

# Special Measures Action Plan

## East Kent Hospitals University NHS Foundation Trust

DECEMBER 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 third NHS Choices Action Plan report since the Trust was put into special measures on 29 August 2014.
- 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 fully address 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 last report we have:
  - Recruited an additional interventional radiologist;
  - Improved incident reporting rates;
  - Received the report, undertaken by an external body, on data quality. The report identified no issues for concern;
  - Established a Programme Office to support delivery of the cultural change programme;
  - Revised the policy on Raising Concerns;
  - Been identified as preferred provider for Human Factors training;
  - Introduced in-depth cleaning audits in all areas.

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 has a structured approach with a Programme Management Office directly responsible to the CEO.

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### 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, Director of Quality 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](mailto: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](mailto: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 regular updates with our staff through team meetings, staff newsletters and the CE Forum.
- There will be monthly 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. In addition the Trust held several engagement events with external stakeholders including Kent County Council and East Kent Association of Senior Citizens 'Forums'. 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:
Chief Executive Name: Stuart Bain	Signature:	Date:

## 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
<b>Safe</b>	<ul style="list-style-type: none"> <li>Ensure there is a sufficient number and mix of suitably qualified, skilled and experienced staff across the Trust, including A&amp;E, on wards at night and in areas where children are treated.</li> </ul>	September 2015	HEKSS for workforce redesign	Recruitment and retention of staff remains a challenge. The Trust is working with education providers to increase the numbers of locally trained staff. One particular success story was the development of a more innovative training programme for sonographers.	N/A
	<ul style="list-style-type: none"> <li>Ensure that there is a Board level lead for children and young people (and that staff know who this is) and that, in all areas where children are treated, equipment is safe and there are appropriately trained paediatric staff.</li> </ul>	March 2015 and on-going	N/A	Board lead identified. Equipment maintenance schedules currently being reviewed. Paediatric nurses now undertake all pre-operative assessment of children and are present in Day Surgery whenever children are admitted.	N/A
	<ul style="list-style-type: none"> <li>Ensure staff are up to date with mandatory training.</li> </ul>	March 2015	N/A	Completion of mandatory training discussed with all staff during appraisal process. HR in process of reviewing existing learning management system	N/A
	<ul style="list-style-type: none"> <li>Ensure that an effective system is in place for reporting incidents and never events and that Trust wide, all patient safety incidents are identified and recorded.</li> </ul>	June 2015	External review	Incident reporting has been improved through refinement of DATIX. Funding has been obtained for a Human Factors training programme.	N/A
	<ul style="list-style-type: none"> <li>Ensure patient treatments, needs and observations are routinely documented and that any risks are identified and acted on in a timely manner.</li> </ul>	September 2015	External review	The new Wi-Fi network has been installed and will be tested to ensure 100% coverage in clinical areas during December.	N/A
	<ul style="list-style-type: none"> <li>Ensure that the environment in which patients are cared for and that equipment used to deliver care is well maintained and fit for purpose.</li> </ul>	June 2015	N/A	All manually operated couches at WHH now replaced and hoists ordered for KCH. Replacement programme for curtains reviewed. Wards record when curtains are changed and request replacements as necessary	N/A
	<ul style="list-style-type: none"> <li>Ensure that protective clothing for staff is in good supply and that cleaning schedules are in place across the hospital and that in-depth cleaning audits take place.</li> </ul>	December 2014	N/A	Random audits of materials management and regular audits of cleaning schedules now in place	N/A
	<ul style="list-style-type: none"> <li>Ensure that evidence from clinical audits is used to improve patient care.</li> </ul>	March 2015 and on-going	N/A	Action plans have been agreed. Divisions now need to take forward	N/A
	<ul style="list-style-type: none"> <li>Ensure medications are stored safely and that the administration of all controlled drugs is recorded</li> </ul>	February 2015	N/A	Audits are undertaken every 6 months. These include testing of fridge temperatures and security of cupboards. An internal report being prepared on the administration of controlled drugs for review in December 2014.	N/A
<b>Effective</b>	<ul style="list-style-type: none"> <li>Ensure that all paper and electronic policies, procedures and guidance are up to date and reflect evidence-based best practice.</li> </ul>	March 2016 and on-going	N/A	A review of the electronic system used to store policies and ensure they are up to date is underway. Staffing pressures make this action a challenge.	N/A
