

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO:	BOARD OF DIRECTORS MEETING
DATE:	21 MAY 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 that the Trust will be re-inspected in the w/c July 13th 2015. This will be a full re-inspection with 60 inspectors.
- A steering group, reporting to the Improvement Plan Delivery Board, has been set up to oversee arrangements for the re-inspection.

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 for May)

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	20 May 2015	July 2015
Blue	Delivered	2 (4%)	1 (2%)	2 (4%)	10 (21%)	15 (32%)	20 (43%)
Green	On track to deliver	25 (53%)	24 (51%)	22 (47%)	22 (47%)	15 (32%)	14 (30%)
Amber	Some issues – narrative disclosure	18 (38%)	17 (36%)	19 (40%)	14 (30%)	14 (30%)	13 (26%)
Red	Not on track to deliver	2 (4%)	5 (11%)	4 (9%)	1 (2%)	3 (6%)	0 (0%)

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

Achievements since the last report to the Board on 24 April include:

- We have held a very successful forum for consultants that was attended by over 130 clinicians.
- 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.
- 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.
- Fifty members of staff have volunteered to be workplace buddies and to provide support to the 'Respect each other' programme.
- 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 that have difficulty accessing the e-Learning.
- Surgery hosted a multi-disciplinary staff learning day.
- Laboratory medicine have turned paperless with all internal reports now being generated electronically so that test results are made available more quickly.

Actions not on track to deliver (RED RAG) – 20 May 2015

The three actions reported to Monitor on 20 May as not being on track to deliver were:

MUST DO 2: *Ensure that appropriately trained paediatric staff are provided in all areas of the hospital where children are treated to ensure they receive a safe level of care and treatment.*

Compliance with this action is incomplete. Paediatric trained staff are available in A&E, but only between 8am and 8pm - which is when the majority of children attend A&E. We are recruiting to fill vacancies but with limited success. From September

paediatric training will be started for 'adult' nurses, but this will not be completed until April 2016. In the meantime, paediatric staff from wards provide support if children arrive in A&E at night.

MUST DO 24: *Ensure medications are stored safely*

An audit undertaken in April found that only 42% of medicine fridges were locked. The matrons have now been asked to work with wards on improvements.

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

An audit undertaken in April showed that two nurse sign off re controlled drugs is improving (from 59% in March to 82% in April) but there are still some wards where awareness of the policy is low.

FORECAST POSITION – JULY 2015

All actions are expected to be started by July 2015, but 13 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.

M04 - *Ensure all staff are up to date with mandatory training*

There are a number of challenges related to mandatory training and actions are being put in place to address these including, for example, an App that will allow staff to complete mandatory training requirements.

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 is not expected to be completed 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.

KF21 – *Patients who had attended pre-assessment before undergoing surgery experienced long waits before seeing a doctor. We met two patients who had waited over two hours and staff told us that was not unusual.*

Although significant work has been undertaken in this area, including the introduction of telephone pre-assessment and close monitoring of pre-assessment slots, there are still delays related to T&O clinics that need to be addressed.

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&C, 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&C.

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

A short-term multi-disciplinary 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 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 setting up site based teams and developing materials to support them 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.

An external independent consultant (Gill Hooper) has facilitated preparation sessions with the senior leadership team, and the site teams at K&C, QEQM and WHH. 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 areas and plans for further improvements..

The site-based teams are now well established and meet weekly in a designated 'Improvement Hub' room. The teams undertake mini-inspections, hold focus groups and keep staff informed of Our Improvement Journey. A handbook has been produced to help staff understand the inspection process and this is being disseminated by the teams and is also being issued to staff with the May payslips.

On Friday 8 May we held our first mock inspection of QEQM, K&C and WHH; over 60 staff, patients, carers and external colleagues participated in the event. Using the CQC's key lines of enquiry (KLOEs), visits were undertaken to inspect our progress against the improvement plan and the five domains of safe, effective, caring, responsive and well-led. In addition, three focus groups took place, and a separate group reviewed our data and information packs.

Feedback was given on the day and clarification and queries discussed. There were celebrations around the way some of our services are delivered and, in particular, around the compassion and caring displayed by our staff. There were a number of improvement points identified including: cleanliness, information governance compliance and medicines management compliance.

On Monday 11 May the Improvement Plan Delivery Board held an away day where each Executive and Director was asked to provide an update on their actions from the CQC action plan. This was a useful meeting as it enabled full discussion of issues that remain outstanding including:

- Staffing issues;
- Medicines management;
- Mixed sex accommodation compliance;
- Out of hours paediatric cover in A&E;
- Staff training.

