Heatherwood and Wexham Park Hospitals NHS
NHS Foundation Trust

The Trust's Response to the Findings of the Reports

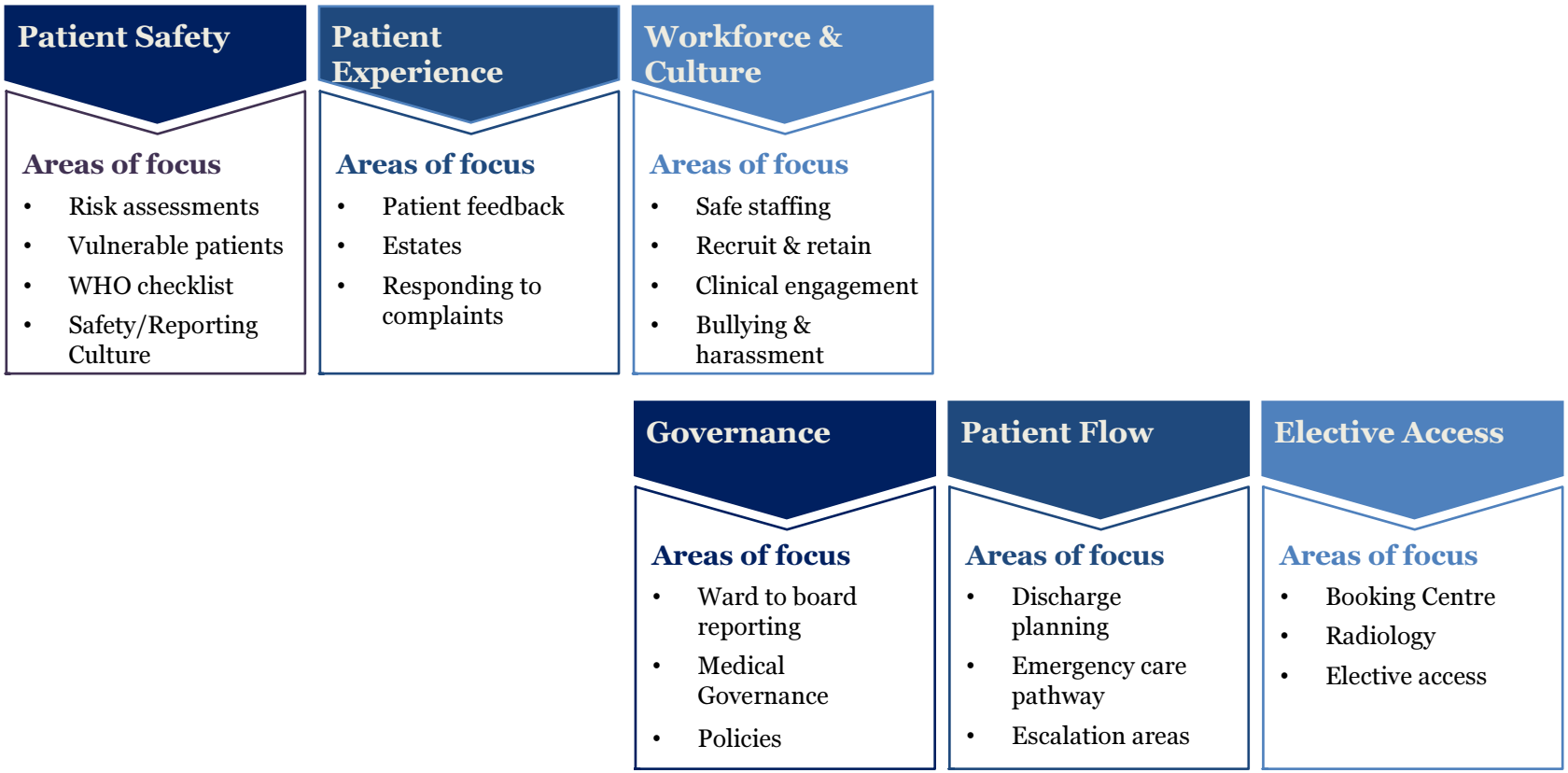
Grant Macdonald– Acting Chief Executive

The Trust's Response

- The Trust accepts the findings of the CQC and is committed to addressing the issues raised.
- The Trust recognises that the people we serve must have high quality care and we are determined to ensure that they receive this and apologise unreservedly where this has not been the case
- The Trust has worked hard to address concerns raised in earlier reports and made progress; but recognises the scale of the challenge and that there remains significant work to be done to deliver the improvement required.
- The report highlights issues that the Trust is working to improve. Some changes required are complex and long-term in nature. However the need for rapid improvement in some areas is clear.
- The Trust is of the view that it continues to require external support to deliver the changes required. The need for a sustainable organisational form is key to addressing some of the longer standing issues and the proposed transaction with Frimley Park is fully supported.

