

Heart of England NHS Foundation Trust

Quality Report

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This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this trust	Requires improvement	
Are acute services at this trust safe?	Requires improvement	
Are acute services at this trust effective?	Good	
Are acute services at this trust caring?	Requires improvement	
Are acute services at this trust responsive?	Requires improvement	
Are acute services at this trust well-led?	Requires improvement	

Summary of findings

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Summary of findings

Overall summary

The Heart of England NHS Foundation Trust is one of the largest hospital trusts in England. It provides general and specialist hospital and community care for the people of East Birmingham, Solihull, Sutton Coldfield, Tamworth and South Staffordshire. The trust comprises four main locations: Birmingham Heartlands Hospital, Solihull Hospital, Good Hope Hospital and Birmingham Chest Clinic. These also provide community health services across the borough of Solihull and run a number of smaller satellite units, allowing people to be treated as close to home as possible.

The trust has a directorate structure in which each hospital location is a directorate with defined responsibilities. However, the corporate services, which include theatres and critical care, and the women's and children's directorate are run centrally and cut across the individual locations.

We inspected this trust as part of our new in-depth hospital inspection programme. It was being tested at 18 NHS trusts across England, chosen to represent the variation in hospital care across England. Before the inspection, our 'Intelligent Monitoring' system indicated that the Heart of England NHS Foundation Trust was a medium-risk trust. The trust had a longstanding history of struggling with its turnaround times in the A&E department. The management team had put in place a number of initiatives to reduce the amount of time people were waiting in A&E, but this had not yet had an impact.

The Heart of England NHS Foundation Trust has been inspected 17 times across its different locations since registration with the Care Quality Commission in 2010. The most recent inspection, at Good Hope Hospital, took place in July 2013. This hospital was found to be meeting all inspected standards.

Before visiting, we looked at the wide range of information we held about the trust and asked other organisations to share what they knew about it. We

carried out announced visits between 11 and 15 November 2013 to Birmingham Heartlands Hospital, Good Hope Hospital and Solihull Hospital. At each site we held focus groups with different staff members from all areas of the hospital. We looked at patient records of personal care or treatment, observed how staff were providing care, and talked to patients, carers, family members and staff. We reviewed information that we had asked the trust to provide. Before the visit, we met with four local groups of people to gain their experiences of the trust and during the inspection we held three listening events, one near each hospital location, so that we could seek the views and experiences of people using the service. We spoke to more than 60 people through these listening events. We also carried out an unannounced inspection on 23 November 2013.

We undertook a focused inspection on 27 February 2014 to review the trust's compliance with the warning notice we served at Good Hope Hospital on 20 December 2013. This report has been updated to reflect our findings at this latest inspection.

The trust was below the national average in the Friends and Family Tests introduced in both A&E and inpatients. This means that patients the numbers of patients who were likely to recommend the trust to a family member or friend was low. This was in contrast to the positive feedback from patients during the inspection who felt that, overall, care was responsive and provided in a sensitive and dignified manner, despite caring staff being busy.

The trust had reported five 'never events' in the past year, which was higher than similarly sized trusts. The inspection team looked at the systems and processes in place to minimise never events, and noted evidence of good practice such as implementation of World Health Organization safe surgery checklists. The team also looked at ways in which the trust implemented the lessons learnt from these events throughout the hospital.

Summary of findings

The five questions we ask about trusts and what we found

We always ask the following five questions of trusts.

Are services safe?

While most services were delivered safely, we recommended that the safety of patients in A&E at all sites, the acute medical unit (Ward 20) at Good Hope Hospital and the Critical Care Unit at Solihull must be improved. The lack of initial assessment of patients in A&E at Birmingham Heartlands and Good Hope hospitals led to some patients not receiving treatment in a timely manner. Clarity about the scope of services is needed in the A&E and critical care services offered at Solihull. We were concerned about staffing levels in some parts of the trust, and whether they always had enough skilled, experienced staff to deliver safe care (in particular in Ward 20 at Good Hope Hospital and in maternity services across Birmingham Heartlands and Good Hope Hospitals). The trust had an active recruitment programme and could demonstrate that significant numbers of staff were due to start work in early 2014.

