

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO: **COUNCIL OF GOVERNORS**

DATE: **16 MARCH 2015**

SUBJECT: **CQC ACTION PLAN**

REPORT FROM: **Improvement Plan Delivery Board, Clinical Chair**

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.

The submission made on 11th February 2015 is attached.

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

Achievements discussed at the last meeting with Monitor, which was held on 4th February included:

- Recruited an additional 16 registered nurses and commissioned a further cohort (of about 25)
- Reviewed and revised the process for staff to raise concerns (including bullying and harassment)
- Had positive patient feedback on changes made to ophthalmology booking process
- Introduced a Band 7 supervisory role to A&E, 24 hours a day, so that queries and issues can be dealt with quickly
- Developed a learning tool that also spot checks embedding of CQC actions

- Responded to 100% of telephone and email complaints on time

Areas of risk that were discussed at the last meeting Included:

- Recruitment and retention of staff (A&E, paediatrics, general)
- Outpatient booking system
- Mandatory training
- Incidents
- Patient flow
- Updating of policies.

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 11 March 2015 and, once approved by Monitor, 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 FEBRUARY 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 fifth 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:

- Reviewed the timelines of our improvement plans, building in tighter controls;
- Recruited an additional 16 registered nurses and commissioned a further cohort (of about 25);
- Reviewed and revised the process for staff to raise concerns (including bullying and harassment);
- Had positive patient feedback on changes made to ophthalmology booking process;
- Introduced a Band 7 supervisory role to A&E, 24 hours a day, so that queries and issues can be dealt with quickly;
- Increased the establishment figures for paediatric middle-grade doctors;
- Developed a system for storing evidence relating to CQC actions to support robust progress against our improvement plans.
- 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 73660) or by email at alison.fox4@nhs.net

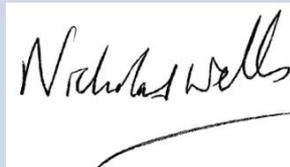
How we will communicate our progress to you

- 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 three main 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. Further dates will be announced in updates of this progress report.

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

Chair Name: Nicholas Wells

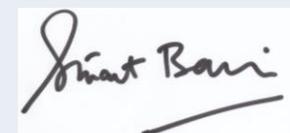
Signature:



Date: 09/02/2015

Chief Executive Name: Stuart Bain

Signature:



Date: 09/02/2015

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 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	During January we successfully recruited 16 registered nurses and plans are in place to recruit a further 25 over the next couple of months. We have also successfully filled our radiology vacancies, have employed a middle-grade doctor in paediatrics and have recruited 21 new pharmacists who are due to start over the next 2 months. We are currently developing a staff recruitment and retention strategy.	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	Green	We have ensured that all staff working in areas where children are treated have had paediatric resuscitation training and have the right equipment to do their job. We are now doing further work on the development of an Emergency Pathway for Children. We are also doing snapshot audits to test whether actions are fully embedded.	N/A
	• Ensure staff are up to date with mandatory training.	March 2015	N/A	Yellow	We are continuing with plans to procure a new system to deliver mandatory training. Supplier presentations have taken place and we are now considering bids from 4 potential suppliers. The new system will be web-based and easy to access. Staff will be able to download modules to complete at their convenience. In the meantime we are developing a paper based system which is due to be implemented shortly.	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	Green	EKHUFT has reported all known serious incidents, with the exception of one, within 48 hours. This is significantly better than the required timeframe of 72 hours. To make sure that lessons are being learnt from incidents we are ensuring that learnings from RCAs and after actions are widely publicised throughout the Trust.	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	Yellow	Building on what we have previously reported we are now concentrating on more areas. For example, all general wards have now introduced the SSKINS Bundle which helps prevent minor skin problems developing into major skin ulcers. An audit was undertaken to test compliance on 12 wards. This showed improved compliance with 70% of patients at pressure ulcer risk being documented as having regular repositioning – but was still below the target threshold of 95%. – more work is being done to address this.	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	Green	We have set up a group to work with clinical staff on decisions relating to maintenance of estate. We have also assessed all areas for compliance with Mixed Sex accommodation requirements and are now reviewing findings in conjunction with our 4 Clinical Commissioning Groups (CCGs).	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	Green	We are undertaking regular audits to ensure a good supply of protective clothing is held in all clinical areas. Minimum and Maximum stock holding levels are identified for each product and the Materials Management Team count and reorder to maintain the stock levels. The frequency of monitoring and reordering is determined by the nature of the department. We are also undertaking regular audits of cleaning schedules to ensure a consistent standard of cleanliness.	N/A
	• Ensure that evidence from clinical audits is used to improve patient care.	March 2015 and on-going	N/A	Yellow	Each division now has a group to oversee clinical audit plans. We have reviewed our compliance with national clinical audits and are working with the Divisions to ensure that actions are implemented.	N/A
	• Ensure medications are stored safely and that the administration of all controlled drugs is recorded	February 2015	N/A	Green	A robust system is in place to ensure that fridge temperatures are checked regularly. The administration of all controlled drugs has been reviewed with a report issued to the Quality Assurance Board in February 2015. The policy relating to controlled drugs is now being reviewed.	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	N/A	Red	A task and finish group has been set up to oversee delivery of this action. The group is currently reviewing the functionality of the electronic storage system to assess its long term suitability and will be providing support to each Division on the updating of policies. Implementation is, however, somewhat delayed, so this action is RAG rated Red. In the meantime, all out of date paper policies have been removed from clinical areas while the review of online repositories takes place.	N/A
	• Ensure that all relevant policies and procedures for children reflect best practice / NICE quality standards for paediatrics.	April 2015	Regional NICE manager	Yellow	All relevant policies are being reviewed. A full audit is being undertaken and spot checks and face to face audits will be completed to ensure staff are fulfilling their roles in accordance with current guidelines.	N/A
	• Ensure the flow of patients through the hospital is effective and responsive, that patients are not moved unnecessarily and that patients leave hospital, with their medications, when well enough.	March 2015	N/A	Yellow	Work has been undertaken to improve the flow of emergency surgical patients through the Trust e.g. a Surgical Emergency Assessment Unit has been opened at the WHH. Additional medical staff have been appointed to the QEQM site to support the flow from A&E. In addition the Surgical division has appointed a trauma coordinator for the WHH and for the QEQMH sites (x2 appointments) to assist the flow of emergency trauma patients from the A&E department to theatres and post operative recovery.	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	N/A	Red	We have increased awareness of the national audit programs and are now monitoring participation levels. The Divisions now need to review relevant NICE guidelines but, due to the volume of work involved, are unlikely to complete in the timescale so Rag rating of action is Red.	N/A
	• Improve staff awareness of the Trust's Incident Response Plan and ensure all necessary staff are appropriately trained	March 2015	N/A	Yellow	The Emergency Planning Team has ensured that all clinical areas have a copy of the Trust's Incident Response Plan. It has also been agreed to provide direct training to all necessary staff with the remaining staff receiving training via DVD or e-learning.	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	Building on what we have said previously, a regular training programme has been introduced for staff in key areas (including ITU and the Safeguarding Team) covering the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards to increase staff awareness and to ensure patients best interests are protected at all times. In addition a second 'In Your Shoes' event was held in January with a further event planned for February. These give patients and relatives the opportunity to talk with staff about the care they received when in hospital.	N/A
Responsive	<ul style="list-style-type: none"> Review the complaints process and timeliness of response, ensuring compliance with regulations. 	January 2015	HealthWatch SEAP (Support, Empower, Advocate and Promote)	We are making the complaints process more accessible. Actions taken include: ensuring complaints forms are available on each reception desk and making the complaints section of the Trust website more user friendly. The revised complaints policy is currently out to consultation and will be reviewed by HealthWatch and SEAP (Support, Empower, Advocate and Promote). This action is red as the review process has taken longer than expected so the deadline was missed.	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	We are developing more innovative ways of working with our partners including the introduction of telephone clinics, telemedicine and one-stop clinics. We are running a pilot booking system in ophthalmology that gives patients more choice around dates and times of follow up appointments.	N/A
	<ul style="list-style-type: none"> Ensure waiting times in pre-assessment clinics are not too long. 	April 2015	N/A	We are ensuring that pre-assessment clinics are available for pre-operative patients in the surgical division. The pre-assessment clinics have appointment slot times which are communicated to patients to prevent delays in waiting on the day. In addition, we are redesigning the pre-assessment service to introduce e.g.. telephone clinics, online questionnaires and questionnaires in the outpatient clinic department.	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	There is an agreed communication plan using a variety of channels including a dedicated page in Staff Zone, regular staff engagement events, a monthly newsletter, Team Brief, CE Forum etc. These are now being extended and built upon as part of the cultural change work. New initiatives this month include: Trust Board job shadowing which will help Board members better understand life on the front line, confidential staff focus groups and a regular Blog by the HR Director.	N/A
	<ul style="list-style-type: none"> Ensure the governance and assurance of the organisation is robust 	March 2015	External review	External reviews have been undertaken. All final reports have now been received and responses to recommendations are now being constructed	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	Two rolling programmes are in place. One covers clinical leadership (and has 20 applicants due to commence in March) and the other is aimed at aspiring consultants (the first programme has ended and a second is now planned). Both courses have proved popular and were oversubscribed.	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 now been received and responses to recommendations are being constructed. Divisional governance review – The final report has now been received and responses to recommendations are being constructed.
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	Out for tender October 2014 and complete by January 2015	Chairman	The final report has now been received and responses to recommendations are being constructed.
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	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			The IPDB meets monthly, chaired by a clinical lead, to oversee out improvement journey
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.
Re-inspection. The Chief Inspection of Hospitals will undertake a full inspection of the Trust	TBC	CQC	