

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO:	BOARD OF DIRECTORS
DATE:	30 OCTOBER 2014
SUBJECT:	NHS CHOICES – CQC ACTION PLAN UPDATE
REPORT FROM:	CHIEF NURSE AND DIRECTOR OF QUALITY
PURPOSE:	Approval

CONTEXT / REVIEW HISTORY / STAKEHOLDER ENGAGEMENT

The first published report was approved by the Chief Executive, the Chairman and the Improvement Director before publication on the NHS Choices website on 13 October 2014. The Trust is required to submit a monthly update on the high level actions as part of the process of being placed in Special Measures by Monitor following the publication of the CQC inspection reports. This is the first report to the Board of Directors following submission of this Action Plan.

SUMMARY

The Trust was put into special measures following a CQC inspection with reports that identified two of the three main sites as “inadequate” and the Trust rated overall as “inadequate”. The sites rated as inadequate were the Kent and Canterbury Hospital and the William Harvey Hospital. The Trust was also rated “inadequate” in the safety and well-led domains.

The action plan is a summary of the progress to date against the High Level Improvement Plan (HLIP) segmented into the five domains used by the CQC and will be used as part of the communication plan in order to ensure that staff are aware of progress against the actions agreed with them.

The Trust was given a number of recommendations, some of which have already been actioned. Issues of organisational culture ran throughout the reports and we envisage that improvements to address fully these issues will be long term actions, however, we plan to undertake a diagnostic programme to signpost the most immediate concerns and prioritise these areas. It is likely that the timeframe to embed organisational cultural change will be long term and we have set out a detailed programme supporting our High Level Improvement Plan. The Trust agreed a summary action plan to deal with the 21 key findings and 26 must do areas for action. We recognised all of the recommendations and are addressing them through current actions being taken to improve the quality of services. The Trust will set out a longer-term plan to maintain progress and ensure that the actions lead to measurable improvements in the quality and safety of care for patients when the Trust is re-inspected.

It is likely that the RAG status allocated to the key actions, as outlined in this first report, will change over time as the timeframes that were assessed as being achievable initially are revised. It is important that the Board receives a realistic assessment over time and that may result in more actions reported as having a “red” or “amber” status. Some actions may also require revision as those initially outlined fail to deliver the expected outcomes.

RECOMMENDATIONS:

The Board is asked to review the first published version of the NHS Choice Action Plan, comment on the assessment of the actions taken to date and highlight any areas of omission. Feedback will then be incorporated into the next iteration of the Action Plan which will need to be with Monitor around the middle of November 2014.

NEXT STEPS:

This Action Plan will form part of the communication plan with staff and public and a link will be provided to patients and the public from the Trust website. Staff have access to the Action Plan from the Intranet site.

IMPACT ON TRUST'S STRATEGIC OBJECTIVES:

There is a potential impact on all the Strategic objectives if the HLIP and NHS Choices Action Plan are not progressed in a timely way or with the necessary rigor to demonstrate sustained improvement.

LINKS TO BOARD ASSURANCE FRAMEWORK:

No specific links to the BAF currently, however this will need to be reviewed.

IDENTIFIED RISKS AND RISK MANAGEMENT ACTIONS:

There are quality, safety, financial and reputational risk to the Trust from being in Special Measures following the publication of CQC inspection reports; it is currently the number one risk affecting the Trust.

FINANCIAL AND RESOURCE IMPLICATIONS:

Actions to mitigate certain risks have considerable impact on Trust expenditure and Cost Improvement Schemes.

LEGAL IMPLICATIONS / IMPACT ON THE PUBLIC SECTOR EQUALITY DUTY:

The Trust is currently in breach of its Licence with Monitor by virtue of being placed in Special Measures.

PROFESSIONAL ADVICE TAKEN ON ANY NOVEL OR CONTENTIOUS ISSUES

External consultancy programme is in place to review data quality and divisional governance arrangements. Further advice is being commissioned to address the cultural issues identified in the inspection reports as part of a diagnostic review and a formal governance review from Ward to Board is currently out for tender.

