

Report to the Trust Board: 5 March 2014	TB 27/14
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Title	CQC inspection
Sponsoring Director	Chief Nurse
Author(s)	Director of Corporate Affairs and Trust Secretary
Purpose	To receive the final action plans in response to the November 2013 CQC inspection of Barts Health.
Previously considered by	Trust Management Board, 4 March 2014

Executive summary

The CQC published the reports of their November 2013 inspection of Barts Health on 14 January 2014, following the Trust's Quality Summit on 10 January 2014. The CQC identified 15 compliance actions together with a number of areas for improvement. Draft action plans to address the compliance actions were submitted to the CQC on 7 February 2014. The final versions were submitted on 28 February 2014 and are attached. These take account of feedback from the Trust Board, the NTDA and staff and stakeholders who attended the four site-based follow-up summits which took place between 4 and 10 February 2014. Regular updates on implementation of the action plans will be provided to the Trust Board and the Quality Assurance Committee. The Board is also reminded that the CQC are scheduled to return to The Royal London Hospital in the near future to follow-up on the actions implemented following a previous inspection earlier in 2013.

Related Trust objectives

1. We will maintain a relentless focus on delivering high quality, safe and compassionate care for our patients and achieving our 2013/14 quality priorities to ensure a consistently good patient experience.
2. We will meet all national minimum performance standards and regulatory requirements, delivering consistent and standardised clinical practice.

Risk and Assurance	Reports will be provided to the Board and QAC on the implementation of the action plans.
Related Assurance Framework entries	n/a

Legal implications/regulatory requirements	The action plans address the 15 compliance actions identified by the CQC inspection.
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Action required by the Board

The Trust Board is asked to receive the final versions of the action plans which were submitted to the CQC on 28 February 2014.

Barts Health CQC Master Action Plan										
Overall Quality Report : High Level Improvement Actions										
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BH01	The Trust must ensure action is taken on identified risks recorded on the risk register	All	All	<p>Risk register to be reviewed at CAG, Corporate and service line performance reviews</p> <p>Approve new risks >12</p> <p>Approve risk mitigation plans and monitor (evidence on RR)</p> <p>Service Line Managers /equivalents risk workshops to be delivered</p> <p>RMC to review risk ToR to determine how to ensure risk mitigation is on time</p> <p>RMC to escalate poor risk mitigation to TMB</p>	<p>Deep Dive Risk Reports to RMC by each CAG/division</p> <p>CAG/Corporate Risk Metric reports to each RMC</p> <p>Out of review date/mitigation date challenge</p>	Low	Trust Risk Manager	Chief Nurse	<p>Started and on-going</p> <p>30.06.14</p> <p>01.04.14</p> <p>Started and on-going</p>	<p>Open</p> <p>Closed</p>
BH02	The Trust must ensure there is sufficient staff with an appropriate skill mix on all wards to enable them to deliver care and	All	All	<p>Development of monthly reporting of actual staffing levels on a shift by shift basis.</p> <p>Small external review of staffing discussing our</p>	<p>Ward accreditation and KPIs</p> <p>Safer Staffing Report to April</p>	<p>Medium</p> <p>Medium</p>	<p>Deputy Chief Nurse</p> <p>Deputy</p>	<p>Chief Nurse</p> <p>Chief Nurse</p>	<p>30.06.14</p> <p>April 2014 & onwards 6</p>	<p>Open</p>

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	treatment safely and to an appropriate standard			<p>approach, evidence base and risk assessments. Peer review of key areas e.g. OPS, Cancer, Caplin.</p> <p>Implementation of Allocate e-rostering system to improve rostering and reduce reliance on bank and agency staff. Allocate includes a process for daily acuity and dependency recording</p> <p>Recruitment programme to fill 95% of establishment to reduce reliance on bank and agency staff underway</p> <p>Roll out Band 7 leadership programme based on Older Peoples Improvement Programme</p>	<p>Trust Board</p> <p>Reports from Allocate Steering Board</p> <p>Roll out programme agreed</p> <p>CAG performance reviews</p>		Chief Nurse		<p>monthly</p> <p>Roll out starts May 2014 for 18 months</p> <p>April 2014</p> <p>To start February 2014</p>	

