NHS
Medway
NHS Foundation Trust

Improvement plan – Better, Best, Brilliant – progress report

1. EXECUTIVE SUMMARY

1.1. The Trust last provided an update to the HOSC in October 2016, shortly before our most recent inspection by the Care Quality Commission. At that stage we were rated 'inadequate' and had been in quality special measures for more than three years. However, we knew we had made great improvements and that the safety and quality of care was very much better.

1.2. We were therefore delighted when, in March 2017, our rating was moved to 'requires improvement' and we exited special measures. This was important for giving patients confidence in their hospital, but also welcomed by staff who had done so much to raise standards at the hospital.

1.3. The report gave many areas a 'good' rating, and for maternity and gynaecology there was an 'outstanding' in the 'caring' domain.

1.4. However, we recognised that there was still much to do, and we immediately set about addressing areas still requiring attention through a CQC improvement plan.

1.5. We also launched a 'Better, Best, Brilliant' programme, which aims to enhance and transform services across the Trust.

1.6. Nearly a year on from exiting special measures, we have seen services improve in a number of areas. But many challenges remain, particularly in relation to our financial sustainability.

1.7. We are also preparing for our next CQC inspection this spring.

2. TRUST-WIDE IMPROVEMENT PROGRAMME – BETTER, BEST, BRILLIANT

2.1. Within our Better, Best, Brilliant programme, 13 workstreams sit beneath our four strategic objectives:

- Integrated healthcare
- Innovation
- People
- Financial stability.

2.2. Work is taking place under each of these, but there has been particular focus on patient flow and financial recovery.

3. PATIENT FLOW

3.1. Under our patient flow programme we have sought to improve the number of patients being seen, treated and admitted or discharged from our Emergency Department. The national constitutional target for this is 95 per cent. However, in recent planning guidance it was announced that Trusts will be expected to be on a trajectory to meet 90 per cent by September 2018 and 95 per cent by March 2019.

3.2. We have improved on our past performance, but we are not yet consistently meeting the target. Performance has been in the high 80s and early 90s at times, however, the figure isn't yet stable or consistent, and over the winter period, in common with most Trusts, we experienced longer delays than we would like.

3.3. We have implemented a series of actions to standardise procedures so that flow is maintained and the four-hour performance within ED can be sustained.

3.4. Reduction in performance is often due to lack of internal flow from the main bed base to discharge, so we have instigated improvements in areas known to slow down the discharge process, such as by having a mobile pharmacy in the discharge lounge, and ensuring more patients are identified for discharge earlier in the day.

3.5. Throughout the winter we have held daily teleconferences with system partners – CCG, local government, community providers – to review the patients who are considered to be 'delayed transfers of care' (DTOCs).

3.6. This has provided greater visibility and focus and as a result we have seen a dramatic reduction in the numbers, and, importantly patients being transferred to where they will receive appropriate care.

3.7. We are now seeing DTOCs in single figures, compared with 49 this time last year – one of the best achievements in the country.

3.8. We have also conducted an audit of stranded patients with system partners (ie patients who have been in hospital for more than seven days where there is not a plan of ongoing care). The purpose of the audit was to review these patients, understand what the plan is for treatment and determine what they are waiting for – and then make it happen.

3.9. These actions have enabled us to close the escalation ward that had been open since December 2014. Having escalation space is a critical aspect of our winter planning, and we utilised the extra beds during the height of winter pressures but were able to close it again within weeks.

4. WORKFORCE AND VACANCIES

4.1. Historically the Trust has struggled to recruit, resulting in a higher number of agency staff than we would like.

4.2. Staffing levels and use of temporary/agency workers were identified as areas needing improvement by the Trust and the CQC.

4.3. Since the Trust has been seen to be improving, and particularly since we exited special measures, we have begun to recruit more permanent staff. We also have a very healthy nursing bank, meaning our reliance on agency staff has reduced and continues to do so.

4.4. The Trust continues its three pronged approach to recruitment, in particular to address nurse vacancies, via local, national and international routes. An international campaign in the Philippines continues with 197 nurses actively engaged in the process, with a cohort having started in January 2018.

