East Kent Hospitals University NHS
NHS Foundation Trust

Special Measures Action Plan

East Kent Hospitals University NHS Foundation Trust

10 APRIL 2015

DRAFT

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 - DRAFT

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 seventh 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 address these issues fully will be long term actions, however, we are undertaking 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 staff awareness of the Trust's Incidence 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:
  - 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;
  - We have opened a medical equipment library at WHH;
  - We have held a third Schwartz Round, a meeting to provide an opportunity for staff from all disciplines to reflect on the emotional aspects of their work, at WHH. These are proving very successful with over 100 staff attending each event;
  - We have held a second 'Perfect Week'. This aims to smooth the patient pathway through the hospital from a better understanding of the bottlenecks of flow. The result was improved A&E performance from 87.6% to 89.8%;
  - We have received 2,546 compliments;
  - We have opened a telephone support line for staff with concerns around bullying and harassment;
  - We have organised staff learning events covering: dementia and end of life care, PSC pressure damage and skills for lifelong learning;
  - Our staff and patients and their relatives have been actively raising funds for charity. Staff across the hospital baked cakes for Red Nose day and, at Buckland Hospital Renal Satellite Unit, patients and staff have been raising money for Kidney Research UK and a patient's relative is raising money for Bradbourne ward by completing four challenges including running a half marathon and tackling an assault course and climbing Ben Nevis;
  - One of our consultants in Neuro Rehabilitation won the PhD grant for neuromodulation research

  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.

East Kent Hospitals University NHS Foundation Trust –
Our improvement plan & our progress - DRAFT

Who is responsible?

- Our actions to address the recommendations have been agreed by the Trust Board and shared with our staff.
- Our Interim Chief Executive, Chris Bown, 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
- 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. The CQC have indicated that this inspection will take place in the week commencing 13th July 2015.
- 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 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 four CCGs. In addition the Trust held several engagement events with external stakeholders including Kent County Council, East Kent Association of Senior Citizens' Forums and Ashford CCG PPG. 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:
Interim Chief Executive Name: Chris Bown	Signature:	Date:

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

Summary of Main Concerns	Summary of Urgent Actions Required	Agreed timescale	Revised deadline (if required)	Progress against original time scale	External Support/ Assurance
Safe	Ensure there is a sufficient number and mix of suitably qualified, skilled and experienced staff across the Trust, including A&E, on wards at night and in areas where children are treated.	Sept 2015	N/A	We are in the process of drafting a recruitment and retention strategy based on our business plans for 2015/16; this will be operational from April 2015. As part of our workforce planning process we are also looking to move to more of a centralised recruitment model, with occupations recruiting centrally across each Division. This will be linked to attractive recruitment campaigns and an improvement in the culture of the organisation .	HEKSS for workforce redesign
	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.	March 2015 and on-going	N/A	We have issued all staff with a booklet on 'Our Improvement Journey'. This included a section on the lead for Children and Young people so has helped to improve staff awareness of the role. In addition the Board Lead for Children and Young People has undertaken clinical duties in paediatrics and A&E to further raise staff awareness of her role. From April, paediatric trained nurses will be rostered in A&E during core hours. In addition, we have invested in a rolling training programme (starting in September 2015) so that all staff within A&E / ECC departments will be skilled in the care of children in an emergency setting.	N/A
	Ensure staff are up to date with mandatory training.	March 2015	N/A	A paper is being drafted that will identify the issues with the existing electronic system and will discuss procurement of a new system. In the meantime each Divisions has developed local plans to review mandatory training compliance. In surgery, for example, statutory and mandatory training compliance at KCH, was reviewed and discussed at a nurse workstation event held on March 12th.	N/A
	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.	June 2015	N/A	Over the last 6 months, EKHUFT has reported all known serious incidents, with the exception of one, within 48 hours. The latest report form the National Reporting and Learning System (NRLS) shows the number of days between an incident occurring and reported continues to decrease and an improved position for all grades of incident reported. To make sure that lessons are being learnt from incidents we are ensuring that learning from Root Cause Analysis (RCAs) and after actions are widely publicised throughout the Trust. The Trust has reported no never events this financial year.	External review
	Ensure patient treatments, needs and observations are routinely documented and that any risks are identified and acted on in a timely manner.	Sept 2015	N/A	Patient observations are undertaken with VitalPac; an electronic system that automatically uploads patient observations. A robust process is in place to ensure the system operates smoothly, including 24 hour telephone support. An audit has been developed, in collaboration with the Information Department, to test staff awareness of actions to follow should there be any problems with the VitalPac application . This audit, which is now underway, is being overseen by key members of the VitalPac team.	External review
	Ensure that the environment in which patients are cared for and that equipment used to deliver care is well maintained and fit for purpose.	June 2015	N/A	We have introduced clear processes for changing bed curtains and have prepared a business case aimed at introducing disposable curtains in high risk areas. We have opened a third medical equipment library at WHH. We have updated and replaced the chairs in all waiting areas. We have had plans drawn up to improve the outpatient departments at QEQM and WHH and have allocated capital funding to take forward this work during 2015/16.	N/A

