The Royal London Hospital

Safe and compassionate
Our improvement plan

August 2015

CQC inspections at Barts Health

- CQC inspection of The Royal London Hospital took place in January 2015.

- CQC also inspected Newham, Whipps Cross and The Margaret Centre. The CQC have not inspected St Bartholomew's, Mile End or Tower Hamlets community health services.

- Five domains are used to rate the quality of services: *Safe, Effective, Caring, Responsive, Well-led.*

- Overall the CQC rated The Royal London, Whipps Cross, Newham and as 'Inadequate'. In addition, the CQC published a Provider Report which rates the Trust overall as 'Inadequate'.

- The CQC issued specific compliance actions and 'must dos' for The Royal London and Newham, with four warning notices for Whipps Cross.

- The Trust Board accepts the findings and is extremely sorry for the failings identified.

CQC ratings for The Royal London

	Safe	Effective	Caring	Responsive	Well-led		Overall
Urgent and emergency services	Requires improvement	Good	Good	Requires improvement	Requires improvement		Requires improvement
Medical care	Requires improvement	Good	Good	Requires improvement	Requires improvement		Requires improvement
Surgery	Inadequate	Good	Good	Inadequate	Requires improvement		Inadequate
Critical care	Good	Good	Good	Good	Good		Good
Maternity and gynaecology	Inadequate	Good	Good	Good	Requires Improvement		Requires improvement
Services for children and young people	Inadequate	Requires improvement	Good	Requires improvement	Inadequate		Inadequate
End of life care	Requires improvement	Inadequate	Requires improvement	Requires improvement	Inadequate		Inadequate
Outpatients and diagnostic imaging	Requires improvement	Not rated	Good	Requires improvement	Requires improvement		Requires improvement
Overall	Inadequate	Requires improvement	Good	Requires improvement	Inadequate		Inadequate

Areas of outstanding practice

The Royal London:

- Stepping into the Future programme
- MATCH Human Factors safety training initiative
- "Pioneer" in trauma care
- Stroke care – highest rated patient experience in London
- Use of Google Glass technology in surgery

The CQC also highlighted the following positive aspects:

- *"We also found examples of good services at both Royal London Hospital and Newham"*
- *"We met a very committed workforce"*
- *"During our inspection most patients and relatives were satisfied with the care and support they received and felt that staff listened to them and were compassionate*
- *"Staff were caring and compassionate and interacted well with patients" – the Caring domain was rated as 'Good' for both Newham and The Royal London*
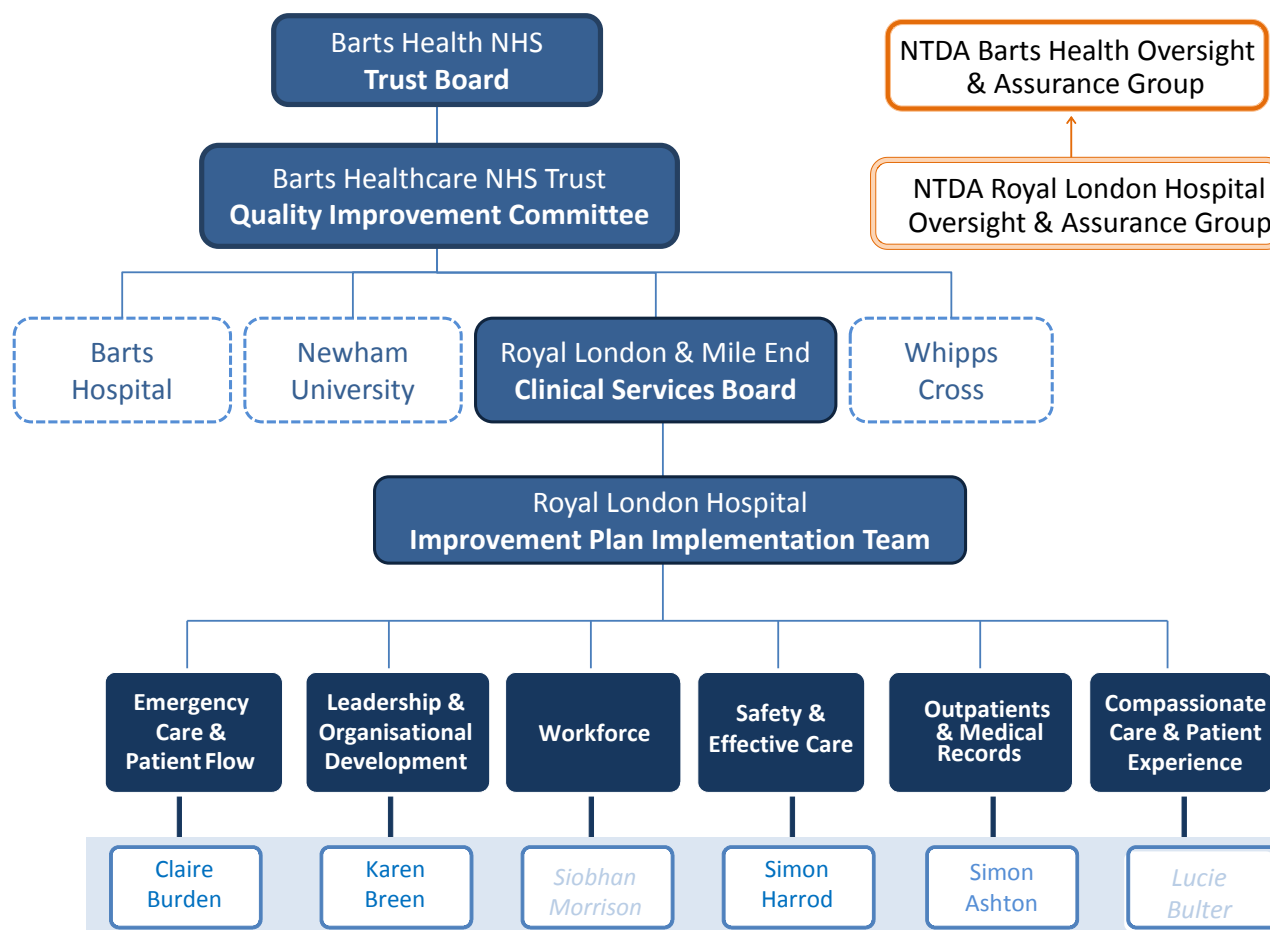
Our improvement plan

- The Barts Health Quality Improvement Plan – *Safe and Compassionate* – is not just a response to the CQC; it also includes the actions that staff feel are necessary to provide the communities we serve with safe, effective, compassionate and high quality care.

- The programme and structure was considered at the Trust Board in August 2015

- Initial focus has been on addressing the CQC compliance actions and immediate concerns.

- Whilst continuing to support on-going actions, improvement workstreams are focusing on developing detailed milestone plans, resourcing plans and KPI improvement trajectories to ensure objectives are met and achieve safe, effective, compassionate and high quality care.

Workstreams and governance

The site *Senior Responsible Officer* (SRO) will take responsibility for leading implementation of the local improvement plan and will accountant to both the Managing Director and the theme Executive Sponsor.

Workstream:

Emergency Care and Patient Flow

Emergency Care and Patient Flow
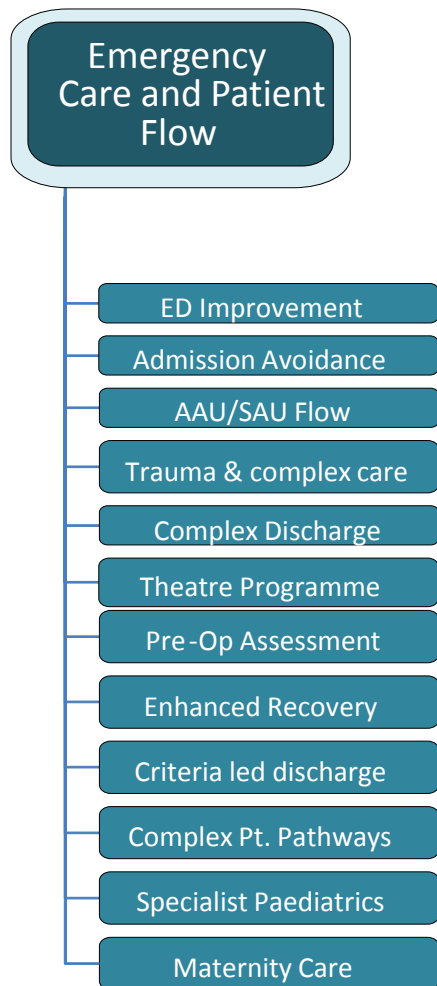## *SRO: Claire Burden*

Immediate response to CQC compliance actions

Required action	Our response	Progress	Next steps
Suitable arrangements were not always in place to ensure enough of the correct equipment was readily available in theatres, in particular for children.	• Review of baseline equipment to be undertaken within Paediatric Theatres • Business cases developed for identified items requiring capital investment • Review all broken equipment and agree schedule of repair/ • replacement • Review sterilisation cycle times with Synergy to address any delays	• Business cases and procurement processes initiated April - June 15. Most, but not all, kit has been purchased and in place from June 15. • Remaining items have business cases completed. Theatre Manager is working with the Capital Team to confirm funding. • Review of repairs outstanding completed – replacement kit to be purchased • Quarantine systems and audits in place and reviewed weekly with Synergy (which has extended working hours and is improving the turnaround of kit)	• Approval of remaining kit and getting this into circulation • Monitor and quantify the impact on cancellations and staff experience

Emergency Care and Patient Flow
SRO: Claire Burden

Emergency Care and Patient Flow
ED Improvement
Admission Avoidance
AAU/SAU Flow
Trauma & complex care
Complex Discharge
Theatre Programme
Pre-Op Assessment
Enhanced Recovery
Criteria led discharge
Complex Pt. Pathways
Specialist Paediatrics
Maternity Care

Progress:
- Introduced site management early warning tools to keep RLH safe
- Internal challenge standards set for ED and RLH site team
- Reduced total journey time for admitted patients by 1hr 6 minutes
- Increased bed availability at 08:30 from six to 20 beds on average
- Reduced non-elective LOS by one day over last four months
- Realigned care of the elderly to a single floor of the RLH (wards 14E/F) with no negative impact to patient experience to improve consultant availability to patients
- RLH priorities established for next six months with medical sponsorship and timelines for delivery and resourcing plan confirmed.
- Establishing a RLH site team culture that is open and responsive; as fed back by RLH staff and reported by ECIST

Next steps:
- Ambulatory care to start 2 November
- New Acute Physician 7 day model to start 2 November
- Trauma/Neuro/Ortho bed reconfiguration planned by October
- ED redesign of emergency assessment (first 60 mins)
- Detailed planning for surgical acute model launch end November

Workstream:

Leadership and Organisational Development

Leadership and Organisational Development
SRO: Karen Breen

**Leadership &
Organisational
Development**

- Spans of Control
- Leadership Development
- Site based Structures
- Information & Performance
- Effective Staff engagement

Progress:

- Managing Director and Site Medical Director in place from June 15
- Trust wide leadership operating model agreed and in place from 1 September
- Trust-wide Strategy and CAG function confirmed to ensure learning and best practice shared
- RLH performance dashboards established
- Values based recruitment training delivered for all new recruitment at Band 8A and above including medical consultants
- Completed General Manager Development Programme to be expanded in the new Leadership Operating Model
- Renal culture change diagnostic and improvement programme on-going
- 'Speak in Confidence' being used by staff to escalate concerns through to Executive for appropriate action
- Small scale workshop on talent management and difficult conversations

Next steps:

- Transition to new leadership operating model management structure and embed performance and accountability framework
- Development of service line and improvement programme dashboard to ensure clinical leaders are equipped with management information
- Commence site based communications plan to all staff
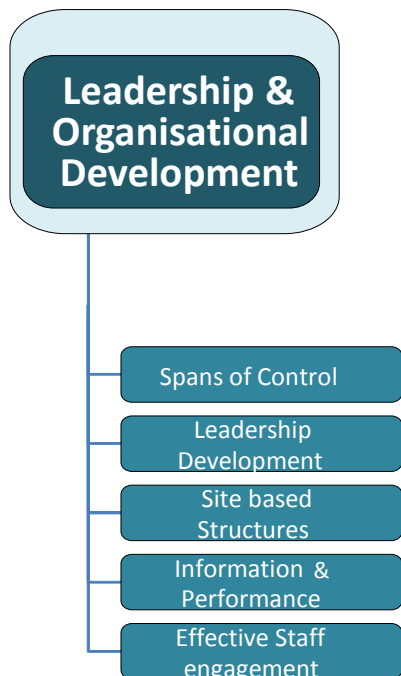
Workstream:

Workforce

Workforce
SRO: Siobhan Morrison

Immediate response to CQC compliance actions

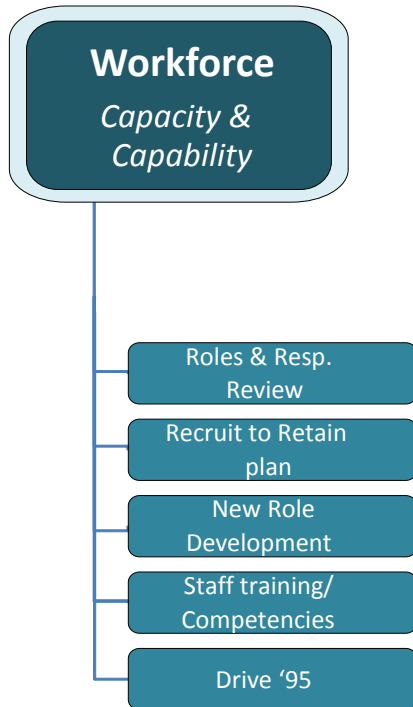| Required action	Our response	Progress	Next steps
Patients needs were not always assessed and their care were not always planned or delivered to meet their needs.	• Revise and further develop competency tools for clinical staff with education plans around delivery of safe care, tailored to setting/speciality • Ward will have staff who have the skills to meet patient's needs - specialist and general skills • All wards will be using the agreed acuity tool (NEWS) and associated patient assessment tools.	• Nursing gap analysis undertaken by Organisational Development. Clinical competency programme procurement in progress and will be dovetailed with nursing revalidation activity. • Launch of NEWS across all ward areas in August. Formal audit registered. • Confirmed in August that NEWS in available in CRS for use in ED adults. Action module modified to reflect the needs of ED patients.	• Formation of education plan and agree funding for competency programme with HEE • Audit cycle to commence monthly of NEWS from 1st October 2015 • PEWS to go live electronically in ED from September 2015
There were not enough staff across all staff groups and staff levels to provide safe care and treatment for patients.	• Monthly monitoring of the vacancy gap through robust reporting systems. Managers will be engaged to ensure the data produced is user friendly. • Increase midwife birth ratio of 1:28. Agreement to increase 22 WTE midwives. • Minimum of twice yearly ward staffing review using recognised dependency score, professional judgement tool and engagement of ward managers. • Quarterly review of staffing numbers in maternity to reflect predicted changes in birth rates.	• Ward establishment review undertaken in March and funds agreed and in budget in June 2015. Recruitment plans adjusted to reflect the uplift. • Safer staffing policy approved and launched in May including red flags. Nursing staff numbers monitored 3 times per day including daily safety huddle. • Birth Rate + completed in 2014. Safe staffing review completed in light of this and new midwifery ratios's agreed for each site. Increase in midwifery staffing for RL site of 26wte midwives. Rolling recruitment plan already in place and numbers now increased. • New guidelines in place based on NICE 2015. This includes monitoring, mitigation and action against red flags.	• Ward establishment light touch review in September in preparation for winter and twice yearly target. • Further review of improved options for any temporary shortfalls in maternity to include intrapartum on-call. Staffing review January 2016 based on activity analysis. (especially important at RL site)