At our latest inspection on 27 February 2014 we found that the trust had put systems and processes in place to address the deficits we had found at Good Hope A&E and in Ward 20. We found that staffing was now at a safe level and that systems had been put in place to ensure that patients were seen within the recommended timeframes. However these processes are yet to be embedded.

Requires improvement



Are services effective?

According to the clinical outcome data available to us at the time of the inspection, the trust appeared to perform averagely for a trust of its size. Generally staff were well trained and appropriate for their role. The exception to this was the Solihull A&E and Critical Care Unit, over which we had concerns. This is discussed in greater detail in the Solihull Hospital report.

Good



Are services caring?

Most people we spoke to described their care as good and said that staff were caring, despite being busy. This was corroborated at the focus groups and listening events, in talking to patients on the wards and through the comment cards we placed around the hospitals. We observed some good examples of excellent care, and some staff made an extra effort to ensure that patients received a good service. This was particularly noted at Good Hope Hospital in midwifery and children's care. Most patients felt that they were involved with their care and informed about their treatment plans.

Requires improvement



Are services responsive to people's needs?

We saw the Friends and Family Test posters across the trust. In general, the test boxes at Birmingham Heartlands Hospital were well used and the section holding cards to be filled out were often empty; those at Good Hope were used but cards were available, and at the Solihull site posters were displayed

Requires improvement



Summary of findings

and cards were available. Most posters had a “You said – We did” comment on them. We heard that the trust had carried out significant work with the local population, particularly around the Heartlands site. This had resulted in a better experience for the bereaved families of patients who had recently died and improvements in releasing the body to the families for funeral arrangements. However, we found that the services in all the A&E departments were not responsive to the needs of their patients, and that the children’s care services struggled to meet the needs of children and adolescents with mental health issues.

The trust is failing to meet the targets set around the A&E department and this is in part due to the capacity issues the trust has. As with many trusts, patient flow is blocked at the point of discharge. The trust is exploring new ways of ensuring that people are discharged safely and in a timely manner. However this has yet to free capacity to reduce the wait in A&E for a bed at the hospital. Birmingham Heartlands Hospital manages the capacity better than Good Hope and we were unable to ascertain why this should be so. The Solihull site had less of an issue, as the services it provided were more limited. However at this site it was the transfer of patients which caused some delays.

At our inspection on 27 February 2013 we found that the trust had put in place a rapid response assessment during their busiest times. This appeared to be working well. An escalation policy was in place which was understood by the staff at Good Hope Hospital. The admission to the Clinical Decision Unit had been reviewed but we found that this criteria was not consistently applied.

Are services well-led?

Staff were full of praise for their immediate line managers. They felt well supported by their ward managers and the matrons in their area. They appreciated that the trust had made the ward manager role supernumerary (that is, in addition to regular headcount) and this had led to increased support and information available to staff on the ward areas. The support received from senior management varied, depending on the hospital location. In general, staff at Solihull and Good Hope felt that the trust was run by the Heartlands site and that was where the senior management team managed them from. This feeling was particularly prevalent at Good Hope. The staff at Solihull were aware of the senior manager who managed the site and said that senior managers allocated to the site were visible. We spoke to the senior management team at each site, who were able to discuss the issues we highlighted. They were aware of the concerns in A&E, how capacity issues were having an impact throughout the trust and the actions taken to address this issue.

Requires improvement



Summary of findings

Summary of findings

What people who use the trust's services say

Since April 2013, patients have been asked whether they would recommend hospital wards to their friends and family if they needed similar care or treatment. The results have been used to formulate NHS Friends and Family Tests for A&E and inpatient admissions.

The trust scored 68, out of a possible score of 100 in the August inpatient Friends and Family Test, significantly below the national average of 72, with a response rate of 19%. The trust scored 35 out of a possible score of 100 for the A&E department, again significantly below the national average of 64. The response rate was 15.1% for the department, which was above the national average of 11.3%.