4.5. Further collaborative regional procurement continues for international nurse recruitment with partner organisations processing 88 nurses to join us from April 2018 onwards.

4.6. Some shortfalls in medical and dental rotations from Health Education England result in vacancies in medicine. The Trust is actively recruiting to these posts, alongside Medical Trainee Initiative (MTI) recruitment and introducing the Trust's first appointment of a Physician Associate (PA) with a further seven at conditional offer.

4.7. Further new roles are being introduced including four Doctors' Assistants who were appointed in December 2017 and interviews for Discharge Liaison Officers being held.

4.8. The Trust's workforce profile continues to show a significant change from 2016/17 with a nine per cent increase to substantive staff as a percentage of total pay bill and a 15 per cent decrease in the use of agency staff (£17.3million reduction year to date). We have increased by six per cent the number of staff coming from our bank, as the Trust works to reduce and manage its temporary staffing expenditure.

5. FINANCIAL RECOVERY

5.1. The Trust's financial position remains very challenging, with a significant long-standing deficit.

5.2. Over the past year we have begun implementing plans to reduce our costs and increase efficiency.

5.3. Unfortunately we have not made enough progress, and as a result we have now reported a revised end of year financial forecast. This means our agreed control total – the figure Trusts agree with NHS Improvement as part of the budget setting process – will not now be met, and our deficit is equal to more than 20 per cent of the Trust's income.

5.4. This is a serious situation and we are taking steps to address the situation. We need to implement a number of transformational schemes that will reduce inefficiencies and tackle overspending on pay

5.5. We are also working closely with commissioners and other partners to provide services the community needs within the available budget. This may require some difficult decisions, but we will not compromise on the quality of patient care.

5.6. As a result of our worse than expected financial position, we are working closely with our regulator, NHS Improvement, to ensure our financial recovery plan is implemented.

5.7. We have continued to engage staff in our financial improvements by keeping them informed and by seeking their ideas for further cost efficiencies.

5.8. We have recruited senior leads to support some of the programmes; this includes using the Model Hospital and other benchmark data to identify where we have variation. We have also run programmes to support staff to lead improvement projects across the Trust.

5.9. We need to continue to focus on our own efficiency through our Better, Best, Brilliant improvement programme, and it is also important that we receive the right level of income for the services we provide. We will continue to work closely with commissioners and other partners as this is not just about the hospital but about the healthcare system across Medway and Swale.

6. FIRE SAFETY

6.1. In 2016 the Trust commissioned a fire safety report from Kent Fire and Rescue Service which identified a number of risks and actions required.

6.2. Following the report we produced a detailed action plan, and immediately set about addressing the concerns raised.

6.3. Since the tragic fire at Grenfell Tower, we have continued to review our fire safety plans and implement remediation works. We work in close liaison with Kent Fire and Rescue Service.

7. CONCLUSION AND NEXT STEPS

7.1. The Trust is in a very different position to when we last reported to the HOSC, shortly before our CQC inspection.

7.2. We have been keen to maintain momentum in our improvement, and ensure that the successes in key areas are maintained and spread throughout the hospital.

7.3. We also recognise that there are considerable challenges for the Trust, especially in addressing our financial deficit and making the hospital sustainable for our community.

7.4. It is vital that our staff remain connected with our Better, Best, Brilliant programme, and financial recovery, and we will continue to engage them throughout the challenges that lie ahead.

7.5. Improving healthcare for the people of Medway is not just the remit of the hospital – we are working closely with local partners as well as through the STP to deliver the best of care for our population.

7.6. Through the STP we are pursuing opportunities to build on services that are vital for our community. For example, we believe Medway is in an excellent position to become one of the Hyper Acute Stroke Units currently being consulted upon. Medway is included in three of the five proposed options and there is a strong case for one of the HASUs to be in our area to improve outcomes for patients.

7.7. We are now preparing for our next CQC inspection in the spring, when inspectors will visit our core services.