

## **Kent County Council: Health Overview and Scrutiny Committee**

**Friday, 7 October 2016**

### **Update on Medway NHS Foundation Trust**

**Report from: Diana Hamilton-Fairley, Medical Director, Medway NHS Foundation Trust**

#### **Summary:**

This report seeks to inform the Health Overview and Scrutiny Committee of the progress that has been made since our Trust Chairman, Shena Winning, and Chief Executive, Lesley Dwyer, attended the Committee on Friday, 4 March 2016.

#### **Background:**

The Care Quality Commission (CQC) published a report on Medway NHS Foundation Trust in January 2016, based on inspections it had carried out in August and September 2015. The CQC judged the Trust to be inadequate overall and gave three months to demonstrate real change.

The most significant development of the last six months has been the CQC's fieldwork carried out at the hospital on 28/29 March and the letter of 28 April from the Chief Inspector of Hospitals, Sir Mike Richards, to Health Secretary Jeremy Hunt, setting out his assessment, based on the fieldwork.

In Sir Mike's letter, he reported signs of considerable improvement since the CQC's 2015 inspection. Specifically, he reported that:

- The hospital was safer for patients
- Leadership had improved
- Staff engagement among senior and middle managers had improved, although low staffing levels are impacting on the morale of frontline staff.

We were naturally pleased that we had been able to demonstrate measurable improvements within the three month period. At the same time, we also recognised that there was still a huge amount to do, most notably around improving our staffing levels and increasing our efficiency.

This paper provides an update on progress since then.

## **Update - Trust Recovery Plan:**

Following the CQC report in January, we launched a comprehensive plan to improve the hospital, based around six commitments.

These are:

- Modernising our Emergency Department, reducing the time it takes for patients to be seen and assessed.
- Improving patient safety and care by minimising the number of different doctors that patients see during their stay in hospital.
- Accelerating our recruitment drive to bring in the right people with the right skills. This will ensure consistent high quality care by reducing our dependency on interims and agency staff.
- Continuing to improve our corporate and clinical governance, which will support both safe and high quality patient care and a productive working culture for staff.
- Improving care for patients with cancer, reducing waiting times, replacing our scanners and providing additional clinic appointments for patients to see specialists.
- Working closely with our healthcare partners to ensure patients receive the right care in the community, when they are ready to leave hospital.

## **Overview of progress in the last six months**

We have reached some significant milestones since we last updated the committee in March. The hospital is safer and more responsive to the needs of our patients.

Our patients are now seen faster when they arrive at the Emergency Department, see fewer different doctors during their stay, and are discharged to home or appropriate place of care more quickly.

This progress has been acknowledged by both the Secretary of State, Jeremy Hunt, and the Health Minister, Philip Dunne, following their recent visits – and the Care Quality Commission (CQC), as referenced above.

Some of the key achievements in the past six months include:

- The percentage of patients who would recommend Medway Maritime Hospital as a place to be cared for has risen to 85.2 per cent.
- Our patients stay for less time – the average length of stay on our admissions wards has gone down from 11 days to less than three. However our length of stay for emergency admissions overall is increasing again from 6.8 days to 9.6 days because of a lack of suitable placements for our older and frailer patients in the community and/or support from social care in their own homes.
- The number of deaths in the hospital has also decreased from 118.3 to 100.1. The average across all NHS hospitals in England is 100.
- Fewer patients stay in hospital unnecessarily – 40 per cent fewer patients who are fit for discharge remain in hospital.

- More patients avoid a hospital stay – around 35 per cent of medical patients are now discharged within a day compared with 20 per cent before the introduction of our Medical Model, which is described below.
- We employ more staff in our Emergency Department – nursing vacancies in our Emergency Department have reduced from 60 per cent to 25 per cent.
- We see patients who arrive by ambulance sooner – we see around 60 per cent of ambulance patients within 15 mins – making us consistently one of the best performing NHS Trust's in the region.
- Lister Ward – Medway's ambulatory care unit – received a Certificate of Achievement recently at the Emergency Ambulatory Care National Network for being the most improved unit in the country. This is in light of the massive reductions we have delivered in the number of patients staying overnight since the unit opened in March.
- A dedicated multidisciplinary team has successfully reduced the mortality rate for patients who require emergency laparotomy surgery for severe abdominal pain to eight per cent, which is better than the national average of 10 per cent.

Some of the specific areas of progress are set out below in more detail.

### **Key work programmes:**

#### **Medical Model**

On 14 March, we introduced our new Medical Model, a set of changes to the way patients admitted on an emergency basis are treated. The aim was to improve patient care and experience, and reduce patients' average length of stay in hospital.