The trust was therefore performing below the national average in inpatient scores and A&E scores. Their overall score of 46, 19 points below the national score of 63.

Analysis of data from the CQC's Adult Inpatient Survey 2012 showed that overall the trust scored within the

expected range for all 10 areas of questioning. However there were four questions that showed a decrease in scores from 2011 to 2012. These were around noise at night, the availability of hand-washing materials, the availability of hospital staff to talk about patients' worries and fears, and delays in care and treatment.

The trust performed within the top 20% of trusts nationwide for six questions in the 2012/13 Cancer Patient Experience Survey. However there were five questions where the trust was in the lowest 20% of trusts nationwide. These questions were around the clarity of responses from hospital doctors, pain management and patients' rating of care. At our inspection we asked patients about these issues. We were told that they understood what doctors were saying, that pain management was good and that they rated the care they received as satisfactory.

Areas for improvement

Action the trust MUST take to improve

- The care provided in the all of the A&E departments, particularly around the timing and type of initial assessment.
- Clarification with regards to the services provided by the A&E department at Solihull.
- Ensuring patients are cared for on appropriate wards and clinical areas.
- Reduction of the use of agency and bank staff through continued recruitment of permanent staff.
- Documentation relating to patient care.

- Clarification with regards to the services provided in the Critical Care Unit at Solihull and whether the staff are appropriately trained to look after the type of patients who could be admitted there.

Action the trust COULD take to improve

- Sharing information to monitor performance and quality of care.
- Services for children and young people with physical and mental health needs.
- The efficient running of operating lists to reduce the number of cancelled operations.

Good practice

Our inspection team highlighted the following areas of good practice:

- The E-JONAH system that highlights patients who are medically fit for discharge and promotes multidisciplinary working to discharge patients effectively.

Summary of findings

- The work carried out by the end of life care team in ensuring that relatives were involved and continued to feel cared for after the death of their loved one.
- The support of the critical care outreach team to other hospital staff while patients were waiting for a critical care bed.

Heart of England NHS Foundation Trust

Detailed findings

Hospitals we looked at:

Birmingham Heartlands Hospital; Good Hope Hospital; Solihull Hospital

Our inspection team

Our inspection team was led by:

Chair: Ian Abbs, Medical Director, Guys and St Thomas NHS Foundation Trust

Team Leader: Fiona Allinson, Care Quality Commission

The team of 35 included CQC inspectors and analysts, doctors, nurses, patient 'experts by experience' and senior NHS managers.

Why we carried out this inspection

We inspected this trust as part of our new in-depth hospital inspection programme. Before the inspection, our 'Intelligent Monitoring' system indicated that the Heart of England NHS Foundation Trust was a medium-risk trust. It had a longstanding history of struggling with its turnaround times in the A&E department.

We held four focus groups arranged by volunteer organisations and three listening events, during which we spoke to a wide range of people who shared their experience of the trust with us. Some of the issues they identified were that staff were caring despite being busy, information from the trust was not always in an acceptable format, and it was difficult finding the right people to speak to within the trust. We used this information during our inspection.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

The inspection team always inspects the following core services at each inspection:

Detailed findings

- Accident and emergency (A&E)
- Medical care (including older people's care)
- Surgery
- Intensive/critical care
- Maternity and family planning
- Children's care
- End of life care
- Outpatients

Before visiting, we looked at the variety of information we held about the trust and asked other organisations, such as the local Clinical Commissioning Group and the Royal Colleges of Nursing, Surgeons and Anaesthetists to share what they knew about it.

We carried out an announced visit between 11 and 15 November 2013. During our visit we held focus groups with different members of staff as well as different groups of people who used the services, which were arranged by voluntary groups. We also held three listening events. We looked at patient records of personal care or treatment,

observed how people were being cared for and talked with people who used the services. We talked with carers, family members and staff, and we reviewed information that we had asked the trust to provide. We also carried out an unannounced inspection on 23 November 2013.

