Special Measures Action Plan

Sherwood Forest Hospitals NHS Foundation Trust

November 2014

KEY
Delivered
On Track to deliver
Some issues – narrative disclosure
Not on track to deliver

Sherwood Forest Hospitals - Our improvement plan & our progress

What are we doing?

- The Trust entered the special measures programme and was selected following the higher than expected mortality rates at the Trust at the time, these are now within the expected range

- The Trust has been given a variety of recommendations. The initial Keogh Rapid Response Review identified 23 action, 13 of which were classed as urgent. All these actions were deemed either Assured or Partly Assured by the Keogh Assurance review in December 2013. Subsequently the Trust has been re-inspected by the CQC, April 2014, who recommended to Monitor that the Trust remain in Special Measures for a further 6 months

- The Board of Directors reviewed all Keogh actions in October 2014 and subsequently informed Monitor that all 23 actions were now fully assured. The Board is able to make a declaration of assurance against the 23 actions whilst mindful of the associated areas within the Quality Improvement Plan that will support the Trust improve beyond the Keogh recommendations and help it out of special measures through cultural change and entrenched improvement

- The Trust has developed an action plan to address the issues raised in the CQC report and combined these with the actions from the Keogh review recommendations. We recognised all of the recommendations and have developed an integrated improvement plan which focusses on addressing them through enhancing current actions which will lead to measureable improvements in the quality and safety of care for patients. We envisage that improvements will be implemented and sustained in order for the Trust to be removed from Special Measure when re-inspected by the Chief Inspector of Hospitals.
- The key themes of these recommendations are summarised by the headings below:
  - **Well –led**
    - The Trust will support, develop and enhance leadership capability across the organisation, continuing Board and Governor development programmes together with enhancing targeted programmes for development to appropriate staff. Supporting team work and working towards positive performance management
  - **Safe**
    - To create a safe and positive experience for all of our patients all of the time, improving clinical documentation and medicines safety. Continuing to identify and mitigate risks.
  - **Effective**
    - To create sustainable, efficient and quality core services, establishing clear information flows and reporting, learning and sharing best practice across the organisation and strengthening individual responsibility and accountability.
  - **Caring**
    - Ensure staff are fully engaged with the Trusts vision and values promoting a shared purpose and positive experience of work. Supporting staff to make continuous improvements to services.
  - **Responsive**
    - Build safe staffing levels with escalation policies to meet unpredicted demand, creating and sustaining optimal patient flow across all services
- Robust scrutiny of the action plan developed to address the issues raised in the CQC report was undertaken during October 2014 and resulted in a more detailed Quality Improvement Plan being developed for implementation. This process has resulted in some timescales and RAG ratings being modified and these are reflected in this document.

- The Trusts Quality Improvement Plan was formally approved by the Board of Directors in October 2014. Each of the 16 high level actions has been allocated an Executive Director lead who is responsible for ensuring delivery and sustainability. These actions together will the underpinning delivery actions are monitored through the appropriate Trust Committee.

- This document will be updated to reflect the progression of our improvements and demonstrate increased consistency and accountability together with reductions in variation. While we take forward our plans to address the recommendations, the Trust is in 'special measures'.

- Oversight and improvement arrangements are in place to support changes required. Weekly Quality Improvement meetings, chaired by the Director of Nursing monitors the milestone plan and the outputs from task and finish groups. Evidence is submitted to provide assurance the action has been implemented. Monthly reports to Trust Management Board, Quality committee and Trust Board ensure oversight of the implementation.

Sherwood Forest Hospitals - Our improvement plan & our progress

Who is responsible?

- Our actions to address the CQC Report recommendations have been agreed by the Trust Board.
- Our Chief Executive, Paul O'Connor is ultimately responsible for implementing actions in this document. Other key staff are Executive Medical Director and Executive Director of Nursing, as they provide the executive leadership for quality, patient safety and patient experience.
- The Improvement Director assigned to Sherwood Forest Hospitals NHS Foundation Trust is Gillian Hooper, who will be acting on behalf of Monitor and in concert with the relevant Regional Team of Monitor to ensure delivery of the improvements and oversee the implementation of the action plan overleaf. Should you require any further information on this role please contact specialmeasures@monitor.gov.uk
- Ultimately, our success in implementing the recommendations of the CQC Trust wide Action plan will be assessed by the Chief Inspector of Hospitals, upon re-inspection of our Trust.
- If you have any questions about how we're doing, contact Kerry Rogers, the Trust's Director of Corporate Service on 01623 622515 Ext 4007, or email kerry.rogers@sfh-tr.nhs.uk

How we will communicate our progress to you

- We will develop and update this progress report every month while we are in special measures.
- There will be regular updates on NHS Choices and subsequent longer term actions may be included as part of a continuous process of improvement.

