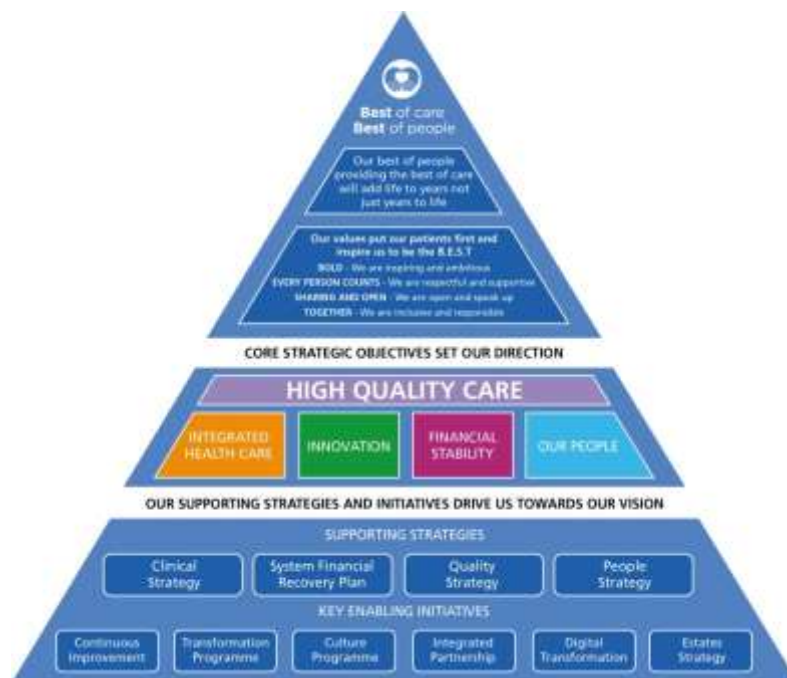


Trust progress report – ‘Making Medway Brilliant’

1. TRUST-WIDE PRIORITIES

- 1.1. We have developed a vision for the kind of hospital we need to be, to best serve the health needs of the people of Medway and Swale, adding life to years, not just years to life.
- 1.2. Our well-established values – **B**old, **E**very person counts, **S**haring and open and **T**ogether (spelling out **BEST**), underpin all that we do.
- 1.3. In July we published three key documents – our clinical strategy, quality strategy, and people strategy. Together with our financial recovery plan they set out what we will do over the next three years to ensure we have the right services in the right place for our patients, with the appropriate resources.
- 1.4. Our strategy pyramid sets out our vision, values, strategic objectives, strategies and supporting initiatives. We have shared this extensively with staff as a way of describing the Trust’s plans for the future.



1.5. Our five strategic objectives identify our priority areas of focus.



1.6. We will be able to measure our success through delivering our 2019/20 objectives – see below.

HIGH QUALITY CARE	INTEGRATED HEALTH CARE	INNOVATION	FINANCIAL STABILITY	OUR PEOPLE
We will support the best of care through the delivery of consistent high quality, compassionate care as a priority for all staff	We will work collaboratively with our local partners to provide brilliant care and a brilliant patient experience	We will lead the way in the use of innovative and digitally enabled technology solutions to support the delivery of brilliant care	We will deliver financial stability and create value in all that we do	We will enable our people to be brilliant and achieve brilliant outcomes

2019 - 2020 Objectives

We will achieve:	We will achieve:	We will achieve:	We will achieve:	We will achieve:
Reduction in MRSA cases = 4	Improvement in bed base occupancy to less than 95% of full capacity	Successful roll out of electronic document and records management system (EDRMS)	An £18 million cost saving	A top 50% ranking for staff engagement survey results nationally
Antibiotic 36 hour clinical reviews complete in 85% of cases	Reduction in hospital stays greater than 21 days = Less than 10 patients per day	Reduction in number of temporary case notes	A reduction in our deficit to £22.3 million	
Delirium assessment in over 65 years old complete in 85% of cases	Improved missed appointment rates in outpatients	Reduction in duplicate PAS registrations		

1.7. High Quality Care

Reducing harm and improving the quality of care is the Trust's top priority.

We are focusing on MRSA, antibiotic management and delirium as these are all related to causes of a number of hospital-related harm categories. Mismanagement of these areas can lead to patient harm and a significant increase in the length of stay.



