

# Trust progress report and improvement priorities

## 1. COVID-19

- 1.1. The Trust reached the peak of coronavirus admissions around the first week of April, at which time we were caring for more than 100 patients with COVID-19, with a high number of patients in critical care. There was another peak on 16 April, which mirrored figures elsewhere in the region.
- 1.2. Since that time we have seen a steady decline in the number of patients who have had a positive test for the virus, and of admissions to critical care, and at the time of writing this continues to be the case.
- 1.3. At all times the hospital has been able to manage the demand from COVID-19, both on our wards and in critical care, as a result of careful planning in the early stages.
- 1.4. We saw higher than usual levels of staff sickness, and staff absence due to self-isolation during the busiest weeks, but were able to maintain safe staffing levels in all areas throughout. Many of our staff showed extraordinary levels of dedication, and a number chose not to go home to their families for periods of time so that they could continue to do their jobs without exposing their relative to increased risk of infection.
- 1.5. The Trust formally stood up its incident Level 3 response on 3 March, in line with NHS decisions taken at a regional level. A week later this was stepped up to Level 4, which involved a central strategic command and tactical groups to manage demand in relation to medical, nursing, operational and support needs.
- 1.6. To ensure we would be able to support the increase in patient with respiratory issues, and the increased need for intensive treatment capacity, we took steps to rearrange our bed base.
- 1.7. This involved creating a triage model to identify coronavirus patients, increasing the number of critical beds, and converting 250 beds for COVID-19 patients.
- 1.8. At the same time we need to maintain other wards for patients who did not have COVID-19, maternity services, our emergency access pathway, and stroke and cardiac care wards.
- 1.9. In line with national guidance we sadly had to cancel planning non-urgent operations outpatients and diagnostic appointments. Urgent surgery and cancer treatments have continued throughout.
- 1.10. We have, however, made use of technology which has benefited many patients, for example through telephone consultations.
- 1.11. During this time we have seen a drop-off in general attendances, although we have experienced considerably higher attendances than in our neighbouring trusts.

- 1.12. Like most trusts, maintaining levels of PPE such as masks, gloves, visors and gowns, has, at times, been challenging but at no stage have we run out.
- 1.13. We have been conscious of the impact of not being able to allow visitors on-site (except for a birthing partner for women in labour, the parents of children, and end-of-life patients). Our staff have done their best to connect very unwell patients with their loved ones by using iPads, and by helping relatives leave messages online with special postcards, which are given to or read out to patients.
- 1.14. Our local community – members of the public and businesses – have been incredibly generous, donating food and toiletries for our staff, as well as money which has been used to benefit staff during this difficult and stressful time. We have greatly appreciated the support shown, including the weekly Clap for Carers.
- 1.15. Both inside and outside the hospital, we have truly seen the best of people.

## **2. RESTORE, RECOVER, RETURN**

- 2.1. We are now in the process of creating a 'new normal' to care for patients in the next phase, as the numbers of COVID-19 patients continues to reduce.
- 2.2. We are looking at which aspects of the hospital can return to 'business as usual', to restart our core business for urgent and emergency care. In parallel with this we are planning how we will recover our performance both for urgent and cancer care, but also elective patients.
- 2.3. This includes working with our partners in the healthcare system, and considering the potential use of the independent sector.
- 2.4. As we return to a more familiar model for the hospital we will also ensure we reflect and learn, so we can prepare for any future waves of COVID-19 and for winter.

## **3. OUR CQC REPORT**

- 3.1. During December 2019 the Care Quality Commission (CQC) undertook a planned and unannounced inspection of the Trust in six Core Services.
- 3.2. In addition the Trust underwent Use of Resource and Well-Led inspections.
- 3.3. In response to feedback from the December visits the Trust immediately developed an action plan. Actions included ensuring hazards to health were kept in locked cupboards at all times, and improvements to hand hygiene.
- 3.4. We also brought forward the closure of Dickens ward, an escalation ward primarily for patients deemed 'medically fit for discharge' (patients who no longer required acute hospital care but may have required additional care, such as rehabilitation, before being safely discharged), ensuring that patients were safely transferred to an alternative ward or discharged from the hospital.

