

Update to Kent Health Overview and Scrutiny Committee (HOSC)

The report sets out changes since the last update.

Stabilising the leadership of the organisation

The Committee is aware of steps that have been taken to agree a new management structure, and to recruit to that structure with permanent appointments. Working with colleagues from University Hospitals Birmingham (UHB), the MFT Trust Board has approved a new organisational structure. 2014 has been a challenging year for the Trust, with a turnover at leadership level, and the appointment of many temporary posts at Executive level. Following approval of the structure, the Trust Board has appointed the following new posts:

- Shena Winning, Chair
- Morag Jackson, Chief Operating Officer
- Trisha Bain, Director of Health Informatics
- Dr Steve Beaumont, Chief Nurse
- Roberta Barker, Director of Workforce

The Trust has recently undergone a recruitment process for a substantive chief executive. Following the process, we were not able to appoint a suitable candidate to this critical role. The Trust will continue to search for a substantive chief executive. In the meantime, to ensure stability and continuity, Dr Phillip Barnes will continue in the post as acting chief executive officer.

One improvement plan

The new Trust Board are keen to have visible and measurable improvements. The Board is keen to ensure its local population has good visibility of changes, and the Board, Monitor (our regulator), can ensure the Board honours its commitments to improvement. Our staff, too want to see improvements for the hard work they put in. In the past, the Trust has had a number of plans covering discreet areas of the work of the Trust. The Board has tasked the new Trust Executive with ensuring that one single plan covers all improvement actions underway within the Trust. This is due to be operational from the end of January 2015.

New organisational structure

MFT is now changing the organisational structure to ensure the Trust is able to effectively deliver care to its local population. The new structure was one of the major requirements of

the work that UHB was employed to deliver. Consultation is now taking place with key internal groups before implementation of a new structure.

As part of the consultation on organisational structure, the Trust has been working with the Good Governance Institute to assist the Trust in designing and implementing a 'model' governance structure for Medway FT. This addresses many of the key findings from the Care Quality Commission report from July 2014.

Changes in the Emergency Department (ED)

The Trust has been fortunate to secure external support from Homerton University Hospital NHS Foundation Trust. It is recognised that the Homerton has an excellent ED. This work was for a period of 8 weeks and includes one of their senior consultants and a nursing leader that had worked at the Homerton. Dr Laurence Gant, the consultant delivered a report on improvements that could be made. The MFT welcomed the findings of Dr Gant and have been fortunate to secure his services for the period of one year to implement these improvements, as well as others that have been agreed.

The Trust Board at MFT has asked Dr Gant and his colleagues to address a number of key stages on the patient journey through the patient journey. These include:

1. Patients to be seen for first assessment within 15 minutes
2. Patients to receive a medical assessment within one hour
3. Patients to be referred to a specialist (where needed) within 2 hours
4. A reduction in delays handing over patients from an ambulance
5. Patients total time within the ED

Section 31 notice

On 29th August 2014, the Care Quality Commission imposed conditions on the Trust registration as a service provider in respect of the above regulated activity.

“The Registered Provider must operate an effective system which will ensure that patients attending Accident and Emergency at Medway Maritime Hospital have an initial assessment of their condition carried out by appropriately qualified clinical staff within 15 minutes of the arrival of the patient at the Accident and Emergency Department.”

Since this time the Trust has measured itself against this 15 minute standard for assessments of all patients. The general performance against this standard has been good

(usually over 95%), although on occasional weeks this standard has been missed where there has been a very busy period.

Improvements in the surgical division

Following the Trust CQC report in July, the division with responsibility for surgical care has developed an improvement plan to address the 'inadequate' rating received for the service overall. In particular since the implementation of the plan the Trust has seen significant improvements in the waiting times for patients leaving recovery (the area patients move to after the operating theatre). This is key to ensuring a better patient experience, as well as more efficient use of operating theatres, the most expensive asset of the Trust.

7 Day Working

The Committee will be aware of correlation between differences found in standards of care on a weekday and weekend. As a result there has been an increasing focus on increasing the availability of emergency services 7 days per week. Emergency surgical theatres and those having suffered an orthopaedic trauma (such as broken bones) have operated at MFT for some time. The Trust has been significantly increasing the range of consultant led services available for emergency services at the weekend. Recent improvements include:

- 7 day consultant services in both medical and surgical divisions to review all emergency patients and provide consultant led intervention where required in areas such as services for patients with a gastro-intestinal bleed
- 7 day services to support discharging patients such as pharmacy; transport; therapists; medical cover

Seasonal planning

Each year the Trust and its partners refresh the seasonal plans. The winter months are often marked by an increasing demand for healthcare services (for example due to fractures or breathing difficulties). The local health and social care economy has benefited from new non-recurring investment. This has totalled £5.8m and covers the period 1st October 2014-31st March 2015. Medway and Swale Clinical Commissioning Groups (CCGs) have led a process to allocate this resource. There are a significant number of schemes but in summary the schemes fall under the following headings:

- Improvements in Emergency Department flow

- Improvements in ambulance handover
- Improvements in flow through the hospital and increased focus on timely discharge
- Increasing support to people with Mental Health conditions
- Increased preventative capacity within the community

Conclusion

Medway Foundation Trust recognises that there is much to do, as one of the Trust in 'special measures', our improvements must also be signed off by our regulators. The organisation has put in place immediate improvements, as well as enabled the changes to be long lasting through new leadership arrangements.