

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO: COUNCIL OF GOVERNORS

DATE: 16 JANUARY 2015

SUBJECT: CQC ACTION PLAN

REPORT FROM: Deputy Chief Executive, Chief Nurse and Director of Quality

PURPOSE: Discussion / Information

CONTEXT / REVIEW HISTORY

- 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) manages and monitors progress against the HLIP and associated action plans. The IPDB met for the first time on 29 Oct and now meets monthly. 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. Dr David Hargroves, Consultant Physician, Stroke Medicine and Health Care of Older People, was appointed as Clinical Chair and Sharon Cannaby as Programme Manager.
- Sue Lewis has been appointed by Monitor as the Improvement Director.

SUMMARY:

Progress towards achievement of the HLIP is recorded monthly in the Special Measures Action Plan. This is submitted to Monitor and is then uploaded to the NHS Choices website and EKHUFT staff and public websites.

Achievements noted in the third Special Measures Action Plan submitted on 11 December 2015 included:

- Establishment of a Programme Office to support delivery of the cultural change programme;
- Improvement of incident reporting rates;
- Introduction of in-depth cleaning audits to all areas;
- Revision of the policy on "Raising Concerns";
- Receipt of the report, undertaken by an external body, on data quality. The report identified no issues for concern;
- Recruitment of an additional interventional radiologist;
- EKHUFT chosen as preferred provider for patient safety training.

Monthly meetings, chaired by Monitor, take place to review performance against the HLIP. The agenda covers both achievements (as above) and areas of risk. Areas of

risk to be discussed at the meeting due to take place on 7 January 2015 are given in the table below.

RISK	ISSUE	MITIGATION
Recruitment and retention of staff (A&E, paediatrics, general)	Local and national staff shortages	<ul style="list-style-type: none"> - Re-engineering the workforce - Reducing turnover through development of a more strategic approach to succession planning - Enticing new recruits by offering opportunity to contribute to exciting new service developments (A&E) - Recruiting from overseas - Auto-enrolling all new nursing staff on NHSP Bank - Working with wider health economy across Kent to address challenges
Outpatient booking system	Reducing number of follow up appointments cancelled and seeing patients in a timely manner	<ul style="list-style-type: none"> - Developing more innovative ways of working including telephone clinics, one stop clinics, changes to map of medicine and identification of new clinical pathways - Promoting Choose and Book until introduction of new national referral system - Agreeing joint plan to reduce referrals with CCGs as part of contract negotiations - Reviewing 18 week referral process and criteria
Mandatory Training	IT Issues	<ul style="list-style-type: none"> - Review of IT interfaces - Identification and then spread of good practice across all areas - Temporary introduction of paper based monitoring while IT problems are addressed - Working with Medical Director to improve clinician compliance levels
Number of incidents	Inconsistent approach to addressing risks	<ul style="list-style-type: none"> - Working with clinical teams to agree further triggers for reporting at specialty level - Meeting clinicians to raise awareness of incident reporting and setting a good example for colleagues
Patient Flow	Capacity issues due to increased demand and	<ul style="list-style-type: none"> - Review and improvement of Internal and External escalation processes

	continued delay in transfer of patient	<ul style="list-style-type: none"> - Communication and engagement with sector - “perfect week” with focus on discharges - Introducing electronic bed monitoring giving real time information
Updating of policies	Poor functionality of systems	<ul style="list-style-type: none"> - Task group being set up to oversee revision and updating of all policies - Review of system by IT - Review of governance at Specialty and Divisional level

RECOMMENDATIONS:

The Council of Governors is invited to note the report and the progress to date.

NEXT STEPS:

The Improvement Plan Delivery Board, chaired by Dr David Hargroves, Consultant Physician, Stroke Medicine and Health Care of Older People, will meet monthly to oversee delivery of the plan.

The next Special Measures Action Plan will be submitted on 12 January 2015 and will be available to view on both the NHS Choices website and the EKHUFT public website.

