

**EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST****REPORT TO: BOARD OF DIRECTORS****DATE: 24 APRIL 2015****SUBJECT: CQC ACTION PLAN****REPORT FROM: CHAIR OF IMPROVEMENT PLAN DELIVERY BOARD****PURPOSE: Discussion  
Information****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 13<sup>th</sup> 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.

	Definition					Forecast	
		7 Jan 2015*	4 Feb 2015	18 Mar 2015	15 Apr 2015	July 13 2015	
<b>Blue</b>	Delivered	2 (4%)	1 (2%)	2 (4%)	10 (21%)	16 (34%)	
<b>Green</b>	On track to deliver	25 (53%)	24 (51%)	22 (47%)	22 (47%)	20 (40%)	
<b>Amber</b>	Some issues – narrative disclosure	18 (38%)	17 (36%)	19 (40%)	14 (30%)	11 (26%)	
<b>Red</b>	Not on track to deliver	2 (4%)	5 (11%)	4 (9%)	1 (2%)	0 (0%)	

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

**Achievements since the last report to the Board on 19 March 2015 include:**

- The number of staff who would recommend the Trust to friends and family if they need treatment has increased by 2%;
- 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. 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 had 120 staff volunteer to become 'workplace buddies';
- We have organised staff learning events covering: dementia and end of life care, pressure damage and skills for lifelong learning;
- We have seen improved staff engagement with some of our staff and their relatives actively raising funds for hospital charities.

**Actions not on track to deliver (RED RAG) – 15 April 2015**

The one action reported to Monitor on 15 April 2015 as not being on track to deliver was:

**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

Cleaning at KCH, has recently suffered a dip in performance due to the lack of supervisory staff, recruitment has now taken place and all posts should be filled by May. Improvement is being seen on a daily basis with the trajectory to return to full compliance by May.

**FORECAST POSITION – JULY 2015**

All actions are expected to be started by July 2015, but 11 are forecast to be

delayed.

Actions started but expected to be delayed are:

**M01, M18, KF08** – *Ensure that there is 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.*

HR is working on a number of initiatives to address this issue including: production of a recruitment and retention policy, moving to a more centralised recruitment model with occupations recruiting centrally across each Division and recruiting from overseas.

**KF17** - *We found examples of poorly maintained buildings and equipment. In some cases equipment was not adequately maintained, was out of date and unsafe.*

The quality of estate is being reviewed and plans developed which will be prioritised by SIG and the PEIC.

**M08** - *Ensure that the environment in which patients are cared for is well maintained.*

Although a lot of work has been undertaken to improve the environment, for example a maintenance programme has been produced for all areas, this action is expected to be amber rated in July in respect of compliance with mixed sex accommodation requirements. Work is underway to address this issue, through screening for example, but it is not expected to be complete by July.

**M15, M16, M17, KF18** - *Improve the patient experience within outpatients by reviewing the Trust communication processes, reducing outpatient clinic waiting times and delays in follow up appointments.*

The communication process in outpatients has improved but there are still issues with booking follow up appointments,

**M20, M21** - *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.*

This relates to capacity issues and ensuring patients get their medications on time at discharge. Work is being done to improve pathways and flows through the hospital and, once the new pharmacists are in post, the Near Pharmacy pilots will help ensure that patients receive their medications on time.

## DASHBOARD

Each month the Information Department compiles a dashboard where each of the actions is RAG rated according to agreed criteria. The dashboard can be drilled down by Divisions to help them manage their actions.

## RE-INSPECTION PLANS

Preparations are now underway for the re-inspection which will take place w/c 13 July 2015.

The re-inspection will be a full inspection covering K&CH, QEQM, WHH and Dover. It is expected that there will be around 25 inspectors based at WHH and 25 based at

QEQM; members of these teams will also cover Dover and K&CH.

In addition there will be unannounced visits - probably in the weeks prior to 13 July 2015.

