

### Health & Adult Social Care O&S Committee

Date: 17 March 2016

#### UPDATE ON CARE QUALITY COMMISSION (CQC) INSPECTION

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##### Summary:

This report seeks to inform the Health & Adult Social Care O&S Committee of the main CQC findings detailed within the CQC's Quality Report (published on 7 January 2016 and attached for reference) following its Comprehensive Inspection of Medway NHS Foundation Trust during August and September 2015. This report also describes the Trust's response.

##### Background

Medway NHS Foundation Trust (MFT) has been in special measures since July 2013. Subsequently, in July 2014 the Care Quality Commission (CQC) published its inspection report on MFT which rated the Trust as "Inadequate" overall.

In the intervening period, and despite the Trust's substantial efforts to improve the care of patients, there has not been a sustainable improvement in patient reported outcomes and experience. The most recent CQC inspection findings (from inspections undertaken in August and unannounced visits in September 2015), which MFT accepts, continue to highlight significant concerns about patient safety and the Trust's ability to have a plan that would deliver enough improvement to deliver the care and safety needed to exit special measures.

The MFT Board agreed an 18-month recovery plan in November 2014. In addition, Guys and St. Thomas NHS Foundation Trust (GSTT) were asked to explore ways in which they could support MFT to improve on key indicators. In March 2015 GSTT, MFT and Monitor signed a tripartite agreement governing the provision of expertise to MFT to further support recovery.







In late 2015, in order to improve the pace of change and to effect greater control over the recovery process, MFT Board agreed that the various improvement work-streams underway (18-month plan, GSTT work-streams and specific remedial actions following the previous CQC report) be combined together into a single programme of work (MFT's current Recovery Programme). This programme would be supported by personnel with an appropriate skill set including from within MFT and GSTT.

This programme of work is now being progressed within a delivery and governance structure that will ensure regular and effective collection and analysis of data and regular reports.

## CQC's Findings










The Care Quality Commission Quality Report was published on the 7<sup>th</sup> January 2016 which identified the overarching rating for the Trust as 'Inadequate'.

### Ratings

<b>Overall rating for this trust</b>	<b>Inadequate</b>	
Are services at this trust safe?	<b>Inadequate</b>	
Are services at this trust effective?	<b>Requires improvement</b>	
Are services at this trust caring?	<b>Good</b>	
Are services at this trust responsive?	<b>Inadequate</b>	
Are services at this trust well-led?	<b>Inadequate</b>	

In addition to an overarching Trust level rating, each of the eight core services inspected received the following ratings:

### Ratings

<b>Overall rating for this hospital</b>	<b>Inadequate</b>	
Urgent and emergency services	<b>Inadequate</b>	
Medical care	<b>Inadequate</b>	
Surgery	<b>Inadequate</b>	
Critical care	<b>Requires improvement</b>	
Maternity and gynaecology	<b>Good</b>	
Services for children and young people	<b>Good</b>	
End of life care	<b>Requires improvement</b>	
Outpatients and diagnostic imaging	<b>Inadequate</b>	

## Quality Summit

We cannot improve the hospital without the support from a whole range of partners. In this context, it was very helpful that the day after the report, the CQC hosted a Quality Summit which brought together representatives from the Trust, other regulatory bodies and a range of other stakeholders, including Medway Council.

Over 90 people attended the summit. In round table sessions, those present explored the key challenges facing the Trust, and the ways in which they can support us to address these. Everyone present made a pledge around the action they would take.

The event was extremely positive – although everyone recognised the scale of the work needed in improving the hospital, all participants committed to working with us to bring about the changes that are needed.