The team would like to thank all those who attended the focus groups and listening events and were open and balanced in the sharing of their experiences and their perceptions of the quality of care and treatment at the trust.

On 27 February 2014, we returned to the trust to monitor compliance with the warning notice issued on 20 December 2013 in respect of adherence to national guidance and local policies. We found that the trust was compliant with these issues. We did not undertake a full inspection of the trust but focused on the A&E department and Ward 20 at Good Hope Hospital. Where the inspection is applicable to evidence presented in this report the report has been updated to reflect the latest findings.

Are services safe?

Summary of findings

While most services were delivered safely, we recommended that the safety of patients in A&E at all sites, the acute medical unit (Ward 20) at Good Hope Hospital and the Critical Care Unit at Solihull must be improved. The lack of initial assessment of patients in A&E at Birmingham Heartlands and Good Hope hospitals led to some patients not receiving treatment in a timely manner.

Clarity about the scope of services is needed in the A&E and critical care services offered at Solihull. We were concerned about staffing levels in some parts of the trust, and whether they always had enough skilled, experienced staff to deliver safe care (in particular in Ward 20 at Good Hope Hospital and in maternity services across Birmingham Heartlands and Good Hope Hospitals). The trust had an active recruitment programme and could demonstrate that significant numbers of staff were due to start work in early 2014.

At our latest inspection on 27 February 2013 we found that the trust had put systems and processes in place to address the deficits we had found at Good Hope A&E and in Ward 20. We found that staffing was now at a safe level and that systems had been put in place to ensure that patients were seen within the recommended timeframes. However these processes are yet to be embedded.

Our findings

Staffing

Senior leaders at the trust discussed the staffing situation with us during our inspection. In general staffing numbers are set and a 20% increase is allowed for staff annual leave, sickness and training needs. Some trusts do not employ staff to cover this 20% but utilise the nursing bank and agency staff to cover these shifts. The trust had taken the decision to increase its nursing staff base to cover 14% of this extra 20%. The trust had held a number of recruitment sessions which had resulted in a significant numbers of nurses in the employment pipeline. A number of nurses had recently joined the trust in September 2013 and in some areas the impact of this was already being felt. Nursing staff reported that on some wards they felt that at

the time of our visit numbers of staff had improved. However this impact was not felt across the trust with a number of areas where staff felt that staff shortages were impacting on the care that they could provide. Typically Maternity, paediatrics and some of the medical wards across the three sites felt that they were not always meeting care needs due to the lack of staff available. This was more evident at the Good Hope Hospital site where staff described an ethos of goodwill.

The current arrangements for A&E services at Solihull Hospital fall somewhere between an urgent primary care centre and what we expect from an emergency centre. It is an minor injuries unit and a medical assessment unit jointly bearing an A&E sign. The provider and commissioners should work with the local community and other stakeholders to determine the best configuration. There needs to be a degree of public honesty about the services that are on offer. From a safety perspective this is particularly true around children's services. In view of the above, we do not feel it would be appropriate to rate this service as an A&E department.

Equipment and environment

In general staff had access to the equipment that they required in order to undertake their role. The environment of the three sites differed as some parts of the trust were relatively new and some parts were very old. The outpatients on the Birmingham Heartlands site was in particular need of refurbishment as the roof leaked and posed a potential safety hazard to patients using the department.

Medicines management

In general, the safety of medications was maintained throughout the hospitals we inspected. However, at our inspection in November 2013, on Ward 20 at Good Hope Hospital we found that medication trolleys, cupboards and fridges could not be securely locked. This meant that medications were not being held securely. We brought this to the attention of the senior management team on site and were assured that plans would be put in place to ensure that the medications were safely stored. We visited 10 days later and found that the cupboards still could not be locked securely and the fridge, despite having a label on it saying 'do not use', contained several insulin products. At our inspection on 27 February 2014 we found that all medicines were being stored correctly and securely.

Are services safe?

