

# 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. Just over 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. In April and May this year we had another CQC inspection, which was in three parts – looking at core services, use of resources, and 'well-led'. They have since followed up with requests for further information which has been supplied.
- 1.8. Initial feedback from the inspection team was that they found the staff to be extremely friendly and welcoming. I am pleased to say they raised no patient safety concerns.
- 1.9. We are expecting the report to be published towards the end of June.

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

- 2.1. Within our Better, Best, Brilliant programme, a number of workstreams sit beneath our four strategic objectives:
  - Integrated healthcare
  - Innovation

- People
- Financial stability.

- 2.2. Work is taking place under each of these, but over the past 12 months there has been particular focus on patient flow and financial recovery.
- 2.3. This remains the case, but increasingly we are focusing on transforming our services in order to ensure care is sustainable for the future. Rather than concentrating only on speeding up existing processes, or making cost efficiencies, this gives us a great opportunity to think more creatively about the optimum way to deliver the best of care to the communities we serve.
- 2.4. Working more closely with health and social care partners in Medway, and being active partners in the Sustainability and Transformation Partnership, will be important to help us to translate our vision into a reality.

### 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 within four hours. The national constitutional target for this is 95 per cent. However, in planning guidance following winter, 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 other Trusts, we experienced longer delays than we would like. It has taken some time to recover from what was a harsh and long winter, and at this stage our performance is not yet where it needs to be.
- 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 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 provided greater visibility and focus and as a result we saw 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 more than 40 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 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. OTHER CONSTITUTIONAL STANDARDS**

- 4.1. We are also measured against other national standards – waits for cancer treatment, and waits for surgery (known as Referral to Treatment).
- 4.2. We are performing well in relation to cancer, with 94.2 per cent of people being treated within 62 days of a GP referral. The target is 85 per cent.
- 4.3. For surgery the target for the number of people waiting less than 18 weeks from referral to treatment is 92 per cent.
- 4.4. Following the severe winter which put huge pressures on the hospital, and the national 'pause' in surgery during January, our performance, like other trusts, decreased, but it is now improving, and at the time of writing stands at around 82 per cent.

## **5. WORKFORCE AND VACANCIES**

- 5.1. Historically the Trust has struggled to recruit, resulting in a higher number of agency staff than we would like.
- 5.2. Staffing levels and use of temporary/agency workers were identified as areas needing improvement by the Trust and the CQC.
- 5.3. 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.
- 5.4. 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 193 nurses actively engaged in the process, with a cohort having started in January 2018.

- 5.5. Further collaborative regional procurement continues for international nurse recruitment with partner organisations processing 510 offers. We expect this to materialise into around 170 nurses joining us from over the financial year.
- 5.6. Some shortfalls in medical and dental rotations from Health Education England result in vacancies in medicine. The Trust has actively recruited to these posts, alongside Medical Trainee Initiative (MTI) recruitment and introduced the Trust's first appointments of Physician Associates (PAs).
- 5.7. The Trust's workforce profile continues to show a significant change from 2016/17 with a three per cent increase to substantive staff as a percentage of total pay bill and an 11 per cent decrease in the use of agency staff (£23million reduction year to date). We have increased by eight per cent the number of staff coming from our bank, as the Trust works to reduce and manage its temporary staffing expenditure.

## **6. FINANCIAL RECOVERY**

- 6.1. The Trust's financial position remains very challenging, with a significant long-standing deficit.
- 6.2. Over the past year we have begun implementing plans to reduce our costs and increase efficiency.
- 6.3. Unfortunately we have not made enough progress, and as a result we reported a revised end of year position at £66.4million.
- 6.4. This is a serious situation, with our deficit equal to more than 20 per cent of the Trust's income.
- 6.5. We have agreed a control total of £46.7million for 2018/19 with our regulator, NHS Improvement. It is imperative that we implement transformational schemes that will reduce inefficiencies and tackle overspending on pay in order to reduce the deficit by the required £20million over the next year.
- 6.6. We have continued to engage staff in our financial improvements by keeping them informed and by seeking their ideas for further cost efficiencies.
- 6.7. 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.
- 6.8. 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.
- 6.9. We will continue to work closely with commissioners and other partners to provide services the community needs within the available budget, as this is not just about the hospital but about the healthcare system across Medway and Swale.

## **7. FIRE SAFETY**

- 7.1. In 2016 the Trust commissioned a fire safety report from Kent Fire and Rescue Service which identified a number of risks and actions required.
- 7.2. Following the report we produced a detailed action plan, and immediately set about addressing the concerns raised.
- 7.3. 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.

## **8. OUR ACHIEVEMENTS**

- 8.1. We have achieved a great deal over the past 12 months, which is delivering better care for our patients.
- 8.2. This is being recognised externally through nominations and awards. This is welcomed by our staff, for whom it is evidence of recognition and the value they bring, while for our patients it is further confirmation that the care they receive is often among the best in the country.
- 8.3. Attached to this report is a document detailing some of our notable achievements.

## **9. CONCLUSION AND NEXT STEPS**

- 9.1. The Trust is in a very different position to when we last reported to the HOSC, shortly before our CQC inspection.
- 9.2. We have been keen to keep up momentum in our improvement, and ensure that the successes in key areas are maintained and spread throughout the hospital.
- 9.3. 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.
- 9.4. 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.
- 9.5. 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.
- 9.6. 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 recently consulted upon.

- 9.7. We look forward to transforming services for the people of Medway and Swale to ensure they continue to have access to the best of care in their local hospital, and in the community.