

## Report on actions you plan to take to meet CQC essential standards

Please see the covering letter for the date by which you must send your report to us and where to send it. **Failure to send a report may lead to enforcement action.**

<b>Account number</b>	RR1
<b>Our reference</b>	SPL1-1020209779
<b>Trust name</b>	Heart of England NHS Foundation Trust <b>Birmingham Heartlands Hospital</b>

Regulated activity(ies)	Regulation
Treatment of disease disorder and injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of patients.
	<b>How the regulation was not being met:</b>
	People who use services were not protected against the risks of receiving treatment that is inappropriate or unsafe as there was no timely assessment of the needs of the person using the service. Regulation 9 (1) (a) The planning and delivery of care did not always occur in the A&E department to ensure that the patient's basic needs were attended to. Regulation 9 (1) (b)(i) (ii)
<b>Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve</b>	
<p>A number of actions have already been put in place to address this issue and a full urgent care recovery plan is being implemented, as follows:</p> <ul style="list-style-type: none"> <li>• Continued implementation of the existing 2013/14 winter plan;</li> <li>• Implementation of gold command structures at Heartlands and Good Hope hospitals, to bring executive director leadership of the site offices to oversee day to day operations and ensure full implementation of the winter plan (commenced November 2013);</li> <li>• Executive director seconded for 6 months to oversee implementation of the urgent care recovery plan;</li> <li>• Joint working with ECIST to undertake some intensive work to re-establish flow.</li> </ul> <p>In addition, the following actions are currently being implemented to ensure that patients are protected against the risks of receiving treatment that is inappropriate and ensuring that patient flow is maintained through A&amp;E so that patients are cared for in the most appropriate setting and in a timely manner:</p> <ul style="list-style-type: none"> <li>• <b>Winter monies allocation</b> – The Trust Chief Executive is a member of the health economy urgent care working group which meets fortnightly to oversee the winter monies spend across the whole health economy. This process will continue until April 2014;</li> <li>• <b>Emergency Care pathway review</b> – A piece of work has commenced (supported by McKinsey), who have recently been engaged to support the executive team. Work commenced in November 2013 with the aim of producing a revised blueprint for the pathways at Heartlands and Good Hope hospitals. The first review date is planned for 31<sup>st</sup> January, with the detail being finalised by the end of March 2014.</li> </ul>	

A separate action plan is attached (**Action Plan 1**) - outlining the actions that are being implemented to address the concerns raised during the inspection in relation to Solihull hospital A&E.

<b>Who is responsible for the action?</b>	Dr Mark Newbold, Chief Executive
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**How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?**

The following mechanisms have been put in place to track progress and will continue to ensure that progress is monitored:

- **Gold command** – daily reports to the Chief Executive and to the Trust Board monthly;
- **Winter monies** – Chief Executive attends fortnightly health economy urgent care working group;
- **Emergency care pathways transformation** – MsKinseys will chair the two working groups and a partner from the firm will report to Trust Board monthly;
- **ECIST** – report to the Chief Executive monthly;
- **Finance and Performance Committee** – review of A&E performance monthly;
- **Monitor Undertaking** – Monitor have implemented an undertaking with the Trust (attached) – which outlines the detailed indicators to be measured. The Chief Executive is required to update Monitor fortnightly on progress.

In addition, regular visits by senior staff to A&E and assessment areas will continue during the week – including nights and weekends.

<b>Who is responsible?</b>	Dr Mark Newbold – and partners leading on specific work streams as outlined above
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**What resources (if any) are needed to implement the change(s) and are these resources available?**

Support from McKinsey and ECIST as outlined above. This resource is already secured.

Support from commissioners to address the wider health economy issues that impact upon patient flow and A&E attendance. Discussions have commenced and will be ongoing.

<b>Date actions will be completed:</b>	April 2014
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**How will people who use the service(s) be affected by you not meeting this regulation until this date?**

Many of the actions have already commenced and there have been demonstrable improvements to patient care resulting from the implementation of 'SAFER' particularly at Heartlands hospital. This is now being rolled out to Good Hope hospital to ensure that the risk to patients there will be reduced in the interim – whilst the other more long term solutions are developed and implemented.

<b>Completed by:</b>	Rachael Blackburn
<b>Position(s):</b>	Head of Risk and Compliance
<b>Date:</b>	21 <sup>st</sup> January 2014