The Trust's Approach to Improvement

The Trust has considered the existing CQC Action Plan together with the recommendations raised in the May inspection report and grouped the improvement programme into key themes and areas of focus. The Trust aims to make rapid improvement alongside continuing the longer term work.



Patient Safety

Key Issues

•Risk assessments are not routinely completed, particularly for falls and pressure ulcers
•Arrangements for vulnerable patients are not always appropriate
•WHO checklists are not always completed

Time	High level action	Progress made to date	Intended Outcome
3 months	Embed the completion of risk assessments with a particular focus on A&E.	• Comprehensive review of nurse documentation has taken place and new assessments were introduced in Dec 2013. • Checks of compliance with risk assessment completion incorporated into the regular clinical compliance rounds.	• Audits of assessments show consistently that they are completed appropriately and used to plan appropriate care. • Nursing staff can demonstrate awareness of nursing documentation guidelines and standards and show how they use these to maintain patient records.
3 months	Ensure that there are adequate arrangements to enable staff to support vulnerable patients such as those with a learning disability or with dementia. Communicate arrangements and protocols to all staff.	• Level 2 and 3 safeguarding training plans for adults and children developed and rolled out. • Core principles for responding to those with a learning disability sent to nursing staff. • Dementia advisor and dementia training is in place.	• Training records indicate that there is at least 80% compliance with all training requirements relating to safeguarding. • Staff can describe the appropriate course of action to take when vulnerable patients are identified.
3 months	Increase staff awareness, engagement and training on the WHO checklist. Monitor compliance of completion and take remedial action where appropriate	• Clinical leads for the WHO checklist appointed. • WHO champions / facilitators appointed for each theatre team. • Communication to matrons that incident forms should be completed where the WHO checklist has not been completed.	• WHO checklists are completed for all interventions. • Staff can describe the value of using the checklist.
3 months	Promote the ongoing development of a consistent organisation wide safety and reporting culture	• Learning from Datix incidents is included as a standing agenda item at matrons meeting • Maternity improvement plan developed and being implemented following RCOG review by new divisional management team. • External review of falls reduction strategy undertaken and revised approach being implemented.	• The Trust can demonstrate that adverse incidents are reviewed, action taken to mitigate immediate risks and longer-term trends are identified and make improvements where required.

Patient Experience

Key Issues

•Learning from patients is not taking place on a regular or routine basis
•Repairs and maintenance are not always dealt with on a timely basis
•Complaints are not dealt with on a timely basis

Time	High level action	Progress made to date	Intended Outcome
3 months	Implement a technology enabled programme to continuously monitor patient satisfaction, with the intention of capturing feedback and using it to play it back to medical and nursing staff to identify areas for improvement.	• Dedicated Associate Director for Patient Experience appointed. • Patient survey developed and undertaken by volunteers in ward areas. • Monthly patient experience report developed to capture trends and key themes for follow up action. • Patient stories heard at the Board and follow up actions developed.	• Patients report consistently that they are able to provide feedback using accessible methods and feel confident that their views are listened to. • Reports are produced on a monthly basis for consideration by the Quality and Safety Executive Board. • Ward staff report that they are provided with feedback on a timely basis and welcome this feedback as a mechanism to drive improvement.
3 months	Transition the management of estates back onto Planet FM (electronic system used to log and monitor completion of planned and reactive maintenance works).	• Cleansing of Planet FM to close jobs that have been completed. • Completion of a pilot scheme to provide handheld devices for workflow management to estates team. • Agreement of SLAs for response times with the operations team. • Process mapping of how work will flow.	• Use of Planet FM as the sole mechanism for identifying and prioritising estates work and for communicating progress to Ward staff. • Ward staff are able to describe how they report maintenance issues and are clear on the timescales for completion.
3 months	Develop an improvement plan to respond to complaints within the target timeframe . Ensure that themes from complaints are shared within the organisation to promote a learning culture.	• A Head of Patient Relations has been appointed to focus on reducing the backlog of complaints, improve the standard of response and ensure that learning is shared. • Complaints flow chart has been developed to provide clarity on the process for investigating and responding to complaints. • Divisions are now required to capture changes in services that have arisen from complaints and present this monthly at the Improving Patient Experience Group.	• The Trust's response time for complaints is in line with the agreed timeframe. • Reduction in the number of complaints. • Staff are able to describe how they receive feedback from complaints and give examples of remedial action that they have taken as a result.