Workforce
SRO: Siobhan Morrison

Immediate response to CQC compliance actions

Required action	Our response	Progress	Next steps
There were not enough staff across all staff groups and staff levels to provide safe care and treatment for patients (Continued)	• Medical models reviewed against college guidance as part of team objective setting and job planning. • Minimum of once a day dependency scoring on each ward. • Paediatrics will introduce an acuity tool appropriate to the needs of children and young people. • Clear model for escalation developed and made available to all staff in safer staffing returns and use of safety huddles to reallocate staff • Wide circulation of the Trusts safer staffing policy including team briefings, posters and leaflets • Achieve a 95% substantive fill rate by February 2017 recognising the current recruitment and retention rates. • Work with Bank Partners to increase the supply of staff available for temporary shifts • Optimal use of electronic rostering	• Nursing staff numbers monitored 3 times per day including daily safety huddle. • Planned and actual staffing for nursing published on the safety boards at the entrance to the ward and checked daily by Senior Nurses • Sourced quotes of 2 commercial products to provide a paediatric acuity tool • Safer staffing policy in place. Information circulated in safety huddles and disseminated to ward teams. Posters and leaflets agreed • Vacancy analysis complete and top 9 areas of vacancy identified. One-stop-shop recruitment days in planning • Approached universities for newly qualified staff • Electronic rostering templates updated with new shift profiles further to ward establishment review changes. • Weekly assurance meetings include 10 golden rules of rostering and are monitored weekly with Associate Directors of Nursing for ECAM. To be transitioned to site based in September	• Creation of ward based notice boards with Safer Staffing information and leaflets available • Procure an appropriate paediatric acuity tool • Confirmation of recruitment strategies for the top 9 vacancy areas to be confirmed in September. • One-stop-shop recruitment days for medical and surgical ward vacancies • Program developed for return to practice, open day in September

Workforce
SRO: Siobhan Morrison

Workforce
Capacity & Capability

Roles & Resp. Review

Recruit to Retain plan

New Role Development

Staff training/ Competencies

Drive '95

Progress:
- Analysis of high vacancy areas completed and top 9 areas of focus identified
- Senior team undertaken visits to top 3 temporary staffing usage areas to support recovery
- Pilot elevated bank rate for ED in August and September
- Fortnightly site based meetings with Bank Partners started

Next steps:
- Site based leadership recruitment strategies for top 9 areas to be developed in September
- One-stop-shop recruitment days to start in October
- Focus sessions with nursing leaders on improving staff retention
- Progress made on publication of rotas 8 weeks in advance for all ward areas

Workstream:

Safe and Effective Care

Safe and effective care
SRO: Simon Harrod

Immediate response to CQC compliance actions

Required action	Our response	Progress	Next steps
Patients were not protected against the risks of inappropriate or unsafe care by the means of an effective operation of systems to regularly assess and monitor the quality of the service or identify assess and manage risks	• Medical devices groups to determine appropriate strategy for the supplier for high volume and low value equipment in a timey manner relative to the lifespan of the devices • Integration of ward accreditation data with IPR • Sporadic checks of resuscitation trolleys are routinely allocated to 2 nurses on duty and are checked and signed for daily. If used over the 24 hour period, trolley is re-filled , re-checked and re-signed. • Ward Managers to apply principles of quality improvement cycles to support staff at ward level to make local changes and apply improvements based on local data derived from incidents/complaints from their areas.	• Project Manager assigned to work ward accreditation. Existing metrics challenged and new metrics confirmed. Ward based dashboard created and pilot 6 first metrics in September on medical wards • Resus Training Officer attends daily safety huddle reporting any cardiac arrest activity in the previous 24 hrs highlighting any learning and shortfalls in equipment • First 3 cohorts of 'Leading a Care Environment 'have completed their workshops and this included safety seminars and master clases using incidents and complaints to inform their ward based improvement. PDSA cycles introduced as an improvement tool during SITF i.e. currently undertaking a PDSA cycle of evening shift senior nurse supporting the wards during this critical handover period • Datix User Group started in August with the purpose of improving reporting, improving staff access to Datix and report generation for local learning	Quality metrics from Ward to Board by in October 2015. Dashboard will form part of the new site based performance review documents Audit of resus equipment and trolley readiness by Resus Training Officer. A review on cardiac arrests audit forms to identify where equipment failures may have had an impact on the outcome . To ensure all Band 7s on site have attended the 'Leading a Care Environment' workshops Next Datix User Group will focus on the actions module to enable local leaders to update their action taken and provide evidence

