EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO:	**BOARD OF DIRECTORS MEETING**
DATE:	**26 JUNE 2015**
SUBJECT:	**CQC ACTION PLAN**
REPORT FROM:	**CHAIR OF IMPROVEMENT PLAN DELIVERY BOARD**
PURPOSE:	**Discussion**

CONTEXT / REVIEW HISTORY / STAKEHOLDER ENGAGEMENT

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

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

	Date of Performance Review Meeting							
	17 June 2015	20 May 2015	15 April 2015	18 Mar 2015	4 Feb 2015	7 Jan 2015	3 Dec 2014	5 Nov 2014
Blue - Delivered	14 (30%)	15 (32%)	10 (21%)	2 (4%)	1 (2%)	4 (9%)	3 (6%)	1 (0%)
Green – On track to deliver	15 (32%)	15 (32%)	22 (47%)	22 (47%)	24 (51%)	34 (72%)	36 (77%)	19 (41%)
Amber – action started but some delay	12 (26%)	14 (30%)	14 (30%)	19 (40%)	17 (36%)	7 (15%)	8 (17%)	25 (53%)
Red – action not started or severely delayed	6 (13%)	3 (6%)	1 (2%)	4 (9%)	5 (11%)	2 (4%)	0 (0%)	2 (4%)
Total	47	47	47	47	47	47	47	47

Achievements since the last report to the Board on 21 May include:

- We have been named as one of 25 organisations to be welcomed to NHS Employers 'Equality and Diversity Partners Programme after successfully demonstrating that we have achieved six measurable criteria including, 'empowering, engaging and supporting staff''.
- We held a very successful nurse, midwife and allied health care professionals conference, to celebrate innovation and best practice. The conference attracted over 200 staff and focussed on our trust values of caring, safe and making a difference. Many of the sessions were captured on video so that they can be shared more widely.
- We held an Ophthalmology Nursing forum, attended by delegates from across South England, to share experiences and showcase work done at EKHUFT.
- We have held conferences on the Mental Capacity Act and on Deprivation of Liberty Safeguards and run training on Safeguarding Children and Sepsis Awareness.
- EKHUFT was named as the best performer in a recent European audit of andrology laboratories.
- We have undertaken a mock inspection in preparation for the CQC re-inspection in July.
- We have opened Improvement and Innovation Hubs to give staff the opportunity to learn about and to contribute to Our Improvement Journey.
- We have received praise from Ashford CCG about the systems we have put in place to manage infection rates. (We have had a 50% reduction in rates of

C. difficile in the last 6 months.)

- We have increased the format and frequency of the CEO forums for staff; they are now held monthly and on as many sites as possible.
- We have developed a staff charter from staff feedback on what a good working environment feels like to encourage people to become more aware of the way they behave. We have held a 'Respecting each other' campaign to encourage staff to sign up to the Staff Charter.
- We have received 170 comment cards from staff on how we can make this a better place to work and are now looking at how the suggestions can be implemented.
- UCLTC have introduced a monthly staff recognition programme, 'You made a difference', to recognise staff that 'have gone the extra mile'.
- We have launched 'hello my name is..' campaign which commits staff to introducing themselves to patients, visitors and staff.

Actions not on track to deliver (RED RAG) – 17 JUNE 2015

The six actions reported to Monitor on 17 June 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. 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 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 relates to cleaning at KCH. In May, cleaning audits at KCH were at 95%, however there are some areas in the 1939 building that consistently fail. Extra cleaners have been arranged for these areas. Serco have put forward a proposal on how they plan to address problems in other areas.

Must Do 19 - Ensure safety is a priority in A&E.

This relates to:

- difficulties in recruitment of consultant and middle grade doctors.
- delays in remodelling of A&E. The privacy and dignity work is completed and the observational and paediatric work has now been agreed by the matron and is underway.
- delays in refreshing operational policy for ECC. This is expected to be completed by the end of June.
- delays in implementing the A&E recovery plan; to date inly the Integrated Discharge Team has been established.

Must Do 20 - Ensure patients leave hospital when they are well enough with their medications.