Cleanliness

In general we found all three hospitals to be clean and the cleaning staff worked with the nursing teams to ensure that the wards and departments were maintained to a high level. We saw that there were sufficient handwashing facilities available and that hand gel dispensers were placed appropriately. The trust has low infection rates and works hard to maintain these.

Learning from incidents

Before we inspected the Heart of England NHS Foundation Trust, we reviewed the large amount of information we held or the trust had sent to us. This information highlighted that:

- There had been a number of ‘never events’ in Good Hope and Solihull.
- The trust was failing to meet its targets within the A&E department for the length of time that people were waiting to be seen.
- There were an increasing number of pressure sores.

Our inspectors reviewed this data and spoke to staff and patients. They found that staff were aware of the never events at the hospitals concerned and were currently using the systems that the trust had put in place to prevent them from recurring. We found that there were systems and processes in place that were familiar to all staff for the reporting of incidents or accidents. The investigation of these was done at a local level and reported through the governance committee structures to senior managers. Lessons to be learnt were fed back to staff – for example, in team briefings and notifications attached to wage slips. When asked, staff were able to describe to inspectors some of the lessons learnt.

In response to their high number of falls occurring at the trust they had appointed a falls coordinator, tasked with increasing the knowledge and skills of staff working with people at risk of falling. The trust was currently investigating why the numbers of pressure sores was rising. We saw good use of pressure relieving equipment throughout the locations we visited.

Escalation policies

Staff were aware that the greatest challenge faced by the trust was the pressure on their A&E departments. Staff were aware of the escalation procedure when the A&E department was busy, and the systems in place to find beds for people who were to be admitted, which included

contacting the senior nurse for the hospital. However, these were not seen to be working effectively when we visited the department in November 2013. At our inspection on 27 February 2014 we found that the escalation policy at Good Hope Hospital A&E department had been reviewed and staff were now aware of how to escalate issues.. Staff spoke of the need to ensure that patient pathways (this is the expected treatment and milestones of a defined treatment) were followed and that timely discharge of patients was undertaken in order to free capacity. The use of the E-JONAH system was widely reported to have helped identify when patients were ready to go home, and then bring other support staff together to arrange discharge.

In November 2013, we found that in some areas risk assessments were not undertaken in a timely manner and that care documentation did not always reflect the care given. This was especially the case in A&E where there was a lack of ownership of patients’ care as too few nurses struggled to care for large numbers of patients. Patients were often left on trolleys without a clear idea of what was happening to them. At our inspection of 27 February 2014 we found that patients were increasingly been seen in a timely manner and that all patients were given the care that they required in a timely manner. Intentional rounding was in place to ensure that the basic care needs of patients waiting in the A&E department at Good Hope Hospital were being met.

There was an escalation system in place to identify a shortage of nursing staff. Nursing numbers were entered onto a computer and a rating of 1, 2 or 3 given to the number of nursing staff available on a ward. The senior nurse then sought spare capacity to ensure that shifts were filled as quickly as possible. This often meant moving staff around the wards at the hospitals. In November 2013, we found that this occurred on a regular basis on Ward 20 at Good Hope Hospital and this led to patients experiencing disjointed care from staff who did not necessarily have the skills and experience to care for them. At our inspection on 27 February 2014 we found that the trust had responded to this issue by ensuring that a permanent team of nursing staff were allocated to Ward 20 at Good Hope Hospital. The trust had recently made all ward sisters supervisory. This meant that they were available for monitoring quality and supervising junior staff. This was seen as a positive move by all junior nursing staff.

Are services effective?

(for example, treatment is effective)

Summary of findings

According to the clinical outcome data available to us at the time of the inspection, the trust appeared to perform averagely for a trust of its size. Generally staff were well trained and appropriate for their role. The exception to this was the Solihull A&E and Critical Care Unit, over which we had concerns. This is discussed in greater detail in the Solihull Hospital report.

Our findings

Evidence-based treatment

Before we inspected the Heart of England NHS Foundation Trust, we reviewed the large amount of information we held or the trust had sent to us. This information indicated that the trust was performing about the same as other trusts of a similar size.