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BH03	The Executive Board must urgently re-engage with staff: they must listen to staff, respond to their concerns and adopt a zero tolerance to bullying	ALL	ALL	<p>Conclude the Trust Management Board review of Culture and Leadership and share the recommendations widely in the organisation – early actions being implement include:</p> <ul style="list-style-type: none"> • Programme for embedding First Friday activities for all directors • Director-led programme of feedback and action planning on 2013 NHS Staff Survey Findings • Introduction of “Speak in Confidence” – with direct, anonymous two-way line to a Director • Programme of front line and weekend working for Directors • Communications campaign to raise 	<p>Governance of delivery through monthly Performance review with reporting Trust Management Board</p> <p>Increase monthly sample size of Pulse Survey to 4,000 (achieved). Publish monthly results as part of Staff Briefing process to supplement current integrated performance reports. Publish staff comments.</p> <p>Track impact through monthly Pulse Survey engagement scores and workforce key performance indicators within Integrated Performance</p>	High	Associate Director of Organisational Development	<p>HR Director</p> <p>Chief nurse</p> <p>HR Director</p>	<p>March 2014</p> <p>March 2014</p> <p>Started</p> <p>March 2014</p> <p>Started and on-going</p>	Open

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				awareness of the current policy and mechanisms in place to support tackling bullying and harassment <ul style="list-style-type: none"> • Commission independent review of high reports of bullying and harassment in 2013 Staff Survey findings • Develop Staff Partnership Fora in each CAG, in addition to organisation-wide forum • Add feedback training into Statutory and Mandatory training programme for managers • Increase the monthly sample size for the Pulse Survey to 4,000 and explore a mechanism for 	Framework		Director Organisational Development		Started and on-going	Open
								Academic Health Science Director	March 2014	
									March 2014	
								Associate Director of Organisational	April 2014	
						High	Director of HR		March 2014	Open

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				including the option for staff to use this route to specifically raise concerns <ul style="list-style-type: none"> Design a leadership engagement programme that will reach all staff in the Trust over 2 year period (i.e. Through to 2016) Site specific <ul style="list-style-type: none"> Director-led programme of feedback and action planning on 2013 NHS Staff Survey Findings Programme of front line and weekend working for Directors Communications campaign to raise awareness of the current policy and mechanisms in place to support tackling bullying and harassment 	Site specific publication of monthly Pulse Survey results, including commentary from staff		Development	Director of HR	March 2014	

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				<ul style="list-style-type: none"> independent review of high reports of bullying and harassment in Staff Survey findings 						
BH04	Provision must be made for adolescents to be treated in an appropriate environment and not within the general paediatric wards.	RLH	Childrens Services	Refer to RLH plan item RL01	Refer to RLH plan item RL01	Low	W&C CAG Group Director	Director of Delivery	30.06.14	Open
BH05	Equipment must be readily available when needed.	RLH WX	ECAM SURG	<p>Greater engagement from CAGs with Medical Devices Group</p> <p>Greater link between risk register and capital replacement programme</p> <p>No asset registers in the CAG – link risk and asset register to forward investment</p>	<p>Governance for Capital investment committee reviewed.</p> <p>Business cases for equipment which are rejected to go to TMB for review.</p>	medium	CSS Group Director	Director of Delivery	30.06.14	Open

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				planning for equipment – especially Newham and Whipps Where equipment identified as not available refer to site specific action plans						
BH06	Ensure patients receive nutritious food in sufficient quantities to meet their needs	SBH	CVS CANCER	Refer to SBH plan item SB01	Refer to SBH plan item SB01	medium	Director of Estates and facilities	Chief Nurse	30.04.14	Open
BH07	Some parts of the hospital environment do not meet patients' care needs. The hospital environment in the Margaret Centre (at Whipps Cross) and outpatients compromises patients' privacy and dignity	WX	ECAM OPS	Refer to Whipps Cross plan WX06	Refer to Whipps Cross plan WX06	medium	CSS Group Director Cancer CAG DoN	Director of Delivery	31.05.14	Open
BH08	Patients are not aware of the	WX	ALL	The Chief Nurse will host 2 stakeholder	Stakeholder and user feedback	Medium.	Deputy Chief	Chief Nurse	31/0314	Open

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	complaints process and the hospital does not always learn effectively from complaints			<p>engagement workshops to seek user and community views and consult on the current and future complaints and PALS services.</p> <p>Continue to audit contacts, response and accessibility of the PALS telephone hub service</p> <p>To continue with provision of complaint resolution and complaints handling training and its inclusion in staff development and leadership programmes.</p> <p>Review BH information leaflet and poster on 'How To'; seek help with a problem, make a comment or complaint across all sites. This following the stakeholder workshop.</p>	<p>PALs audits monthly</p> <p>NHS inpatient survey indicators</p> <p>Audit and accessibility results</p>		Nurse		<p>Weekly and on-going</p> <p>30/09/14</p> <p>31/03/ 14</p>	

