

Improvement plan – Better, Best, Brilliant – progress report 22 August

1. EXECUTIVE SUMMARY

- 1.1. The CQC published a report in March 2017 of the findings from their comprehensive inspection of Medway NHS Foundation Trust in November 2016.
- 1.2. The report recognised significant improvements since the previous inspection, with the overall rating moving from 'inadequate' to 'requires improvement, and a reduction in the number of 'must do' actions – 16 instead of 46 identified in the 2015 report. There were also 20 'should do' actions, whereas there had been 25 in the earlier report.
- 1.3. Many areas received a 'good' rating, and for maternity and gynaecology there was an 'outstanding' in the 'caring' domain.
- 1.4. The CQC singled out a number of areas for praise, such as the frailty pathway, Abigail's Place, the STOMP project and critical care research portfolio.
- 1.5. There were other areas that were highlighted as requiring further attention, and the Trust is already working to improve them.
- 1.6. As a result of the improved report, NHS Improvement removed the Trust from special measures.
- 1.7. While appreciating that there is still more work to do, the Trust was delighted that improvements had been acknowledged, a tribute to the hard work and determination of many staff who were, and continue to be, committed to raising standards at the hospital for the benefit of patients.
- 1.8. Following the report, we developed a CQC improvement plan to address the areas identified in the report as requiring more attention.
- 1.9. We also launched a Trust-wide improvement plan called Better, Best, Brilliant, building on two previous phases of recovery. Delivery is now well underway.

2. CQC IMPROVEMENT PLAN

- 2.1 In response to the report, the Trust developed a CQC Improvement Plan which is monitored and the evidence quality assured at the Trust Quality Improvement Group, thereby providing greater assurance on the completeness of the actions.
- 2.2. The coding applied to the progression of actions on the plan is based on a BRAG rating where Blue indicates that an action has been completed and there is evidence that the action is embedded in daily practice; Green indicates that an action is on

track to deliver on time; an Amber rating is applied where the action is off track and plans are being put in place to mitigate the delay and that the action is expected to return to the planned delivery date. A coding of Red indicates that the action is off track and is unrecoverable against the current timescale and therefore requires a re-plan, although in some cases the action is Red as evidence has not yet been provided.

- 2.3 Each action has an Executive lead who is accountable for overseeing the delivery of the action and an Operational lead who is responsible for implementing the agreed action.
- 2.4 Some actions are codependent on other plans, for example the Trust has put in place an intense plan to improve patient flow, which should in turn have a positive impact on some of the actions, for example mixed sex accommodation (MD01).

3 PROGRESS AGAINST THE CQC IMPROVEMENT PLAN ‘MUST DO’ ACTIONS

3.1 The current status ‘at a glance’ is shown at table 1 below.

	Blue (Closed)	Green	Amber	Red
Must Dos (16)	5	1	4	6

Table 1

3.2 Table 2 below provides the latest position for each of the Must Dos.

Table 2

Action	Recommendation	Has evidence been submitted?	Is the evidence sufficient to close the action?	Additional Comments/	Current rating
MD01	The Trust must ensure people using services should not have to share sleeping accommodation with others of the opposite sex.	No	No	Returned to amber pending data validation. The Trust is engaged with the NHS England (NHSE) workgroup regarding MSA. Generally compliance is improving with the recent focus on flow via the Clinical Coordination Centre	Amber
	All staff to be trained and clear of the regulation regarding same sex accommodation.	No	No	Amended to amber as staff awareness is being raised via CCC meetings and working with NHSE as above.	Amber
MD02	Ensure the consultant cover in the emergency department meets the minimum requirements of 16 hours per day, as established by the Royal College of Emergency Medicine.	No	No	Business case not yet finalised due to be ready in early August at which point it can be shared. This is recorded on the EMP risk register.	Red
MD03	Ensure that an appropriate policy is in place ensuring that patients transferred to the diagnostic imaging department from the emergency department are accompanied by an appropriate medical professional	Policy only	No	Awaiting findings from audit that was planned to take place in April 2017	Red
MD04	Ensure the intensive care unit meets the minimum staffing requirements of the Intensive Care Society, including in the provision of a	No	No	Awaiting copy of rotas for evidence	Red