Safe and effective care
SRO: Simon Harrod

Immediate response to CQC compliance actions

| Required action	Our response	Progress	Next steps
There was no policy or guidance on the consistent use of opioids which put patients at risk of drug errors or misprescribing when doctors moved between wards and failed to appreciate that the drugs had different potencies when administered by different methods. Ensure there is a policy on the consistent use of opioids.	• Stat & Mandatory Training and management of medicines training database to be compiled on a local level and entered on shared Trust wide database. • Produce trust wide guideline for 1) acute pain management; and 2) pain management in end of life. Implement and audit adherence • Produce a harmonised guideline for PCA, implement and audit • Provide a single chart to inform conversion between opiates & implement.	• Stat and Mandatory training is set up and current compliance is 66% • Acute medicine policy and the PCA guidelines agreed at the Joint Prescribing Committee and published on the Intranet • Pain management in end of life policy drafted • Single chart reviewed and deemed appropriate. Further review scheduled for next few months	• Targeted work with staff groups to improve Stat and Mandatory training compliance • Briefing and communications on the Acute medicine policy and PCA guidelines • Approval of Pain management in end of life policy and dissemination

Safe and effective care
SRO: Simon Harrod

Immediate response to CQC compliance actions

Required action	Our response	Progress	Next steps
Accurate records in relation to the care and treatment of patients were not kept.	• The documentation standards revisited with consultant medical staff to ensure they meet required standards. • Review all documentation that records patients' care and treatment to ensure that it has been standardised. • Director of Nursing with medical director and lead for AHP will review tools in use and access to records. • Ensure that senior staff audit records on at least a monthly basis	• Trust induction included supporting junior doctors in the use of power chart for medical documentation • Trust wide review of nursing documentation and WX are piloting new structure. In August, RLH site Senior Nurses have been attending bed side handover and challenging documentation standards. • Early implementers of paper light recording now includes critical care and neurosciences. Chief Clinical Information Officer working with site based team on further roll out plan. • Clinical support app launched by the Chief Medical Officer to support clinical care Detailed audit tool written.	• Await the outcome of Whipps Cross pilot and implement recommendations • Further paper light recording areas to be identified • Audit of clinical notes by nursing and medical teams. Enhance audit programme going forward.
Urgent improve security in the maternity services	• Review security to ward areas and execute recommendations • Amend and implement changes to visiting policy to allow maximum of 2 adults visitors per bedside at one time • Increase visibility and presence of ward clerk	• A security review has taken place and new protocol for practice • For Royal London the central lift new swipe work has commenced and is a 3 phase approach to completion to ensure fire regulations maintained – completion end August.. • Baby Tagging – cross site review and costing completed for implementation	• 8th floor – business plan to increase to 24hr reception cover to be considered • 6th floor reception review – recruiting for 24hr cover • Decision of implementation of Baby Tagging