1.8. Integrated Healthcare

We are improving our hospital flow by working with our partners in health and social care, to remove delays and enhance the transfer of care for our patients.

Our objectives in this area are designed to show improvement in the management of the whole patient pathway across the Trust.

To improve flow throughout the hospital we are focusing on bed occupancy and patients with a length of stay of more than 21 days. Our Best Flow programme has been launched and has already given us great insight into where we can target improvement projects.



1.9. Innovation

In our innovation programme we are bringing a focus to accuracy and completeness of electronic data recording. 'Real time' recording of patient information is essential to having key analytics needed for planning, reporting and delivering transformational change.

We have introduced a system called ExtraMed which will give us a complete grip on bed occupancy and prevent the need for paper reporting of bed status, leading to significant improvements in patient flow and safe patient management.



1.10. Financial Stability

We are continuing to focus on quality and safety to improve efficiency, which in turn will enable us to deliver our financial plan.

Many of our staff are involved in leading transformation programmes that are delivering improvements in care through efficiencies while managing costs and reducing waste.

A key principle underpinning our efficiencies is that there can be no compromise on patient safety and quality of care.



1.11. Our People

We are supporting our staff to lead transformational change through a hospital-wide capability building programme and through a culture programme called You Are the Difference.

This year we are working hard to ensure our staff are engaged, encouraged, empowered and have a sense of pride and satisfaction in all they do. Our aim is to see our overall staff survey result improve.



1.12. Our focus for the year ahead

Over the next year we are concentrating on the following goals:

- Best Flow – improving performance against statutory targets
- Working with partners to transform how we provide services
- Improving clinic utilisation
- Delivering efficiencies of £18million without affecting the quality of care
- Delivering safer, more effective and responsive patient care
- Improving the way we use our operating theatres.

2. VASCULAR SERVICES

- 2.1. Councillors may recall that engagement with patients and public was undertaken some time ago about the future of vascular services.
- 2.2. Next steps are now being discussed and further engagement with patients is planned.
- 2.3. A paper is being prepared for consideration by the Joint Health Overview and Scrutiny Committee in September.

3. LEADERSHIP

- 3.1. I was delighted to be appointed to the role of Chief Executive in April, having acted in an interim capacity since November 2018.
- 3.2. My Deputy is Gurjit Mahil, who until the end of July was the Trust's Chief Operating Officer for planned care.
- 3.3. We have moved to a model of having one Chief Operating Officer, as is seen in most hospitals. This role is filled by Harvey McEnroe who joined us last year.
- 3.4. Overall the number of Executive Directors has reduced, with Dr Diana Hamilton-Fairley leaving and James Lowell seconded to lead the development of the Medway and Swale Integrated Care Partnership.

4. TRUST PERFORMANCE

- 4.1. In May we reported a four-hour **Emergency Department** wait performance of just over 80 per cent (80.89 per cent). This was below our expected figure (our trajectory) of 83 per cent.
- 4.2. We are working with partners, including the CCG and Medway Community Healthcare, which manages the on-site GP provision, to address challenges affecting the performance, which in turn impacts on patient flow through the hospital. Our Best Flow programme highlighted above is supporting this improvement programme.
- 4.3. In June we launched a Same Day Emergency Care (SDEC) centre. An SDEC is part of the NHS Long Term Plan, requiring all acute hospitals to have one in place to support same day discharge.
- 4.4. SDEC is the provision of same day care for emergency patients, who would otherwise be admitted to hospital. The aim is to rapidly assess, diagnose and treat these patients without the need for them to be admitted to a ward.
- 4.5. There are many benefits of this system, including helping to prevent deterioration from unnecessary or extended hospital stays, assisting with capacity and flow and allowing our medical teams to focus on those who require the most urgent care.
- 4.6. For the same period we reported a **Referral to Treatment** performance of 83.08 per cent. Our transformation projects referred to above aim to improve this further.
- 4.7. Our **two-week cancer** wait figure is improving and for May was reported at 88.69 per cent. The figure for the number of women being seen within two-weeks for breast symptoms has dramatically improved after a period of poor performance earlier in the year.
- 4.8. Patients who are referred for **diagnostics** must have their tests undertaken within an agreed timescale. Our position in June fell slightly last month to 92.03 per cent against a trajectory of 99.20 per cent.