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Action	Recommendation	Has evidence been submitted?	Is the evidence sufficient to close the action?	Additional Comments/	Current rating
	supernumerary nurse in charge.				
MD05	Ensure staffing levels in the CCU maintain a nurse to patient 1:2 ratio	No	No	Twilight shift now established but need the staff rota as evidence.	Red
MD06	Ensure that all staff receive an annual appraisal (achievement review).	Partial	No	ACCD 75% CSD 78% F&CSS 85.94% (downward trend as at 05/06/17)	Red
MD07	<p>Ensure that staff have appropriate mandatory training, with particular reference to adult safeguarding level two and children safeguarding level two where compliance was below the hospital target of 80%.</p> <p>Ensure all staff working in recovery main theatres and nursing staff looking after children (including in recovery) on Sunderland day unit have Safeguarding Level three training in line with the 'intercollegiate document, safeguarding children and young people: role and competences for health care staff, March 2014'.</p>	Deadline for action completion is 30/07/17	N/A	Role profiles reset to reflect the level of training expected. This has dropped our compliance rate however plans have been put in place to reflect this drop.	Green
MD08	Ensure all staff clean their hands at the point of care in accordance with the WHO 'five moments for hand hygiene'.	Yes	Yes	National Hand Hygiene (HH) and Trust HH campaign awareness during May 2017. All directorates HH audit for May 99% or above and Trust score for June =	Blue

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Action	Recommendation	Has evidence been submitted?	Is the evidence sufficient to close the action?	Additional Comments/	Current rating
				95%. Director of Nursing and Senior Team conduct spot audits.	
MD09	Ensure compliance with recommendations when isolating patients with healthcare associated infections.	No	No	Action plans in place /compliance being audited. Non- compliance escalated to Programme Boards. Awaiting outcomes from audits.	Amber
MD10	Ensure clinical areas are maintained in a clean and hygienic state, and the monitoring of cleaning standards falls in line with national guidance.	Yes	Yes	Weekly, monthly and quarterly cleaning scores audits (which cover housekeeping, estates and nursing issues) is issued to all matrons, general managers and ward sisters/ dept. heads. Where compliance is below the target, the area is re-audited 2-3 days later. Propose to close action as this is well governed and is an on-going action.	Blue
MD11	Ensure flooring within the services for children and young people is intact in accordance with Department of Health's Health Building Note 00-09.	No	No	Deadline for action completion was 30/06/17. Environment audit completed. Awaiting outcome of GM and estates review. Rating changed from green to amber as passed deadline date.	Amber
MD12	Review the provision for children in the recovery area of theatres and Sunderland Day Unit to ensure compliance with the Royal College of Surgeons, standards for children's surgery.	Yes	Yes	Images of screens shared with CQC to consider if the screens provide sufficient separation between children and adults. CQC Inspector has taken specialist advice and confirmed this is sufficient to close this action.	Blue
MD13	Ensure staff record medicine fridge temperatures daily to ensure	No	No	Awaiting evidence	Red

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Action	Recommendation	Has evidence been submitted?	Is the evidence sufficient to close the action?	Additional Comments/	Current rating
	medicines remain safe (Fridges ED)				
MD14	Ensure fire safety is a priority. (Although the Trust has taken steps to make improvements the CQC found some areas where fire safety and staff understanding needed to be improved).	Yes	Yes	Fire Plan presented to Fire, Health and Safety Group quarterly and is on track for all deadlines and is externally reviewed by the KFRS quarterly. As the plan will take until 31/12/2020 to complete and is well governed, a Blue rating has been applied.	Blue
MD15	Take action to ensure emergency equipment (including drugs) is appropriately checked and maintained (Minors ED).	Yes	Yes		Blue
MD16	Ensure end of life (EoLC) patients have face-to-face access to EoLC or palliative care services seven days a week.	No	No	Awaiting business case	Amber

4 TRUST-WIDE IMPROVEMENT PROGRAMME – BETTER, BEST, BRILLIANT

4.1 Better, Best, Brilliant is our improvement programme to help build upon our significant progress over the last few years and deliver our strategy to achieve ‘brilliant’.

