

# Special Measures Action Plan

## East Kent Hospitals University NHS Foundation Trust

MAY 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

## 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 eighth 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:

- New chair? / New FD?
- We have held a fourth Schwartz round at the WHH. This is a meeting to provide an opportunity for staff from all disciplines to reflect on the emotional aspects of their work. These events are proving very successful with over 100 staff attending each event.
- Laboratory medicine have turned paperless with all internal reports now being generated electronically so that test results are made available more quickly.
- We are piloting a new style of Team Brief in the UCLTC Division to improve engagement with staff.
- We have introduced a pilot project called ‘One Voice, Your Voice’ that will give nurses the opportunity to learn about new protocols and policies. The one hour arena which will run monthly will enable nurses to learn why the new protocols and policies have been introduced so that they feel more engaged in decision making.
- We received 2,755 compliments in March.
- We have run training courses covering diabetes, critical appraisal and study skills.
- We have run face to face e-learning clinics on the three main sites to support staff who have difficulty accessing the e-Learning.
- Surgery hosted a staff learning event called ‘Get off the rollercoaster’. (waiting for info from surgery.
- We are running a forum for consultants to improve engagement. (Date in May tbc)
- Fifty members of staff have volunteered to be workplace buddies and to provide support to the ‘Respect each other’ programme.
- 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

## 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](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. The CQC have indicated that this inspection will take place in the week commencing 13<sup>th</sup> 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](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 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.

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

Chair Name: Nicholas Wells

Signature:

Date: 5 May 2015

Interim Chief Executive Name: Chris Bown

Signature:

Date: 5 May 2015

## 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	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	As part of our workforce planning process we are moving to a more centralised recruitment model with occupations recruiting centrally across each Division; the new model will be linked to attractive recruitment campaigns and an improvement in the culture of the organisation . Significant work is being undertaken across the Divisions to recruit and reduce vacancy levels across the Trust. The Urgent and Long Term Conditions Directorate , for example, now has a General Manager leading on recruitment. The General Manager is working with the HR Business Partner and Recruitment Manager on a recruitment campaign to fill the existing vacancies. Plans are in place to recruit 160 overseas nurses; 120 European nurses in June and 40 nurses from the Philippines in Autumn.	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 about '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. Paediatric trained nurses are now 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	September 2015	Work is on-going to improve mandatory training levels and a paper went to the April Management Board which identifies further actions and a timeline for delivery. The IT issues that were making it difficult for staff to access training and to maintain training records will be resolved by the end of June. In the meantime each Division 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	August 2015	EKHUFT has reported all known serious incidents, with the exception of one, within 48 hours. The latest report from the National Reporting and Learning System (NRLS) shows that the number of days between a serious incident occurring and reported continues to decrease as well as an improved position for all types of incident reported. The report also shows the Trust reported more incidents (36.1 incidents per 1,000 bed days) in the last reporting period and is above the median rate for acute trusts nationally. To ensure that lessons are being learnt from incidents, learning from Root Cause Analysis (RCAs) and after actions is widely publicised throughout the Trust. The Trust reported no never events this financial year; this has been confirmed by NHS England.	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.	N/A
	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	March 2016	We have introduced clear processes and policy for changing bed curtains and are piloting disposable curtains in high risk areas such as A&E. We have opened a third medical equipment library at WHH and 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. We have started work on upgrading the A&E department at WHH. We expect observation and storage to be resolved in the majors area by April 2015 and the minors and paediatric areas to be resolved by June with full permanent refurbishment completed by October 2015.	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	Revised deadline (if required)	Progress against original time scale	External Support/ Assurance
<b>Safe</b>	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	March 2015	Cleaning in the Trust is outsourced to Serco and both WHH and QEQM consistently show good levels of cleaning at required audit levels. 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. The Board remain fully briefed and Serco have attended the Board to confirm their intentions to achieve the improvement plan.	N/A
	Ensure that evidence from clinical audits is used to improve patient care.	April 2015 and on-going	N/A	Each Division has produced and presented clinical audit plans to the Clinical Audit Committee. These plans were signed off by the Quality Committee 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. Moving forward, we have reviewed the structure of the clinical audit team and have identified a Lead to work more closely with the Divisions to provide support: -in the development of robust audit plans with a focus on implementing changes to practice that will lead to improvements in patient care and -To ensure better recording of clinical audit projects.	CHKS
	Ensure medications are stored safely and that the administration of all controlled drugs is recorded	Feb 2015	N/A	Weekly audits are taking place to ensure the robust monitoring of medicines storage and security. Areas of non-compliance are raised with the Deputy Chief Nurse. A revised policy has been agreed around the administration of controlled drugs.	N/A
<b>Effective</b>	Ensure that all paper and electronic policies, procedures and guidance are up to date and reflect evidence-based best practice	March 2015	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. All Divisions have action plans in place to review and update all policies by July 2015. The Task and Finish Group reviews the Divisional action plans on a monthly basis to ensure that all are on track for delivery and to 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 been 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.	N/A
	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	October 2015	We have an improving recruitment position in Pharmacy and, where staffing allows, are introducing the Near Patient Pharmacy Project on wards which will speed up the discharge process by ensuring patients receive their medicines earlier on the day of discharge.	CCGs