4.9. We have introduced a mobile MRI scanner for eight weeks to ensure more patients can be seen quickly.

5. FRIENDS AND FAMILY TEST

5.1. The Trust carries out its staff Family and Friends test across three quarters of the year, with the full staff survey in the final quarter.

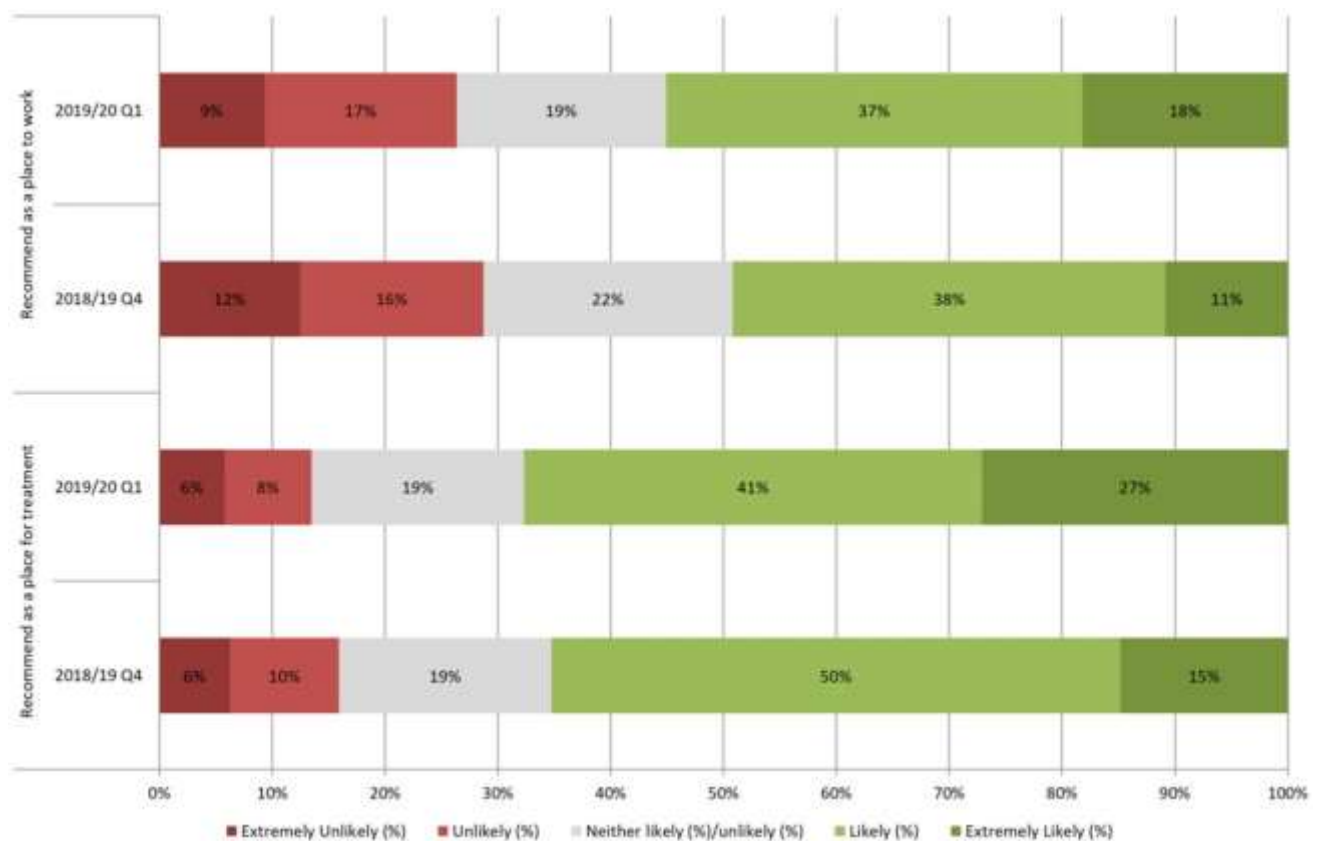
5.2. The staff's response to recommending the Trust as a place to work has seen a 7 per cent increase (to 18 per cent) for those extremely likely to recommend, with a corresponding 3 per cent decrease (to 9 per cent) for staff who are very unlikely to recommend.