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				Relaunch All CAG Tier 1's are accountable for accessible and responsive complaint handling and local resolution in each service line. Each CAG to continue monthly thematic learning reviews of complaints by service or subject and report on action each quarter.	CAG PR and Quarterly complaints reporting at the Quality Assurance Committee				Started and on-going	
The following are compliance actions for other sites not list as Barts Health “must do”										
	NH01 – Trust must ensure medicines and fluids are stored correctly	NH	All	Refer to Newham plan	Refer to Newham plan	low		Chief Nurse	April 2014	Open
	NH02 – Trust must ensure staff follow national guidance for children undergoing surgery and that they do this sufficiently to maintain their expertise	NH	W&CH Service	Refer to Newham plan	Refer to Newham plan	medium		Medical Director	December 2014	Closed

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	NH03 - To promote a safety culture, the hospital must improve the visibility of management and embed the CAG structures and processes	NH	All	Refer to Newham plan	Refer to Newham plan	high		Director of Delivery	June 2014	Open
	LC01 - Action must be taken to improve staff's ability to respond in a timely manner to patient's needs at night to ensure their safety and welfare	LC	ECAM	Refer to London Chest plan	Refer to London Chest plan	medium		Chief Nurse	April 2014	Open
	RL04 - Ensure there are sufficient medical staff available	RL	Surgery	Refer to Royal London plan	Refer to Royal London plan	medium		Medical Director	April 2014	Open
	WX04 - Strengthen governance arrangements. Currently these are not always effective. Staff do not feel empowered to make changes and the governance structures hinder them at times	WX	All	Refer to Whipps Cross plan	Refer to Whipps Cross plan	high		Director of Delivery	Sept 2014	Open
	WX05 - Address	WX	All	Refer to Whipps	Refer to Whipps	medium		Director of		Open

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	delays to providing care. Patient's discharge is sometimes delayed. This impacts on other areas of the hospital and its effective functioning			Cross plan	Cross plan			Delivery		

The following are improvement actions for Barts Health

BH09	Improve the visibility of senior leaders in the Trust	all	all	Refer to BH03 – engaging with staff	Refer to BH03	low	CAG Group Directors and Corporate Directors	HR Director	March 2014	Open
BH10	Address the concerns about implementation of the review of nursing posts and the effects of this on the skill mix of nursing staff	all	all	Refer to BH02 - staffing	Refer to BH02	low	CAG DoNs	Chief Nurse	June 2014	Open
BH11	Improve the dissemination of lessons learned from serious	all	all	Share the learning bulletin from PST to be produced monthly. Communications plan	Staff knowledge during CAG senior staff walkabouts and internal peer	low	Deputy Chief Nurse	Chief Nurse	30.09.14	Open

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	incident investigations across all the CAGs			<p>for PST to be developed including use of weekly staff bulletin, monthly staff briefings and bi weekly manager briefing to disseminate key safety/learning messages</p> <p>CAGs to develop own mechanisms to cascade safety and learning messages</p> <p>Clinical Standards Committee established – mapping reporting of all groups/committees to give assurance of co-ordinated learning</p>	reviews		CAG DoNS			
BH12	Improve access for all staff to suitable IT to enable them to report incident quickly	all	all	<p>Two reports into network/server performance & design & PC performance have been commissioned and are complete.</p> <p>A number of issues are identified which are at</p>	<p>Network capacity is improved</p> <p>Additional 700 PCs are in use</p> <p>Details of further IT</p>	low	Deputy Director of Informatics	Director of Informatics	December 2013	Open

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				<p>the root of user difficulties outlined in the CQC report. These fall into 3 categories</p> <p>1 - Network performance 2 - Application performance 3 - PC performance</p> <p>Actions planned 1 Trust Board approved plans to improve network capacity in a number of areas earlier last year and these changes are now being implemented</p>	improvement finalised and shared with staff		Deputy Director Informatics	Director of Informatics	December 2013	Closed
				<p>2. The Trust currently utilises 11,100 computers & has 14,000 (approx) staff. A roll out of 700 additional computers has commenced, includes both fixed desktop computers, laptops & workstations on wheels.</p>	Revised training in use at induction				31/12/14.	Open
					Monitor impact through First Fridays and peer reviews					

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				<p>3. Plan in place for intensive piece of work in next few months to further improve performance in IT This project is being built and will be announced in start of financial year</p> <p>We plan to enhance the staff induction process to include specific training on how to log an incident using the Trust intranet/Datix web page.</p>					01/06/14 30/04/14 and on-going	Open
BH13	Consultant cover on site should be 24hours a day, seven days a week to provide senior medical care and support for patients and staff	all	all	The Trust has just completed an update audit for its adherence to the London Emergency Care Standards and these have been fed back to CAGs. These are the most stringent standards available nationally and do not mandate the level of cover identified in this	Continue to review against the London Standards at least annually. A set of Barts Health Standards have also been drawn up and will be used more frequently to ensure regular and senior support.	Low – defined access standards for advice and return to work for scheduled & unscheduled attendance have been defined for high risk areas (e.g. A&E RLH, ICU RLH, trauma	CAG Group Directors	Medical Director	30/4/2017 for 7 day standards as per BK's national plan.	Open