Workforce and Culture

Key Issues

•It is challenging to ensure that staffing levels are appropriate on all wards given the high level of vacancies
•Staff are not always engaged and patient feedback indicates that staff attitude is variable
•There are allegations of bullying and harassment throughout the Trust

Time	High level action	Progress made to date	Intended Outcome
3 months	Monitor planned staffing metrics on a daily basis and ensure that timely remedial action is taken and appropriately documented and evidenced. Monitor compliance with expected agency induction through the clinical compliance rounds and take remedial action where required. Implement recruitment and retention plans for difficult to staff areas.	• Daily safe staffing report developed and discussed at thrice daily bed meetings with remedial action by senior nurses, supported by senior operational staff. • Checks on completion of the agency boarding pass have been incorporated into the clinical compliance rounds. Performance is reported weekly to the Director of Nursing and monthly to the Quality and Safety Executive Board. • Revised recruitment and retention plans have been developed and are being implemented .	• Staff establishments and rotas demonstrate sufficient numbers of staff with the right qualifications and competencies to meet the needs of service users at all times. • There is clear evidence of action taken in response to any concerns over unsafe staffing levels identified. • All staff receive a comprehensive induction programme and have their learning and development needs identified and met. • Staff report consistently that they feel supported and that the Trust is a good place to work.
3 months	Commission external resource to review bullying and harassment at the Trust and develop a programme of training related to dignity and respect in the workplace and training to support managers to have difficult conversations/hold people to account.	• Initial meetings held between ACAS, the Acting CEO and representatives from staffside. • Initial proposal developed by ACAS for further discussion and agreement with staff side.	• The 2014 Staff Survey shows a reduction in the number of staff who have experienced bullying and harassment from a baseline of 29% in 2013 towards the national average of 24%.

6 months	Continue to engage with and promote participation in the Listening into Action programme across the organisation.
	
	Roll out the 'We Care' customer care programme.
		• Sponsor group formed. Programme led by the Acting CEO with a dedicated lead. 1,307 people responded to the initial Pulse Survey.
		• Final Big Conversation to be held on 2 May by which time circa 200 members of staff will have attended.
		• We Care customer car e programme and syllabus developed. Pilot workshop to SMEs delivered. Plan for a phased roll out is in place. All patient facing staff to be trained by end of July.
			• Staff consistently report that:
			  • they feel empowered to suggest new ideas for improving services.
			  • they feel that caring for patients is the Trust's first priority.
			  • they would recommend the Trust as a place to work
			  • they know how their role contributes to what the Trust is trying to achieve.
			• Feedback from patients shows a reduction/minimal number of issues relating to staff attitude or failure to deal with problems in a timely manner.

Governance

Key Issues

•Ward to board reporting has not been effective

•Medical governance arrangements do not operate consistently and are not always evidenced

•Learning is not always implemented to improve patient care

Time	High level action	Progress made to date	Intended Outcome
3 months	Develop a clear reporting timetable for ward quality information to be collated and reported to the Executive Team and Board. This will include the ward dashboard information, clinical compliance reports and safe staffing metrics.	• Governance structure revised and reviewed by the Good Governance Institute to and first phase of implementation effective from end of April. • Standard Operating Procedure ('SOP') developed to clarify responsibilities, timetable and reporting mechanisms for ward dashboards and clinical compliance rounds. • SOP outlines expectations around the development of action plans at a ward level if concerns are identified. • Heat maps have been developed to illustrate 'at a glance' divisional and ward performance.	• Staff are fully engaged with the improvement programme and demonstrate understanding of areas of concern and remedial action required. • KPIs are monitored regularly and show improvements. • Feedback from patients shows a reduction/minimal number of issues relating to issues that were identified as CQC non-compliant. • Board members are able to articulate any areas of concern at a divisional and ward level.
3 months	Complete a review of medical governance and develop a consistent methodology across the organisation which reflects good practice.	• External support engaged to review arrangements across six specialties. • Documentation has been reviewed and the team have observed a number of meetings.	• Consistent medical governance arrangements operate throughout the Trust. • Staff are able to clearly articulate how mortality and morbidity, MDT and other clinical governance meetings operate.
3 months	To ensure staff have access to regularly updated and in date policies and guidelines .	• Ongoing review of policies and guidelines with over 90% of clinical polices reviewed and in date.	• Staff have access to up to date policies and guidelines to inform and support decision making and working practice .