- 3.5. The Trust worked together with the support of our partners in the community and our commissioners to ensure patients who were fit to go home or to a community setting were able to do so in a timely way.
- 3.6. The CQC's report was published on 30 April, having been delayed by a few weeks due to the coronavirus outbreak.
- 3.7. The Trust maintained its rating at 'requires improvement' overall. The report highlighted improvements in a number of areas, with the rating for Critical Care raised to Outstanding. The rating for End of Life Care was lifted to Good.
- 3.8. Inspectors highlighted the highly individualised care to support treatment in Critical Care. They also noted that the hospital's End of Life service truly respected and valued patients as individuals. The report also singled out the hospital's Prehabilitation programme for praise.
- 3.9. The Trust was also praised for the progress it has made in its 'use of resources', with the report noting improved productivity in clinical services, a significant reduction in its reliance on agency staff, and a reduction in the underlying financial deficit. The rating for 'use of resources' was raised from 'inadequate' to 'requires improvement'.
- 3.10. However, we were disappointed that the rating for medical care (including older person's care) was lowered to 'Inadequate'. It is worth noting that the findings in this area largely related to the comments inspectors made following their visit to Dickens Ward rather in relation to a wider inspection.
- 3.11. We were also disappointed that the 'well-led' domain was also rated 'Inadequate', and have been working hard to address the improvements needed in this area. Much work has already taken place and we are grateful for the support received from regulators including NHS Improvement.
- 3.12. It is clear that there is much more to do to provide the high quality care we strive to deliver for all patients, every single day. While we would have liked to have seen improvements across all areas, we realise that there are many challenges for this hospital, many of which are taking longer to address.
- 3.13. We have developed an action plan and are already working to quickly deliver the improvements needed, including the 'most dos' and 'should dos' identified by the CQC.
- 3.14. The CQC action plan sits under the umbrella of the Trust-wide improvement plan which is currently being developed, linked to the Trust's five strategic objectives:
  - High quality care
  - Integrated healthcare
  - Innovation
  - Financial stability
  - Our people.

3.15. Keys to success will be implementing a model based on clinical leadership, comprehensive staff engagement, and improving culture throughout the organisation.

3.16. The grids below show the Trust's ratings following the CQC inspection:

**Ratings for acute services / acute trust (Chart 1)**

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency care Services	Requires improvement ↔ Mar 2020	Good ↔ Mar 2020	Good ↔ Mar 2020	Requires improvement ↔ Mar 2020	Good ↔ Mar 2020	Requires improvement ↔ Mar 2020
Medical Care ( Including older peoples care)	Requires improvement ↓ Mar 2020	Requires improvement ↓ Mar 2020	Requires improvement ↓ Mar 2020	Inadequate ↓ Mar 2020	Inadequate ↓↓ Mar 2020	Inadequate ↓↓ Mar 2020
Surgery	Requires improvement ↔ Mar 2020	Good ↔ Mar 2020	Good ↔ Mar 2020	Requires improvement ↔ Mar 2020	Requires improvement ↔ Mar 2020	Requires improvement ↔ Mar 2020
Critical Care	Good ↑ Mar 2020	Good ↔ Mar 2020	Outstanding ↑ Mar 2020	Good ↑ Mar 2020	Outstanding ↑↑ Mar 2020	Outstanding ↑↑ Mar 2020
Maternity and Gynaecology	Good Mar 2017	Good Mar 2017	Outstanding Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017
Services for Children and Young People	Requires improvement ↔ Mar 2020	Requires improvement ↓ Mar 2020	Good ↔ Mar 2020	Requires improvement ↓ Mar 2020	Good ↔ Mar 2020	Requires improvement ↓ Mar 2020
End of Life Care	Good ↔ Mar 2020	Good ↔ Mar 2020	Good ↔ Mar 2020	Good ↑ Mar 2020	Good ↑ Mar 2020	Good ↑ Mar 2020
Outpatients	Good Jul 2018	N/A	Good Jul 2018	Requires improvement Jul 2018	Requires improvement Jul 2018	Requires improvement Jul 2018
Diagnostic Imaging	Requires improvement Jul 2018	N/A	Good Jul 2018	Requires improvement Jul 2018	Requires improvement Jul 2018	Requires improvement Jul 2018
<b>Overall trust</b>	Requires improvement ↔ Mar 2020	Requires improvement ↓ Mar 2020	Good ↔ Mar 2020	Requires improvement ↔ Mar 2020	Requires improvement ↔ Mar 2020	Requires improvement ↔ Mar 2020

