

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO: **BOARD OF DIRECTORS**

DATE: **26 SEPTEMBER 2014**

SUBJECT: **CQC ACTION PLAN**

REPORT FROM: **CHIEF NURSE & DIRECTOR OF QUALITY**

PURPOSE: **Discussion
Approval**

CONTEXT / REVIEW HISTORY / STAKEHOLDER ENGAGEMENT

The attached High Level Improvement Plan (HLIP) is the current version as of 18 September. The HLIP includes feedback from members of the Executive Team, Non-Executive Directors, Governors and members of staff. Generic feedback from the mid-point meeting with key stakeholder's e.g. Commissioners, Monitor, Health Education England, Kent Surrey and Sussex (HEKSS) and the Care Quality Commission (CQC) has also been incorporated.

A further discussion on the proposed outcome measures is scheduled with the commissioners on 18 September. This feedback has not been incorporated within this iteration. The final HLIP must be with the CQC on 23 September 2014, although there will be further updates and changes following this submission in order to ensure that progress is being made against the Key Findings and the Must Do's contained in the final CQC report. Key milestones outcome measures are being further developed in order to ensure satisfactory progress is being made to deliver by the agreed completion date.

The initial progress meeting has been scheduled with Monitor for 01 October 2014; the following monthly meetings will be held in the presence of the commissioners and other key stakeholders.

SUMMARY:

The Board has been kept apprised of the development of the HLIP and the supporting detailed action plan and this has been used as the basis for staff engagement initiatives. There is a more detailed improvement plan, which follows the same format, specifically to address the recommendations about staff engagement, organisational culture and poor performance in the staff survey. Consequently, the HLIP is at a very high level in these areas. The intention is to submit the action plan and the HLIP together on 23 September to the CQC.

This version of the HLIP includes:

- an action, or series of actions against each of the Key Findings and Must Do's;
- a root cause of the findings made by the CQC during their inspection;
- a descriptor of the action(s) required;
- actions taken to date;
- a generic outcome statement;
- the first iteration of outcome measures; further discussion with staff and external stakeholders is still required and a monitoring dashboard for these

- outcome measures is in development;
- an estimation of additional resources required to fulfil each action; some of these areas are still to be quantified, and;
- assistance from stakeholders.

A previous draft was shared at the mid-point meeting held on 11 September and, as a consequence, an additional action was added around the collaborative working with Commissioners. Since the mid-point meeting, approval has been granted for a full governance review, from Ward to Board, commissioned from the Trust's external auditors KPMG, and a divisional governance review from Pricewaterhouse Coopers LLP (PwC) to assess some of the specific issues highlighted by the CQC:

- Incident and learning systems and the overall safety culture;
- Board assurance in relation to workforce planning and data quality;
- Adoption of NICE guidance and approach to monitoring implementation / compliance;
- Action being taken and assurance in relation to 'patient experience' performance;
- Action been taken and assurance in relation to patient complaints;
- Action been taken and assurance in relation to the prevention of Pressure Ulcers.

A risk rating, in terms of a Red, Amber, Green (RAG) status has yet to be applied to the HLIP. Discussions with Monitor suggest this should focus on risks to achieving the action within the agreed timeframe, rather than against evidence and assurance.

RECOMMENDATIONS:

The Board is asked to review the content of the current version of the HLIP, approve the current version and make any changes to the outcome measures being proposed.

NEXT STEPS:

The HLIP will be subject to detailed monitoring through the BoD and sub-Board committees. The detailed action plan will be monitored by the divisions and their progress will be monitored as part of the Executive Performance Reviews and through the dashboard developed for this purpose.

IMPACT ON TRUST'S STRATEGIC OBJECTIVES:

The paper, appendix and recommendations affects all strategic objectives.

LINKS TO BOARD ASSURANCE FRAMEWORK:

There are links to the quality strategy A01, the results of the annual staff survey A03 and A10 maintaining strong governance structures and respond to external regulatory reports and guidance.

IDENTIFIED RISKS AND RISK MANAGEMENT ACTIONS:

The reputational, quality and financial risks associated with the CQC report findings is articulated as a discrete risk with in the corporate risk register.

FINANCIAL AND RESOURCE IMPLICATIONS:

There are several areas where a specific financial and/or resource are required in order to complete the actions articulated within the HLIP. These are still being quantified, but are listed in the “additional resource” section of the HLIP attached.

LEGAL IMPLICATIONS / IMPACT ON THE PUBLIC SECTOR EQUALITY DUTY:

There are legal implications for the licensing of the Trust with Monitor

There are no issues with Public Sector Equality Duty.

PROFESSIONAL ADVICE TAKEN ON ANY NOVEL OR CONTENTIOUS ISSUES

External consultancy and support for relationship building with key stakeholders

ACTION REQUIRED:

- (a) Discuss and agree recommendations
- (b) To approve

CONSEQUENCES OF NOT TAKING ACTION:

The Trust remains under the Special Measures levied by Monitor for a protracted period.