

# 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

### Improvement projects

- 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. At the time of writing we are finalising plans for a new Acute Frailty Unit in Sapphire Ward, led by Dr Sanjay Suman, who is a specialist in elderly medicine. This will ensure some patients who would benefit from being in a frailty ward will be admitted more quickly and have appropriate specialists on hand.

#### Service reviews

- 2.7. We continue to work on creating efficiencies in line with the Model Hospital which compares hospital data across the country.
- 2.8. We are also reviewing and refining our services as we position ourselves within Kent and Medway as a specialist emergency centre.
- 2.9. It is important to identify which services need to be provided in an acute hospital, and which are better for patients in a different setting, such as within primary care or within community-based services.
- 2.10. Some services, which are better provided in a community setting rather than in hospital, will not be provided by Medway NHS Foundation Trust in future.
- 2.11. We believe that some services would be better provided elsewhere, rather than in hospital, and we are therefore working with commissioners to redesign or transfer these services in future.
- 2.12. We will work with patients and commissioners to ensure that continuity of care for our patients is maintained through any service change.
- 2.13. We will continue to keep members of the HASC updated on progress.

#### Stroke and vascular services

- 2.14. As members will be aware, a preferred option for the location of hyper acute stroke units in Kent was announced in September.

- 2.15. The Trust was very disappointed not to be included in the preferred option, which identifies Darent Valley, Maidstone and William Harvey hospitals as the three HASU sites.
- 2.16. We felt we had made a strong case to be a HASU, with wide support from stakeholders. However, we believe that HASUs will save lives and reduce disability from stroke, wherever they are located, and therefore will support the development of the units and transfer of services.
- 2.17. We will continue to do our best for stroke patients, and are continuing to improve services at the hospital now, with a view to transferring an excellent service when the time comes.
- 2.18. It has also been announced that Kent and Canterbury Hospital will become an arterial centre for vascular services, with Medway becoming a non-arterial centre.
- 2.19. The review of vascular services has taken place over several years, with patient engagement throughout.
- 2.20. We support the establishment of an arterial centre in east Kent; it is important that a model is agreed and implemented to improve services for vascular patients. The decision to locate it in Canterbury is an interim solution, as discussions about the future configuration of services in east Kent is still under discussion.

#### Transformation Board

- 2.21. Medway has a Transformation Board comprising senior leaders from the CCG, Medway NHS Foundation Trust, Medway Community Healthcare and Medway Council.
- 2.22. This is a strategic board that meets fortnightly to ensure a joined-up approach to transformation across the health and social care system.
- 2.23. The Transformation Board is proving beneficial in ensuring all partners are aware of each other's plans and challenges, with a view to finding shared solutions that benefit our communities.

### **3. AMBULANCE HANDOVERS**

- 3.1. Medway was the best performing Emergency Department in the region for ambulance handover during 2016/7.
- 3.2. However, during the last year we have struggled to maintain this performance due to an increase in presentations to the ED, along with increased waits for patients to be seen, treated and admitted or discharged.
- 3.3. As part of our improvement programme we have recently been focusing on our emergency pathway, and we are already seeing tangible evidence of improvement both to practice and performance.

- 3.4. In August we introduced a new escalation process to ensure that patients under the care of specialist teams were transferred under protocol directly to their assessment areas in the morning.
- 3.5. This created additional space in the ED, and from day one this had a dramatic effect on reducing 30-minute and one-hour breaches of the ambulance standard.
- 3.6. This, combined with other internal changes to process and linked to our Better, Best, Brilliant transformation plan, mean we continue to improve our ambulance handover time.
- 3.7. The opening of our new Rapid Assessment Unit in the extended ED, anticipated for November, will further assist us in returning to the handover performance we achieved in the past.

## 4. CULTURE

- 4.1. 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.
- 4.2. We have provided regular opportunities for our staff to share their feedback about working at the Trust.
- 4.3. It's important that we listen to and act on this feedback if we are to truly create the best culture.
- 4.4. 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.
- 4.5. 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.

## 5. FINANCE

- 5.1. 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.
- 5.2. 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.
- 5.3. 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.

- 5.4. 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.
- 5.5. 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.
- 5.6. 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.
- 5.7. 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.
- 5.8. 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.

## 6. OUR CONSTITUTIONAL STANDARDS

- 6.1. 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.
- 6.2. We are performing well in relation to cancer, with compliance across against all 31 day and 62 day GP referral and screening standards
- 6.3. For surgery the target for the number of people waiting less than 18 weeks from referral to treatment is 81.81 per cent.