Risks in respect of re-inspection

The key risks that have been identified in respect of the re-inspection are:

- Funded establishment may not be reflected in ward staffing due to vacancies, sickness and outcome of ward staffing review not being fully implemented yet.
- Staff are not able to articulate consistently any changes following a complaint, incident or other investigation and are not aware of the recent changes to NHS England guidance on never events and SIs. Their statutory responsibilities for duty of candour may not be well embedded. The understanding of some medical staff in reporting incidents does not align well with their professional responsibilities.
- Mandatory training reporting contains inaccuracies leading to lower compliance being reported than is true. Inability of workforce information to provide up to date information on training compliance.
- Non-compliance with mixed sex accommodation requirements.

- SharePoint not holding all up-to-date policies.
- Staff whistle-blowing directly to the CQC. Staff not aware of communication around the re-visit schedule or the progress towards the action plan
- '5 question' audits to assess staff knowledge still need to be developed using a stable platform on an Apple format.
- End of Life Care pathway - staff not consistently aware of the how to describe the currently pathway.
- Segregation of paediatric areas within Day Case Surgery, A&E and out-patient areas is not yet completed. Resuscitation trolleys not always segregated for paediatrics in areas where adults, children and young people are cared for in co-located environments
- Routine checking of drugs, fridge temperature, fridge locking and resuscitation trolleys in clinical areas is not being undertaken on a daily basis

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

The Improvement Plan Delivery Board meets monthly to oversee delivery of the action plan. The next meeting, will be on June 17th 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:

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.

Special Measures Action Plan

East Kent Hospitals University NHS Foundation Trust

11 MAY 2015

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:

- 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.
- 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.
- Fifty members of staff have volunteered to be workplace buddies and to provide support to the ‘Respect each other’ programme.
- 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 multi-disciplinary staff learning day.
- We have completed a survey to gain feedback on medical engagement and the results will be fed back to consultants at a consultant forum in early May.
- Laboratory medicine have turned paperless with all internal reports now being generated electronically so that test results are made available more quickly.
- 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 and the Medical Director, who provide the executive leadership for quality, patient safety and patient experience.
- The Board welcomed the new Finance Director, Nick Gerrard on 1st May.
- The Chair and the Chief Nurse, Director of Quality left the organisation at the end of April. Their deputies are covering their roles until substantive appointments are made.
- 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

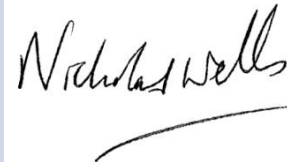
How we will communicate our progress to you

- 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.

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

Chair Name: Nicholas Wells

Signature:



Date: 30 April 2015

Interim Chief Executive Name: Chris Bown

Signature:



