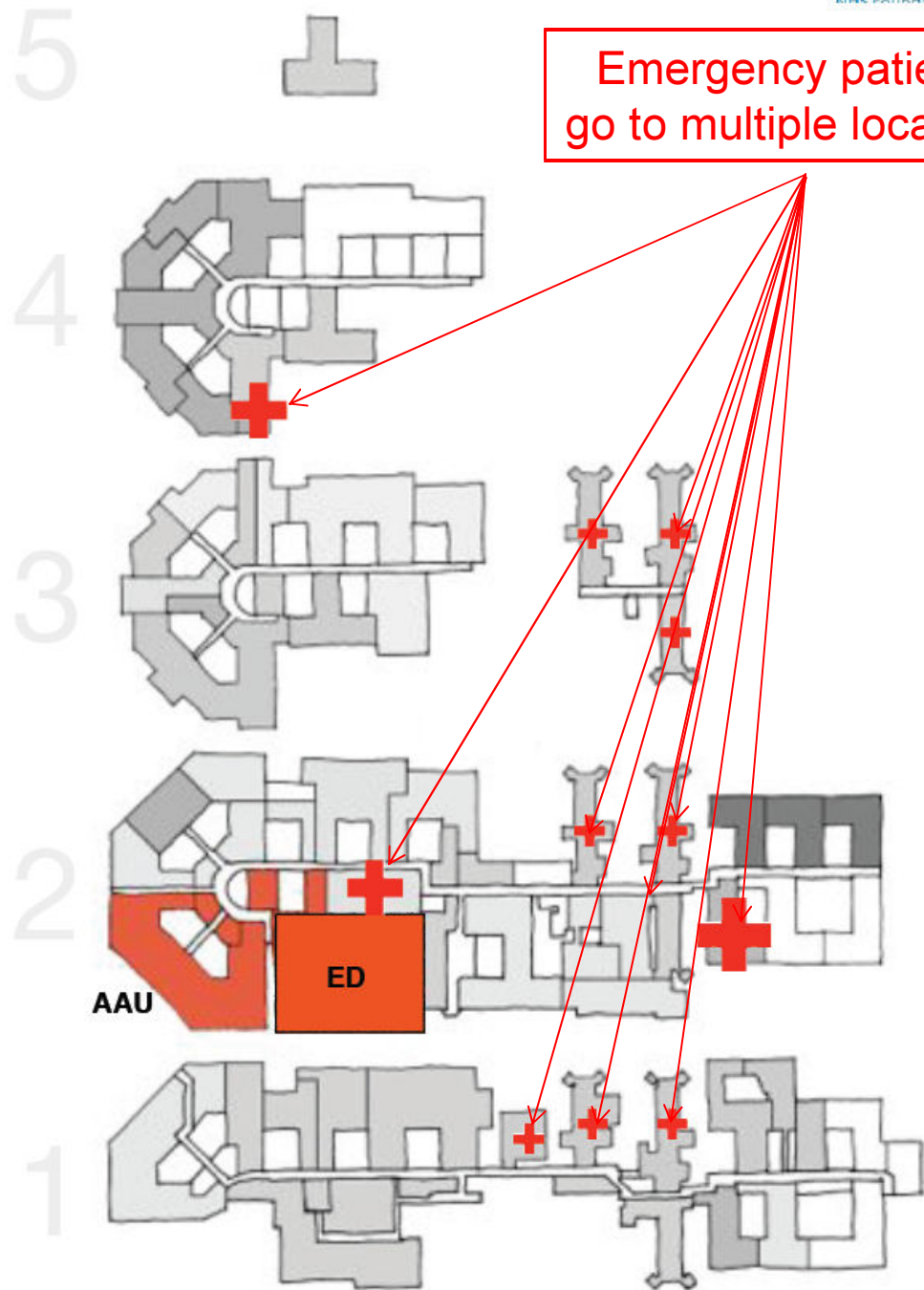
- ***Improved Emergency Care Pathway***
- ***Provide an excellent patient experience***
- ***Improve communication and enable leadership through MFT***