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				improvement action. Professor Sir Bruce Keogh recommends a 3 year journey to meet 7 day working across the English NHS and in this year to identify the cost likely to be associated with that step. The CAGS are currently working through the audit to define the solution for each of the relevant services to meet the London standards. In some cases this will require further changes to policies and working practices and in some cases reconfiguration of services between sites. The outputs will inform job planning changes from April 1 st 2014.		RLH, neonatology and obstetrics all sights. The trust is not an outlier for weekend mortality rates – this will continue to be monitored. Mortality rate (SHMI) is continuing to come down.				
BH14	Provide accessible information for patients who speak English as a second	all	all	Develop guidance/policy for staff on how and when to make key patient		low	Deputy Chief Nurse	Chief Nurse	30.6.14	Open

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	language			<p>information available in other languages</p> <p>Communications to review essential/Trust wide information to ensure it is accessible in other languages where appropriate and in line with guidance /policy</p> <p>All CAGs to review their service line patient literature/information to make it available in other languages</p>			<p>Director of Communications</p> <p>CAG DoNs</p>		<p>30.09.14</p> <p>30.12.14</p>	
BH15	There should be pain protocols in place for children and children should be seen by the pain team	all	all	Refer to Women and Childrens' Health CAG local CQC action plan	Refer to Women and Childrens' Health CAG local CQC action plan	low	CAG DoN Childrens Services	Chief Nurse	31.03.14	Open
BH16	The reasons for waits and likely length of waits in outpatients should	all	all	An audit of 1004 clinics has been undertaken. There is positive evidence of	Detailed report on the areas with the largest waits shared with CAGs	low	Director of Service Develop	Director of Delivery	31.01.14	Closed

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	be better communicated to patients			<p>improvement/ satisfaction as well as further improvement needed e.g. <i>Findings:</i> <i>No waits – 34%</i> <i>Wait<30min – 50%</i> <i>Wait >30min 16%</i></p> <p>The Outpatient Transformation team plan to work with teams on service level improvements by end of March 2014. CAG General Managers to develop individual improvement plans by 10 May 2014.</p> <p>Outpatient staff to ensure patients are informed of waits when they arise</p>	<p>Improvement plans completed. Monitored at service line performance reviews.</p> <p>Monthly audits are being defined to monitor improvement</p>		ment		<p>10.05.14</p> <p>30.04.14 On-going</p>	<p>Open</p> <p>Open</p>

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BH17	Where site specific issues have been identified in the CQC reports the Trust will seek assurance that the other sites have maintained an appropriate standards	all	all	Issues relate to <ul style="list-style-type: none"> • Records • Medicines storage • Equipment • Food • Environment 	Quarterly internal peer reviews On-going monthly ward/department audit against CQC Outcomes	low	Deputy Chief Nurse	Chief Nurse	31.03.15	Open

Newham Hospital Specific Action Plan

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NH01	<p>Trust must ensure medicines and fluids are stored securely</p> <p>Outcome 9 Medicines</p>	NUH	All	<p>Re-refresh the trust-wide risk assessment for medicines security and ensure the action plan is updated.</p> <p>Seek resource to install either self-closing brackets on clean utility rooms OR swipe access</p> <p>Raise awareness through the Medicines Safety Team or a trust patient safety notice about the risks associated with poor security of medicines</p> <p>Introduce a zero tolerance approach to the leaving open or wedging open of clean utility rooms.</p> <p>Encourage datix incident reporting of such incidents</p> <p>Develop a medicines management action plan</p>	Ward CQC audit programme outcome 9	Low	<p>CSS CAG Director of Therapies and Governance</p> <p>CAG Directors of Nursing</p> <p>Hospital Director</p>	Chief Nurse	30/04/2014	Open