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Regulated activity(ies)	Regulation
Treatment of disease disorder and injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010
Maternity and midwifery services	Supporting staff.
Surgical procedures	<b>How the regulation was not being met:</b>
Diagnostic and screening procedures	Staff were not able to receive appropriate training and professional development to improve the care for patients due to pressures on their nursing time. Regulation 23 (1) (a).
<b>Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve</b>	
<p>The CQC inspection report outlined various issues relating to the regulation 'supporting staff':</p> <ul style="list-style-type: none"> <li>• Clarity regarding mandatory training requirements;</li> <li>• Access to training for staff so they are able to attend despite pressures on wards;</li> <li>• CAMHS training;</li> <li>• Dementia training;</li> <li>• Support for maternity staff from the senior management team;</li> <li>• Training for HDU staff (Solihull)</li> </ul> <p>The attached action plan (<b>Action plan 2</b>) summarises the progress to date for each of these actions, outstanding action to be taken, along with timescales and responsibility.</p> <p>In implementing these actions we aim to ensure that staff are not only aware of their training requirements, but that they are able to complete the relevant training to that they are better equipped to deliver quality care to our patients</p>	
<b>Who is responsible for the action?</b>	See attached action plan for details of individual action leads. The overall CQC response plan will be monitored by the Executive Management Board.
<b>How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?</b>	
<p>Progress against the action plan attached will be monitored by the Executive Management Board. Attendance at mandatory training is already monitored by the Mandatory Training committee who regularly review DNA rates and also the reasons for those DNAs.</p> <p>Staff views on training and access to training will be monitored via the staff survey and other ongoing surveys e.g. the intranet survey facility.</p>	

<b>Who is responsible?</b>	See attached action plan for individual responsibilities. The overall plan will be monitored by Executive Management Board.
<b>What resources (if any) are needed to implement the change(s) and are these resources available?</b>	
<p>Internal support will be required from the Faculty of education to deliver dementia training and support will be required from the Director of Asset management for the programme management team to design the dementia improvement plan.</p> <p>Support will be required from the CCG's and Local Area Team in relation to the proposed development of a robust CAMHS assessment facility.</p>	
<b>Date actions will be completed:</b>	See attached action plan (2)

<b>How will people who use the service(s) be affected by you not meeting this regulation until this date?</b>	
<p>The attached action plan outlines the progress that has already been made to address the issues identified. Each of these actions will now receive additional scrutiny by the Executive Management Board and other senior managers to ensure that the care of patients is not affected by the issues raised.</p>	
<b>Completed by:</b>	Rachael Blackburn
<b>Position(s):</b>	Head of Risk and compliance
<b>Date:</b>	23 <sup>rd</sup> January 2014

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<b>Trust name</b>	Heart of England NHS Foundation Trust <b>Birmingham Heartlands Hospital</b>

Regulated activity(ies)	Regulation
Treatment of disease disorder and injury Maternity and midwifery services Surgical procedures Diagnostic and screening procedures	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing.  <b>How the regulation was not being met:</b> Patients did not always have their health, safety or welfare needs met due to the lack of sufficient numbers of staff on duty. Regulation 22.

### Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve

The Trust has identified two key issues from the inspection reports relating to this regulation:

- Nurse staffing levels;
- Reduction in bank and agency staff.

A detailed action plan is attached (**Action Plan 3**)

The aim of these actions will be to ensure that we do have appropriate staffing levels in our hospitals – but that if staffing falls below those levels there is an early warning system in place so that any breaches can be identified and resolved quickly.

<b>Who is responsible for the action?</b>	Director of Workforce and Chief Nurse
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### How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?

Trust Board will be informed of any staffing breaches, should they occur, along with the mitigation plans that have been put in place. The staffing dashboard will be reviewed monthly at the nursing performance committee, which is chaired by the acting Director of Finance and Chief Nurse.

The use of bank and agency staff is reviewed regularly by the recruitment team and reported formally to HR Committee.

<b>Who is responsible?</b>	Director of Workforce and Chief Nurse
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**What resources (if any) are needed to implement the change(s) and are these resources available?**

Any additional staffing resources identified will be provided by Trust Board.

Support will be required from colleagues internally (Director of workforce for robust workforce data and from Finance and Performance to ensure the workforce dashboard is robust). However, discussions are already underway to address this.

**Date actions will be completed:**

See attached action plan (3)

**How will people who use the service(s) be affected by you not meeting this regulation until this date?**

Staffing levels have already been reviewed extensively by the Trust and assurance has been given to Trust Board that planned staffing levels meet the case mix of patients. However, breaches to actual levels may occur due to sickness and other absence. Staffing levels are reviewed daily by the site senior nursing teams to ensure that the care and treatment of our patients is not affected.

<b>Completed by:</b>	Rachael Blackburn
<b>Position(s):</b>	Head of Risk and Compliance
<b>Date:</b>	23 <sup>rd</sup> January 2014

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McKinsey), who have recently been engaged to support the executive team. Work commenced in November 2013 with the aim of producing a revised blueprint for the pathways at Heartlands and Good Hope hospitals. The first review date is planned for 31<sup>st</sup> January, with the detail being finalised by the end of March 2014.

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Staff views on training and access to training will be monitored via the staff survey and other ongoing surveys e.g. the intranet survey facility.

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**Date actions will be completed:**

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**How will people who use the service(s) be affected by you not meeting this regulation until this date?**

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<b>Trust name</b>	Heart of England NHS Foundation Trust/ Solihull Hospital

Regulated activity(ies)	Regulation
Treatment of disease disorder and injury Maternity and midwifery services Surgical procedures Diagnostic and screening procedures	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff.
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