Transforming Medway

Improved Emergency Care Pathway

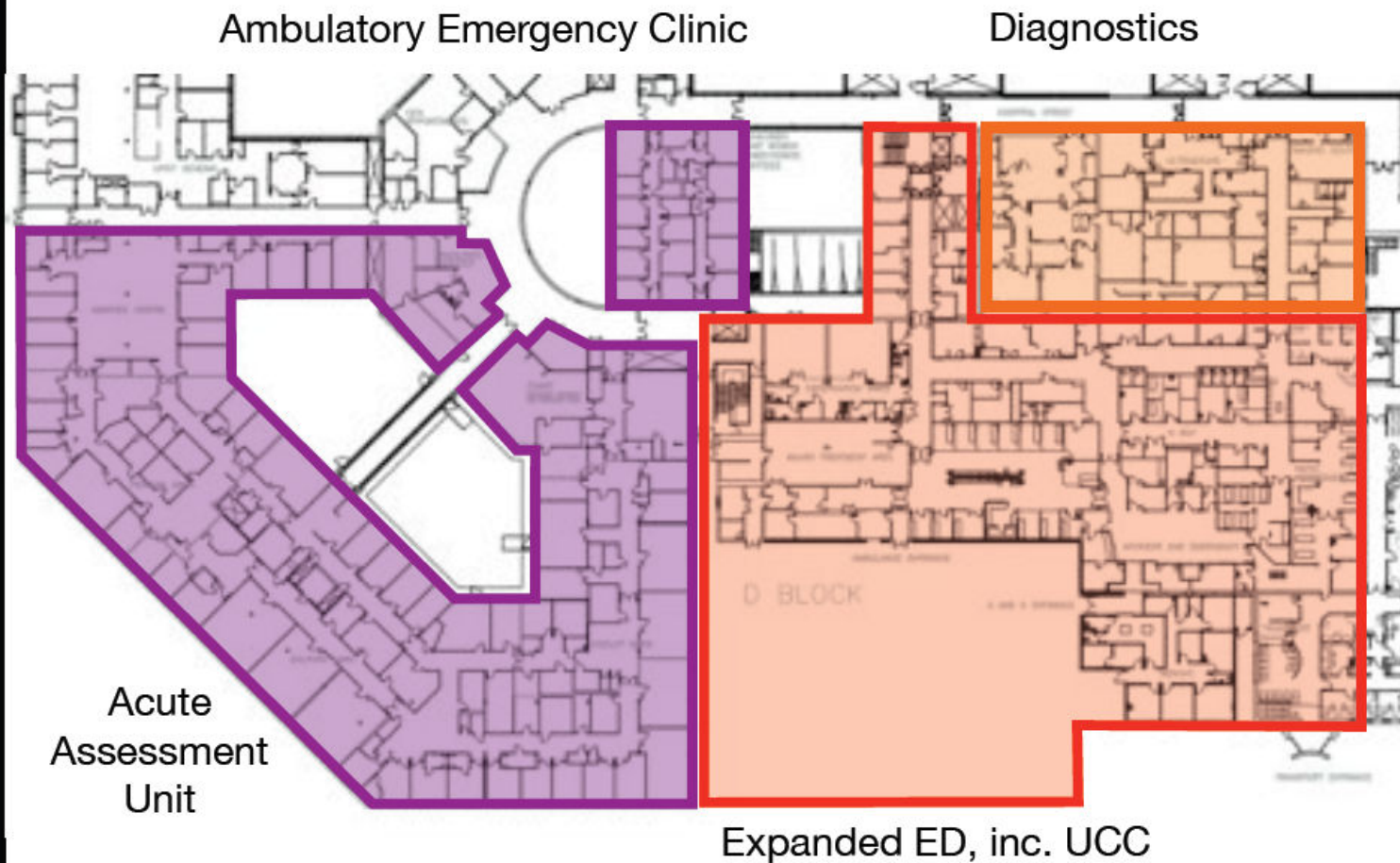
- Physical Redesign
 - Enough beds
 - In the right place
- Redesign how we work
 - Increased senior involvement early in the pathway
 - Ambulatory care options
 - Focus on early intervention to allow early discharge
 - Avoid admissions where care can be better delivered in community settings
- Planning pathways that join up to the outside world

-  Surgical in-patients
-  Obstetrics & neonatology
-  Theatres & critical care (inc. ICU, MHDU, SHDU)
-  Paediatrics
-  Diagnostics
-  Adult out-patients
-  Emergency village
-  Cardiology
-  Medical in-patients
-  Elderly in-patients
-  Offices & support



Medway Emergency Village

Potential configuration, uniting ED, assessment & diagnostic capacity



Why this configuration?

