Medway NHS
NHS Foundation Trust

The Medway NHS Foundation Trust

Review into the Quality of Care and Treatment
July 2013

Quality Improvement Plan in Response to the Review Recommendations

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1. The NHS England Review

1.1 Introduction

NHS England has undertaken a review of 14 Trusts that have been outliers for the last two consecutive years on either the Summary Hospital-Level Mortality Indicator (SHMI) or the Hospital Standardised Mortality Ratio (HSMR). MFT was identified as one of these Trusts.

The Rapid Review Team visited the Trust on the 9th and 10th of May with an unannounced visit on the 17th May. Terms of reference for this review can be found on www.nhs.choices.

On the 3rd June 2013, a risk summit took place with the Rapid Review Team, NHS England, the Trust and our stakeholders. The high priority actions from the review were discussed and it was agreed that these would form the core of the Trusts improvement plan. The themes arising from the review and subsequent actions incorporated in this improvement plan can easily be cross referenced to the Trust's annual strategic plan. Furthermore, plans are in place to re-engage stakeholders in the development of the longer term strategic direction of the organisation in the autumn. At the heart of the Trust's long term vision is pursuit of the highest quality of care and standards for patients, within a clinically and financially sustainable organisation.

This report demonstrates what is currently underway and planned in relation to the high priority actions identifying leads and timescales. Supporting strategic and operational plans will be developed locally to ensure achievement. The work streams will be embedded in our workforce and business plans and will be core to our clinical strategy.

1.2 High Priority Actions

The rapid review identified 6 high priority areas:	
1	Need for greater pace and clarity of focus at Board level for improving the overall safety and experience of patients
2	Review of staffing and skill mix to ensure safe care and improve the patient experience
3	Redesign of unscheduled care and critical care pathways and facilities
4	Improved senior clinical assessment and timely investigations
5	Need to galvanise the good work that is already going on in Wards and adopt and spread good practice
6	Improve public reputation

2. Improvement Plans

1.		Need for greater pace and clarity of focus at Board level for improving the overall safety and experience of patients : URGENT				
	Recommended Action	Trust Response	Lead Director	Timescale	Update	RAG Status
1.1	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	The Trust Board will endorse this Improvement Plan at its Board meeting on 25th June 2013. Work on the revised strategy will take place over the next two months with an update at the Trust Board meeting on 5th September 2013. The new Quality Strategy which will incorporate patient safety as part of the 'Darzi' quality model: safety, effectiveness and patient experience will be presented in its final form to the Trust Board on 24th September 2013 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 on 24th May 2013 and reflecting national learning from AQuA[1] and Don Berwick Report August 2013). The framework also incorporates the key priorities identified at the Listening Into Action[2], patient safety event (6th March 2013). Work on the implementation of the key drivers and improving outcomes has commenced and is progressing well. *Ongoing support from MWP will be required*	MD (CN)	25th June 2013 5th Sept 2013 24th Sept 2013		Completed Completed

[1] AQuA. The Advancing Quality Alliance. It is an informatics observatory providing benchmarked intelligence and evidence based best practice

[2] Listening Into Action is an accredited national programme to actively engage staff

1.		Need for greater pace and clarity of focus at Board level for improving the overall safety and experience of patients : URGENT				
	Recommended Action	Trust Response	Lead Director	Timescale	Update	RAG Status
		The delivery of the Quality Strategy will be underpinned by a comprehensive training programme. The 'NHS Change Model' provides a framework for developing the capabilities of individuals and teams (within the organisation and across the system) in service improvement techniques. NHS IQ 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 and rollout will be completed to essential staff by 30th June 2014. *External support is required from NHS Improving Quality Working with NHS IQ*	DODC	Rollout to be completed by 30th June 2014		Completed
		It will be complemented by the introduction of dedicated MDT Schwartz rounds to encourage multi professional reflection and learning. This will commence by 31st October 2013 and rollout over a six month period.	MD	Complete – Rounds introduced April 2014.		Completed
		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*	CEO	Complete by 31st July 2013		Completed