4.2 Thirteen workstreams sit beneath our four strategic objectives:

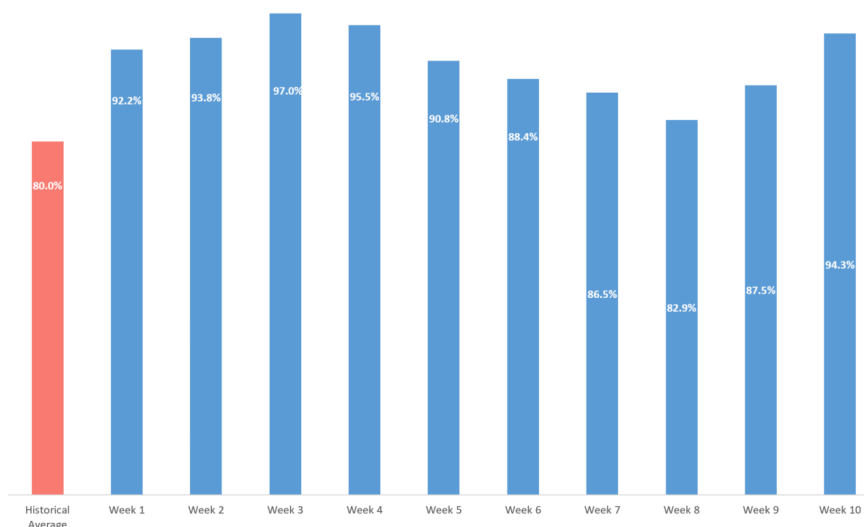
- Integrated healthcare
- Innovation
- People
- Financial stability.



4.3 We have instigated ‘sprint’ programmes to achieve rapid progress in patient flow, workforce, digital and financial recovery. These areas have already seen significant improvements.

5 IMPROVING PATIENT FLOW

- 5.1 Our four-hour Emergency Department performance, as in so many hospitals, was falling far short of the 95 per cent required nationally.
- 5.2 This was due to a combination of factors, including high demand, staffing and failure to discharge medically-fit patients in a timely way to make the best use of beds, and achieve flow through the hospital.
- 5.3 In order to improve the experience for our patients, we needed to quickly increase the number of patients being seen, treated and admitted or discharged from our Emergency Department within four hours.
- 5.4 From mid-May, based on a root-cause analysis, we implemented five major changes to improve flow:
- Front door – streaming to ensure patients receive treatment in the appropriate setting and to increase the number of patients streamed away (eg to MedOCC)
 - Emergency Department – moved clerking for medical/surgical patients to medical assessment area to reduce crowding in ED
 - Short-stay – Lister ward was allocated as a 24-hour acute medical unit to increase flow in the evening
 - Ward discharge – increased use, resourcing and opening hours of the Discharge Lounge so that it becomes the default option for patient discharges
 - Culture change – made changes to the running of the Clinical Co-ordination Centre so that required actions could be identified quickly to remove delays and identify sustainable changes.
- 5.5 This led to immediate improvements. Although there have been challenges, and improvement dropped again, it has now improved again.