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

Chair Name: **Sean Lyons**

Signature:

Date: **1st November 2014**

Chief Executive Name**: Paul O'Connor**

Date: **1st November 2014**

Signature:

Sherwood Forest Hospitals - Our improvement plan

Summary of Main Concerns	Summary of Urgent Actions Required	Agreed timescale for implementation	External Support/ Assurance	Progress against original timescale	Revised deadline (if required)
Well - Led	1. Recruitment and retention of a credible and competent Board of Directors equipped with the skills to deliver the strategic priorities of the Trust	31/03/15	Foresight Partnership commissioned to undertake 'Well led Board Health Review'	Board Review and Development Programme commissioned in September 2014 has commenced. Board observation and individual interviews with Board members have been completed. Board Development and Health Review project plan workshop scheduled for 4 December 2014. Individual and team coaching commissioned for all Executive Team members in September 2014 has commenced. Planning meeting has taken place and executive team members are progressing with individual coaching. First Team coaching event being scheduled for early January 2015. Executive search and recruitment process for substantive Chief Financial Officer is progressing well. Formal interviews being scheduled for early December (potentially 8 December). Effective interim arrangements remain in place. 4 Public Governors have been elected and induction arrangements being established.	

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Summary of Main Concerns	Summary of Urgent Actions Required	Agreed timescale for implementation	External Support/ Assurance	Progress against original timescale	Revised deadline (if required)
Well-Led	2. Develop our culture to ensure it is focused on delivery of 'Quality for All' and staff feel valued and empowered to do an excellent job and are proud to work for our Trust	31/03/15		Internal interim arrangements to maintain Staff and Family FFT surveys established. Capability Policy agreed with Trades Unions. Training and toolkit being developed. Team Quality for All Conversations progressing, due to be completed 30.11.14. Enhance communications campaign being implemented. Assessment of Listening into Action process has been completed. Executive Team has agreed to continue with Quality for All approach and establish a rolling programme of listening events to identify key actions required to sustain required culture change.	
Well-Led	3. Implement our leadership strategy with appropriate focus at divisional and service lines to support our leaders to deliver the strategic objectives	31/03/15	Health Education East Midlands – Annual Quality Visit – Report expected November 2014	Leadership Strategy scoping exercise has been completed. Draft Strategy currently being written. Conversations with Kings Fund continue to progress. Trust seeking to become a pilot site for Collective Leadership Programme. Interviews for selection of substantive Clinical Director for Emergency Care & Medicine Division scheduled for 12 November 2014.	

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Summary of Main Concerns	Summary of Urgent Actions Required	Agreed timescale for implementation	External Support/ Assurance	Progress against original timescale	Revised deadline (if required)
Well-Led	4. Ensure Trust Risk Management processes are robust including appropriate identification of risks, incidents, mitigation and learning at all levels in the organisation.	28/02/15		Risk Management Policy agreed through Trust Governance Structures - for presentation at November 2014 Audit Committee and Trust Board. Being Open and Duty of Candour policy to be submitted to November Trust Board. Risk Manager has commenced in post. Board Assurance Framework revised and being considered by sub board committees during November. Trust Committee Structure presented at October Trust Board	
Well-Led	5. Ensure that staff receive appropriate and timely feedback from incidents and complaints and that actions taken and lessons learnt are shared across the division to improve quality and safety	31/12/14		'Mock CQC' learning event undertaken which identified learning and sharing opportunities for the Trust. Report complied and shared with Clinical Teams for action via specialty governance forums. Task and finish group established and meeting to formulate trust Wide Learning Boards. Patient Safety Manager identified to lead formation and implementation of learning strategy. Learning template being tested by ward teams. Nursing and Midwifery Time Out days commenced – 50 attendees to date	

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Safe	6. Build safe and effective staffing levels with escalation processes to meet unpredicted demand	31/03/15	Safer Nurse Care Staffing Tool used to undertake acuity and dependency benchmarking NICE guidance utilised for Nurse: patient Ration UNIFY monthly return uploaded Telford Model used for establishing rota numbers	Meeting with Mansfield Community Hospital – Nurse Staffing levels agreed and in place. Nursing Recruitment Open day held Saturday 1st November 2014 – 9 staff recruited on the day. Good student interest – contact being followed up. Return to Practice campaign commenced. Weekly capacity and flow meetings commenced – 3 to date Additional Band 7 Charge Nurse for EAU commenced 03/11/14 Further recruitment planned in November to Greece and Rome for additional overseas nurses Radiology - Presentation of Phase 1 'Radiology Appraisal' to Executive Team.	
Safe	7. Ensuring equipment maintenance programmes are fully compliant and operate systems to identify, assess and manage risks relating to the health, welfare and safety of service users and others	01/12/14		Medical Device Policy has been revised and approved Communications team and MEMD will re-launch the policy to highlight key areas of change Standardised medical device reporting system introduced. An electronic system has been developed to ensure consistency across the Trust and has been successfully piloted. Roll-out of the system has commenced and will complete to timescale. Programme in place to replace Resus boxes and trolleys to enhance checking procedures.	