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NH02	<p>The Trust must ensure staff follow national guidance for children undergoing surgery and that they do this sufficiently to maintain their expertise sufficiently</p> <p>Outcome 4 Care and welfare</p>	NUH	W&CH/Surgery Childrens Service	<p>Action has been taken to ensure that children and young people under the care of the orthopaedic teams are reviewed on the ward round by the attending paediatrician. This ensures that treatment is consistent with best practice guidelines.</p> <p>To address the risk of infrequent surgical practice for children under 10 resulting in lack of surgical expertise, new house rules /standards have been implemented for children aged 16 and under admitted to NUH under the surgical teams. (standard rules available on request)</p> <p>The Group Directors of the Surgery and the Women's and Children's Health CAG to discuss and report proposals for the future</p>	<p>Action plan to be monitored by the Children's Service Board and W&CH CAG Board</p> <p>Audit compliance with national guidelines</p>	Medium	CAG Group Directors Surgery & W&CH	Medical Director	<p>Completed December 2013</p> <p>30 April 2014</p> <p>December 2013</p> <p>December 2014</p>	open

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				of children's surgery on the Newham site.						
NH03	<p>To promote a safety culture, the hospital must improve the visibility of management and embed clinical academic group structures and processes</p> <p>Outcome 16 Quality of service provision</p>	NUH	All	<p>Refer to BH Master Action Plan item staff engagement BH03</p> <p>Site based Hospital Director and Hospital Lead Nurse and medical equivalent working in alignment with CAG leads and external stakeholders</p> <p>Hospital Management Group – agenda to include Q&S hospital Risk register</p> <p>CAG team on site W&C</p> <p>Other CAGs to identify senior site leads for each site including Newham</p> <p>Re launch First Friday</p> <p>Continue with Themed 3rd Friday</p>	Refer to BH Master Action Plan item staff engagement BH03	High	Hospital Director	Director of Delivery	30.06.14	Open

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				<p>Corporate Nursing team rolling rota of clinical days (proposed)</p> <p>Executive visibility at all sites at weekends</p> <p>Quarterly internal Peer reviews based on Keogh methodology</p>						
NH04	Increase the Friends and Family survey response rate	Newham	All	<p>Senior nursing staff provided with the response numbers required per month to achieve the target of 20%</p> <p>Weekly reporting in place to enable areas which are non-compliant to be supported</p>	FFT response rates	low	Deputy Chief Nurse	Chief Nurse	Year end of each year	Open
NH05	Improve safety for patients by reducing reliance on bank and agency staff and improve critical care consultant cover on evenings and weekends	Newham	All	<p>Bank and Agency use</p> <p>Recruit to 95% campaign started Oct 2013.</p> <p>Consultant cover – refer to BH13</p>	95% achievement in each CAG monitored through performance reviews	low	CAG DoNs	HR Director Medical Director	31.03.14	Open Open

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NH06	Address the lack on high dependency unit facilities and the issue of patients being cared for in the CCU which are potentially compromising patients' safety	Newham	Surgery	Service line monitoring. Critical care board to be re-established Review HDU provision with cardiovascular CAG and present to PR and TMB.	Monitor number of patients requiring HDU care who are cared for in CCU at Newham	low	Surgery Group Director	Director of Delivery	30.04.14	Open
NH07	To mitigate the risk of potential safeguarding issues, the hospital should consider providing a separate waiting area for children waiting to be seen in the Urgent Care Centre	Newham	ECAM	This will be raised with the 3rd party provider again using the CQC report to support previous conversations.		low	ECAM CAG DoN	Chief Nurse	30.04.14	Open
NH08 Relates to	Formal review of the guidelines currently in use at Barking Birth	Barking Birth Centre	Womens and Childrens CAG	The guidelines are the same across all sites - lead midwife to archive the out of date	Monitor through leadership visits and Clinical Fridays		DoM W&C CAG	Chief Nurse	30.04.14	Open

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Barking Birth Centre	Centre			guidelines and ensure all staff aware of how to access the updated guidelines that are pertinent to practice at the Birth Centre.						

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RL01	Ensure that adolescents are treated appropriately and not within general paediatric wards Outcome 4 Care and welfare	RLH	Childrens	Scoping exercise to be undertaken for care of young people across the Trust and develop business case Adolescent working group to be established Ward Managers all making one key change for adolescents in January Children's Patient Panel member to review our wards and departments Ward managers ensuring choice is offered on admission and documented	Business case complete and presented to TB Actions from AWG Audit of choice offered to adolescents	Low	CAG Group Director	Director of Delivery	30.06.14	Open
RL02	Ensure that equipment is readily available when requested Outcome 11	RLH	Surgery	Theatre department did not have paediatric bronchoscopy equipment – issue is recorded in risk register- Four in use.	Equipment back in use	No impact on service	Director of Nursing & Governance Surgery	Director of Delivery	20/02/14	Closed