6 WORKFORCE AND VACANCIES

- 6.1 The Trust has traditionally suffered from high levels of vacancies, leading to pressures at times of high demand, and an over-reliance on agency staff. This is a reflection of both national and local challenges.
- 6.2 Nurse recruitment and temporary staffing were identified as two core workforce risks. Recognising the importance of a stable and sustainable workforce, one of our improvement plan projects is focused on recruitment, talent management, retention, and seven-day working.
- 6.3 We have been pleased to see a decreasing vacancy rate over a 12-month period. At one point it reached over 18 per cent. By May this year it was 15 per cent, with a steady downward trajectory.
- 6.4 We have also achieved a reduction in agency spend from a high of 21 per cent, to just five per cent in June 2017. At the same time, we have developed our own staff bank to provide staffing flexibility at an affordable cost.
- 6.5 Our recruitment strategy takes in UK, EU and overseas activity.
- 6.6 International campaigns in both Europe and the Philippines are proving successful. In March job offers were made to 241 Filipino nurses, and 176 of these are now being processed with a view to the first cohort arriving towards the end of the year. Meanwhile 15 European nurses started work at the Trust in July, with a further 14 due to join us in October.
- 6.7 The Trust is also taking part in a collaborative regional procurement for international nurse recruitment as part of the Kent and Medway STP.
- 6.8 The Medical Staffing team has engaged recruitment agencies to recruit to hard-to-fill medical posts, and this is proving fruitful. We are also advertising directly in European medical journals in Greece, Netherlands and Germany.
- 6.9 Our recruitment strategy encompasses a range of tactics, including:
- Attending national conferences and recruitment fairs with the aim of attracting the best candidates and promoting the Trust as an employer of choice both locally and nationally
 - Weekly nurse assessment days
 - Open days planned throughout 2017/18
 - Plan to convert 'long-term' bank and agency workers to substantive
 - Assimilating newly qualified nurses into post
 - Nurse recruitment incentive schemes
 - A welcome and support package to support new recruits

6.10 To improve retention rates, and ensure we develop our staff to be the leaders of the future, we have introduced a leadership development programme to support all staff groups. In addition, we have a high quality leadership pipeline for the top 20 critical roles. We have also increased the number of apprentices working at the Trust.

7 FINANCIAL RECOVERY

- 7.1 We have a planned deficit of £37.8million. This is an improvement on last year's deficit which was £42.9million, and 2015/16 when it was £52.5million.
- 7.2 Although we are reducing the deficit year on year, we need to do more to bring the Trust to a position of financial sustainability.
- 7.3 We have therefore developed a Financial Recovery Plan, and are working with our clinical directorates to deliver a range of cost improvements. We are also working to implement the recommendations of the 2016 Carter Review. This developed a 'model hospital' to advise NHS trusts on the most efficient allocation of resources, and allows hospitals to measure performance against other trusts, removing unwarranted variation.
- 7.4 We are also actively engaged in the Kent and Medway Sustainability and Transformation Partnership, through which we will deliver improved services for patients in a cost effective way.
- 7.5 We have set ourselves a cost improvement target of £12.6million for the current financial year. So far we are on target.
- 7.6 However, the current levels of clinical income being identified via the Trust systems for months one and two are lower than would be expected based on the 2017/18 planning. The reasons for this are currently being investigated to ensure that we are correctly capturing all activity, as a reduction in income would represent a risk for the Trust.
- 7.7 The majority of the Trust's income is directly related to patient care and comes from Clinical Commissioning Groups and NHS England – a total of 86 per cent.
- 7.8 As part of our Better, Best, Brilliant improvement plan, we have launched a focused piece of work to identify areas of opportunity through rigorous analysis of: Carter (model hospital), activity coding and reporting, service line reporting, and through benchmarking against other trusts to inform the financial recovery plan.
- 7.9 We are engaging our staff in identifying savings, while still concentrating on quality of care. We have already worked with senior managers to consider how we can identify savings, and we will be broadening this out to other staff through a workshop in early September, so that financial stewardship is seen as something everyone can play a part in.

8 CONCLUSION AND NEXT STEPS

- 8.1 We are building on the improvements recognised by the CQC in its report, to ensure the quality of care at the Trust is constantly improving, and the experience of our patients is better.
- 8.2 Our staff were pleased that our achievements were recognised with an improved CQC rating and the removal from special measures. However, we all recognise there is more to do. We have moved from 'better' towards 'best', and are now aiming for 'brilliant'.
- 8.3 We will continue to implement our improvement programme, and work with colleagues across the health and care system as we strive to deliver the best of care through the best of people.