A short-term steering group has been set up to oversee preparations for the CQC re-inspection. The membership of the group is very wide and includes staff from all Divisions and all sites. This group 'CQC re-visit steering group' meets weekly and reports into the Improvement Plan delivery Board chaired by David Hargroves. The preparation for the Inspection and the inspection itself is seen as a key milestone in the improvement journey which is going to take much longer to ensure that effective clinical leadership and cultural change is embedded.

The steering group has agreed the general approach to preparing for inspection and has focussed efforts on developing site based teams, engaged an external independent consultant expert to support the preparation, and developing the materials that will support the site-based hospital teams in preparing for inspection.

The focus for the preparation will be the key lines of enquiry associated with the domains of safe, effective, caring, responsive and well-led for each of the services to be visited.

The external independent consultant expert (Gill Hooper) has facilitated preparation sessions with the senior leadership team, and the hospital based site teams at KCH, QEQM and WHH. Further work will be developed to run a 'mock inspection' during May. A slide pack is available to be used as a cascade tool. Gill explained the inspection process and gave tips on how to prepare. For example, she said that each site should consider the most appropriate place to locate the CQC comments boxes. The session was reassuring in that Gill emphasised that it wasn't necessary for everything to be perfect but that hospital teams and ward/department teams should consider how to represent their hospital in the 'best light', emphasising recent innovations, improvements in their departments/areas and what the plan is for further improvements, for example what has been recent learning from local incidents, complaints, feedback from patients and how has this been reflected on by the team and what improvements are being made as a result.

The CQC re-visit steering group has established three site based teams, each of which will be led by a clinician, two senior nurses, senior therapist/allied HP and senior manager.

### **QEQM**

Dr Neil Goldsach, Consultant Respiratory Physician  
Sally Moore, Senior Matron  
Alanda Tofte, Senior Matron  
Senior Manager (to be confirmed)  
Senior AHP (to be confirmed)

Plus a team of leaders from a variety of departments and wards

### **K&C**

Dr Gustav Standvik, Consultant Anaesthetist  
Paula Brogan, Senior Matron  
Elisa Steele, Senior Matron  
Senior Manager (to be confirmed)  
Senior AHP (to be confirmed)

Plus a team of leaders from a variety of departments and wards

**WHH**

Mr Thanesan Ramalingam, Consultant Colorectal Surgeon  
 Andy Schofield, Senior Matron  
 Wilma Deatcher, Senior Matron  
 Senior Manager (to be confirmed)  
 Senior AHP (to be confirmed)

Plus a team of leaders from a variety of departments and wards

These teams will (with support) lead the local preparations for the re-visit by:

- talking to staff about the re-inspection process and explaining how they can best portray the service they provide,
- by carrying out mini / mock-inspections
- by being a 'pair of eyes' to spot issues that can quickly be addressed.

Communication will be a key issue for the CQC re-visit steering group. As a first step a booklet has been prepared explaining the re-inspection process and how staff can best prepare. This booklet will be distributed to all staff, through the Divisions, in late April. A full communication plan is being prepared and will be rolled out later this month. It will be important that line managers and team leaders use the booklet and discuss the approach with their teams as part of the cascade and preparation.

The CQC re-visit steering group reviews progress against the project plan at each of its weekly meetings.

The key risks are:

- The time-frame for preparation and engaging staff positively in the preparation
- Speed at which we are able to implement communication and engagement activity as part of the preparations
- Staff perceptions of workload, activity, staffing levels, and recruitment processes
- Staff perceptions of what has changed since the previous inspection report
- Level of staff engagement in the overall improvement journey
- Actual progress made in some key findings and must do areas.

The mitigation of the risks is being discussed and addressed through the steering group and the overall improvement plan delivery board.

**RECOMMENDATIONS:**

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

**NEXT STEPS:**

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.

The Improvement Plan Delivery Board meets monthly to oversee delivery of the action plan. The next meeting, which will be an away-day, will take place on 11 May 2015.

**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:**

A010

**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.