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# 2017/18 Achievements and Performance

**LOUISE ASHLEY**

**CHIEF EXECUTIVE**

# About Dartford and Gravesham NHS Trust

- Acute services with over 2000 staff across three main sites – Darent Valley Hospital in Dartford, Queen Mary's Hospital in Sidcup and Elm Court in Dartford
- 463 inpatient beds at Darent Valley Hospital, a PFI hospital
- Provide specialty services at Darent Valley including, day-care surgery, general surgery, trauma, orthopaedics, and cardiology, maternity and general medicine
- At Queen Mary's Hospital we provide day care and short stay inpatient surgery and orthopaedics as well as outpatients and radiology services
- At Elm Court we provide intermediate care for patients transitioning from hospital to home or other care setting
- Serve a population of c.350,000 across Dartford, Gravesham, Swanley, Ebbsfleet and an increasing proportion of Bexley



# Achievements in 2017/18

- Establishment of our service for elderly patients to optimise preparation and recovery post operatively
- Official opening of the Planned Care Centre at Queen Mary's Hospital
- Additional beds opened at Darent Valley Hospital



# Achievements in 2017/18

- Establishment of healthcare alliance with Guys and St Thomas's Hospital
- New gamma camera to improve Nuclear Medicine Service
- The highest (best) 20% of staff recommending the Trust as a place to work or receive treatment and the staffs' ability to contribute towards improvements at work



# Key statistics for 2017/18

39,000+ Emergency Admissions. An increase of 7% from 16/17.

326,000+ Outpatient Attendances. A reduction of 1.2% from 16/17

4,800+ Births. A small reduction 0.8% from 16/17.

41,000+ Elective (Overnight & Day Case) Admissions. A reduction of 2% from 16/17.

104,500 Emergency Attendances. 2.4% increase from 16/17

# Operational and Clinical Performance in 2017/18

- 4 Hour wait in Accident and Emergency – 90% average, below the standard of 95%
- Cancer waiting times – standards were achieved
- Referral to Treatment within 18 weeks – standard was achieved
- C Difficile – 15 cases (5 fewer cases than in 16/17)
- MRSA – 6 cases (1 more case than in 16/17)



# Financial Performance in 2017/18

- The Trust ended the year with a £18.6m deficit – the plan was to deliver a £1.6m surplus
- We delivered a £6.5m savings programme
- Income increased by 1.9% compared to a 10.6% increase in 2016/17
- Costs increased by 7.6%, similar to the increase in 2016/17
- We invested £8.2m of capital funding including £3m for medical equipment, £3.5m for estates and £1.7m for Information, Management and Technology.

# Care Quality Commission Update

**SIOBHAN CALLANAN**

**DIRECTOR OF QUALITY AND NURSING**

# Care Quality Commission Update

CQC visited DGT in November 2017, report was published in March 2018

	Safe	Effective	Caring	Responsive	Well-led	Overall
<u>Darent</u> Valley Hospital	Requires improvement ↓ Mar 2018	Requires improvement ↓ Mar 2018	Good ↔ Mar 2018	Requires improvement ↔ Mar 2018	Requires improvement ↓ Mar 2018	Requires improvement ↔ Mar 2018
Queen Mary's Hospital	Requires improvement Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018
Elm Court Ward	Requires improvement Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Requires improvement Mar 2018	Requires improvement Mar 2018
Overall trust	Requires improvement ↓ 2018	Requires improvement ↓ 2018	Good ↔ 2018	Requires improvement ↔ 2018	Requires improvement ↓ 2018	Requires improvement ↔ 2018

## Quality Improvement Plan

- Clarity about **structures, policy and standards** – with a plan to ensure these are communicated clearly
- Increased **inspection of standards** are being met to ensure high quality patient care
- **Support** for staff to meet standards, but also clarity around **holding to account fairly**
- Ensure **consistent learning** from incidents is shared
- Consistent application of the **Trust's Behaviours** – including support for constructive challenge

# Quality Improvement Plan – Clinical Standards

- Ensuring a consistent high standard of care for patients
  - Adhering to best practice in infection control at all times
  - Following safeguarding practices at all times
  - Improving knowledge of Mental Capacity Act – and applying it
  - Demonstrating high standards of clinical records – consistent and contemporaneous
  - Ensuring confidentiality of clinical notes
  - A focussed and proactive approach to ensuring patient privacy and dignity - single sex bays, time in recovery
- Midwifery
  - Obstetric theatre nurses 24/7
  - Midwife: birth ratios – Birth-rate + review



# Our 5 Priorities For 2018/19

- Organisational development and culture
- Improvements to infection prevention and control
- Compliance to mental health capacity act and safeguarding standards
- Organisation communication including translation services
- Learning from incidents patient complaints and feedback

# Monitoring Our Plan

- Trust leads feedback to monthly Improvement and Implementation Working Group
- Reports to Quality and Safety Committee which reports directly to the Trust Board
- CCG and NHS Improvement monthly challenge and review
- Monthly visits
- CQC engagement visits
- Quality inspections

# Foundation Healthcare Group Update

**SIOBHAN CALLANAN**

**DIRECTOR OF QUALITY AND NURSING**

# Foundation Healthcare Group Update

- NHS England provided funding for the first two years as together with Guy's and St Thomas' NHS Foundation Trust we developed a group model and explored how we could support each other
- We focused on three clinical and three non-clinical workstreams:
  - Paediatrics
  - Cardiology
  - Vascular
  - Governance for group model
  - Information, Management & Technology
  - Location (first year only)
- The three clinical workstreams have now become business as usual
- The group model was approved by the Trust Boards in March 2018 and is now in its “proof-of-concept” year

# Foundation Healthcare Group Update

- Focus for this year is on the following 10 workstreams:
  - Job planning and clinical leads development
  - Education, training and development
  - Leadership
  - Improvement
  - Research
  - Outpatient / digital transformation
  - Queen Mary's Hospital, Sidcup
  - Nursing development
  - Radiology reporting
  - Referral to treatment management best practice
- These workstreams have been resourced and progress is being made
- Next steps include developing: an implementation plan for the five year strategy, a financial strategy and an annual plan for 19/20



# Performance in 2018/19 so far

**LOUISE ASHLEY**

**CHIEF EXECUTIVE**

# Performance 6 months into 18/19

- 4 Hour wait in Accident and Emergency – 89% average, below the standard of 95%
- Cancer waiting times – standards continue to be achieved
- Referral to Treatment within 18 weeks – 91.1%, below the standard of 92%
- C Difficile – 10 cases
- MRSA Bacteraemia – 1 case

# Finance 6 months into 18/19

- Control Total given to the Trust – £5.1m deficit
- This includes the Provider Sustainability Fund (PSF) funding of £5.1m (received quarterly) and is linked to meeting the key performance milestones of A&E and Finance
- Savings programme of £13.3m, to date achieved the plan of £3.8m
- Performance against A&E and Finance are not being met so we are unlikely to continue to receive any of the PSF funding
- Forecast deficit is £20.1m

# What are we doing to improve performance?

- Financial controls in place, reviewed the drivers of the deficit for both the Trust and Dartford, Gravesham and Swanley Clinical Commissioning Group
- Ongoing focus on infection prevention and control
- Ongoing delivery of CQC action plan, updated following October visit
- Providing additional clinics where possible to improve waiting times for outpatient appointments
- Maximising use of Queen Mary's Hospital for surgery
- Working with health and social care providers to reduce A&E attendances and improve discharges

# Questions

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