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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
<b>Effective</b>	<ul style="list-style-type: none"> <li>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.</li> </ul>	March 2015	N/A	<p>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.</p> <p>This work will continue as business as usual since April.</p>	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	Dec 2015	<p>Following the Board of Directors approval of the Trust's Major Incident Plan, on 27th March 2015, the New Plan has been widely communicated throughout the Trust, through a number of mechanisms including:</p> <p><b>Awareness:</b> Distribution of Hard Copies of the Plan to 114 areas / individuals within the Trust, Electronic copy available on SharePoint., All staff been advised through News Flash, Approximately 170 posters displayed throughout the Trust., Awareness week being planned for WC Monday 1st June – Friday 5th June 2015. A further two weeks are being planned for later in the Year (November 2015, &amp; March 2016).</p> <p><b>Training:</b> Training Needs Analysis to establish core staff groups who require role essential training in order to implement the Major Incident Plan's Action Cards has been completed., Training against the New Plan commenced with A&amp;E Front Line Staff 9th April 2015, Schedule of training dates organised and All staff are being actively encouraged to book a place on either role essential training (where appropriate) or will receive awareness training through the provision of a DVD, New Starter Induction. There will be 2 live exercises this year (June &amp; October 2015) with an addition 3 table top exercises (May &amp; June 2015) one per site.</p>	N/A
<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	N/A	<p>We have reviewed the provision of end of life care to ensure staff are clear about the care of patients at the end of life and the procedures that must be followed.</p> <p>We have completed an 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.</p>	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	Revised timeline	Progress against original time scale	External Support/ Assurance
<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	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)
	<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	N/A	We are starting partial booking of follow up appointments in Cardiology from May. We have appointed an Outpatient Improvement Manager to improve efficiency, effectiveness and patient experience in outpatients.	Local commissioners to support with demand management
	<ul style="list-style-type: none"> <li>Ensure waiting times in pre-assessment clinics are not too long.</li> </ul>	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 that these clinicians have attendance at pre-assessment clinics built into their job plans. We are doing spot checks to ensure delays are minimal.	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	N/A	The Interim CEO has provided overall personal leadership for the programme, meeting and listening to over 1,000 staff during the last month, across all five sites. The pilot of a new team brief process in UCLTC is progressing, with a planned roll-out across the Trust over the next 3 months. Following the work with The Hay Group, a leadership development programme has been developed for all people managers. The Executive team to have their first session on 5th May. The 'Respecting Each Other' anti-bullying campaign implemented the confidential support help-line, trained 'workplace buddies' and ran 'roadshows' to launch the Staff Charter.	External support to deliver programme
	<ul style="list-style-type: none"> <li>Ensure the governance and assurance of the organisation is robust</li> </ul>	March 2015	N/A	External reviews have been undertaken. All final reports have now been received and responses to recommendations are being actioned.	External review
	<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	The Divisional Medical Directors and Divisional Chief Nurses now attend the trust executive management boards. 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 a 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 of the interdisciplinary clinical leadership programme.	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.
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 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 has drawn 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.
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 which will take place in July this year.