## 7. WORKFORCE AND VACANCIES

- 7.1. 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.
- 7.2. We have a targeted recruitment campaigns to attract local and international nurses.
- 7.3. The Trust's nursing recruitment campaigns, including local, national and international, have delivered a total of 383 candidates to date.
- 7.4. Thanks to our in-house bank, August's agency spend has reduced to its lowest level in more than four years.

## 8. STAFF SURVEY RESULTS

8.1 The Medway National Staff Survey 2017 took place between October and December 2017 and was conducted by the independent survey contractor, Quality Health, on behalf of the Trust.

8.2 The NHS National Staff Survey questionnaire covers five themes relating to the working environment and individual's experience of the workplace:

- Your Job
- Your Managers
- Your Health, Wellbeing and Safety at Work
- Your Personal Development and
- Your Organisation.

The questions associated with each of these themes are determined nationally and consistency between the questions included in successive surveys enables comparisons and trend analysis year on year.

8.3 There are two types of Key Finding:

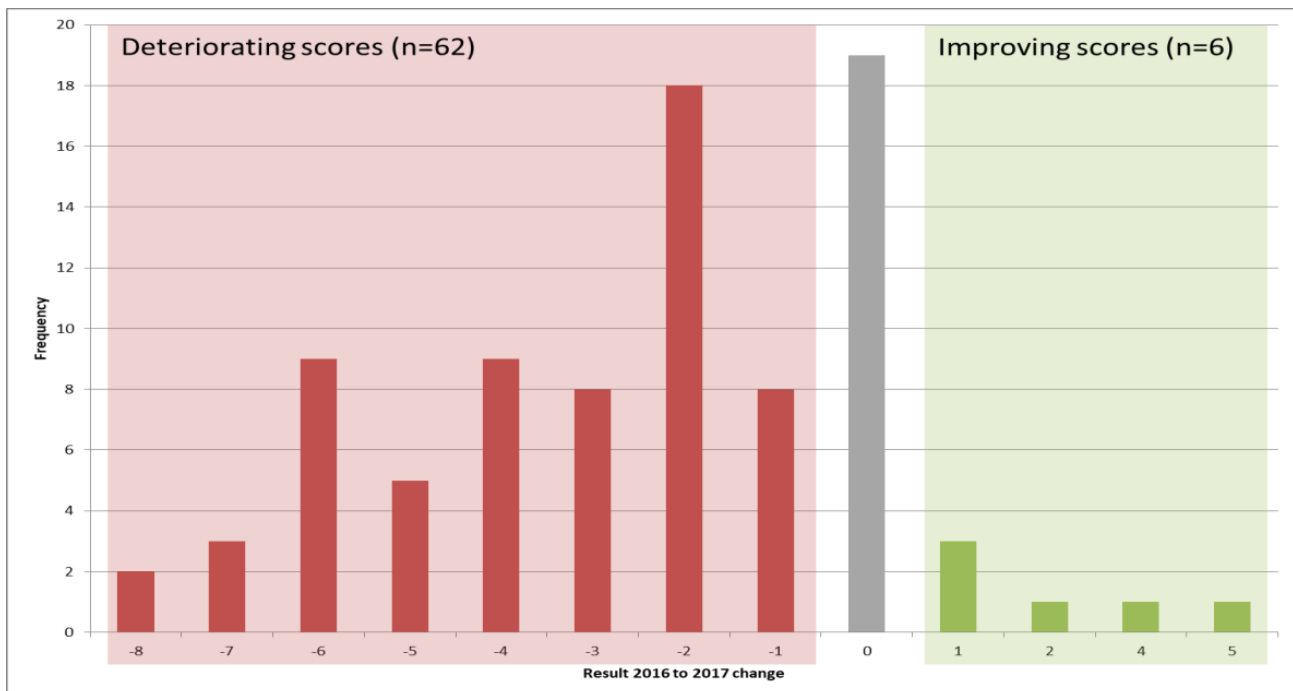
- Percentage score, i.e. percentage of staff giving a particular response to one, or a series of, survey questions
- Scale summary scores, calculated by converting staff responses to particular questions into scores. For each of these summary scores the minimum score is always 1 and the maximum score is 5.

8.4 It should also be noted that the survey was conducted during a period of significant change at the Trust. Over eight immediate organisational changes had recently happened or were actively running, and significant changes to services had been announced for the forthcoming year. In addition, the Trust had only been able to take limited actions based on the 2016 results. During the 2016 staff survey period the organisation was working towards being removed from special measures. This may have had the effect of engendering a united, defined purpose for staff which resulted in a more engaged workforce for that period of time. This may be a contributing factor to the lower 2017 engagement results as staff moved from a defined end point (March 2017) to a period requiring continuous improvement and an increased financial deficit.

