

# Transformation plan – Better, Best, Brilliant – progress report

## 1. CARE QUALITY COMMISSION REPORT

- 1.1. The CQC published its report into services at the Trust in July 2018 following an inspection of our core service in April and May of this year.
- 1.2. The CQC rated the organisation as ‘requires improvement’. This is the same as last year, when the Trust’s rating was increased from ‘inadequate’ and we exited special measures.
- 1.3. The report highlighted a number of areas of outstanding practice in the care provided at the Trust.
- 1.4. The rating for Surgery at the Trust improved in the caring domain from ‘requires improvement’ to ‘good’.
- 1.5. For the first time the Trust was assessed for its use of resources and was rated ‘inadequate’, reflecting our long-standing financial deficit. We were rated as ‘requires improvement’ in the well-led domain.
- 1.6. We are pleased that despite a very challenging winter we retained our overall ‘requires improvement’ rating. Most importantly of all, we are delighted that the CQC noted our continued and sustained improvements to patient safety in their report.
- 1.7. Our Better, Best, Brilliant improvement programme is already helping us address those areas where we needed more focus. We must now pick up the pace to transform services. We have acknowledged the significant long-standing financial challenges we have and we are working with our partners to address these as part of a system-wide approach.
- 1.8. We have developed an action plan to address the issues raised and identified by the CQC in ‘must do’ and ‘should do’ actions.

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

- 2.1. Work to transform services to create a better patient experience, and to become more efficient and sustainable, continues at pace.
- 2.2. Under the umbrella of ‘Better, Best, Brilliant’ we have launched a number of targeted projects, including a trust-wide programme to address patient flow which includes length of stay. We have a longer length of stay in some areas than other trusts, and

while this is in part due to factors outside our control, there is much we can do to address the issues.

- 2.3. We are focusing on embedding criteria-led discharge, speeding up medicines to take home and ensuring that we are maximising our use of technology in order to work more efficiently.
- 2.4. Our aim is to reduce length of stay by two days over the next eight weeks. This will reduce the occupancy within the hospital, but also free up capacity to support flow in readiness for the winter period
- 2.5. We are also prioritising initiatives within our emergency department to improve performance against the four-hour access target. We are focusing on the root causes of our failure to meet the target including ambulance handovers, ambulant patients, an escalation plan for dealing with a full ED and specialty referrals.
- 2.6. We continue to work on creating efficiencies in line with the Model Hospital which compares hospital data across the country.
- 2.7. We are also reviewing and refining our services as we position ourselves within Kent and Medway as a specialist emergency centre.
- 2.8. At the time of writing this report we are awaiting the announcement of a preferred option for the location of hyper acute stroke units in Kent and Medway. The Trust has made a strong case to be a HASU, with wide support from stakeholders. However, we have made a promise that wherever the HASUs are located, we will continue to do our best for patients, and in the meantime we continue to improve services for stroke patients at the hospital.

### 3. CULTURE

- 3.1. This year we have engaged our staff in redefining the culture of the organisation. This is key to achieving the changes needed to achieve our vision of becoming a brilliant organisation.
- 3.2. We have provided regular opportunities for our staff to share their feedback about working at the Trust.
- 3.3. It's important that we listen to and act on this feedback if we are to truly create the best culture.
- 3.4. We have launched a programme called 'You are the Difference', run by an acclaimed motivational coach who has worked with a number of big brands.
- 3.5. The programme will seek to build upon the passion and commitment of staff as well as addressing issues and behaviours which can hinder them. We are aiming to ensure that at least 2,500 members of staff (and all managers) receive coaching through bespoke workshops and a cultural ambassador programme.