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Summary of Main Concerns	Summary of Urgent Actions Required	Agreed timescale for implementation	External Support/ Assurance	Progress against original timescale	Revised deadline (if required)
Safe	8. Improve the systems and processes for the storage and administration of all medicines. Reduce the incidence of medicine omissions	30/12/14		Task and finish group continue to meet weekly. Red tabards for nursing undertaking drug rounds has been made mandatory. Medicine Champions identified in all wards – 2 meetings held. Medicine safety day planned for 19th November on all sites. Missed and delayed dose audit to take place x2 times per month - commenced. Focused work on missed does on EAU currently being undertaken. Medicine error procedure out for consultation	31/03/15
Safe	9. Ensure patient records are appropriately maintained in line with Trust policy and legislative requirements	31/12/14		Nursing documentation audit in place – to be completed 14th November 2014. Record keeping delivered on nursing induction every two weeks Focus group to discuss opportunities to progress Care & Comfort rounds undertaken 28th October 2014. Audit of Accountability Handover & Fluid Balance Charts on Ward 51 demonstrated excellent record keeping	

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Summary of Main Concerns	Summary of Urgent Actions Required	Agreed timescale for implementation	External Support/ Assurance	Progress against original timescale	Revised deadline (if required)
Effective	10. Ensure the processes for the recognition of deteriorating patients are robust and appropriately acted upon	31/01/15		Full implementation of VitalPAC across Kings Mill inpatient wards. Data collection demonstrates 98% compliance of observations and NEWS, 93% of observations recorded on time, with 22% of observations recorded during the night (aim 25%) – excellent compliance. 44% of these observations triggered escalation. Of the 24 Trusts utilising VitalPAC, SFHT demonstrates the highest performance for observations taken overnight. Trust now has visibility of activity within the hospital related to deteriorating patients Nutrition assessments, Fluid Balance and Hydration and Acute Kidney Injury alerts to be tested for implementation from January 2015. Successful partnership working with Nottingham University Hospitals to provide 5 day cover for patients with renal concerns and conditions is being progressed to a business case –Pilot demonstrating positive patient outcomes	

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Effective	11. Ensure safe, appropriate and timely flow of patients from admission to discharge, with the support of good bed management and discharge processes. Achieving and sustaining all three 18ww pathways	31/03/15	Intensive Support Team review of RTT pathways including Cancer. Alignment with Health Economy Better Together Programme	Perfect Week held Discharge team and social services co-located Transfer to assess project in place Board round training in plan to complete November 2014 Discharge lounge in place 18 weeks programme of work in place to sustain improvement in problematic pathways, T & O, Ophthalmology and Urology New CEO led weekly capacity meeting in place Escalation processes reviewed and framework for effective bed management distributed	
Effective	12. Improve delivery of mandatory and targeted training for staff	31/03/15		Introduction of annual reminder process to all staff identifying their mandatory requirements and completion - on track to be completed by 30/11/14. Development of enhanced ESR mandatory training reports for managers progressing as planned. These will give real time access to staff mandatory training compliance. Training in this new system being developed and will commence in January 2015	

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Effective	13. Strengthen the processes to enhance staff performance, ensuring the availability of skilled and competent staff	31/03/15	Practice Development Matrons visited buddy trust – Newcastle Upon Tyne Hospitals – identifying best practice and learning opportunities	Detailed HEEM Feedback Received – action plan being reviewed to address issues raised.	
Effective	14. Improve the effectiveness and responsiveness of services through the use of evidence based clinical pathways	31/12/14		Pathway reviews of 3 surgical specialties underway. Over arching Elective Transformation Programme in place. EC&M reviewing Newark pathways and all 'external transfer' protocols visible on the intranet.	
Caring	15. Increase patient feedback by collating a higher level of Family and Friends responses	31/10/14		Tendering process for external support unsuccessful. Exploring in house options for improving response rates, including improved publicity and use of volunteer support.	
Responsive	16. End of Life Care is responsive to the needs of our patients (and their carers), delivered by competent, knowledgeable staff who respect and meet individual preferences.	30/11/14		End of Life Strategy developed – currently being finalised for consultation New guidelines and documentation implemented to replace the Liverpool Care pathway. A further 2 wards have commenced the AMBER care bundle and 2 more wards have registered on the Gold Standards Framework in Acute Hospitals Programme. Service specification for fast track/rapid discharge is being reviewed	

Sherwood Forest Hospitals - How our progress is being monitored and supported

Oversight and improvement action	Agreed Timescale for Implementation	Action owner	Progress
Replacement Improvement Director appointed	August 2014	Monitor	Delivered
Monthly Performance Review Meetings with Monitor to monitor delivery against the action plan	September 2014	Trust Chairman / Monitor	Monthly meetings continuing to monitor progress
Weekly Quality Improvement steering group to drive and monitor progress against milestone plan. Chaired by Executive Director of Nursing	August 2014	Executive Director of Nursing	Weekly meetings continuing against detailed milestone plan
Monthly reports to Trust Management Board, Quality Committee and Trust Board detailing progress against actions, highlighting risks and identifying mitigations	September 2014	Executive Director of Nursing/ Executive Medical Director	Reports submitted to relevant committees and boards in line with timescale
Re – inspection. The Chief Inspector of Hospitals will undertake a full inspection of the trust	TBC	CQC	