1.		Need for greater pace and clarity of focus at Board level for improving the overall safety and experience of patients : URGENT				
	Recommended Action	Trust Response	Lead Director	Timescale	Update	RAG Status
		The new Director of Organisational Development & Communications has developed an OD framework (for consideration by the Workforce sub Committee of the Trust Board on 17th June 2013 prior to formal ratification by the Trust Board on 25th June 2013). The framework aligns the vision, values and strategic objectives of the organisation to 5 priority areas for delivery as follows: • Capacity (people) • Capability • Culture and people experience • Contribution linked to recognition • Communications, engagement and brand	DODC	25th June 2013		Completed
		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.	DODC	Launch by 31st July 2013		Completed
1.2	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	The new Director of Organisational Development & Communications has developed a leadership and management development framework, which forms Appendix 1 and is linked to the OD 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 will be launched by 31st July 2013 as part of the 5 priority areas for action (see section 1.1 above) and the	DODC	Launch by 31st July 2013		Completed

1.		Need for greater pace and clarity of focus at Board level for improving the overall safety and experience of patients : URGENT				
	Recommended Action	Trust Response	Lead Director	Timescale	Update	RAG Status
		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).				
		The Trust is undertaking a corporate governance review to ensure 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 2013 and report to the Board on 5th September 2013. The revised corporate committee structure will inform the Quality Strategy	DGS Update: With change in Executive roles this will be DODC from next version.	Complete by 5th Sept 2013		Completed
		The Medical Director and the Chief Nurse remain responsible for presenting evidence to comply with the Monitor Quality Governance Framework.	MD / CN	Complete by 30th Sept 2013		Completed
		The Director of Operations, supported by the new Director of Strategy and Governance will introduce "new style" monthly directorate performance reviews by 31st 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. This will be developed to include external benchmark information to drive an improvement culture.	DOp DOp	Complete by 31st July 2013 Complete by 30th Sept 2013		Completed Completed

1.		Need for greater pace and clarity of focus at Board level for improving the overall safety and experience of patients : URGENT				
	Recommended Action	Trust Response	Lead Director	Timescale	Update	RAG Status
1.3	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	The Medical Director will continue to develop the SI process which will include : • A critical multi –disciplinary review meeting within 48 hours of all involved • Confirmation of immediate action taken at Directorate level • A multi-disciplinary peer review through the Patient Safety Committee to share learning and improve clinical outcomes • A Presentation at the grand round • An audit to close the loop and confirm the learning and action has been embedded • Improved Root Cause Analysis Training to apply an evidenced based approach to RCA and ensure that the right improvements are in place This process has been implemented and is being reported monthly via the Patient Safety Committee to the Quality Committee and externally to the CCG Clinical Quality Review Group. The Board will receive a monthly report on the analysis of serious incidents. To include key themes and actions arising.	MD MD	Commenced From 30th July 2013	1/5/14: External RCA training completed. Newly trained staff are now undertaking all SI investigations. There will be improved emphasis on human factors and rigor in identification of root cause. A grand round is planned for June 2014 Grand Round took place on 20th June.	Green Completed
		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 Clinical quality Review Group. The Board will receive a report quarterly illustrating key themes arising from patient complaints and actions that have been taken.	CN CN	Ongoing From 24th Sept 2013		Completed Completed

2.		Review of staffing and skill mix to ensure safe care and improve the patient experience. : URGENT				
	Recommended Action	Trust Response	Lead Director	Timescale	Update	RAG
2.1	Holistic medical staffing review and recruitment strategy needs immediate attention. Reducing the level of locum usage for consultants provides a suggested starting point for this work.	The new OD framework set out in 1.1 above 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 workforce reviews. HEE 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.	DODC (CN/MD)	25th June 2013 31st Dec 2013		Completed Completed
		A Rapid Recruitment Program is in place to fill existing medical and nursing vacancies with high calibre candidates. The vacancy factor is currently at 8.7%, with a target of 7% during 2013/14, which will be monitored by the Workforce Committee on a monthly basis.	DODC	Commenced Monthly reporting from 17th June 2013		Completed
		All locum medical staff will receive high quality local induction	DOp	Commenced		Completed