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Summary of Main Concerns	Summary of Urgent Actions Required	Agreed timescale	Revised deadline (if required)	Progress against original time scale	External Support/ Assurance
Safe	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.	Dec 2014	N/A	The Trust has purchased 15 additional Powered Respirator Protective Suits (with another 23 suits on order) to help enhance the Trust's response capabilities to a Chemical Incident. Training sessions in how to use the suits are on-going. WHH and QEQM consistently show good levels of cleaning at required audit levels. KCH, however, remains a problem in terms of achievement of audit levels. This is due to loss of supervisors. Recruitment of supervisors is underway and a full complement is expected by May. Improvement plan for each area which score below required thresholds are agreed at ward level and with hospital management.	
	Ensure that evidence from clinical audits is used to improve patient care.	March 2015 and on-going	N/A	Each Division produced and presented a draft clinical audit plan to the Clinical Audit Committee in March. These plans will now go to the Quality Committee for sign off in April. The plans have the backing of all four Divisional Medical Directors and will ensure we have a robust audit programme in 2015/16. In addition, discussions are taking place with clinicians on how clinical audit can be used to improve outcomes; Comparative Health Knowledge System (CHKS) are supporting these discussions.	
	Ensure medications are stored safely and that the administration of all controlled drugs is recorded	Feb 2015	N/A	The policy has been reviewed and the Trust six monthly medicine storage audit has been developed to ensure the robust monitoring of medicines storage and security. A set of five key measures have been developed from this audit to be reported monthly on the CQC dashboard from April 2015. A risk assessment has been undertaken around the signature process for controlled drugs and recommendations around clarifying the policy were made to the Quality Assurance Board in February. The revised Trust Medicines Management policy was then revised and has now been approved by the Drugs and Therapeutics Committee in March. The final draft policy will be presented to the Quality Assurance Board for final approval on April 1st 2015. An audit of second checking for Controlled Drug administration will be completed monthly from April 2015, for reporting on the CQC dashboard.	
Effective	Ensure that all paper and electronic policies, procedures and guidance are up to date and reflect evidence-based best practice.	March 2015	July 2015	All Divisions have systems in place to review and update all policies by July 2015. A Task and Finish Group has been established to oversee delivery of this action and to ensure that the existing electronic storage system is fit for purpose. The Task and Finish Group reviews the action plans on a monthly basis to ensure that the Divisions stay on track for delivery and assesses risk in relation to policies that still require updating.	N/A
	Ensure that all relevant policies and procedures for children reflect best practice / NICE quality standards	April 2015	N/A	All Trust policies and guidance for children have ben reviewed and updated. A full audit is being planned and spot checks and face to face audits will be completed to ensure all staff are fulfilling their roles in accordance with current guidelines.	Regional NICE manager
	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.	March 2015	N/A	We are working with our commissioners to ensure long term funding of teams, such as the integrated Discharge Team, that help improve the patient journey through the hospital. We are planning to introduce a Near Patient Pharmacy Service. This which will speed up the discharge process by ensuring patients receive their medicines earlier on the day of discharge. Recruitment of pharmacists is underway but is not expected to be complete until late summer.	CCGs

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Effective	• Ensure that staff are fulfilling their roles in accordance with current clinical guidelines and also that children's services audit their practice against national standards.	March 2015	N/A	A framework of action is now in place; this includes reviewing all current clinical guidance and undertaking a gap analysis and ensuring all Divisions (including Specialist Services which covers children) have a detailed clinical audit programme in place for 2015/16.	N/A
	• Improve staff awareness of the Trust's Incident Response Plan and ensure all necessary staff are appropriately trained	March 2015	Dec 2015	We have increased awareness of both the role of the Emergency Response Team and the Major Incident Response Plan. We have made good inroads in respect of training to date. Over 200 staff have been trained so far and plans are in place to train a further 2,500 staff by December 2015; eighteen training sessions will run each month with up to 20 staff attending each session.	N/A
Caring	• 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.	March 2015 and on-going	N/A	We have completed the audit of 'end of life' communication forms. This is now being collated and the results will be fed back to the End of Life Board in April.	N/A