Date: 30 April 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	Recruitment continues to be a challenge but we are taking action to address this by: - undertaking exit interviews with staff who are leaving the Trust to help understand why staff are leaving; - introducing a new face to face induction to help introduce staff to the Trust and to help reduce the loss of employees in their first year; - appointing an HR Adviser to specifically tackle sickness absence and inappropriate sickness absence and reduce the pressure this places on other staff. In the meantime the Divisions are continuing to adopt more innovative approaches to recruitment. UCLTC, for example, will be attending the acute physician's conference in May with the aim of attracting new clinicians.	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 (8am – 10pm); these are the times that the vast majority of children are seen in A&E. 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. We have advertised for paediatric staff to work outside core hours in A&E but did not recruit first time round. In response, we revised the Terms and Conditions of the role to make the role more attractive and have now re-advertised. This action has been RAG rated Red as, due to standard recruitment processes we do not expect to have these staff in post until September, so will have missed the March 2015 deadline.	N/A
	Ensure staff are up to date with mandatory training.	March 2015	Sept 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. Meanwhile, each Division has developed local plans to review mandatory training compliance. 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 we are telling staff what we are doing to improve the situation.	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 being 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 was delighted to report no never events in 2014/15; 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. We have now fully addressed all Wi-Fi issues and have a robust process 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 and to see if further improvements can be made. This audit, which is now underway, is being overseen by key members of the VitalPac team.	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
Safe	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	<p>We have introduced clear processes and policy for changing bed curtains and are piloting disposable curtains in high risk areas such as A&E.</p> <p>We have opened a third medical equipment library at WHH and have updated and replaced the chairs in all waiting areas.</p> <p>We have had plans drawn up to improve the outpatient departments at QEQM and WHH and have allocated capital funding to take this work forward during 2015/16. We have started work on upgrading the A&E department at WHH. We expect storage and privacy and dignity issues to be underway in April with interim observation work area and Paediatric work being completed over May and June. Full permanent refurbishment is expected to be completed by October 2015.</p>	N/A
	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	<p>Cleaning in the Trust is outsourced to Serco and both WHH and QEQM consistently show good levels of cleaning at required audit levels.</p> <p>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.</p>	N/A
	Ensure that evidence from clinical audits is used to improve patient care.	April 2015 and on-going	N/A	<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> - 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	<p>Weekly audits are taking place of medicines storage and security. These have identified a number of areas of non-compliance with policy. These issues have been raised with the Deputy Chief Nurse.</p> <p>A revised policy has been agreed around the administration of controlled drugs.</p>	N/A
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	<p>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.</p> <p>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.</p>	N/A
	Ensure that all relevant policies and procedures for children reflect best practice / NICE quality standards	April 2015	N/A	<p>All Trust policies and guidance for children have been reviewed and updated.</p> <p>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.</p> <p>This work is now continuing as business as usual.</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
Effective	<ul style="list-style-type: none"> 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	<p>Improvements related to patient flows have been implemented on each site which include additional (ambulatory) care pathways that do not require admission to a ward. The development of an Integrated Discharge Team on each site has reduced admissions from A&E and supported planned discharges.</p> <p>Patient moves are monitored on a daily basis, and there are still more unnecessary moves than we would like due to the unprecedented pressures on hospitals throughout the winter. Movement at night has been reduced. Renewed support from partners across health and social care is expected to have a positive impact.</p> <p>The recruitment position in pharmacy is improving and so, where staffing allows, we are introducing the Near Patient Pharmacy Project on wards; this will speed up the discharge process by ensuring patients receive their medicines earlier on the day of discharge.</p>	CCGs
	<ul style="list-style-type: none"> 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	<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 is now continuing as business as usual.</p>	N/A
	<ul style="list-style-type: none"> Improve staff awareness of the Trust's Incident Response Plan and ensure all necessary staff are appropriately trained 	March 2015	Dec 2015	<p>Following Board of Directors approval on 27th March 2015, the Trust's Major Incident Plan, was widely communicated throughout the Trust using both paper and electronic means. Hard copies of the policy have been issued to 114 area, 170 posters have been put up across the Trust and an electronic copy is available through SharePoint.</p> <p>In addition an Awareness week is being planned for w/c 1 June 2015 with follow ups in November 2015 and March 2016.</p> <p>A Training Needs Analysis has been undertaken to establish the core staff groups who require role essential training. A revised training programme started in April 2015. A&E front line staff have received their training and a schedule of training dates organised for other staff.</p> <p>All relevant staff are being actively encouraged to book a place on the training programme. For remaining staff, awareness training will be provided through DVD or New Starter Induction.</p> <p>There will be 2 live exercises this year (in June & October 2015) with an additional 3 table top exercises (in May & June 2015).</p>	N/A
Caring	<ul style="list-style-type: none"> 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	<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>An audit has been undertaken to assess use of End of Life forms and the results were discussed at the April End of life board meeting and will feed into the on-going work plan which is overseen by the End of Life Board.</p> <p>This work is now continuing as business as usual.</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
Responsive	<ul style="list-style-type: none"> Review the complaints process and timeliness of response, ensuring compliance with regulations. 	January 2015	N/A	<p>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).</p> <p>We have also made it easier for patients and relatives to contact us whether in person, by phone, by email or in writing.</p> <p>This work is now continuing as business as usual.</p>	HealthWatch SEAP (Support, Empower, Advocate and Promote)
	<ul style="list-style-type: none"> 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	<p>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.</p>	Local commissioners to support with demand management
	<ul style="list-style-type: none"> Ensure waiting times in pre-assessment clinics are not too long. 	April 2015	July 2015	<p>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.</p> <p>This work is now continuing as business as usual.</p>	N/A
Well-led	<ul style="list-style-type: none"> 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	<p>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.</p>	External support to deliver programme
	<ul style="list-style-type: none"> Ensure the governance and assurance of the organisation is robust 	March 2015	N/A	<p>External reviews have been undertaken. All final reports have now been received and responses to recommendations are being actioned.</p>	External review
	<ul style="list-style-type: none"> Ensure that all clinical services are led by a clinician with leadership skills. 	March 2016	N/A	<p>The Divisional Medical Directors and Divisional Chief Nurses now attend the trust executive management boards.</p> <p>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 on April (with 24 staff participants).</p> <p>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.</p>	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	<p>Data quality review - The final report has been received and an action plan drawn up based on the recommendations.</p> <p>Divisional governance review – The final report has been received and an action plan drawn up based on the recommendations.</p>
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. The Governors have discussed the report are now in the process of formulating objectives for the Non-Executives Directors.
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.