The roll out of the Near Patient Pharmacy pilot has been significantly delayed due to difficulties in recruiting pharmacists. We have now recruited the pharmacists who will start in August. These new staff will then need some training before the Near Pharmacy pilots can be taken forward.

Must Do 24 - Ensure medications are stored safely.

There is still more work to be done to ensure the safe storage of medicines. The Medicines and Security Waste Audit June 2015, for example, found:

- 57% of medicine fridges were locked
- 72% of recorded temperatures were in the range 2-8 degrees
- 21% of fridges had locks that were not secure.

The quality assurance pharmacist is now checking the systems for fridge temperature monitoring and orders have been placed for replacement locks and secure fridges.

Must Do 25 - Ensure the administration of all controlled drugs is recorded.

Although an audit undertaken in May showed that two nurse sign off re controlled drugs is improving (from 59% in March to 91% in May) there are still some wards where awareness of the CD policy is low.

FORECAST POSITION – JULY 2015

The forecast position for July 15 is shown below. The 6 actions that we expect to be either not started or severely delayed are as described above.

	Forecast position for mid-July		
	Forecast at 17 June 2015	**Forecast at 20 May 2015**	**Forecast at 15 April 2015**
Blue - Delivered	**14 (30%)**	**20 (43%)**	**16 (34%)**
Green - On track to deliver	**16 (34%)**	**14 (30%)**	**20 (40%)**
Amber - Action started but some delay	**11 (23%)**	**13 (26%)**	**11 (26%)**
Red - Action not started or severely delayed	**6 (13%)**	**0 (0%)**	**0 (0%)**
Total	**47**	**47**	**47**

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, chaired by the Interim Chief Nurse, 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) 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 was issued to staff with the May payslips.

On Friday 8 May we held a 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.

We have submitted all requested data to the CQC. This was a large quantity of data that was sourced from both Divisions and the Information Department. CQC will review the data pack and use it to inform their visit.

We are now liaising with the CQC Planner to ensure all necessary preparations are in place to support the CQC inspection. This includes setting up focus groups, booking rooms, ordering car parking permits, arranging admin support, obtaining access to IT systems, checking transport arrangements, pulling together a Welcome Pack for the CQC inspectors, producing a briefing pack for the Executive Team to ensure that they have immediate access to the latest facts and figures when in meetings with the CQC, ordering refreshments etc.

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 pain relief and decision-making issues.

- 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.

- There is a risk that staff will express concern or uncertainty around the clinical strategy for the Trust if communication is unclear. There is a possibility that discussion of the proposals for the clinical strategy, which are not in line with the required local consultations, may result in a Judicial Review of the entire process.

- Inconsistent levels of awareness amongst staff regarding the statutory duty of candour responsibilities.

- Inconsistent and out of date information leaflets available for patients at ward and departmental level.

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 of the 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 24th 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.

East Kent Hospitals University NHS
NHS Foundation Trust

Special Measures Action Plan

East Kent Hospitals University NHS Foundation Trust

11 JUNE 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 ninth 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 been named as one of 25 organisations to be welcomed to NHS Employers 'Equality and Diversity Partners Programme after successfully demonstrating that we have achieved six measurable criteria including, 'empowering, engaging and supporting staff''.
- We held a very successful nurse, midwife and allied health care professionals conference, to celebrate innovation and best practice. The conference attracted over 200 staff and focussed on our trust values of caring, safe and making a difference. Many of the sessions were captured on video so that they can be shared more widely.
- We held an Ophthalmology Nursing forum, attended by delegates from across South England, to share experiences and showcase work done at EKHUFT.
- We have held conferences on the Mental Capacity Act and on Deprivation of Liberty Safeguards and run training on Safeguarding Children and Sepsis Awareness.
- EKHUFT was named as the best performer in a recent European audit of andrology laboratories.
- We have undertaken a mock inspection in preparation for the CQC re-inspection in July.
- We have opened Improvement and Innovation Hubs to give staff the opportunity to learn about and to contribute to Our Improvement Journey.
- We have received praise from Ashford CCG about the systems we have put in place to manage infection rates. (We have had a 50% reduction in rates of C. difficile in the last 6 months.)
- We have increased the format and frequency of the CEO forums for staff; they are now held monthly and on as many sites as possible.
- We have developed a staff charter from staff feedback on what a good working environment feels like to encourage people to become more aware of the way they behave. We have held a 'Respecting each other' campaign to encourage staff to sign up to the Staff Charter.
- We have received 170 comment cards from staff on how we can make this a better place to work and are now looking at how the suggestions can be implemented.
- UCLTC have introduced a monthly staff recognition programme, 'You made a difference', to recognise staff that 'have gone the extra mile'.
- We have launched 'hello my name is..' campaign which commits staff to introducing themselves to patients, visitors and staff.