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Summary of Main Concerns	Summary of Urgent Actions Required	Agreed timescale for implementation	Revised timeline	Progress against original time scale	External Support/ Assurance
Responsive	• Review the complaints process and timeliness of response, ensuring compliance with regulations.	January 2015	N/A	The new complaints policy is now fully operational; it has been out for consultation, approved by the Clinical Advisory Group and ratified by the Quality Assurance Board (QAB). We have also made it easier for patients and relatives to contact us whether in person, by phone, by email or in writing.	HealthWatch SEAP (Support, Empower, Advocate and Promote)
	• Improve the patient experience within outpatients by reviewing the Trust communication processes, reducing outpatient clinic waiting times and delays in follow up appointments.	September 2015	N/A	The outpatient department have started pre-work with Cardiology to deliver partial booking of follow ups where patients are not booked more than 8 weeks in advance and given the choice of appointment time and venue. The process is due to be introduced in May 2015.	Local commissioners to support with demand management
	• Ensure waiting times in pre-assessment clinics are not too long.	April 2015	N/A	The delays in pre-assessment clinics identified by the CQC related to long waits by orthopaedic patients to see their consultant. We have now addressed this by ensuring these clinicians have attendance at pre-assessment clinics built into their job plans. We are now doing spot checks to ensure delays are minimal.	N/A
Well-led	• Improve communication between senior management and frontline staff and address the cultural issues identified in the staff survey	Diagnostic undertaken by February 2015 and fully embedded by March 2017	N/A	Communications from the Executive team continue in the form of regular blogs and in 'Our Improvement Journey', a monthly newsletter sent to all staff with payslips. Following the analysis of the FFT data on bullying & harassment, a 'Respecting Each Other' campaign has been launched to address the issues. Initial work has focused on providing support e.g., a confidential telephone line, a plan to introduce Workplace Buddies and internal mediators and the development of a Staff Charter. The Hay Group have presented their final report and recommendations. This included a set of staff values and behaviours, building on We Care, and a proposal for a leadership development programme to cascade throughout the Trust. Work has begun to pilot a new Team Brief process in UCLTC, with the aim of developing more effective 2-way communication.	External support to deliver programme
	• Ensure that all clinical services are led by a clinician with leadership skills.	March 2016	N/A	Two rolling programmes are in place; both of which are oversubscribed. The first clinical leadership programme began in March (with 20 participants from different specialties) and the fourth interdisciplinary clinical leadership programme began this month (with 24 staff participants). As a follow on to this programme a national conference is being organised for October 2015; this is being arranged by a previous cohort od the interdisciplinary clinical leadership programme.	N/A

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Oversight and improvement action	Agreed Timescale for Implementation	Action owner	Progress
Appoint Improvement Director	September 2014	Monitor	Delivered – Susan Lewis appointed
Independent reviews of data quality, divisional governance and safety systems at the Trust will be commissioned and have been completed within the next four months	September 2014 to January 2015	Trust Chief Executive	Data quality review - The final report has been received and an action plan drawn up based on the recommendations. Divisional governance review – The final report has been received and an action plan is being drawn up based on the recommendations.
External quality governance review to look at how the Trust Board is performing, provide assurance it is operating effectively and identify further opportunities for improvement	October 2014 to January 2015	Chairman	Board governance review – The final report has been received and the Board of Directors is drawing up an action plan based on the recommendations.
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 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	The Executive Team meets weekly to review progress.
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 2014 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
Establish an Improvement Plan Delivery Board (IPDB) chaired by a clinical lead	October 2014 onwards	Trust Chief Executive	The IPDB meets monthly, chaired by a clinical lead, to oversee out improvement journey
Inception of a Programme Management Office function for the entire programme IPDB	November 2014	Trust Chief Executive	The Programme Management Office, led by a senior clinician, is now fully established.
The Chief Inspection of Hospitals will undertake a full inspection of the Trust	July 2015	CQC	We are now preparing for the re-inspection later this year.