Safe and effective care
SRO: Simon Harrod

Safety & Effective Care

- Safety thermometer
- Quality forum
- Learning from SI's
- Complaints
- CQUIN
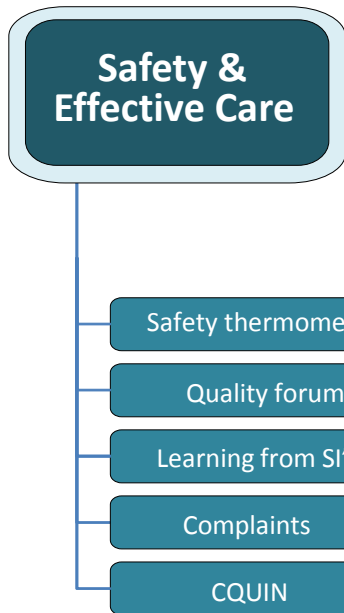
Progress:
- WHO checklist part of daily practice and compliance is audited
- Safety thermometer in place on all wards
- Safer staffing model reviewed daily from the RLH site office
- Daily 11:15am safety huddles in place
- CQUIN Q1 achieved 82% compliance and detailed plans in place for Q2-4
- Project team planning session on 24 August

Next steps:
- Map existing and future governance arrangements for the site within the new site Leadership Operating Model including existing weekly SI meetings
- Complaints and SIs to be loaded into consultant PREP to develop reflective practice and learning
- Formation of detailed plans to carry out remaining recommendations on 'Must Dos' with newly formed working group
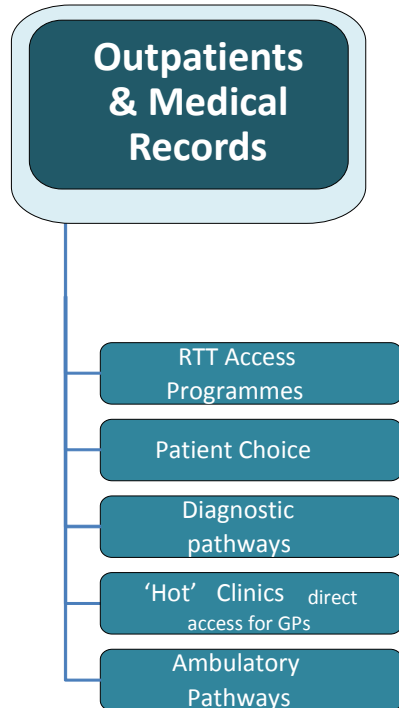
Workstream:

Outpatients and medical records

Outpatients and medical records
SRO: Simon Ashton

Outpatients & Medical Records

- RTT Access Programmes
- Patient Choice
- Diagnostic pathways
- 'Hot' Clinics direct access for GPs
- Ambulatory Pathways

Progress:
- Comprehensive 220 point action plan agreed
- Task & Finish Group meetings in place
- Staff meeting structure in place across all tiers and staff newsletter developed (issue 2)
- Shared learning from WX CQC improvement work completed

Next steps:
- Revised SOPs and guidelines in place in next 2 months
- Clinic areas suitably to be stocked with patient info/leaflet in next month
- Clinic templates refreshes where required
- Automated reporting of Health Records availability by Dec 15
- Automated reporting of clinic waiting times by December 15
- Vacate current RLH library by March 16

Workstream:

Compassionate Care and Patient Experience

Compassionate care and patient experience
SRO: Lucie Butler

Immediate response to CQC compliance actions

Required action	Our response	• Progress	Next steps
Patients needs were not always assessed and their care were not always planned or delivered to meet their needs.	• Develop clear policy and practice that meets needs of Children's and Young People patients with learning difficulties and their carers • Ensure a comprehensive Palliative Care and End of Life Care Service is provided within the RLH, working in partnership with the Tower Hamlets CCG, our Local Authority, charities and local 3rd sector partners, ensuring patients access Specialist Palliative Care as and when required • Aim to achieve 7 day access to End of Life care support team	• Admission policy for children with learning difficulties in draft for consultation • End of Life Committee established and chaired by the Associate Medical Director • 'Compassionate Care for the Dying' care plan was launched in June. • End of Life Strategy has been completed and services being developed in line with the 'Dying Matters' recommendations • Key questions in relation with End of Life care needs discussed in safety huddles	• Publication and awareness of admissions policy • Implementation of a Children's and Young persons Board • Barts Health will contribute to East London wide discussions to develop the end of life care strategy for the sector. • Proposal developed for 7 day access to End of Life care support team