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 Interim Chief Nurse, Director of Quality and the Medical Director, who provide the executive leadership for quality, patient safety and patient experience.
- The Board welcomed a new chair (Nikki Cole), two new Non-Executive Directors (Colin Thompson and Barry Wilding) and a new Finance Director (Nick Gerrard) in May.
- 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 722 2518) 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 has 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: Nikki Cole	Signature: 	Date: 11/06/2015
Interim Chief Executive Name: Chris Bown	Signature: 	Date: 11/06/2015

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	We have launched a new, more co-ordinated induction process for all new staff. This will help ensure that new starters enjoy a more positive working experience from their very first day with the Trust and will provide them with immediate access to all necessary IT systems so that they will be able to hit the ground running when they report for work. The 'Welcome Day' will be run twice a month with all new starters attending on the first day that they start work. We are also working hard to retain staff and have introduced exit interviews so that we can better understand why staff leave the Trust.	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 appointed a new Board level lead for children as the previous lead has now left the Trust. All staff have been notified through: the Chief Executive's Blog and through Team Brief. 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.	N/A
	Ensure staff are up to date with mandatory training.	March 2015	Sept 2015	All mandatory training is provided through e-learning but some staff had difficulty accessing the training due to incompatibility of IT systems. The access issues are expected to be resolved by the end of June when the new training App is made available. This will be accessed via an icon on each desktop computer. In the meantime, staff who have difficulty accessing the e-learning modules, may drop into one of the 2 hour e-Learning clinics where they will be able to complete their e-Learning with face to face support. We have also reviewed the quality of training provided and, as a result, have revised the content of the e-learning training in 5 of the 7 statutory subjects.	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	We are continuing to see incident rates improving. We are testing how well learning is embedded through regular testing using the 5 question approach. We have revised the adverse incident and serious incident policy. These have both been approved at QAB. We are completing the final testing of Datix v12.3 and expect it to be ready for roll out mid June. This version will give us the ability to provide feedback to staff who report incidents once the incident is closed. We have trained more staff in incident investigation and RCA analysis and have trained over 150 staff in Duty of Candour requirements.	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 fully addressed the WiFi issues and have a robust plan in place to ensure the system operates smoothly, including the provision of 24 hour support. Regular audits are now being undertaken to check that staff know what to do if patient observations are not uploaded or the action to take if a device is not working. This work is now continuing as business as usual.	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 an electronic system for logging of all estates issues. This will make it easier for staff to report and then monitor progress of works. We have started the work to create a paediatric specific minor injury area in the Emergency Department at WHH. We are also making improvements to the observation section of the majors area. We expect this work to be completed within 6 months. We have set up equipment libraries on all three main sites. These are now well established and have proved very successful.	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 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	Both QEQM and WHH show consistently good, audited levels of cleaning. Maintaining sustainable standards at KCH, however, remains a challenge. Weekly review meetings take place between providers and matrons. The recruitment of additional supervisors at KCH is well underway but training is taking some time so temporary supervisors have been brought in from other sites to provide support during this 'on-boarding' phase.	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. This work is now continuing as business as usual.	CHKS
	Ensure medications are stored safely and that the administration of all controlled drugs is recorded	Feb 2015	N/A	There is a detailed bi-annual audit undertaken in November and May each year. (The results of the May audit are currently being analysed and will be reported next month.) In addition there are focussed monthly audits covering five key areas: % of medicine fridges that are locked, % of drug cabinets that are locked, % of medicine fridges at correct temperature, that the correct pharmaceutical waste bins are used and that oral liquids have not been administered intravenously in error. These audits have not have shown any significant improvement in compliance. The estates team have now ben asked to check that all fridges can be locked, the Quality Assurance Pharmacist has been asked to check systems for monitoring fridge temperatures and Heads of Nursing have been asked to remind staff to lock fridges. The controlled drugs policy has been rewritten and this details two person sign off for all controlled drugs. A monthly audit is now undertaken to test compliance . This is showing a steady improvement in compliance from 59% in month 1 to over 80% compliance in month 3.	