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	Equipment			<p>One away for repair estimated 8 weeks to repair.</p> <p>Specialist equipment for neuro surgery not always available theatre eg spinal sets 2 additional neurosurgeons so increase in activity. The increase means have to fast-track more sets, which is more cost-effective than the investment required to purchase additional sets. Monitored through theatre programme weekly. We are reviewing scheduling which will provide more accurate information for procuring kit.</p> <p>.</p>	<p>Datix IR form to be completed when trays not available, or problems with equipment in the trays.</p> <p>To be reviewed monthly at the Anaesthetics Governance, operational and PRs.</p>	Low risk				
RL03	Ensure there are sufficient staff with an appropriate skill mix on all wards to enable them to deliver care and	RLH	All	Refer to Barts Health Master Action Plan item on staffing BH02	Refer to Barts Health Master Action Plan item on staffing BH02	Medium	CAG DoNs	Chief Nurse	30.6.14	

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	<p>treatment safely and to an appropriate standard</p> <p>Outcome 13 Staffing</p>									
RL04	<p>Ensure there are sufficient medical staff available</p> <p>Outcome 13 Staffing</p>	RLH	Surgery	<p>The medical rotas are all WTD compliant and this has resulted in the use of B&A to fill the gaps to achieve this.</p> <p>There is an active drive for recruitment to remove locum posts and fill substantively.</p> <p>Rota of concern is for general surgery at nights and weekends at RLH which relies on the same numbers of juniors as at WX and NUH and yet with a significantly heavier on call. There is an additional consultant for vascular/trauma but not extra juniors. This is reflected in the</p>	<p>Datix completed when shifts not filled.</p> <p>Escalated to senior team.</p> <p>Monitored through service line PRs and CAG PRs.</p>	Medium	Group Director Surgery	Medical Director	01/04/14	Open

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				<p>colorectal strategy to reduce on call services from 3 to 2 sites. There have not been any safety events directly related to this that CAG is aware of.</p> <p>A review of medical staffing in surgery is to be undertaken and presented at CAG performance review and Trust Management Board</p>						
RL05	Ensure that action is taken on identified risks recorded on the risk register	RLH	All	Refer to Barts Health Master Action Plan Item on Risk Register BH01	Refer to Barts Health Master Action Plan Item on Risk Register BH01	low	Trust Risk Manager	Chief Nurse	30.06.14	Open
RL06	<p>Actively listen to staff and respond to their concerns</p> <p>Adopt a zero tolerance to bullying by middle managers</p>	RLH	All	Refer to Barts Health Master Action Plan Item on Staff Engagement BH03	Refer to Barts Health Master Action Plan Item on Staff Engagement BH03	high	Associate Director of OD	HR Director	30.04.14	Open

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	Outcome 16 Quality of service provision									
RL07	<p>Outcome 21 Records</p> <p>There is “no must do” related to records in the RLH CQC site report</p> <p>issues identified</p> <ul style="list-style-type: none"> • Incomplete care records • no nursing care plan, • fluid and food intake charts incomplete. • Weight not completed, • SSKIN bundle no training/ unsure what to document, • WHO checklist not always completed • Incomplete or unreadable 	RLH	All	<p>We will seek further guidance from the CQC regarding compliance notice for RLH Outcome 21</p> <p>Review of records to be part of internal peer review process.</p> <p>Internal peer review audit tool updated for use on 27.02.14</p> <p>DoNs to review peer review results and develop action plans to address the findings of the internal peer review and on-going CQC ward audit outcome 21 findings</p>	<p>Action plan in place and monitored at CAG DoNs Forum</p> <p>Results of on – going ward CQC audits for outcome 21</p>	low	<p>Deputy Chief Nurse</p> <p>CAG DoNS</p>	<p>Chief Nurse</p>	<p>March 2014</p> <p>February 2014</p> <p>April 2014</p> <p>Sep 2014</p>	Open

Royal London Hospital Specific Action Plan

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	observations charts for neonates, • End of Life - resuscitation decisions not always appropriately documented,									

St Bartholomew's Hospital Specific Action Plan										
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SB01	<p>The Trust must ensure patients receive nutritious food in sufficient quantities to meet their needs</p> <p>Outcome 5 Meeting Nutritional Needs</p>	SBH	Cancer/C VS	<p>New ordering system was being piloted. Ward staff unclear on how best to manage the new system.</p> <p>Meeting with Carillion, catering and Trust Nutrition team instruction given was to ensure that all meal orders equate to ward bed count.</p> <p>Further training for Carillion housekeeping staff who provide & serve meals to ensure that portion sizes are adhered.</p> <p>Ward staff encouraged to raise issues. The Trust with CHL and Carillion continue to monitor.</p> <p>Further feedback from patients in January to assess changes</p> <p>Trust Nutritional team to review the nutrition</p>	<p>Patient feedback</p> <p>Friends and Family Test results</p> <p>Staff feedback</p> <p>CQC ward audit programme outcome 5 on-going results</p> <p>Internal Peer review</p> <p>Trust Nutrition and Hydration Steering</p>	Medium	<p>Director of Estates and Facilities</p> <p>CAG DON</p>	Chief Nurse	31.03.14	Open