**Overall rating for Medway Foundation Trust (Chart 2)**

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ Mar 2020	Requires improvement ↓ Mar 2020	Good ↔ Mar 2020	Requires improvement ↔ Mar 2020	Inadequate ↓ Mar 2020	Requires improvement ↔ Mar 2020

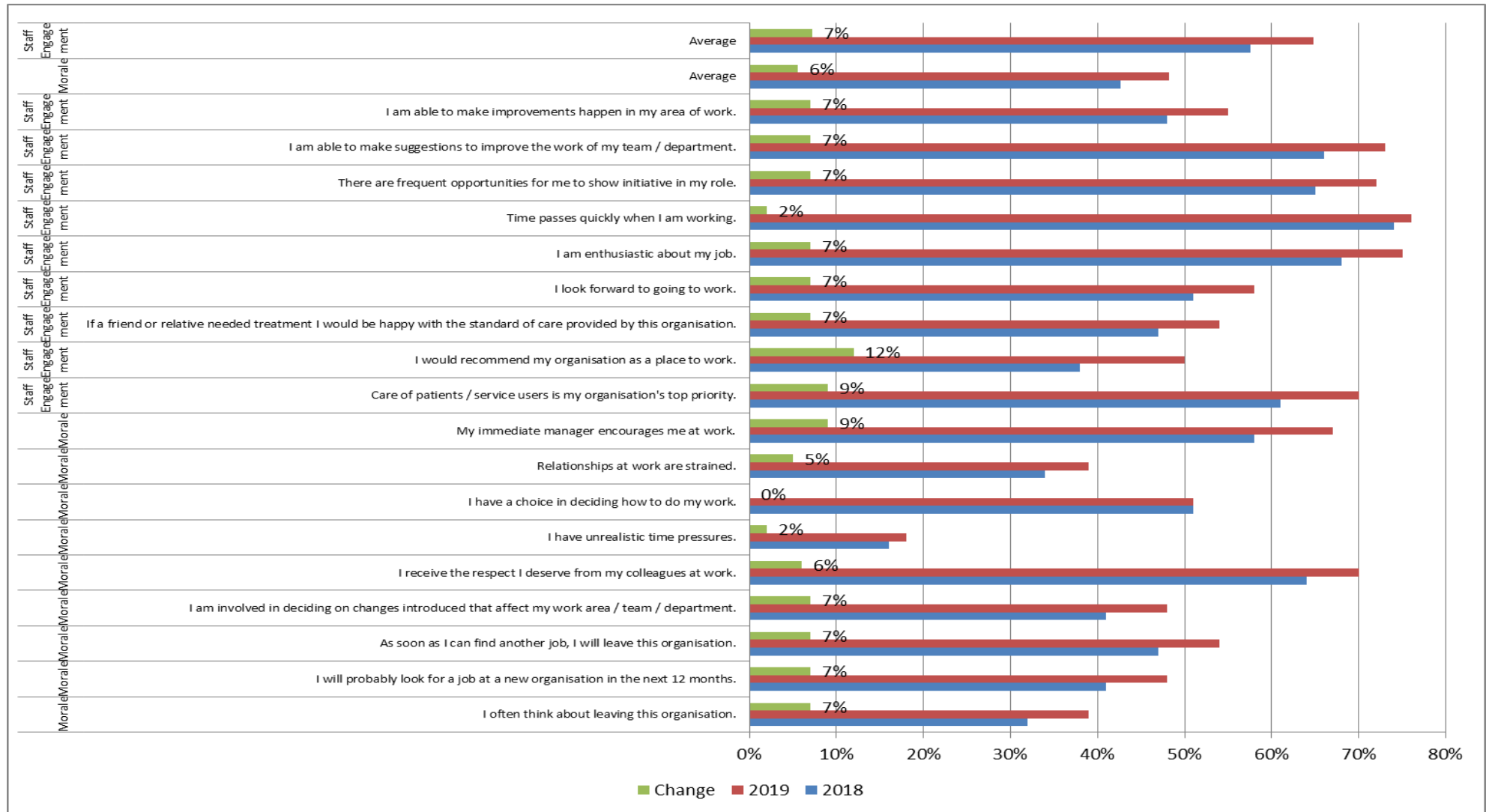
## 4. STAFF SURVEY 2019

- 4.1. The Trust carried out its staff survey in Q3 2019/20 in line with national processes and requirements. A third party provider runs the survey on behalf of the Trust and reports through a national reporting centre.
- 4.2. The Trust's response rate for the national staff survey 2019 increased (+3%) to 43% and reflected the opinions of 1,828 employees – against an average national response for acute Trusts at 47%.
- 4.3. Across the staff survey themes – for the entire Trust, 10 of 11 scores improved (of which eight were statistically significant improvements), one remained the same and none deteriorated. The results are shown below:

### Staff Survey Responses (Chart 3)

Theme	2018 score	2018 respondents	2019 score	2019 respondents	Statistically significant change?
Equality, diversity & inclusion	8.8	1573	8.9	1792	Not significant
Health & wellbeing	5.3	1591	5.6	1809	↑
Immediate managers	6.2	1596	6.6	1810	↑
Morale	5.4	1584	5.8	1789	↑
Quality of appraisals	5.5	1248	5.7	1518	Not significant
Quality of care	7.0	1342	7.4	1580	↑
Safe environment - Bullying & harassment	7.4	1584	7.8	1797	↑
Safe environment - Violence	9.4	1581	9.4	1788	Not significant
Safety culture	6.1	1577	6.4	1800	↑
Staff engagement	6.4	1609	6.8	1821	↑
Team working	6.1	1573	6.6	1799	↑

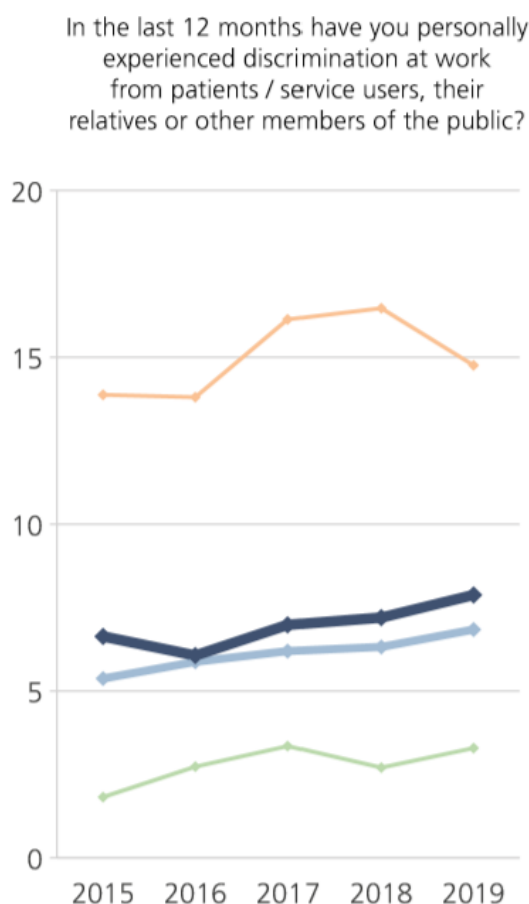
- 4.4. There was a significant increase in Morale (4% thematic swing/6% improvement on positive scores) and Staff engagement (4% thematic swing/7% improvement on positive scores), which were target areas for improvement across the Trust following the 2018 staff survey (having both reported as some of the lowest scores in the NHS), between 2018 and 2019 with the greatest improvement being 12%. The results are shown below:



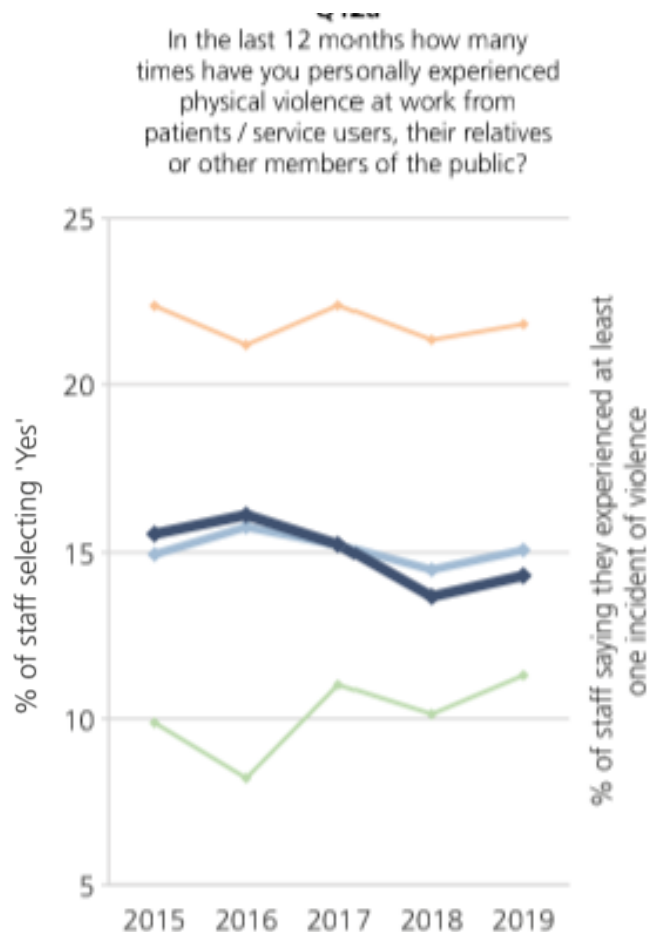
**Chart 4 – Staff survey responses**

- 4.5. There has been a statistically significant improvement in reducing harassment and bullying compared to 2018 staff survey (+4% improvement to score) which is corresponding to improvement across line management relationship scores, working as a team and improvement communication with senior management.
- 4.6. Four questions deteriorated (as positive score), two were directly related to experiencing physical violence or experiencing discrimination from patients/service users or their relatives (2% decrease across both questions). In August 2019, the Trust launched a zero tolerance campaign to tackle treats of violence, abuse or harassment against staff – this was to raise awareness to the public, and also to help staff understand that violence and abuse against them or colleagues is not tolerated – a review of incidents will be carried out to understand the impact. There was a 1% increase in the numbers of staff witnessing errors, near misses or incidents that could have hurt staff in the last month. There was a 2% increase in the number of staff reporting they were working additional paid hours beyond their contracted; however this is not mirrored across bank/overtime reports.