5.3. In total 55 per cent of staff are either likely or very likely to recommend the Trust as a place to work (up 6 per cent since last quarter). This represents the highest score in two years.

5.4. There has been a similar improvement to staff recommending the Trust as a place for treatment with a 12 per cent increase (to 27 per cent) for those extremely likely to recommend; the extremely unlikely remains unchanged at 6 per cent.

5.5. In total 68 per cent of staff are either likely or very likely to recommend as a place for treatment (up 3 per cent since last quarter).

5.6. The graph below shows the results of the latest survey.



6. FINANCE

- 6.1. The Trust continues to make great strides in reducing its deficit, having delivered £21million of improvements in 2018/19.
- 6.2. We are confident that we will deliver a further £18million savings in 2019/20. The Trust remains on track to deliver its control total set at a £22.3million deficit in 2019/20 having delivered its plan in 2018/19.
- 6.3. The delivery of further improvements in 2020/21 will require significant shifts in the way in which healthcare is delivered through a system wide transformation plan.
- 6.4. As part of the Medway and Swale Integrated Care Partnership a workstream associated with the delivery of local financial sustainability has been established in order to address this target.

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, national and international nurses.
- 7.3. The Trust's international recruitment campaign for registered nurses and midwives has 285 in the pipeline for commencement in the next 12 months.
- 7.4. Trust turnover has decreased to 12.21 per cent, while sickness absence has remained at 4.3 per cent. However, this is still above the Trust's tolerance level of 4 per cent. Appraisal compliance has significantly increased to 91.4 per cent, and is above the Trust's target of 85 per cent. Compliance with statutory and mandatory training has increased to 88.6 per cent and is above the Trust target of 85 per cent.
- 7.5. The percentage of pay bill spent on substantive staff in January was 85 per cent, with agency usage down to just 3 per cent. Twelve per cent of our pay bill is spent on bank staff, which is largely made up on our own staff.
- 7.6. The Trust is more than six months into its retention-focus programme and has reported a 3.5 per cent improvement in the retention of nurses within six months. The programme is looking to the effect of Practice Development Nurse support to wards and new nurses; 'Spirit of Medway' conversations for new starters – what's good, what needs improving; and, improving the flexible retirement options for nurses.
- 7.7. We have a detailed action plan in place to address issues raised in the staff survey results received this year.

8. CQC INPATIENT SURVEY RESULTS

- 8.1. Patients are invited to take part in the annual Picker Institute National in-patient survey, and each year the results of the survey are analysed and actions derived to demonstrate improvement.
- 8.2. The 2018 survey results demonstrate that the Trust showed improved scores for patients not sharing sleeping accommodation, patients being admitted as soon as necessary and patients being told what to expect after a procedure or surgery.
- 8.3. The Trust does recognise that there is continued work to do on scores that were less favourable, for example patients being given enough notice on when discharge would be, patients had to wait a long time to get a bed on a ward and patients were not given information on how to complain.
- 8.4. Our aim to make Medway brilliant will be to continue to work with our community partners to remove the barriers that prevent a safe and effective discharge for patients with complex care needs and to continue to improve on the pharmaceutical process for patients requiring medications for discharge. A number of improvements have already been made within our pharmacy service.
- 8.5. We recognise that not all patients attending hospital require Emergency Department assessment and treatment. We have introduced a refined Medical Model which offers a range of alternative care pathways to treat patients in the most appropriate place by the most appropriate staff.
- 8.6. The Emergency Department and Estates team are working together to offer patients a more streamlined care journey.
- 8.7. Our You Are The Difference cultural programme aims to ensure our workforce goes forward with shared culture and values.
- 8.8. We have seen improvements in the care of frail patients with the opening of Sapphire Acute Frailty Unit, a specific pathway with designated frailty nurses to care for patients in a patient centred environment.
- 8.9. We have revised our complaints leaflet.

9. CARE QUALITY COMMISSION VISITS

- 9.1. We previously updated the Committee on the CQC's 2018 visit, which recognised that we had maintained areas of improvement, and improved further in some areas.
- 9.2. We were anticipating another visit this summer of 2019, but that is now likely to take place in the autumn.