18 Month Improvement Plan (ending 30 April 2016)

Contents

1) Context

2) The High Level Plan, Deliverables and Timings

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#### Context

- Over the past 4 months, overseen by a new Chair, Medway has implemented the top level organisation structure recommended by UHB. A new Executive Team has been substantially recruited (4 executives appointed) in a short period of time and the next level of the structure is in the process of implementation;
- The new Executive Team has assessed the current position of the Trust and has commenced the process of developing an 18 month plan covering the period 1<sup>st</sup> February 2015 until 30<sup>th</sup> April 2016. In constructing this plan, the Executive Team has a shared assessment of the position:

Assessment	Description
The key to sustainably fixing the issues (clinical, operational) currently faced is a stable, substantive, competent, workforce	<ul> <li>Medway currently has a significant vacancy factor (c.150 WTE), particularly in nursing and junior doctors and in specific areas (e.g. medical wards, A&amp;E). As a result, there is a significant reliance on agency staff (c£24m annual cost) to provide care, as well as many unfilled shifts</li> <li>There is a need to ensure consistent staff policies across the Trust (e.g. training and development, remuneration) to improve recruitment and retention</li> <li>While the Executive believe that this issue can be fixed, it will take time and will require a sustained, consistent effort</li> </ul>
A complete operating framework and governance infrastructure needs to be built under the new Executive team with proper emphasis on data quality	<ul> <li>The operating framework, governance infrastructure and quality of data at Medway has fallen into a state of disrepair over many years</li> <li>There is a need to rebuild the organisational structures below the executive team so that there is an effective operating structure with capable management in place</li> <li>There is a need to enforce a disciplined decision making process with clear understanding of delegated levels of authority (good corporate governance)</li> <li>A culture of ownership and accountability needs to be built throughout the organisation with control over the production and use of data</li> </ul>
3. The issues on the acute site at Medway are closely linked to the wider local healthcare economy. Medway's plan needs to take a wider view of the health economy	<ul> <li>Many of the issues that currently present on the Medway acute site are closely linked to the provision of care in the community and the integration of those services with acute services</li> <li>In line with the "Five Year Forward View" recently presented by NHS Chief Executive, Simon Stevens, an integrated acute and primary care provider model is likely to prove an effective means of improving the overall quality of care in Medway as well as providing a financially sustainable model within the context of the local health economy</li> </ul>