Special Measures Action Plan

East Kent Hospitals University NHS Foundation Trust

11 DECEMBER 2014

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 third 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 plan to undertake 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 the staff awareness of the Trust’s Incident 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:
 - Established a Programme Office to support delivery of the cultural change programme;
 - Improved incident reporting rates;
 - Introduced in-depth cleaning audits in all areas;
 - Revised the policy on “Raising Concerns”;
 - Received the report, undertaken by an external body, on data quality. The report identified no issues for concern;
 - Recruited an additional interventional radiologist;
 - Been identified as preferred provider for patient safety training.
- 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

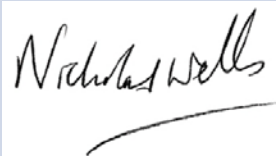

Who is responsible?

- Our actions to address the recommendations have been agreed by the Trust Board and shared with our staff.
- Our Chief Executive, Stuart Bain, is ultimately responsible for implementing actions in this document. Other key staff are the Chief Nurse, Director of Quality Julie Pearce and the Medical Director Paul Stevens, as they provide the executive leadership for quality, patient safety and patient experience.
- The Improvement Director assigned to East Kent Hospitals University NHS Foundation Trust is Susan Lewis, who will be acting on behalf of Monitor and in concert with the relevant Regional Team of Monitor to oversee the implementation of the action plan overleaf and ensure delivery of the improvements. Should you require any further information on this role please contact specialmeasures@monitor.gov.uk
- Ultimately, our success in implementing the recommendations of the Trust's High Level Improvement Plan (HLIP) will be assessed by the Chief Inspector of Hospitals, upon re-inspection of our Trust; there is no date yet identified.
- 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 main CCGs. In addition the Trust held several engagement events with external stakeholders including Kent County Council and East Kent Association of Senior Citizens 'Forums'. The CEO has attended meetings at the Ashford Health and Wellbeing Board and the Canterbury Health and Wellbeing Board. Further dates will be announced in updates of this progress report.

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

Chair Name: Nicholas Wells	Signature: 	Date: 10 December 2014
Chief Executive Name: Stuart Bain	Signature: 	Date: 10 December 2014