St Bartholomew's Hospital Specific Action Plan										
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				value of food provided to patients at SBH	Committee		Head of Nutrition and Dietetics		30.04.14	Open
SB02	<p>Ensure there are sufficient staff with an appropriate skill mix on all wards to enable them to deliver care and treatment safely in a timely manner</p> <p>Outcome 13 Staffing</p>	SBH	Cancer/CVS	<p>Refer to Barts Health Master Action Plan item on staffing BH02</p> <p>Further review undertaken following CQC visit.</p> <p>Paper submitted to Cancer CAG board in December 13. Discussion and review with Chief Nurse/Medical director and CAG director.</p>	<p>Workforce KPIs</p> <p>Vacancy rates</p> <p>Wards 5A and 5B to be on risk register and closely monitored re nurse KPIs over the next 3-6 months following completion of recruitment to establishment.</p>	medium	Cancer/ CVS CAG DoN	Chief Nurse	30/06/14	Open

Whipps Cross Hospital Specific Action Plan										
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WX 01	Ensure staffing levels meet people's needs on all medical and surgical wards. Outcome 4 Care and welfare	WX	ALL	Refer to Barts Health Master Action Plan item on staffing BH02	Refer to Barts Health Master Action Plan item on staffing BH02	medium	Deputy Chief Nurse	Chief Nurse	30.6.2014	Open
WX 02	Ensure that the hospital's risk register is managed more effectively Outcome 4 Care and welfare	WX	All	Refer to Barts Health Master Action Plan item on Risk Register BH01	Refer to Barts Health Master Action Plan item on Risk Register BH01	low	Trust Risk Manager	Chief Nurse	30.06.14	Open
WX 03	Improve staff morale is low across all grades Make changes to the culture of the organisation. There is a lack of open culture. Staff feel bullied and unable to raise safety	WX	All	Refer to Barts Health Master Action Plan item on staff engagement BH03	Refer to Barts Health Master Action Plan item on staff engagement BH03	High	Hospital Director/ CAG Group Directors	Director of Delivery	30.4.2014	Open

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	issues without fear. Outcome 4 Care and welfare					high	Hospital Director/ CAG Group Directors	Director of Delivery		
WX 04	Strengthen governance arrangements. Currently these are not always effective. Staff do not feel empowered to make changes and the governance structures hinder them at times Outcome 4 Care and welfare	WX	ALL	Refer to Barts Health Master Action Plan item on staff engagement BH03 Site based Hospital Director and Hospital Lead Nurse and medical equivalent working in alignment with CAG leads and external stakeholders Hospital Management Group – agenda to include Q&S hospital Risk register CAG team on site ECAM Other CAGs to identify senior site leads for each site including Whipps Cross Re launch First Friday.	Refer to Barts Health Master Action Plan item on staff engagement BH03 Improved Staff engagement score for Whipps Cross site Improved results of Pulse survey for Whipps Cross Site	high	Hospital Director	Director of Delivery	30.09.14	Open

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				Continue with Themed 3 rd Friday Corporate Nursing team rolling rota of clinical days (proposed) Executive visibility at all sites at weekends Quarterly internal Peer reviews based on Keogh methodology						
WX 05	Address delays to providing care. Patient's discharge is sometimes delayed. This impacts on other areas of the hospital and its effective functioning Outcome 4 Care and welfare	WX	ALL	External engagement of commissioners and Multi-disciplinary team in developing new patient pathways Winter planning and Barts Health way implementation including:- Maintaining patient flow through ED, with support from Admission Avoidance Teams and all CAGs to maintain	Setting up of fully functional ambulatory care and hot clinics in collaboration with GP partners. Measured by numbers of patients referred and treated. Refining processes for non-elective admissions. Measured by	Medium	ECAM Group Director	Director of Delivery	31.10.14	Open

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				<p>performance.</p> <p>Length of stay; We will ensure requests for diagnostic tests are made as soon as possible.</p> <p>Seven day working: no delay for care in theatre, diagnostics or patient assessment</p> <p>Continuing to work closely with community colleagues to provide Care Outside Hospital and alternatives to hospital</p> <p>Discharging patients as swiftly and safely as possible by fully utilising the discharge lounge to free up beds earlier in the day</p> <p>Improving discharges over the weekend, supported by additional services available on site</p>	<p>performance against 4 hour standard in ED. 24 hour standard for turnaround of standard diagnostic tests. Measured by audit.</p> <p>Working with clinical teams on 7 day models for non-elective patients. Measured by audit of delays in care</p> <p>Integrated care work, and admission avoidance</p>	Medium	ECAM Group Director	Director of Delivery	31.10.14	Open