Patient Flow

Key Issues

•Patient flow is not working well and is adversely affecting patients and staff
•The Trust often struggles to meet the emergency access standard
•Escalation areas have not been appropriately staffed. Some patients are placed on the ward inappropriately

Time	High level action	Progress made to date	Intended Outcome
3 months	Ensure that escalation areas are adequately staffed and that only patients who meet the agreed criteria are on the wards.	• The Trust is monitoring staffing levels on Snowdrop escalation ward on a daily basis. • A daily check that patients on the ward meet the agreed criteria is performed by the lead nurse. • Action plan developed to close by first week of May	• Escalation areas are staffed with an appropriate balance of substantive and temporary staff which meets the safe staffing numbers. • Appropriate patients (i.e. those with a lower acuity) are place on the ward and this is demonstrated through audits of the assessment criteria.
3 months	Complete a programme of improving discharge planning	• Implemented the Real Time system which requires discharge planning within 24hours of admission to a ward. • Implemented consultant-led MDT rounds (frequency dependent upon specialty). • Discharge Policy developed and updated based on stakeholder feedback. • Discharge checklist introduced and monitored for compliance. • Discharge KPIs developed.	• Patients report consistently that they have been involved as much as possible in planning for their discharge and that safe arrangements were put in place where required. • Staff are able to explain safe discharge requirements and how the discharge checklist helps to facilitate this. • Staff are able to explain the role of other agencies in discharge planning, including safeguarding requirements. • Records of patient discharges show evidence of clear communication and arrangements with other agencies where required. • Minimal numbers of readmissions due to poor discharge arrangements and evidence to show that any adverse incidents are fully investigated and learned from.
3 months	Develop an Emergency Care recovery plan that delivers improvements to the patients pathway	• Recommendations from a Kings Fund and ECIST review are being implemented. • Revised processes to streamline patients upon presentation at A&E, including Rapid Assessment and Treatment (RAT). • An ambulatory care unit has been set up to meet the needs of less acutely ill patients. • Increased capacity and staffing in A&E.	• Improved performance against the access standard • Fewer medical /surgical outliers on wards. • Patients report that they would recommend the A&E unit to their friends and family and this is demonstrated through improved performance in the Friends and Family scores.

Elective Access

Key Issues
•The booking and appointments system does not operate effectively
•Diagnostic delays have adversely affected emergency and elective services
•Some specialties are struggling to meet referral to treatment targets

Time	High level action	Progress made to date	Intended Outcome
3 months	Develop a comprehensive Radiology plan to right size the staffing levels to meet the Trust's demand and enables the team to meet agreed turnaround times for reporting on all modalities.	• Demand and capacity assessment has been completed. • Key performance standards have been agreed with specialties. • Radiology Improvement Plan has been signed off by the COO.	• There is an improved patient flow throughout the Trust. • Patients report fewer discharge delays as a result of waiting for diagnostic tests.
3 months	Develop and implement recovery plans for specialties that are not meeting elective access targets.	• Elective Access Group established. • Recovery plan for each specialty has been developed through clinical and operational engagement. • Additional outsourcing contracts established to support clearance of backlog • Validation work on the waiting lists is being finalised.	• The Trust's performance against referral to treatment times improves. • Patient feedback through the Inpatient Survey identifies improvements in the percentage of individuals who report being admitted on a timely basis and those who report that their admission date was changed.
6 months	Restructure the Booking Centre and outpatient process.	• Proposal to cluster outpatient scheduling has been developed and approved by the Executive • Comprehensive clinical engagement has taken place. Stakeholders understand the process and are supportive of the proposal.	• Outpatient bookings take place in a more cohesive manner which reduces the number of cancellations maximises the capacity available to meet the elective access demand.

Support to Deliver the Improvements

Support

The Trust has been given and put in place a number of arrangements to assist with the ongoing improvement programme. This includes:-

- Improvement Director, appointed by Monitor;
- An experienced Director of Nursing, sourced by NHS England;
- Project management support;
- Expert advice from the Good Governance Institute;
- Appointment of an external review team to undertake the medical governance review;
- Specialist external communications support;
- Partnering with Frimley Park Hospital;
- ACAS review and training;

Summary

- The Trust accepts the findings of the CQC and is committed to addressing the issues raised in a planned and structured manner, with appropriate support and input from others in the health economy.
- In acknowledging the scale of the challenge and work to be done the Trust is pleased that the services at Heatherwood Hospital were rated good alongside those at Wexham Park Hospital that were rated as good.

- The Trust recognises that the improvement programme will involve changes in the short, medium and longer term. However, the Trust is committed to bringing pace and rigour to the actions in the next 3 months.
- Furthermore the Trust is committed to playing its full part in preparing for the potential acquisition by Frimley Park Hospital NHS Foundation Trust and recognises that this is the most effective way of delivering a sustainable organisation, better placed to recruit & retain staff and provide safe, high quality care to our patients.