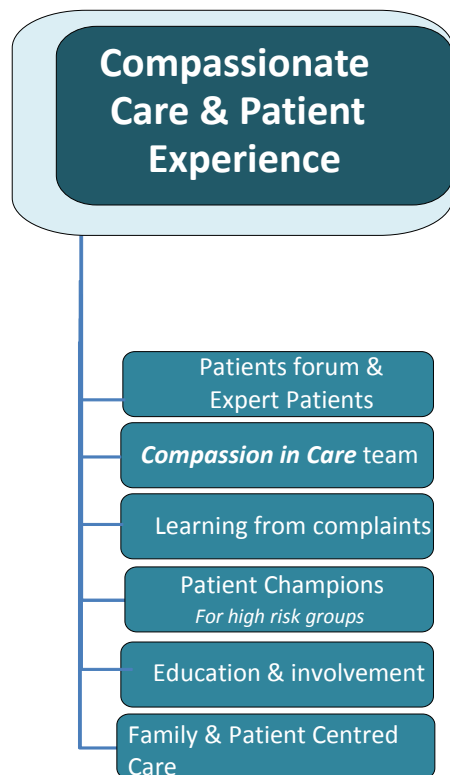# Compassionate care and patient experience
SRO: Lucie Butler

Immediate response to CQC compliance actions

Required action	Our response	Progress	Next steps
There was limited learning from Complaints	• The site management teams develop a site specific quality report to identify and target improvement issues and areas for the hospital. • Refreshing and building on the existing monthly Complaints and PALS site activity reports produced for EEG/site meetings. • It will be communicated/shared with all staff for learning purposes	• Weekly complaints challenge meeting chaired by Chief Nurse including target setting for complaint completion. Weekly complaints tracker shared with the Trust Executive. • Complaints process review completed and new process for management of complaints agreed. In testing phase at Newham. Part of the review included two Complaints Summits with clinical leaders. Emphasis in process made on early local resolution and at the end of the process closure with regards to learning • Focused work on going to reduce the number of overdue complaints. Task and finish groups in each CAG. • Complaints training completed with some Ward Managers focusing on local resolution • • Increase access for clinicians to the datix complaints module to support • Site Governance structures being developed.	• PALS service review to determine best practice model to be completed by end September • Implementation of new complaints process further to Newham pilot • Continued work with the Ward Managers and Administration Managers focusing on local resolution • Weekly site based complaints meeting to be set up as part of new site management structure • Site based analysis around common complaint themes and an action plan to address developed with the staff • Move QIR from the formal complaint process to the clinical development forums engaging acute clinicians and GPs • Quality report developed from the best of the existing. Development to include the process for sharing

Compassionate care and patient experience
SRO: Lucie Butler

Compassionate Care & Patient Experience

- Patients forum & Expert Patients
- *Compassion in Care* team
- Learning from complaints
- Patient Champions *For high risk groups*
- Education & involvement
- Family & Patient Centred Care

Progress:
- Compassion in Care group formed. TOR reference developed. Competency of ward leader defined with clear guidelines
- Safety huddles for the site undertaken daily with wide MDT membership agenda includes ward based risks, staffing, EOLc, Patients at risk of deterioration and those subject to DoLs
- Nutrition and Hydration action plan developed and activity monitored
- Dementia friends workshops held on site. Volunteers trained to support care in patients living with dementia
- Audit tool for in depth assessment of fundamentals of care developed.
- Successful Renal services joint patient and clinician development day.

Next steps:
- Nutrition Link nurse program. Roll out of revised MUST score November 2015.
- Revision of clinical Friday program to support workstream activity
- Stocktake of existing patient forums and patient engagement activity- consider a 'network approach' in speciality areas
- Identification and development of ward based MCA and DoLs champions