Training

The trust had training available for its staff to access and appraisals were undertaken to identify further training needs of individuals. However staff reported feeling confused about what was mandatory training and how often they should refresh this training. Staff also reported higher non-attendance due to shortages of staff on the wards. We requested the training matrix for the trust however we were unable to see where the specific issues were as this was provided at a trust level rather than a hospital site level.

Working with others

We saw some good examples of multidisciplinary working and respect between staffing groups. We heard of doctors

training budgets being re-routed to the physiotherapists so that they could provide better care to patients on the medical ward. We spoke to doctors and nurses who were very supportive of their colleagues and the challenges they faced. At a senior level we heard of joint working with other trusts to share knowledge and produce new initiatives to improve care.

Clinical audit

We spoke with analysts, nursing, medical and governance staff across the trust who explained the way in which the trust monitors the quality and effectiveness of the service it delivers. Staff were able to tell us what the trust monitors to assess the quality of the service it provides. We saw on most wards the figures that the trust had collected.

We had some concerns raised with us by staff about the way in which the trust collects and analyses data. We spoke to the trust analysts about this. We were informed that the trust have a weekly dashboard which informs senior staff about the areas of concern for that week. The analysts described the wealth of information that they produce for the various departments and how the departments use this information. Some analysts were concerned that they were not fully utilised and that improvements to the data they currently report on could be improved. However all were able to identify changes to practice as a result of their work.

Reports were discussed at directorate level as well as at a number of governance and performance meetings across the trust. We saw that action was taken in respect of poor performance and that this continued to be monitored. We also heard examples of where success in one department was shared throughout the organisation. Staff were not always quick to identify this happening or to be able to tell us of improvements to service as a result of monitoring.

Are services caring?

Summary of findings

Most people we spoke to described their care as good and said that staff were caring, despite being busy. This was corroborated at the focus groups and listening events, in talking to patients on the wards and through the comment cards we placed around the hospitals. We observed some good examples of excellent care, and some staff made an extra effort to ensure that patients received a good service. This was particularly noted at Good Hope Hospital in midwifery and children's care. Most patients felt that they were involved with their care and informed about their treatment plans.

Our findings

Patient experience data

The trust's Friends and Family Test results were below the national average for trusts in England. Response rates at the trust are low although those within the inpatient survey show a steady increase across the months reviewed. However the scores for inpatient remain consistently below average. In the A&E survey response rates are falling and the scores are well below the national average. This means that people are unlikely to recommend the unit to their family and friends as a place to attend.

Of 56 inpatient wards participating in the surveys at the trust, 27 scored below the trust-wide average of 68.

Five wards were identified by patients as 'extremely unlikely' to be recommended to friends and family. These wards were: Birmingham Heartlands Hospital wards 3, 9 and 12, at Good Hope Hospital ward 8 and at Solihull Hospital ward 15. We visited all of these wards during our inspection. While we saw some issues on these wards at Birmingham Heartlands and Solihull Hospitals we were not concerned by the care given at these locations. We received a number of concerns about the care from staff on ward 8 at Good Hope Hospital from patients and their families. We saw that in general the care provided was good during our

inspection. We were concerned at the care of dementia patients, through the practice of their beds being moved into the corridors overnight, in ward 8 and that this was replicated in other wards in the hospital.

Patient-centred care

In all the wards and departments we visited, patients said they felt that the staff had cared for them. This was supported by talking to patients and their relatives at the listening events during our inspection. Without fail, patients said that staff were "caring but very busy". However, when asked if they were too busy to care, patients said they felt that staff were "caring despite being busy". Patients also told us that they expected to wait for care to be provided. With regard to the A&E department, it was often said by patients that "you expect to wait for hours to be seen as the department is so busy".

Staff in specialised departments were particularly respectful of patients in their care. The paediatric and maternity departments showed that they respected every individual using their service. These departments were able to give examples of where the department had implemented a specific service to address needs of patients and their families. Similarly, the critical care department provided excellent care to patients and their families who were seriously ill or at the end of their life.