In presenting his summary of the key findings, Professor Sir Mike Richards did however report that the CQC saw several areas of improvement and outstanding practice including:

- The orthotics department, which had also been identified by NHS England as a service to benchmark against, because of the waiting times (90% of all patients seen the same day or next day).
- The maternity team for the multidisciplinary teamwork in providing support for women identified in the antenatal period as requiring an elective caesarean section.
- The Oliver Fisher Neonatal Unit

The report also identifies several examples of good practice:-

- The Intensive and Surgical High Dependency Care Units
- The leadership of the outpatient nursing team
- Overall, that our staff were caring and supportive with patients and those close to them, and that staff responded with compassion to patients in pain and to other fundamental needs.
- Staff treated patients with dignity and respect and people felt supported and cared for as a result.

## Our improvement plan

We submitted our improvement plan to the CQC on 8 February. It is centred around six key public commitments:

- Modernising our Emergency Department, reducing the time it takes for patients to be seen and assessed
- Improving patient safety and care by minimising the number of different doctors that patients see during their stay in hospital
- Accelerating our recruitment drive to bring in the right people with the right skills. This will ensure consistent high quality care by reducing our dependency on interims and agency staff
- Continuing to improve our corporate and clinical governance, which will support both safe and high quality patient care and a productive working culture for staff
- Improving care for patients with cancer, reducing waiting times, replacing our scanners and providing additional clinic appointments for patients to see specialists
- Working closely with our healthcare partners to ensure patients receive the right care in the community, when they are ready to leave hospital. This will free up beds for people coming into the hospital.

These key commitments are being delivered through a series of priority projects as described below:

Project	Key Objectives
Deteriorating Patient	To ensure deteriorating patients will be recognised and responded to appropriately thus reducing avoidable deterioration.
Medical Model	Redesign medical model to ensure continuity of care for patients and limiting the number of consultant episodes for each patient.
Emergency Pathway	Establish a redesigned Emergency Pathway that better enables flow through the hospital in a sustainable manner thereby achieving quality patient care.
RTT	Introduce a revised system of referral to follow up appointment that is efficient, trusted and that meets all national targets.
Workforce	Recruit, retain and reward a substantive, competent workforce.
Clinical Governance	Establish a set of clinical governance processes and structures that can assure a constant improvement in the quality of patient care.
Corporate Governance	Implementation of a best-practice corporate governance framework.

As noted previously, we have put in place a specialist team, mainly drawn from colleagues already working within the Trust and from our buddy Trust, GSTT, to co-ordinate and drive the plan, and the team has made a good start in mobilising and engaging staff to generate the improvements needed. It is critical that our staff are fully engaged to generate the improvements needed.

The plan is underpinned by a range of Key Performance Indicators which we have agreed with the CQC, including average length of stay in the hospital, mortality rates and time spent in the emergency department before being seen.

### Status of our improvement plan

The improvement plan is being supported by a Programme Management Office (PMO). The PMO was mobilised in late January and all key personnel needed to operate the PMO are now in position. Some highlights regarding the status of some of the key elements of the recovery plan include:

Project	Key Objectives
Deteriorating Patient	Improved cardiac arrest processes being put in place March 2016; New Hospital at Night model being developed; Improved overnight board round processes being implemented.
Medical Model	Model goes live in mid-March 2016; implementation planning at advanced stage.
Emergency Pathway	New initial assessment model (triage) goes live 22 February; interviews underway for 3 registrars and 2 consultants.
RTT	Cancer wait times improving; dermatology wait times improving; ongoing focus on clinical oversight of patient treatment lists; additional outsourcing planned (endoscopy, orthopaedics).
Workforce	In-house staff bank being launched late March to reduce reliance on agency staff and enhance patient care and safety; accelerated recruitment programme for business critical posts (including key nursing posts).

## **Next steps**

Following the Quality Summit, Chief Inspector of Hospitals Professor Sir Mike Richards wrote to the Health Secretary, Jeremy Hunt, informing him that the Trust would remain in special measures for a further three months, that he was impressed by the progress that we were making but added that he would be monitoring our progress closely during this period. Whilst we are not expecting a re-inspection during this period, Professor Sir Mike Richards has stated that he will provide further advice to the Secretary of State regarding our progress. A copy of the letter from the Care Quality Commission to the Health Secretary, Jeremy Hunt, is attached as Appendix 2.