**Chart 5 - Discrimination at work**



**Chart 6 – Physical violence at work**



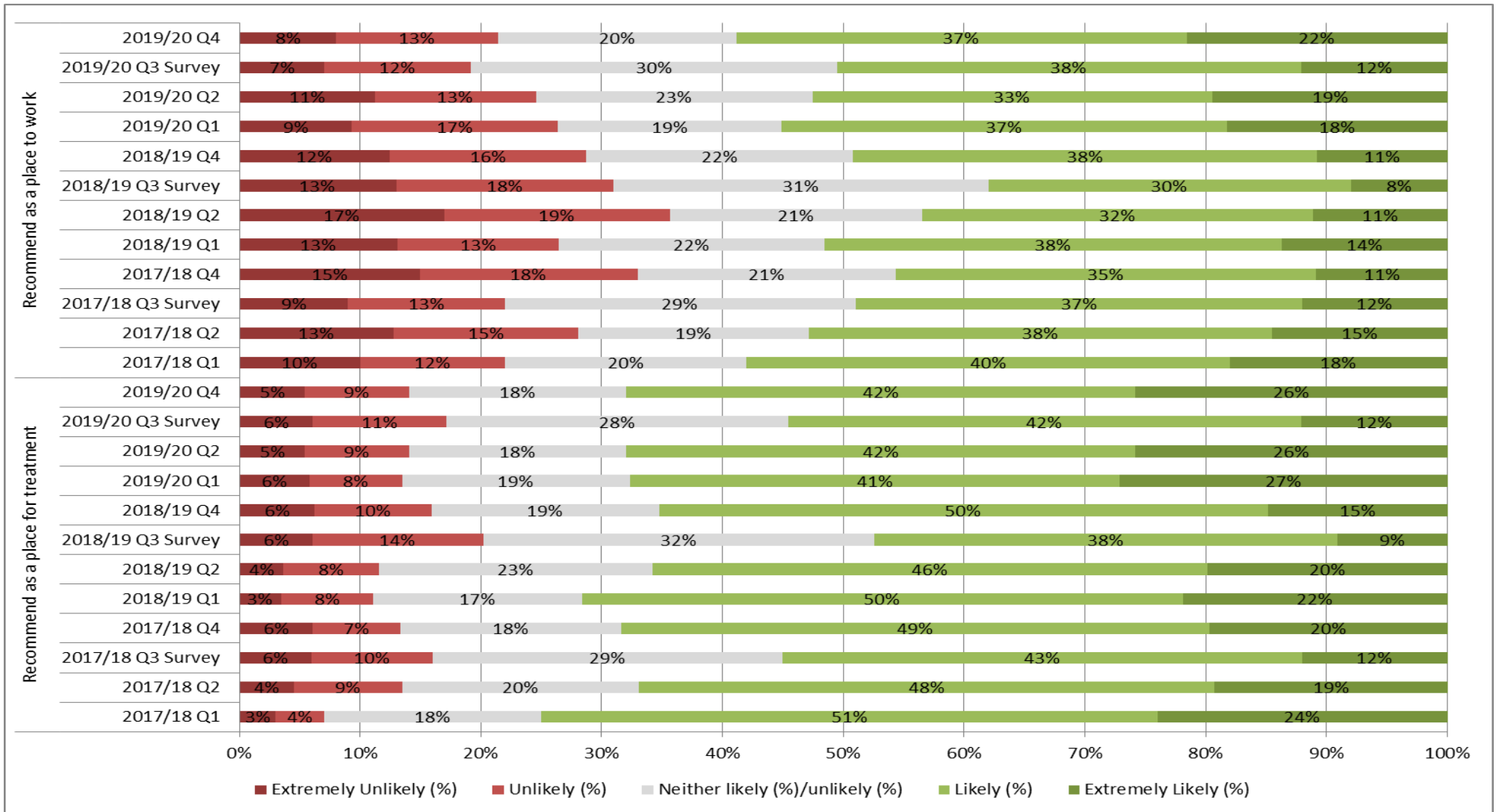
- 4.7. The 2019 staff survey results have improved significantly compared to 2018. The next steps reflect the need for continual organisational spotlight on actions aligned to engaging and supporting our staff over a period of time where change management is increasing, and financial pressures continue.

## 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 nine per cent increase (to 59 per cent) for those extremely likely or likely to recommend. This represents the highest score in three years.
- 5.3. There has been a similar improvement to staff recommending the Trust as a place for treatment with a 14 per cent increase (to 68 per cent) for those extremely likely or likely to recommend. This is in line with the last two years.

The graph below shows the results of the latest survey.





**Chart 7 – Friends and Family Test survey results**