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	A Task and Finish Group meets regularly 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. This work is now continuing as business as usual.	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	• 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	There is an approved process for transferring patients out of hours. During the day, we are working towards a live bed state using VitalPac; this is being trialled on Cambridge ward. Overall, the number of times we move patients is reducing. In addition we are introducing a new acute model that will hopefully prevent patients being admitted to a ward and we are re-launching 'ticket home' so that patients, carers and staff are aware of the patient's planned date of discharge. We are also working with CCGs on best practice models such as 'discharge to assess' where patients are discharged once they are medically fit and have an assessment with the appropriate members of the social care and community intermediate care teams in their own home.	CCGs
	• 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. This work is now continuing as business as usual.	N/A
	• Improve staff awareness of the Trust's Incident Response Plan and ensure all necessary staff are appropriately trained	March 2015	Dec 2015	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. 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. All relevant staff are being actively encouraged to book a place on the training programme. For remaining staff, awareness training is being provided through DVD or New Starter Induction. In addition to table top exercises, there are two live exercises planned for this year (in June & October 2015).	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 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. 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. This work is now continuing as business as usual.	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	• 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. This work is now continuing as business as usual.	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	We have implemented partial booking of follow up appointments in ophthalmology and cardiology. The service improvement team is now reviewing benchmarked data around new to follow up ratios and DNA rates and working with clinicians on plans to roll out to other specialties in the year ahead.	Local commissioners to support with demand management
	• Ensure waiting times in pre-assessment clinics are not too long.	April 2015	July 2015	Following discussions with the consultants it has been agreed to revise the pre-assessments process. All patients, at point of listing, will receive a one-stop pre-assessment that will be valid for 3 months. If the patient's surgery does not take place within 6 weeks they will then receive a short nurse led pre-assessment to re-do bloods and swabs - at this point the consultant may also see the patient to do the consent or to review any special requirements such as equipment. The revised process will reduce patient waiting times in pre-assessment clinics and will give the service flexibility to better manage capacity.	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	Following the work with The Hay Group, a leadership development programme has been developed for all people managers The Executive team started the development programme on 5th May and divisional management teams will start the programme in early July. A one-day people manager programme has also been developed, focusing on increasing staff engagement. This programme is being delivered to all middle managers (Band 8) between May-July and will then be cascaded to front line managers from September. The first Consultant's forum was held in early May, with over one third of EKHUFT consultants attending, to deliver the results of a recent Medical Engagement survey. A second consultant forum will take place in July. Forums are also being set up for other staff groups including people managers and administrative staff.	External support to deliver programme
	• Ensure the governance and assurance of the organisation is robust by March 2015 • Implement the action plans from the governance reviews by September 2015	September 2015	N/A	External reviews have been undertaken. All final reports have now been received and responses to recommendations are now being actioned.	External review
	• Ensure that all clinical services are led by a clinician with leadership skills.	March 2016	N/A	We are launching a Leadership Academy on June 15th for all staff who have completed the Clinical Leadership Programme, the Aspiring Consultant Programme, the Medical Clinical Leadership Programme or equivalent. The Leadership Academy will enable the growing band of skilled clinical and systems leaders to work together as a critical community, to support the cultural change programme and to provide a test-bed for innovation.	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. The actions are being monitored by the Improvement Plan Delivery Board (IPDB).
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 actions are being monitored by the Improvement Plan Delivery Board (IPDB).
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.