BOARD OF DIRECTORS ACTION REQUIRED:

- (a) to receive the NHS Choice Action Plan

CONSEQUENCES OF NOT TAKING ACTION:

The Trust fails to meet the requirements for Monitor to consider removal of the Trust from the Special Measures programme.

Special Measures Action Plan

East Kent Hospitals University NHS Foundation Trust

13 October 2014

KEY
Delivered
On Track to deliver
Some issues – narrative disclosure
Not on track to deliver

East Kent Hospitals University NHS Foundation Trust –

Our improvement plan & our progress

What are we doing?

- The Trust was put into special measures following a CQC inspection with reports that identified two of the three main sites as “inadequate” and the Trust rated overall as “inadequate”. The sites rated as inadequate were the Kent and Canterbury Hospital and the William Harvey Hospital. The Trust was also rated “inadequate” in the safety and well-led domains.
- This is the first NHS Choices Action Plan report since the Trust was put into special measures on 29 August 2014 and represents the first six weeks.
- The Trust was given a number of recommendations, some of which have already been actioned. Issues of organisational culture ran throughout the reports and we envisage that improvements to address fully these issues will be long term actions, however, we plan to undertake a diagnostic programme to signpost the most immediate concerns and prioritise these areas. It is likely that the timeframe to embed organisational cultural change will be long term and we have set out a detailed programme supporting our High Level Improvement Plan. The Trust agreed a summary action plan to deal with the 21 key findings and 26 must do areas for action. We recognised all of the recommendations and are addressing them through current actions being taken to improve the quality of services. The Trust will set out a longer-term plan to maintain progress and ensure that the actions lead to measurable improvements in the quality and safety of care for patients when the Trust is re-inspected.
- The key themes of these recommendations, which underpin our Improvement Plan, recognising that some of them overlap, are summarised by the headings below:
 - Trust leadership overall and at the individual sites inspected;
 - Staff engagement and organisational culture to address the gap between frontline staff and senior managers;
 - Safe staffing in nursing, midwifery, consultant and middle grade medical staff and some administrative roles;
 - Staff training and development, specifically around mandatory training;
 - Data accuracy and validation of information used by the Board, specifically A&E 4-hourly wait performance and compliance with the WHO safer surgical checklist and mixed-sex accommodation reporting;
 - Demand and capacity pressures on patient experience, specifically within the emergency pathway and out-patient areas;
 - Following national best practice and policy consistently; specifically the staff awareness of the Trust’s Incident Response Plan in A&E;
 - Caring for children and young people outside dedicated paediatric areas;
 - Estate and equipment maintenance and replacement programme concerns.
- Since the inspection we have
 - Recruited additional nursing and medical staff in line with our investment programme;
 - Commenced reviews of data quality and validation and divisional governance arrangements undertaken by external agencies;
 - Identified a Board lead for Children and Young people;
 - Reviewed the IT interface for staff access to electronic mandatory training – this change is being evaluated to assess its effectiveness;
 - Simplified the electronic incident reporting pro forma, and;
 - Restructured the complaints team and reviewed the process for capturing verbal concerns.
- This document shows our plan for making the required improvements and demonstrates our progress against the plan. While we take forward our plans to address the 47 recommendations, the Trust is in ‘special measures’. This document builds on the summary of actions identified at the Quality Summit with our partners, external stakeholders and the CQC.
- Oversight and improvement arrangements have been put in place to support changes required; this is being led at Executive and Divisional Leadership level to ensure successful implementation. The programme of improvement will have a structure approach within a Programme Management Office directly responsible to the CEO.

East Kent Hospitals University NHS Foundation Trust –

Our improvement plan & our progress

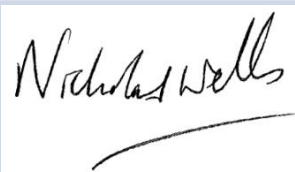

Who is responsible?