Some of the benefits include:

- Through the Medical Model, patient triage has been simplified. GP referrals and patients who come to the emergency department and are in a stable condition are triaged into the ambulatory care assessment area (Lister ward).
- Those who come to the Emergency Department and are critically unwell are triaged to the admissions wards (Gundulph and Wakeley). This has allowed better flow of patients through the hospital.
- The Medical Model has reduced the numbers of patients having to be seen in the corridor within the Emergency Department. This has ensured reduced handover of cases between consultants and a more secure environment, where sick and unstable patients are reviewed appropriately.
- For those patients that are admitted, the Medical Model is reducing the number of consultants they see. This means patients should have no more than two consultants managing their care ideally, the initial admitting consultant and a subsequent specialist
- The Medical Model is helping reduce waiting times in the Emergency Department. 82 per cent of patients are now seen and treated within four hours compared to 73 per cent in March 2016.
- More than 95% of those with minor injuries are seen within four hours and 25 per cent of patients are seen by our primary care colleagues from Medway Community Healthcare. This has significantly improved patient experience.

- Thanks to the Medical Model, around 35 per cent of medical patients are now discharged within a day compared with 20 per cent before its introduction.
- In addition, there has been an increase in the number of patients on the admission wards staying less than 48 hours.

## **Staffing**

The CQC commented on our staffing levels in its assessment in April. We have continued to step up our recruitment and retention drives with a number of activities:

- We have hosted a series of open days for potential new nurses. This has significantly increased the number of nurses applying for posts at Medway Foundation Trust. The benefit of this has been hard to realise, as we continue to have an increase in the number of patients coming to our Emergency Department or being referred by GPs.
- On 25 April, we launched our new Vision and Values. Supporting our vision 'Best of Care: Best of People' are the values: Bold, Every Person Counts, Sharing and Open, and Together.
- The Vision and Values were shaped through consultation and engagement with staff, and are designed to bring about a positive change in culture and in the way that staff interact with patients and other staff. We hope that this will result in improved morale and better retention.
- In late March, we introduced a new in-house staff bank. This offers all our existing staff the opportunity to either work flexibly or take on additional shifts. This means our staff will be called upon first, and given priority over workers who are recruited via external agencies.
- We have refurbished some of our hospital accommodation and have a rolling programme to modernise the rest of our estate over the next six months.
- We have launched a new management development programme – the first such programme at the Trust for a couple of years. We look forward to this programme resulting in greater levels of recruitment and retention in the coming months.

## **Emergency Department**

We continue work on the redevelopment of our Emergency Department. Following the completion of the new children's Emergency Department and minors area in 2014 and 2015 respectively, this spring and summer has seen the beginning of the works to refurbish the "majors" area of the department – the area where people with major injuries and life-threatening conditions are seen.

In May, we began an eight-week programme to straighten the road in front of the Department, with the aim of improving access for ambulances. This was the precursor to the start of the main body of works to redevelop the majors area.

Once the redevelopment has been completed, the department will consist of 24 bays in majors, seven bays in resuscitation, and 10 bays in the Clinical Decisions Unit (CDU). The works are scheduled to be completed by late 2017.

However, like many other Trusts, we are still falling some way short of the national target to see, treat, admit or discharge 95 per cent of patients within four hours of arrival.

We have introduced and will continue to improve the way in which the department operates:

- We employ more staff in our Emergency Department – nursing vacancies in our Emergency Department have reduced from 60 per cent to 25 per cent.
- We see patients who arrive by ambulance sooner – we see around 60 per cent of ambulance patients within 15 mins – making us consistently one of the best performing NHS Trust's in the region.
- We have streamlined the process for taking decisions on how and when to admit patients to the wards, and enhanced learning and development for staff working in the Department, aided by the employment of a consultant nurse who is able to deliver university-accredited educational programmes.

## **Finance**

We ended the 2015/16 financial year with a deficit of around £52 million. This was worse than both our original plan and our projections when we put together our half-year forecast in autumn 2015.

The deficit continued to grow because, in response to the CQC's findings, we took the decision to invest in initiatives to improve the quality of patient care.

The financial pressures were exacerbated by record numbers of people coming into our Emergency Department, an increase in the number of patients waiting for community support and a consequent reduction in elective activity due to the rise in emergency patients over the level we planned for. This led to a significant drop in our income and the rise in emergency patients – 12 per cent in the last six months - has meant we have had to keep beds open beyond the winter, which incurs increased unfunded staffing costs.

We are determined to stabilise our financial position. Going forward, our recovery plan will focus on delivering greater efficiency and cost reduction, while not compromising on patient safety and quality.

We are aiming to make a saving of £12.6 million in the 2016/17 financial year, representing more than four per cent of our operating costs.

We have already made a good start to the year, having met our savings target for the first financial quarter of 2016/17. This has been achieved by procuring goods and services at a lower cost than before. Our plans for the later part of the year include increased early efficiency gains in the way we deliver our services, as identified in the Lord Carter review.

We are developing a long-term financial recovery plan and look to build upon this positive momentum until we return to a secure financial footing.

## **Improving technology**

In the coming months, we are set to introduce a range of exciting digital projects to help improve patient care and experience.

In November, we will start the roll-out of an entirely new bed management system, which will offer real-time, digital intelligence on which patients is where, within the hospital.

In practical terms, this will be made possible through the use of 42-inch digital whiteboards on the wards.