## OVERVIEW OF MEDWAY RESULTS

- 8.5 All staff employed by the Trust on 1 September 2017, a total of 4,459, were invited to participate in the survey. 1,773 staff took up the opportunity which resulted in a response rate of 40 per cent. It should be noted that the national average response rate across the NHS for acute trusts is 40 per cent.
- 8.6 Of the 32 key findings in the survey 14 worsened statistically and 18 remained unchanged.
- 8.7 The overall staff engagement index (this score is created from three key findings – recommendation of the trust as a place to work or receive treatment; staff motivation at work and staff ability to contribute to improvement at work) for Medway declined by 3 per cent from 3.76 to 3.66. This is lower than the National Acute Trust average of 3.79 and slightly worse than the Kent Acute average which declined by 1 per cent.
- 8.8 The questions asked in the survey were identical for both 2016 and 2017 and therefore allow us to draw a direct comparison. By comparing positive scores of both data sets they indicate deterioration in staff satisfaction. 62 questions had a deteriorating score ranging between 1 and 8 percentage points lower than 2016; 19 questions showed no change and 6 questions had an improved score ranging from 1 to 5 percentage points higher.

Chart 1 below shows changes in percentage points in comparison to 2016.



(Chart 1: 2016 to 2017 results comparison)

8.9 Table 2, below, shows the variance between 2016 and 2017 by the frequency of improving or deteriorating scores. All themes apart from 'Health, Wellbeing and Safety at Work' indicate a reduction in satisfaction with no improving scores. The average variance demonstrates that the theme of 'Your Organisation' has experienced the most severe deterioration with an average of -5.4% to questions across the organisation. Overall, across all themes, the average variance between survey years is -2.4 per cent as a result.

Survey Theme	Deteriorating			Improving		No change
	Frequency	Average Change	Score	Frequency	Average Score Change	Frequency
Your job	25	-3.7				2
Your managers	6	-4.0				5
Your health, wellbeing and safety at work	16	-2.8		6	2.3	8
Your personal development	8	-2.6				4
Your organisation	7	-5.4				
<b>Grand Total</b>	<b>62</b>	<b>-3.5</b>		<b>6</b>	<b>2.3</b>	<b>19</b>

(Table 2: Thematic score change 2016 to 2017)

8.10 The five areas where we compare most favourably against national results are:

- KF27. Percentage of staff/colleagues reporting most recent experience of harassment, bullying or abuse
- KF12. Quality of appraisals
- KF24. Percentage of staff/colleagues reporting most recent experience of violence
- KF22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months
- KF17. Percentage of staff feeling unwell due to work related stress in the last 12 months.



8.11 The five areas where we compare least favourably against national results are:

- KF31. Staff confidence and security in reporting unsafe clinical practice
- KF21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion
- KF3. Percentage of staff agreeing that their role makes a difference to patients/service users
- KF15. Percentage of staff satisfied with the opportunities for flexible working patterns
- KF7. Percentage of staff able to contribute towards improvements at work.

8.12 The five areas where staff experiences had deteriorated most since 2016 are:

- KF21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion
- KF31. Staff confidence and security in reporting unsafe clinical practice
- KF2. Staff satisfaction with the quality of work and care they are able to deliver
- KF8. Staff satisfaction with level of responsibility and involvement
- KF15. Percentage of staff satisfied with the opportunities for flexible working patterns.

### THREE-YEAR TREND

8.13 On face value the results for Medway for 2107 show a decrease in satisfaction in 27 KF areas with a zero or small increase in five areas. If this is compared to the three-year trend the figures are reversed with an increase in satisfaction in 27 areas and a decrease in five.

8.14 Examples of the improvements that Medway can identify when analysing the 3 year trend are

- the response rate has increased by 3%
- KF6, the percentage of staff reporting good communication between senior management and staff has increased by 4%
- KF16, the percentage of staff working extra hours has decreased by 3%
- KF18, the percentage of staff attending work in the last 3 months, despite feeling unwell because they felt pressure from their manager, colleagues or themselves has decreased by 8%
- the reporting of the most recent experiences of violence, KF 25, has increased by 15% and
- the percentage of staff/colleagues reporting most recent experience of harassment, bullying or abuse has increased by 24%. (This indicates that staff are more confident in reporting incidents rather than there is an increase in incidents).

## 9. CHANGES TO THE EXECUTIVE TEAM

- 9.1. 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.
- 9.2. Diana is working 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.
- 9.3. 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.
- 9.4. 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.

## 10. EMPLOYER WITH HEART CHARTER

- 10.1. 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.
- 10.2. 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.
- 10.3. 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.

## 11. NHS70

11.1. 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.

11.2. 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.