

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO: BOARD OF DIRECTORS MEETING

DATE: FRIDAY 27 MARCH 2015

SUBJECT: CQC ACTION PLAN

REPORT FROM: CHAIR OF IMPROVEMENT PLAN DELIVERY BOARD

PURPOSE: Discussion

CONTEXT / REVIEW HISTORY / STAKEHOLDER ENGAGEMENT

- The Trust was put into special measures following a CQC inspection in March 2014.
- In response the Trust developed an action plan based on the 21 Key Findings and 26 Must Do areas that were identified in the CQC report.
- Detailed action plans were developed at Divisional level. These feed into the High Level Improvement Plan (HLIP) to give an overall picture of progress.
- The Improvement Plan Delivery Board (IPDB) monitors progress against the HLIP and associated action plans. The IPDB is chaired by David Hargroves, Consultant Physician (who commenced in December). It has met monthly since 29 Oct 2014. The terms of reference for the IPDB were approved by the Board on 30 October 2014.
- A Programme Management Office has been established to oversee delivery of the action plans.
- Sue Lewis has been appointed by Monitor as the Improvement Director.
- Progress towards achievement of the HLIP is recorded monthly in the Special Measures Action Plan. This is submitted to Monitor via Sue Lewis. It is then uploaded to the NHS Choices website and EKHUFT staff and public websites.
- CQC have announced that the Trust will be re-inspected in the w/c July 13th 2015. This will be a full re-inspection with 60 inspectors.

SUMMARY:

Divisions are asked to provide a monthly update to the Programme Management Office. This update is used to record progress against the HLIP and to populate the monthly report to Monitor and the monthly NHS Choices Special Measure Action Plan. (As attached)

The summarised RAG ratings which are used to populate the NHS Choices Plan are given below.

| HLIP RAG RATING | | | | | | | |
|-----------------|------------------------------------|-------------------------|------------|-------------|------------|-------------|---------------|
| | Definition | Date of Monitor meeting | | | | | |
| | | 5 Nov 2014 | 3 Dec 2014 | 7 Jan 2015* | 4 Feb 2015 | 18 Mar 2015 | 15 Apr 2015** |
| Blue | Delivered | 1 (2%) | 3 (6%) | 2 (4%) | 1 (2%) | 2 (4%) | 3 (6%) |
| Green | On track to deliver | 19 (41%) | 36 (77%) | 25 (53%) | 24 (51%) | 22 (47%) | 27 (57%) |
| Amber | Some issues – narrative disclosure | 25 (53%) | 8 (17%) | 18 (38%) | 17 (36%) | 19 (40%) | 13 (28%) |
| Red | Not on track to deliver | 2 (4%) | 0 (0%) | 2 (4%) | 5 (11%) | 4 (9%) | 4 (9%) |

* RAG ratings agreed with the Improvement Director following the meeting with Monitor.

** Draft ratings to be confirmed

Achievements since the last report to the Board on 29 January 2015 include:

- Clinical Education in EKHUFT have been awarded a certificate by the South Thames Foundation School in recognition of its exceptional work in supporting our Foundation Doctors during 2013/2014;
- Winning the Kent, Surrey, Sussex (KSS) EXPO award for Most Improved Acute Provider. The KSS EXPO is a new event which is focused on accelerating healthcare innovation, enhancing the quality of care, and improving patient safety;
- Received nearly 6,000 compliments (January and February) from patients and relatives;
- Introduced a 'Respecting each other plan' which will include a confidential helpline, workplace buddies and a staff charter;
- Commenced a comprehensive outpatients service at the state-of-the-art Medical Centre in Whitstable which offers a one-stop shop for outpatient services and diagnostics;
- Opening a medical equipment library at K&CH and doing all the necessary building works for a medical equipment library at WHH to open in March;
- Appointment of a consultant anaesthetist as Senior Clinical Lead for clinical strategy;
- Appointed a consultant surgeon as Senior Trust-wide lead for Governance, Patient Safety and Quality in the surgical division;
- Introduced weekly theatre meetings to give theatre staff time to discuss operational items, patient safety issues and improvement plans;
- Responded to all patients and relatives who phone with issues within 24 hours.
- Run three very successful Schwartz rounds at WHH providing staff, from all disciplines, with the opportunity to reflect on the emotional aspects of their work. These will be expanded to KCH and QEPM later this calendar year.

Actions not on track to deliver

The four actions reported to Monitor on March 18th 2015 as not being on track to

deliver were:

MUST DO 10: Ensure that cleaning schedules are in place in all areas of the hospital, personal protective equipment for staff is in good supply, and that in-depth cleaning audits take place in all areas.

This action was RAG rated Red as there are issues with cleaning at KCH. The issues are expected to be resolved once the new cleaning supervisors take up post in May.

MUST DO 19: Ensure safety is a priority in A&E.

This action has been RAG rated Red as:

- there is concern about funding of the Integrated Discharge Team post March 31st 2015;
- there is more work to be done around separating children from adults in A&E.

MUST DO 25: Ensure the administration of all controlled drugs is recorded.

This action relates to the policy of using single nurse administration of controlled drugs. It was RAG rated Red as the planned completion date has been missed. A review of practices has now been undertaken and the policy revised. This action is expected to be completed by next month.

KEY FINDING 06: Risk to patients was not always identified across the organisation and when it was identified it was not consistently acted on or addressed in a timely manner.

This action relates to ensuring that all patients have a risk and skin assessment in line with Trust policy on admission to hospital. Although audits have shown improved compliance, observations suggest that when staff are busy, the risk assessments are not recorded. Further work is underway to identify and address areas of non-compliance.

RECOMMENDATIONS:

The Board is invited to note the report and the progress to date.

NEXT STEPS:

The Improvement Plan Delivery Board meets monthly to oversee delivery of the action plan. The next meeting will take place on 25 March 2015.

Monitor has asked that, for the next Performance Review meeting on April 15th 2015, the Trust provide an assessment of how the key actions will be RAG rated in July. This work is now being undertaken.

Preparations are underway for the CQC re-inspection that will take place in July 2015. These include weekly meetings of a core steering group and dedicated site based teams.

IMPACT ON TRUST'S STRATEGIC OBJECTIVES:

The actions included in the HLIP are aligned to the Trust's strategic objectives. Achievement of these is essential to enable the Trust to move out of Special

Measures and to restore the confidence of all stakeholders including commissioners, staff and the general public.

LINKS TO BOARD ASSURANCE FRAMEWORK:**IDENTIFIED RISKS AND RISK MANAGEMENT ACTIONS:**

The Trust's success in implementing the recommendations of the HLIP will be assessed by the Chief Inspector of Hospitals upon re-inspection of the Trust in July 2015. The results of this inspection will have a significant impact on the future reputation of the Trust.

FINANCIAL AND RESOURCE IMPLICATIONS:

Improvement initiatives that are successfully delivered and embedded into daily operations support the more effective and efficient use of resources.

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

None

ACTION REQUIRED:
(a) To note**CONSEQUENCES OF NOT TAKING ACTION:**

Failure of the Trust to respond in a timely fashion with appropriate information may affect the Trust rating with Monitor and the CQC.