- Fewer access points for emergencies
- Ease of transfer between zones
- All emergency care in one area
- No outliers
- Efficient staffing
- Improved clinical interactions
- Close to diagnostics – improving efficiency and reducing delays

Not just estates

- The success of the project depends upon different ways of working
 - Initially within the hospital
 - Then in partnership with other partners
 - Alternatives to hospital admission
 - Early (supported) discharge
 - Admission avoidance

Patient experience

Working with patients and carers

- Develop a patient experience strategy
- Improve information for patients
- Improve interactions and communication with patients
- Improve access to senior medical staff
- Understand what causes patient experience trends
- Improve the physical hospital environment

Care Quality Commission (CQC)

Maternity department progress

- Action plan for each outcome is complete – signed off 19 December 2013
- Focus on gap analysis to compliance with the remaining outcomes not inspected in August
- Bi-weekly internal CQC panel review meetings continue
- Embedding and sustaining actions taken in relation to outcomes inspected
- 3 x weekly unit briefings continue

Emergency department

- CQC Inspection December 31st 2013 against two standards
 - **outcome 4** – care and welfare of people who use services
 - **outcome 8** – cleanliness and infection control
- Critical inspection report published in early March
- Issues in relation to clinical standards all addressed within action plan – completion date February 28
- Plans agreed for major £5m redevelopment of the department
 - Key areas will be completed in time for winter 2014/2015
 - Department's clinical staff have been closely involved in the planning

Context - Emergency Dept

- The Emergency Department has faced unprecedented levels of pressure this winter
- Designed to treat up to 50,000 patients a year; now treating 90,000 and rising
- When the CQC visited and at other times during the winter there were unprecedented levels of ambulance activity, many patients presenting with complex and acute conditions, local floods and norovirus outbreak
- Immediate action was taken:
 - Daily Executive Director-led reviews of the department
 - 7 days a week/bank holidays Executive Director presence on site
 - Strengthened leadership arrangements in ED
- Personal apology on behalf of the trust for letting our patients down

Emergency flow improvements

- Various recommendations from the Emergency Care Intensive Support Team
- Focuses on improving the efficiency of patient journeys through the hospital
 - from presenting in the emergency department, being admitted and discharged
- Actions to address recommendations are now close to completion
- To ensure embeddedness, this remains the key initial priority in the *Transforming Medway* programme

Current key actions

- Improved / more rigorous bed management
- Resist pressure to use assessment areas for admitted patients
- Focus on expected date of discharge (EDD) and working to this
- Whole hospital shared ownership for the Emergency Access standard (95%)

Performance - January 2014

- Trust Emergency Department performance against the maximum 4-hour waiting target was 84.33%, year-to-date 88.46%
- One C.diff case and no MRSA cases
- All cancer targets were met in December (reported one month in arrears)
- All 18-week referral to treatment targets met in January
- 27 single-sex breaches in month which equates to a financial penalty of £6,750
- All other contractual targets were met in the month

Trust Governance changes

- New Interim Chair & Chief Executive
- Chair: Christopher Langley
 - Experience of turnaround in two challenged FTs
 - Most recently Rotherham NHSFT
- CEO: Nigel Beverley
 - CEO and other senior roles since late 1990's
 - Most recently Ipswich NHS Trust



Trust Governance

- Changes to style and focus of Trust Board instituted by new Chairman
- Review of subcommittee structure and functioning underway
- Changes in interactions with Governors
- Implementation of actions from independent review of Quality Governance undertaken by KPMG
- Divisional restructuring underway to simplify lines of accountability and increase clinical leadership and ownership

Finance

Financial performance and forecast as at 31 January 2013

- Deficit of £1.51m in Month 10, £1.69m adverse to plan
- Year-to-date deficit is now £4.5m, £4.3m adverse to plan
- Current financial performance is generating significant pressure
- Cash position is £3.5m, £0.4m adverse to plan
- The Trust is currently on trajectory to deliver a £7.9m forecast deficit (£6.7m adverse to plan, excluding impairments) for the year 2013/14