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WX 06	<p>Make changes to the hospital environment. Some parts of the hospital do not meet patients' care needs. The hospital environment in the Margaret Centre and outpatient's compromises patients' privacy, dignity and safety</p> <p>Outcome10 Premises</p>	WX	Cancer OPs	<p>Outpatients:- Environment review to be carried out by CSS team. Risk assessment to be completed. Business case for required changes to the OP environment to be developed and presented at CAG PR and TMB</p> <p>Margaret Centre Plan to refurbish Margaret Centre in February. This will provide additional disabled bathroom and improve floors and walls. Further options appraisal led by medical director to review possibility of a charity managing the hospice on behalf of Barts Health.</p>	<p>Risk assessment complete</p> <p>Business case completed and presented to TB</p> <p>Refurbishment completed on time</p>	Medium	<p>CSS Group Director and CAG DoN T&G</p> <p>Cancer CAG DoN</p>	<p>Director of Delivery</p>	<p>31.03.14</p> <p>30.05.14</p> <p>31.03.14</p>	<p>Open</p> <p>Open</p> <p>Open</p>

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				Medical Wards Refurbishment programme in progress			Directors hard and soft FM	Director of Estates & Facilities	31.07.14	Open
				Senior staff to review nursing practice in medical wards	Observations of care First Friday Peer review		ECAM CAG DoN	Chief Nurse	31.03.14	Open
WX 07	Ensure that equipment on the medical and surgical wards and in ICU is always available, appropriately maintained and checked in accordance with the Trust's policies and guidelines Outcome 11 Equipment	WX	ECAM/ SURG	Refer to Barts Health Master Action Plan item on equipment BH05 Inventory check of bladder scanners Business case is developed for new stock, additional 2 at WX 1 at MEH, 1 and NUH and 1 at RLH. This equates to circa £43,000. Whilst procurement process is happening undertake train the trainer and request loan	Refer to Barts Health Master Action Plan item on equipment BH05	medium	CAG DoNs	Director of Delivery	30.04.14	Open

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				<p>equipment.</p> <p>Mattresses - Contract allows for adhoc hire in addition to a float number of mattress on site. Review and check the current float number of mattresses on site and ensure sufficient for everyday working.</p> <p>Ensure wards are provided with local information/ procedure for ordering and who to escalate delays to.</p>			Directors of soft and hard FM		30.04.14	Open
			Surgery	<p>Only one ventilator trolley (WX ICU). This refers to transport ventilators</p> <p>Funding Approved from CIC November 2013.</p> <p>With procurement, order being place 16.1.14</p> <p>Oxygen and suction equipment on surgical wards</p> <p>All beds within Surgery</p>	New ventilator trolley in use	medium	Surgery CAG DoN	Director of Delivery	14.03.14	Open

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				at WXH have wall points for oxygen and suction at the bedside						
WX 08	<p>Ensure that patients know how to make a complaint. Changes are needed to ensure the hospital effectively learns from complaints.</p> <p>Outcome 17 Complaints</p>	WX	All	<p>Refer to Barts Health Master Action Plan item on complaints BH08</p>	<p>Refer to Barts Health Master Action Plan item on equipment BH05</p>	medium	Deputy Chief Nurse	Chief Nurse	30.09.14	Open

London Chest Hospital Specific Action Plan										
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LC01	<p>Action must be taken to improve staff's ability to respond in a timely manner to patient's needs at night to ensure their safety and welfare</p> <p>Outcome 4 Care and welfare of patients</p>	LCH	ECAM	<p>Refer to Barts Health Master Action Plan item on staffing BH02</p> <p>Night shift staffing is ratio 1:7 with higher skill mix band 6 on the wards.</p> <p>We will review vacancy rates and highlight Caplin as an area for the external staffing/peer review to re-assess as part of that work plan</p> <p>Implement Allocate e-rostering with Acuity and Dependency tool</p>	<p>Patient survey/comment cards</p> <p>Friends and Family Test results</p> <p>Vacancy rates to no greater than 5%</p> <p>Fill rates for Bank and Agency staff</p> <p>Observation of care</p> <p>Safer Staffing reports to Trust Board</p>	Medium	ECAM CAG Director of Nursing	Chief Nurse	30.06.14	Open