- Our actions to address the recommendations have been agreed by the Trust Board and shared with our staff.
- Our Chief Executive, Stuart Bain, is ultimately responsible for implementing actions in this document. Other key staff are the Chief Nurse, Julie Pearce and the Medical Director Paul Stevens, as they provide the executive leadership for quality, patient safety and patient experience.
- The Improvement Director assigned to East Kent Hospitals University NHS Foundation Trust is Susan Lewis, who will be acting on behalf of Monitor and in concert with the relevant Regional Team of Monitor to oversee the implementation of the action plan overleaf and ensure delivery of the improvements. Should you require any further information on this role please contact specialmeasures@monitor.gov.uk
- Ultimately, our success in implementing the recommendations of the Trust's High Level Improvement Plan (HLIP) will be assessed by the Chief Inspector of Hospitals, upon re-inspection of our Trust; there is no date yet identified.
- If you have any questions about how we're doing, contact our Trust Secretary, Alison Fox on 01227 766877 (ext 73660) or by email at alison.fox4@nhs.net

How we will communicate our progress to you

- We will update this progress report every month while we are in special measures, which will be reviewed by the Board and published on our website. This section of the Board meeting will be held in public. We will continue to share updates with our staff on a weekly basis.
- There will be regular updates on NHS Choices and subsequent longer term actions may be included as part of a continuous process of improvement.
- The Trust has scheduled a monthly progress meeting with the three main CCGs; the first is planned on 23 October 2014. Several engagement events with external stakeholders including Kent County Council on 10 October 2014 and Age UK on 31 October 2014 are scheduled. Further dates will be announced in updates of this progress report.

Chair / Chief Executive Approval (on behalf of the Board):

Chair Name: Nicholas Wells	Signature: 	Date: 13 October 2014
Chief Executive Name: Stuart Bain	Signature: 	Date: 13 October 2014

East Kent Hospitals University NHS Foundation Trust –

How our progress is being monitored and supported

Summary of Main Concerns	Summary of Urgent Actions Required	Agreed timescale for implementation	External Support/ Assurance	Progress against original time scale	Revised deadline (if required)
Safe	• Ensure safe and sustainable staffing across the Trust and specifically for services where Children and Young people are treated, using approved workforce and acuity models	On-going programme with 6-monthly assessment to re-align workforce if required	HEKSS for workforce redesign	75% of the way through investment programme	N/A
	• Improve sharing and learning across the organisation in relation to incidents, complaints and claims	June 2015	Local Commissioners	Revision of process to reporting	N/A
	• Improve the storage of medicines within ED and Medicine and ensure the Trust has a secure system for storing and checking medicines.	December 2014	N/A	On track to deliver	N/A
	• Improve the Mandatory Training compliance rate	March 2015	N/A	Revised mechanism for training being tested	N/A
	• Embed the WHO checklist, particularly the team briefing before and after surgery	December 2014	External review of process by KPMG	External review in progress	N/A
	• Ensure accurate reporting of hospital acquired pressure ulcers	December 2014	External review of process by KPMG	External review completed – report awaited	N/A
Effective	• Improve staff awareness and training compliance with the Trust's Incident Response Plan (Major Incident Plan)	March 2015	All local providers to utilise training opportunities	Additional training identified for A&E staff	N/A
	• Ensure staff have access to relevant up to date clinical policies, implement current NICE guidance and ensure learning is embedded	March 2016	Regional NICE Manager	All policies reviewed and being updated	N/A
	• Reduce the number of ward transfers experienced by patients during their stay	March 2015	Local commissioners	On track to deliver	N/A
	• Participate in all relevant national clinical audits and respond to national recommendations published	March 2015 and on-going	Local commissioners	Monitoring process revised	N/A
Caring	• Adopt and implement a universal End of Life Care Strategy and planning to ensure an effective provision and response to patients and carers across the Trust	December 2014 and then part of annual audit planning	HEKSS project	Current Schwartz rounding project and	N/A