	<ul style="list-style-type: none"> <li>Ensure that all relevant policies and procedures for children reflect best practice / NICE quality standards for paediatrics.</li> </ul>	December 2015	Regional NICE manager	The policies relating to children are currently being reviewed and amended where necessary	N/A
	<ul style="list-style-type: none"> <li>Ensure the flow of patients through the hospital is effective and responsive, that patients are not moved unnecessarily and that patients leave hospital, with their medications, when well enough.</li> </ul>	March 2015	N/A	Significant work has been undertaken in this area including the establishment of a multi-disciplinary, multi agency, Integrated Discharge Team. However there is still more work needed including a review of impact of new clinical pathways on LOS	N/A
	<ul style="list-style-type: none"> <li>Ensure that staff are fulfilling their roles in accordance of current clinical guidelines and also that children's services audit their practice against national standards.</li> </ul>	March 2015 and on-going	N/A	A review has been undertaken and is now being considered by the Medical Director.	N/A
	<ul style="list-style-type: none"> <li>Improve staff awareness of the Trust's Incident Response Plan and ensure all necessary staff are appropriately trained</li> </ul>	March 2015	N/A	A 6 monthly rolling training programme has been introduced for all relevant staff. Over 130 staff have been trained to date with further sessions booked in December.	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)
<b>Caring</b>	<ul style="list-style-type: none"> <li>Review the provision of end of life care and make certain that staff are clear about the care of patients at the end of life and that all procedures, including the involvement of patients, relatives and the multidisciplinary team, are fully documented to ensure the effective and responsive provision of safe care.</li> </ul>	March 2015 and on-going	NHS IQ project	DNA CPR policy reviewed in line with the Tracey v Cambridge judgment.	N/A
<b>Responsive</b>	<ul style="list-style-type: none"> <li>Review the complaints process and timeliness of response, ensuring compliance with regulations.</li> </ul>	January 2015	N/A	Complaint process has been reviewed. Now working to reduce the back log of complaints.	N/A
	<ul style="list-style-type: none"> <li>Improve the patient experience within outpatients by reviewing the Trust communication processes, reducing outpatient clinic waiting times and delays in follow up appointments.</li> </ul>	September 2015	Local commissioners to support with demand management	This is a large project with many streams. This month an electronic clinical maintenance programme was introduced in ENT. It will be rolled out to other specialties throughout December.	N/A
	<ul style="list-style-type: none"> <li>Ensure waiting times in pre-assessment clinics are not too long.</li> </ul>	April 2015	N/A	This is being reviewed as part of the wider service review of Trauma and Orthopaedics.	N/A
<b>Well-led</b>	<ul style="list-style-type: none"> <li>Improve communication between senior management and frontline staff and address the cultural issues identified in the staff survey</li> </ul>	Diagnostic undertaken by February 2015 and fully embedded by March 2017	External support to deliver programme	External support has now been engaged to support this work and a Programme Office, led by a newly recruited Culture Change Programme Manager set up to support delivery. Communication will be a key component of this work. Raising Concerns policy revised and out for consultation.	N/A
	<ul style="list-style-type: none"> <li>Ensure the governance and assurance of the organisation is robust</li> </ul>	March 2015	External review	External review undertaken and on track to draft report by end of December.	N/A
	<ul style="list-style-type: none"> <li>Ensure that all clinical services are led by a clinician with leadership skills.</li> </ul>	March 2016	N/A	Senior clinical leads in surgery have now been recruited.	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	Draft of data quality report received and shared with commissioners. Divisional Governance and Safety Systems report due December.
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	The review is well under way. The staff survey is complete. Focus events are being planned and 1-1 interviews being arranged.
Regular conversations and monthly accountability meetings with Monitor to track delivery of action plan	September 2014 onwards	Trust Chief Executive/Monitor	Monthly accountability meetings are held with Monitor and key stakeholders.
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	Throughout special measures	Chair of CQC Improvement Plan Delivery Board	Monthly reports, detailing progress towards achievement of the action plan, are reviewed at each Board meeting
Weekly Executive oversight meeting to drive the delivery of our plan	September 2014 onwards	Trust Chief Executive	Weekly phone calls
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	Monthly accountability meetings are held with Monitor and key stakeholders.
Monthly updates of this report will be published on our website	August 2014 onwards	Trust Chief Executive	The report is published on the Trust website, the staff intranet and is also emailed to key stakeholders
Inception of a Programme Management Office function for the entire programme	November 2014	Trust Chief Executive	The Programme Management Office, led by a senior clinician, is now fully established.
Re-inspection. The Chief Inspection of Hospitals will undertake a full inspection of the Trust	TBC	CQC	