2.		Review of staffing and skill mix to ensure safe care and improve the patient experience. : URGENT				
	Recommended Action	Trust Response	Lead Director	Timescale	Update	RAG
		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 • Implement SBAR[3] and NEWS[4]	CN	Commenced April 2013	Appointed Deputy Director of Multi professional Training and Education, start date was the 21st July 2014.	Amber
		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.	MD	This is now business as usual and being monitored by the local academic board		Completed
		The Trust is working with 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.	MD	By 30th Sept 2013		Completed

[3] SBAR (Situation, Background, Assessment and Recommendations) It is an structured pneumonic escalation model that staff use when escalating a deteriorating patient

[4] NEWS National Early warning System. Vital signs scoring system that triggers a deteriorating patient. Linked to an escalation protocol

3.		Redesign of unscheduled care and critical care pathways and facilities : URGENT				
	Recommended Action	Trust Response	Lead Director	Timescale	Update	RAG
3.1	Urgent review of 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	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, ensuring year-round stability (preparing for challenging winter periods in 2013/14 and beyond). It is likely that these pathways lend themselves to the greatest improvement. The terms of reference for the board are as follows : - Oversee the Trusts goal to achieve the 95% wait for A&E and • Improve patient safety by reducing delays in assessment areas • Increase patient experience and satisfaction • oversee the Trust goal to reduce bed occupancy to below 90% and - Ensure safe care is delivered in the right environment • Achieve better patient flow • Reduce transfers in the patient journey - Implement the Enhanced Quality Programmes of Care - Develop a set of metrics to support and monitor the implementation and outcomes of the programme 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.*	CN	Commenced	1/6/14: Emergency Flow Action Plan being further developed led by Interim Director of Operations Flow is one of the five key Board priorities led by the COO. Reported by "flash report" weekly to Trust Board and formally monthly.	Amber

3.		Redesign of unscheduled care and critical care pathways and facilities : URGENT				
	Recommended Action	Trust Response	Lead Director	Timescale	Update	RAG
		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. *It will need support from NHS England and external project management and Capital funding support.*	DGS	Commenced	An internal solution for the medical assessment unit is being developed by internal ward moves. Update: Interim medical assessment unit proposals agreed, with planned opening end of Sept. 14. A business case for the redevelopment of ED was approved by the Trust Board at the end of June 2014, subject to successful funding. Update: Works for paediatric ED to commence beginning August 14.	Amber
		In preparation for winter 2013, the Trust will scope and procure additional modular capacity to create decant space and enable reconfiguration (linked to the ECIST and estates work underway).	DOp	By 30th Sept 2013		Completed

3.		Redesign of unscheduled care and critical care pathways and facilities : URGENT				
	Recommended Action	Trust Response	Lead Director	Timescale	Update	RAG
		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 • the provision of out of hospital care • adequate commissioning of emergency pathways • adequate commissioning of out of hours care The Trust will need support from the CCG / NHS England / ECIST.	DOp	From 27th June 2013	1/6/14: Work continues through the executive programme board.	Amber

4.		Improved senior clinical assessment and timely investigations: URGENT				
	Recommended Action	Trust Response	Lead Director	Timescale	Update	RAG
4.1	Ensure appropriate consultant cover for acute medicine and medical HDU at night and weekends	An urgent review of consultant cover on medical HDU 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. *The Trust will require support from Health Education Kent Surrey Sussex*	MD	30th June 2013		Completed
		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.	MD	Completed		Completed
		The timescale on the implementation of RAT[5] 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.	MD	Complete by 31st July 2013		Completed