East Kent Hospitals University NHS Foundation Trust –

How our progress is being monitored and supported

Summary of Main Concerns	Summary of Urgent Actions Required	Agreed timescale for implementation	External Support/ Assurance	Progress against original time scale	Revised deadline (if required)
Responsive	<ul style="list-style-type: none"> Improve patient experience within outpatients, addressing specifically, communications from the Trust, minimising cancellations and ensuring the availability of all patient information for appointments 	March 2015 for phased reduction	Local commissioners to support with demand management	Partial booking for follow-ups established	N/A
	<ul style="list-style-type: none"> Improve the timeliness of responses to complaints and ensure that the backlog is addressed 	January 2015	Local commissioners & HealthWatch		N/A
	<ul style="list-style-type: none"> Review the external reporting requirements for mixed sex accommodation and align 	March 2015	Local commissioners & KPMG	External testing commenced and plan to complete by November 2015	N/A
Well-led	<ul style="list-style-type: none"> Undertake a Trust wide diagnostic to assess the culture of the Trust as we want our staff to feel confident in raising concerns with us 	Diagnostic by February 2015 fully embedded by March 2017	External support to deliver programme	Out to Tender	N/A
	<ul style="list-style-type: none"> Enshrine the “WeCare” values and in all that we do - cascade values and embed behaviours into the trust 	Diagnostic by February 2015 and on-going	External support to deliver programme	WeCare steering group set up	N/A
	<ul style="list-style-type: none"> Develop and deliver a comprehensive staff engagement plan 	Diagnostic by February 2015 and on-going	External support to deliver programme	Out to Tender	N/A
	<ul style="list-style-type: none"> Improve the cascade process to listen and communicate with staff 	Commences December 2014 and on-going	External support to deliver programme	Review of communication pathways	N/A
	<ul style="list-style-type: none"> Improve performance in the annual staff survey and the staff Friends and Family Test 	Diagnostic by February 2015 and on-going	External support to deliver programme	Out to Tender	N/A
	<ul style="list-style-type: none"> Test and validate the data used by the Board to ensure the governance and assurance process is robust 	March 2015	KPMG commissioned to review data quality	External testing commenced and plan to complete by November 2015	N/A

East Kent Hospitals University NHS Foundation Trust – How our progress is being monitored and supported

Oversight and improvement action	Agreed Timescale for Implementation	Action owner	Progress
Appoint Improvement Director	September 2014	Monitor	Delivered – Susan Lewis appointed
We aim to complete independent reviews of data quality, divisional governance and safety systems at the Trust within the next four months	September 2014 to January 2015	Trust Chief Executive	On track to deliver
External quality governance review to look at how the trust is performing, provide assurance it is operating effectively and identify further opportunities for improvement	Out for tender October 2014 and complete by January 2015	Trust Chief Executive	On track to deliver
Regular conversations and monthly accountability meetings with Monitor to track delivery of action plan	September 2014 onwards	Trust Chief Executive/Monitor	On track to deliver
Monthly meetings of the Trust Board will review evidence about how the Trust action plan is improving our services in line with the Chief Inspector of Hospitals recommendations			Alignment of action plan updates to the Improvement Director monthly to enable the BoD to receive and update monthly
Weekly Executive oversight meeting to drive the delivery of our plan	September 2014 onwards	Trust Chief Executive	On track to deliver
Local economy level consideration of whether the trust is delivering its action plan and improvements in quality of services by a Quality Surveillance Group (QSG) composed of NHS England Area Team, Clinical Commissioning Groups, Monitor, Care Quality Commission, Local Authority and Healthwatch	October onwards	Quality Surveillance Group	On track to deliver
Monthly updates of this report will be published on our website	August 2014 onwards	Trust Chief Executive	On track to deliver
Inception of a Programme Management Office function for the entire programme	November 2014	Trust Chief Executive	On track to deliver
Re-inspection. The Chief Inspection of Hospitals will undertake a full inspection of the Trust	TBC	CQC	