# 18 Month Improvement Plan (ending 30 April 2016)

Key Workstreams and Progress Planned over 18 Months

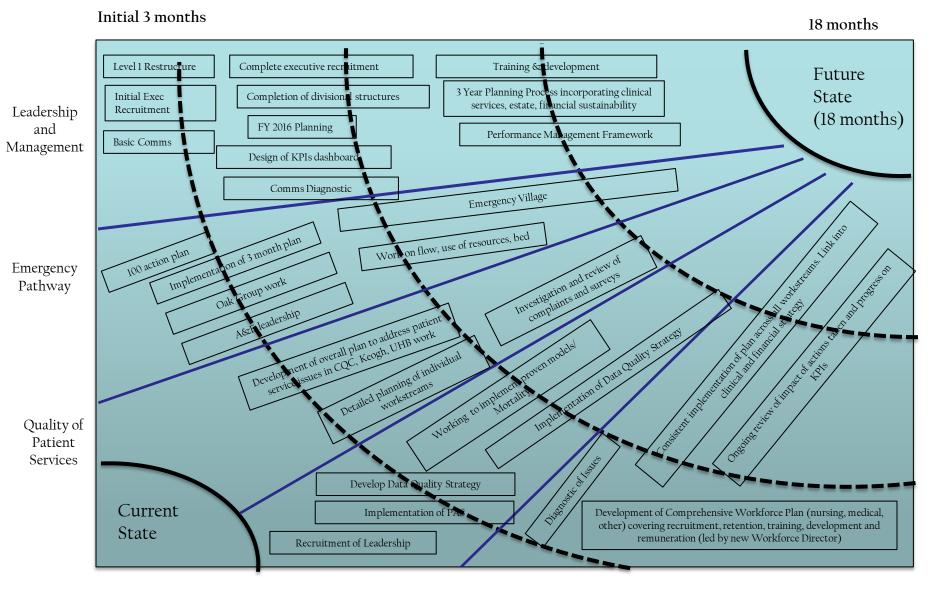
Workstream	Long Term Objectives	<b>Current State</b>	Future State (18 months)
Leadership and Management	<ul> <li>Constructing a stable, permanent, competent executive and management team with appropriate clinical leadership</li> <li>Having a clear strategic direction that is "owned" by the organisation and includes: (i) a clinical services strategy (ii) an estates strategy (iii) a route to financial sustainability</li> <li>Appropriate information to enable data led decision making</li> <li>A clear and well understood decision making process adhered to in a disciplined manner</li> <li>An effective communications strategy that provides confidence to the local population and key stakeholders</li> <li>Well communicated and embedded visions/ values / culture</li> </ul>	<ul> <li>Progress made on "level 1" executive team and divisional leadership team over last 6 months (Chair, COO, CIO, Workforce, Divisions)</li> <li>Significant work to do to build Level 2 management teams within divisions and clinical leadership</li> <li>New PAS being implemented February 2015. Design and production of quality management information still a significant way away</li> <li>Lack of discipline and process in decision making</li> <li>Some progress made on internal communications. Chair and executive team far more visible in organisation. Additional work on communications structure and strategy required</li> <li>Lack of clarity around vison/ values/ culture (not well understood or communicated)</li> </ul>	<ul> <li>A stable, permanent, competent executive and management team in place with appropriate clinical leadership (with the emphasis on a coherent team)</li> <li>A comprehensive strategic plan that covers clinical services, estates and has a route through to financial sustainability</li> <li>Demonstrable progress on financial position</li> <li>Significantly improved management information provided to management and Board on regular basis used to make evidence based decisions</li> <li>Improvements in key survey results and improved stakeholder confidence in Medway as a provider</li> </ul>
2. Emergency Pathway	<ul> <li>Consistently meeting the 95% A&amp;E target</li> <li>An appropriate medical and surgical bed base with occupancy consistently below 95%</li> <li>An emergency pathway that does not inhibit the efficient and safe provision of elective activity</li> <li>Working closely with community services and commissioners to ensure that patients are treated in the best appropriate setting</li> </ul>	<ul> <li>Significant progress made on engaging clinicians and on undertaking Phase 1 of the Emergency Village</li> <li>A&amp;E performance significantly short of target</li> <li>Inappropriate bed base which is consistently 100% + occupied (with overflow areas and outliers)</li> <li>Significant issues in linking with community services with the result that acute site is overwhelmed with medical patients</li> </ul>	<ul> <li>Emergency Village (Phase 1) complete. Phase 2 progressed and clear estates strategy which supports clinical strategy</li> <li>95% A&amp;E target consistently met</li> <li>Bed occupancy consistently below 90%</li> <li>Significant progress on building "Integrated Care Organisation" (based on 5 year forward view). Serious pitch for MCS</li> </ul>

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Workstreams	Long Term Objectives	<b>Current State</b>	Future State (18 months)
3. Quality of Patient Services	<ul> <li>To meet CQC standards across all categories</li> <li>To meet national targets for all services provided</li> <li>To be best quartile for all relevant indicators (e.g. HSMR, sepsis, etc)</li> <li>Effective use of technology (including digital solutions) to ensure safe and high quality care</li> </ul>	<ul> <li>"Special Measures" Keogh Trust (July 2013)</li> <li>Not meeting CQC standards on several visits (Emergency Department; Surgery; Wards)</li> <li>Outstanding actions from Keogh, CQC</li> </ul>	<ul> <li>An improvement in CQC ratings to a minimum of "adequate"</li> <li>To meet major national targets for all services provided</li> <li>Improvement in key quality indicators</li> </ul>
4. Data Quality and Governance	<ul> <li>Ensure that clinical governance systems and processes are robust so that the Board can be assured as to the quality of patient care</li> <li>Robust evidence of clinical governance systems and processes</li> <li>High standards of data quality and consistent use of data and information in managing and delivering patient care</li> </ul>	<ul> <li>Evidence of gaps in clinical governance systems and processes</li> <li>Inconsistent reporting and actioning of risks/ errors</li> <li>Poor data quality and lack of governance and leadership</li> </ul>	Significant progress on clinical governance systems and processes under Director of Corporate Affairs, working with Medical Director and Nursing Director
5. Workforce	<ul> <li>A well trained, substantive nursing workforce with low levels of turnover</li> <li>A well trained, substantive medical workforce with low levels of turnover</li> <li>A well trained, substantive workforce in all other areas</li> <li>A sought after employer for high calibre clinical and non clinical staff</li> <li>A well educated and educating organisation</li> </ul>	<ul> <li>Significant nursing vacancies, high turnover rates, high agency usage and inconsistent evidence of training</li> <li>Poor fill of junior doctor rotas, high agency usage</li> <li>Little evidence of performance management and development through the organisation</li> </ul>	<ul> <li>Significant delivery against a clear workforce plan that picks up:         <ul> <li>Recruitment</li> <li>Retention</li> <li>Remuneration</li> <li>Training</li> <li>Staff Policies</li> <li>Performance management</li> </ul> </li> <li>Clear progress against KPIs to be delivered</li> </ul>

#### High Level Schematic



Workforce