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Rt. Hon. Jeremy Hunt MP
Secretary of State for Health

25 April 2016

Dear Secretary of State

Medway NHS Foundation Trust

I am writing to you to advise you of the findings of recent CQC reviews of progress in Medway NHS Foundation Trust, our inspection on 29 and 30 March 2016 and proposed next steps.

Background

As you are aware, Medway NHS Foundation Trust was advised in January 2016 that unless the issues identified by our inspections in April 2014 and August 2015 were addressed by a clear and coherent improvement strategy by April 2016, we would have to escalate our regulatory approach to the trust. As a consequence, local commissioners and NHS England were also charged with the development of contingency plans for such eventualities as the cancellation of the trust's registration.

In January 2016 we agreed a three month review process with this trust. This process included the identification of twenty key performance indicators which were to be reported to CQC on a weekly basis and a schedule of three monthly review meetings with the trust. NHS I, NHSE and commissioners also attended the review meetings.

Current inspection findings:

We inspected the trust on March 29th and 30th 2016. Our prime aim at inspection was to ascertain whether progress had been made in three areas: patient safety, leadership and governance and engagement of the workforce in delivering change. The report of that inspection is being finalised, and the report will of course be subject to the factual accuracy process, but I believe that it is important that I share our initial findings and concerns at this stage.

Our key findings on the inspection were:

- With respect to improvements in patient safety, the trust now has a clear plan of action. As a result of this plan we have seen a significant increase in training and use of patient early warning scores, especially in the emergency department, and the increased use of patient safety rounds.
- Clinical pathways have been reviewed and a new triage process has been introduced in the emergency department. The trust has also recently introduced a new medical model, providing access to rapid clinics and ambulatory care and so reducing pressure on the emergency department.
- Although periods of congestion in the emergency department still occur, on our inspection we observed significantly fewer patients being cared for in the corridor area. The weekly monitored key performance indicators support our observed findings. The trust has also made significant improvements in the monitoring, planning and delivery of cancer access targets.
- Maintaining safe staffing levels for nurses remains problematic for the trust, and we observed a number of wards where there were insufficient staff to provide safe care. Although the trust attempts to mitigate staff shortages by the use of agency and bank staff, we remain concerned about the sustainability of these measures and the impact on patients. Staffing levels within the emergency department are however much improved.
- Our observations of the executive team during the review meetings and the inspection have led us to the conclusion that the executive is now a cohesive team. Importantly, the chief executive is now well established and viewed broadly by trust staff, including consultants, as being visible, approachable and having impact. A leadership style is being generated that is ensuring that all executives are contributing, and it is particularly impressive in the integration of senior executives from the 'buddy' organisation.
- The trust has also made a number of positive appointments at directorate level, which augurs well for the continued progress we have seen with the formalisation of performance, risk and clinical governance processes. These processes remain relatively new and it is too early to conclude fully on their effectiveness.
- We found that engagement with staff and the culture within the trust has improved. The trust's engagement programme is resonating with staff, and they told us that they now feel much better informed. Staff described management as 'now standing alongside them' and that the chief executive has a good understanding of the key clinical issues. However, some staff at bands 7 and below felt unsupported, facing increasing pressures due to staff shortages and severe competition for clinical time with managerial duties. As a result of these pressures we saw evidence of occasional poor inter-personnel behaviour between ward staff.

Conclusion

On the basis of the review process and inspection I would commend the trust for the progress it has made in developing and starting to implement a clear plan of action to improve the safety of patients. The leadership of the trust is now functioning effectively, and is building the engagement within the organisation that is essential for the delivery of the change programme.

Key performance indicators have, however, yet to move towards target, and both staffing levels and the hospital estate environment remain a major risk to the delivery of the change programme. As such I would recommend that special measures are maintained alongside the continued support of Guy's and St Thomas' NHS Foundation Trust for a further six months. In order to maintain improvement momentum I would also recommend the consideration of a single oversight committee, similar to that used to support Wexham Park Hospital, when it was placed in special measures.

We will plan to re-inspect in six months' time. However, should we observe any deterioration in performance on patient safety or experience via our monitoring, we will of course consider an earlier intervention and take any further regulatory action as required.

Yours sincerely

A handwritten signature in black ink, appearing to read "Mike Richards".

Professor Sir Mike Richards
Chief Inspector of Hospitals