The benefits of the programme are to:

- Enable clinical staff to identify what bed space is available for patients. Once ward staff have found a suitable location, they will navigate the patient on the digital screen to their selected location.
- Offer clinicians and service managers a real-time source of information as to where any one patient is at any time.

This will be followed in December by the arrival of a new electronic observation – commonly known as “track and trigger”.

Through this programme:

- Nurses will be able to record patients’ blood pressure, pulse, oxygen levels and other observations on a smartphone or tablet – similar to an Android Phone or iPad. This will automatically be uploaded onto the software, which will alert the appropriate doctor if there is a problem with the patient.

It will mean a wider group of clinicians can intervene before the patient’s health deteriorates and reaches a critical state.

### **MediLead**

Earlier this year, we launched an exciting new programme to support and develop talent among our junior doctors.

The MediLead programme was originally proposed by Consultant Anaesthetist, Dr Sarah Hare, to encourage junior doctors to think about innovative ways of improving the experiences our patients have.

As part of their application to the MediLead programme, each junior doctor identifies a quality improvement project that they will work on in addition to their clinical responsibilities, with the support of senior doctors, senior nurses and managers as part of their leadership development.

Projects are focused on patient safety, improving patient care and the delivery of efficient services.

Some of the current projects include:

- Improving the training and quality relating to ECGs performed by nurses and junior doctors benefiting patients in smoother diagnostics.

- Creation of bespoke paediatric equipment trolleys to ensure smooth and outstanding care for sick babies and children who need transfer to London's children intensive care units.
- Development of an innovative application for all staff to access Medway Maritime Hospital policies and procedures.
- Developing communication aides for safe handover of patient care between staff members.

### **Going Smoke-Free**

From Monday 17 October, Medway Maritime Hospital will become a smoke-free site. This means that from this date, all patients, visitors and staff will not be able to smoke in the buildings, hospital grounds and car parks.

The purpose of going smoke-free is to protect and improve the health and wellbeing of all patients, visitors and staff who use the hospital. The move is in keeping with many hospitals and public spaces where smoking is now no longer permitted.

As part of plans to go smoke-free, the Trust has been working closely with Medway Council to offer smoking cessation support to patients, visitors and staff. This will include providing free nicotine replacement therapy to patients on wards, on-site support for staff and advice for visitors from Medway Council's Stop Smoking Service.

In addition, we have staged a number of special training sessions for staff who have expressed an interest in becoming smoke-free champions – a role where they will help remind patients and visitors that Medway Maritime Hospital is to become a smoke-free site on Monday, 17 October.

We are also working with local ward councillors and residents from neighbouring streets to address and mitigate any concerns they have about the potential increase in the number of people smoking outside their properties.

### **Sustainability and Transformation Plan**

We continue to work with our partners to develop the Sustainability and Transformation Plan (STP) for Kent and Medway, as well as formulating our own medium to long-term clinical strategy, which aligns with the STP.

At the heart of our strategy will be a commitment to partnership and to moving away from the situation of the past few years, in which the Trust has operated largely in isolation from the rest of Kent and Medway.

We will work with providers and commissioners to improve the health and wellbeing of the population, with a focus on prevention, as well as treating ill health.

We are establishing a Trust Strategy Group which will oversee the development of the Trust's clinical strategy and ensure our aspirations are reflected in, and complementary to, the wider parts of the health system across Kent and Medway.

## **Phase two – Trust Recovery Programme**

Our six public commitments listed earlier in the document remain at the heart of what we are trying to do – delivering the best of care, with the best of people.

As part of Aiming for BEST – phase two of the Trust Recovery Plan – we will also be focusing on the following areas as we prepare for the CQC's inspection in November:

- **Unplanned Care** – improving care for people requiring urgent and emergency care before, during and after hospital.
- **Planned Care** – improving care for non-emergency day case and cancer patients, before, during and after hospital.
- **Outpatients** – improving the management of appointments; improving the way we care for outpatients during their visit to hospital and bringing care closer to home by improving the use of community services.
- **Health Informatics** - providing the right information to our clinicians wherever and whenever it is needed; new digital solutions to help build an electronic patient record and enable a safer, faster patient experience.
- **Governance and Standards (CQC)** - ensuring we comply with regulatory standards and preparing the Trust for the CQC's inspection in November.
- **Finance** – reducing the Trust's deficit while improving its financial stability.
- **Workforce** – having the right people providing the right care at the right time; improving recruitment and retention; supportive culture which values everyone's contribution; and developing staff skills through increased learning and development.
- **Focus on Mortality** – ensuring we comply with regulatory standards and preparing the Trust for the CQC's inspection in November.

## **Next steps**

The remainder of 2016 will be extremely busy for the Trust, as we welcome the CQC back at the end of November, continue to work on our financial recovery, develop our clinical strategy and continue to finalise the Sustainability and Transformation Plan with our partners.

We are however confident and optimistic about the challenges that we face and look forward to discussing these with the Committee on Friday, 7 October.