## 4. FINANCE

- 4.1. The Trust has a long-standing financial challenge, and a large deficit. Our control total agreed with our regulators for 2018/19 is £46.8 million.
- 4.2. In order to meet this total we must make savings of £21million this year. We have a financial recovery plan in place to deliver this, but it will not be easy.
- 4.3. We are working closely with our health and social care partners in the Medway health economy and together we are developing a plan to achieve the constitutional performance targets and to return the Medway health system to financial balance within three years.
- 4.4. It is very important that our performance improvements and financial savings go hand in hand – patient safety and quality of care are our top priorities and we will not compromise on them.
- 4.5. We have a shared plan which identifies key priorities for service improvements that will help create a more financially sustainability healthcare system in Medway, covering local care, urgent care, GP improved access, and the transformation of outpatients.
- 4.6. Work has been carried out to understand the drivers of the deficit in Medway so that we can make changes that will address what is a historic structural deficit.
- 4.7. Through this work we know that one of the biggest drivers is inefficiencies in staff skill mix, the average length of stay and overall productivity at the Trust, and these are all covered in our transformation plan, Better, Best, Brilliant.
- 4.8. Through the combined efforts of our improvement plan and the system-wide Medway transformation initiatives we are determined to make the hospital sustainable for the benefit of our local community.

## 5. OUR CONSTITUTIONAL STANDARDS

- 5.1. Our July performance against the four-hour target for patients to be seen, treated and admitted or discharged in our Emergency Department increased to 85.53 per cent (from 80.62 per cent). We expect further improvement once changes as part of our Better, Best, Brilliant improvement plan have been embedded
- 5.2. We are performing well in relation to cancer, with compliance across against all 31 day and 62 day GP referral and screening standards
- 5.3. For surgery the target for the number of people waiting less than 18 weeks from referral to treatment is 82.52 per cent.

## 6. WORKFORCE AND VACANCIES

- 6.1. The Trust continues to build a recruitment pipeline in order to ensure that we have the right number of staff, in the right roles to deliver brilliant care to our patients.
- 6.2. We have a targeted recruitment campaigns to attract local and international nurses.
- 6.3. The Trust's nursing recruitment campaigns, including local, national and international, have delivered a total of 383 candidates to date.
- 6.4. Thanks to our in-house bank, July's agency spend has reduced to its lowest level in more than four years.

## **7. CHANGES TO THE EXECUTIVE TEAM**

- 7.1. There have been some changes to the Executive Team. Firstly, Dr Diana Hamilton-Fairley has moved from her role as Medical Director to take up a new position at the Trust as the Director of Strategy. Thanks to Diana and her brilliant work as MD since she joined us from Guy's and St Thomas' NHS Foundation Trust, we have become a much safer organisation. This is in no small part down to her inspiring leadership and her unwavering commitment to improving quality and safety for our patients.
- 7.2. Diana will work alongside James Lowell who has moved from his role as Director of Clinical Operations for Unplanned and Integrated Care, to become Director of Planning and Partnerships.
- 7.3. Dr David Sulch, a very experienced stroke consultant, has stepped into the Medical Director role as an interim replacement for Diana while we seek to appoint a permanent Medical Director.
- 7.4. Additionally, our Director of Finance and Business Services, Tracey Cotterill, has decided to step down from her role and will leave the Trust in the autumn. We do have in place some transition arrangements and have begun recruitment to the role.

## **8. EMPLOYER WITH HEART CHARTER**

- 8.1. We are proud to announce that we have become the first NHS Trust in England to sign up to the Smallest Things 'Employer with Heart' Charter, pledging our commitment to support the needs of premature babies and their families.

- 8.2. Current NHS terms and conditions afford new mums whose baby has been born prematurely to split their maternity leave, allowing them to take two weeks' leave immediately after childbirth, and the rest following their baby's discharge from hospital. One in eight babies is born prematurely and subsequently parents have a reduced time to bond with their baby. The period from birth to discharge for babies born prematurely is typically several weeks, or even months.
- 8.3. The Trust has therefore taken the step to support new mums in this period by committing to ensure they receive their normal pay up until the point that their maternity pay commences.

## 9. NHS70

- 9.1. The celebrations held at the hospital to celebrate NHS 70 in July provided an opportunity to engage with our community and patients and for staff to express a sense of pride and team spirit.
- 9.2. The summer fair on 7 July was a tremendous success with staff and local residents taking part. The event provided an opportunity for us to showcase a number of our services to the community and raised more than £2,500 for the hospital charity.