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	External Support/ Assurance	Progress against original time scale	Revised deadline
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.	September 2015	HEKSS for workforce redesign	We are re-looking at recruitment & retention of staff to see if we can attract more staff to work with us. We now have more senior staff on night duty & have attracted additional medical & nursing staff. We are speeding up our recruitment processes.	N/A
	• 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	Board lead identified. Good progress is being made in all areas that have responsibility for care of children. All pre-operative assessments are undertaken by paediatric nurses. Our next stage is to review all policies and to review the clinical audit programme.	N/A
	• Ensure staff are up to date with mandatory training.	March 2015	N/A	Access to e-learning is being improved and more computers that are able to run the training programmes are being made available for clinical staff to complete during work-time to improve up take.	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	External review	Incident reporting has been improved through refinement of DATIX and the number of incidents reported is increasing.. Funding has been obtained for a patient safety training programme for staff to start in April 2015..	N/A
	• Ensure patient treatments, needs and observations are routinely documented and that any risks are identified and acted on in a timely manner.	September 2015	External review	The new Wi-Fi network has been installed and will be tested to ensure 100% coverage in clinical areas during December. The next phase of improvement is to continue to monitor & improve indicators that demonstrate that clinical observations are carried out on time and documented using VitalPac system.	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	N/A	All manually operated couches at WHH now replaced and hoists ordered for KCH. Replacement programme for curtains reviewed. Wards record when curtains are changed and request replacements as necessary to ensure they are clean at all times.	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.	December 2014	N/A	Random audits of materials management and regular audits of cleaning schedules now in place and we are seeing improvement in cleaning services delivered. Personal Protective Equipment and clothing is available.	N/A
	• Ensure that evidence from clinical audits is used to improve patient care.	March 2015 and on-going	N/A	Action plans have been agreed. Our next stage is to review the 2014/15 clinical audit programme and make sure next years' programme fits with patient safety and other identified areas of risk.	N/A
	• Ensure medications are stored safely and that the administration of all controlled drugs is recorded	February 2015	N/A	Drug audits are undertaken every 6 months. A report is in draft on the findings of the November audit on the administration of controlled drugs, storage of medicines and fridge storage; for discussion and action in December 2014.	N/A
Effective	• Ensure that all paper and electronic policies, procedures and guidance are up to date and reflect evidence-based best practice.	March 2016 and on-going	N/A	A review of the electronic system used to store policies and make sure they are up to date is underway. A mobile device application is under reviewed as a means of giving staff access to the most up to date clinical information by clinical condition.	N/A
	• Ensure that all relevant policies and procedures for children reflect best practice / NICE quality standards for paediatrics.	April 2015	Regional NICE manager	The policies relating to children are being reviewed and changed where necessary in order to meet national best practice.	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	N/A	A team has been created to make sure patients are reviewed and it is safe before they are transferred. A revised handover checklist is being tested to record the reasons for transfer. An audit of delayed patient medication is being planned.	N/A
	• 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 and on-going	N/A	A review has been undertaken and is now being considered by the Medical Director and Chief Nurse. The clinical audit plan for Paediatrics and Child Health is being planned for 2014/15 based on current NICE and professional guidance.	N/A
	• Improve staff awareness of the Trust's Incident Response Plan and ensure all necessary staff are appropriately trained	March 2015	N/A	A 6 monthly rolling training programme has been introduced for all relevant staff. Over 140 staff have been trained to date in A&E with further sessions booked in December for the remaining 60 staff. Roll-out to theatre and on-call staff starts in Jan-15.	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	External Support/ Assurance	Progress against original time scale	Revised deadline (if required)
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	NHS IQ project	The resuscitation policy has been reviewed and reissued to ensure families are fully involved in all stages of end of life decision making. Plans are in place for a regular audit of end of life care.	N/A
Responsive	<ul style="list-style-type: none"> Review the complaints process and timeliness of response, ensuring compliance with regulations. 	January 2015	N/A	The complaint process has been reviewed and more staff recruited to manage complaints. We are concentrating on reducing the back log of complaints to ensure that complainant receive a satisfactory response at the agreed time. We plan to do this by the end of January 2015.	N/A
	<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	Local commissioners to support with demand management	This month an electronic clinic maintenance programme was introduced in ENT. This is a new process for our staff amend clinics electronically and will be rolled out to other surgical specialties throughout January 2015.	N/A
	<ul style="list-style-type: none"> Ensure waiting times in pre-assessment clinics are not too long. 	April 2015	N/A	Staggered clinic appointments have been introduced but this aspect is being reviewed as part of the wider service review of Trauma and Orthopaedics as the CQC findings highlighted this specialty as a specific issue. We plan to do this by March 2015.	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	External support to deliver programme	The HR Director has arranged staff listening events, which have been well attended across the Trust. The Raising Concerns policy was revised and is out for consultation. We have appointed a team to support the cultural work; initially they will look at reports of bullying and harassment raised by staff. Additional staff from the communication team are supporting the testing of different methods of communicating with our staff.	N/A
	<ul style="list-style-type: none"> Ensure the governance and assurance of the organisation is robust 	March 2015	External review	External reviews undertaken and on track to draft reports by end of December 2014.	N/A
	<ul style="list-style-type: none"> Ensure that all clinical services are led by a clinician with leadership skills. 	March 2016	N/A	Senior clinical leads in surgery have now been recruited into all specialties. The clinical leadership programme, already in place will cover any specific training needs identified.	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
We aim to complete independent reviews of data quality, divisional governance and safety systems at the Trust within the next four months	September 2014 to January 2015	Trust Chief Executive	Draft of data quality report received and shared with commissioners. Divisional Governance and Safety Systems report due December.
External quality governance review to look at how the trust is performing, provide assurance it is operating effectively and identify further opportunities for improvement	Out for tender October 2014 and complete by January 2015	Trust Chief Executive	The review is well under way. The staff survey is complete. Focus events are being planned and 1-1 interviews have taken place.
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 CQC 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	Weekly meeting with project lead, clinical lead and responsible Directors
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 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
Inception of a Programme Management Office function for the entire programme	November 2014	Trust Chief Executive	The Programme Management Office, led by a senior clinician, is now fully established.
Re-inspection. The Chief Inspection of Hospitals will undertake a full inspection of the Trust	TBC	CQC	