[5] RAT : Rapid Assessment and Treatment AT typically involves the early assessment of 'majors' patients in ED, by a team led by a senior doctor, with the initiation of investigations and/or treatment. The approach consciously removes 'triage' and initial junior medical assessment from the pathway. Instead, the first doctor a patient sees is one who is able to make a competent initial assessment, define a care plan and make a decision whether the patient requires admission or referral to an in-taking specialist team. Nurses and junior doctors in the RAT team then implement the first stages of the care plan

4.		Improved senior clinical assessment and timely investigations: URGENT				
	Recommended Action	Trust Response	Lead Director	Timescale	Update	RAG
4.2	Review care provided in the Admission and Discharge Lounge	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.	DOp	Completed		Completed
		However, the Trust is committed to revert to a fully functioning ADL through the ECIST work programme.	DOp	Achieve by 1st Aug 2013		Completed
4.3	Develop a clear universally known activation protocol for escalating a response to deteriorating patients. This should be standardised across the whole hospital.	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*	MD / CN	By 30th June 2013 Revised date of early August 2013.		Completed
		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.	MD	Commenced in April 2013.		Completed

4.		Improved senior clinical assessment and timely investigations: URGENT				
	Recommended Action	Trust Response	Lead Director	Timescale	Update	RAG
		The key themes and actions arising from this process will be reported to Board monthly	MD	30th July 2013		Completed
		An electronic database is being developed so learning can be collated and acted upon through the Trusts audit programme and patient safety committee structure.	MD	Complete by 31st July 2013		Completed
		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. CHKS meets with directorate on a quarterly basis to review aspects of care and treatment that may be driving variation. The issues are debated and actions agreed. This is an iterative process and the outcomes are will included in the audit committee board report	MD	Commenced		Completed

5.		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 : HIGH PRIORITY				
	Recommended Action	Trust Response	Lead Director	Timescale	Update	RAG
5.1	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	The OD framework referenced in 1.1 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. Key actions include:	DODC	Commenced		Completed
		• 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		By 31st March 2014		Completed
		• Develop staff and leaders in assertiveness techniques, handling challenging people and situations		By 30th Sept 2013		Completed

5.		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 : HIGH PRIORITY				
	Recommended Action	Trust Response	Lead Director	Timescale	Update	RAG
		• Encourage the identification and treatment of "cause(s) not effect(s)" of culture		Commenced		Completed
		• Promote the "speaking up campaign" - voicing and reporting concerns and closing the feedback loop		By 30th June 2013		Completed
		• Launch the board visibility and assurance programme ("Director of the week" - Pairings with wards/ clinical areas, "Back to the Floor" programmes)		Completed		Completed
		• Introduce monthly Pulse surveys to provide regular feedback on staff experience by June 2013				Completed
		• Maintain existing IWL and WOW recognition schemes		Completed		Completed
		• 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		Completed
		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.	CEO	By 31st July 2013		Completed

6.		Improve public reputation: HIGH PRIORITY				
	Recommended Action	Trust Response	Lead Director	Timescale	Update	RAG
6.1	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.	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 25th June 2013 and where possible will be aligned to national publication timelines and the Trust annual plan. The new communications officer role has been created to focus on good news stories for publication and to improve public relations in a sustained manner.	DODC	25th June 2013		Completed
		Continued promotion and improvement of Friends and Family feedback.	CN	Commenced	Maternity have gone back to using postcards for ladies to offer feedback instead of texting and ED have extra support from the Governance team to help staff understand the feedback. They are working with Healthcare Communications to help improve response rates.	Amber

6.		Improve public reputation: HIGH PRIORITY				
	Recommended Action	Trust Response	Lead Director	Timescale	Update	RAG
		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.	CN	By 30th Sept 2013		Completed
		Promote the PALs service as an effective advocate for patients.	CN	By 31st July 2013		Completed

RAG Status:

Green **On track to deliver on time. Or has delivered but remains in the action plan for review at a later stage**

Amber **Timescale on delivery has slipped but there are clear plans or mitigation in place and / or there is a reliance on stakeholder support that has not yet been agreed**

Red **Timescale has slipped with no clear plans or mitigations**