Observation

In general we saw staff treating patients with kindness, dignity and respect. However we saw that when areas were busy the care people received was not as good. Staff we spoke with stated that they wanted to provide good care but that this was hampered by the numbers of staff on duty. In the A&E department at Good Hope we found that staff were so overwhelmed that patients were not cared for as no one nurse took responsibility to care for an individual patient. This was more evident in the care of patients who were on trolleys around the nursing station because all of the cubicles were full.

At our inspection in February 2014 we found that systems put in place to manage the flow of patients in the A&E department at Good Hope Hospital were having a positive impact on patients waiting in the A&E department.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

We saw the Friends and Family Test posters across the trust. In general, the test boxes at Birmingham Heartlands Hospital were well used and the section holding cards to be filled out were often empty; those at Good Hope were used but cards were available, and at the Solihull site posters were displayed and cards were available. Most posters had a "You said – We did" comment on them. We heard that the trust had carried out significant work with the local population, particularly around the Heartlands site. This had resulted in a better experience for the bereaved families of patients who had recently died and improvements in releasing the body to the families for funeral arrangements. However, we found that the services in all the A&E departments were not responsive to the needs of their patients, and that the children's care services struggled to meet the needs of children and adolescents with mental health issues.

The trust is failing to meet the targets set around the A&E department and this is in part due to the capacity issues the trust has. As with many trusts, patient flow is blocked at the point of discharge. The trust is exploring new ways of ensuring that people are discharged safely and in a timely manner. However this has yet to free capacity to reduce the wait in A&E for a bed at the hospital. Birmingham Heartlands Hospital manages the capacity better than Good Hope and we were unable to ascertain why this should be so. The Solihull site had less of an issue, as the services it provided were more limited. However at this site it was the transfer of patients which caused some delays.

At our inspection on 27 February 2013 we found that the trust had put in place a rapid response assessment during their busiest times. This appeared to be working well. An escalation policy was in place which was understood by the staff at Good Hope Hospital. The admission to the Clinical Decision Unit had been reviewed but we found that this criteria was not consistently applied.

Our findings

Access

The trust can be seen to be failing to meet the national target of admitting, transferring, or discharging 95% of patients within four hours of their arrival in A&E for almost the entirety of the 16 month period we reviewed. Although consistently below the national average, the trust's rate has varied significantly throughout the period. The point of poorest performance occurred in March 2013, during which just 80% of patients were seen within four hours, leaving 21% of patients waiting for 4-12 hours. Patients attending the A&E departments were aware that they would experience significant waits at all three sites however the data shows that people being to get fed up awaiting in the department and leave without being treated. We saw an example of this at Good Hope Hospital when a patient left the department after nine hours waiting for treatment. We spoke to many patients who had been waiting around four hours for treatment and we saw people who had been brought in by ambulance waiting in the corridor to be assessed. Ambulance staff were waiting with them, so although we did not have concern of the safety of the patient, it could lead to delays in the ambulance staff attending to other emergencies. On some occasions we felt that the reason why they were waiting could have been mitigated by other action taken by trust staff.

At our inspection on 27 February 2014 we found that a new system of triage had been put in place within the A&E department at Good Hope Hospital and that this was increasing the responsiveness of this unit.

The trust was meeting the targets set around the time it takes for a patient to be referred by their GP to having treatment. The Department of Health monitor the proportion of cancelled elective operations. This can be an indication of the management, efficiency and the quality of care within the trust. The trust was performing similar to expected in comparison with other trusts.

Information provided to us prior to the inspection highlighted that there were concerns regarding the bed occupancy level in critical care, which was above the national average. We saw that the bed occupancy in the critical care department in Birmingham Heartlands Hospital was around 93%. This meant that all the beds were nearly always occupied on this site. However, we found that the critical care area at Good Hope Hospital did

Are services responsive to people's needs?

(for example, to feedback?)

not have these capacity issues. The trust had put systems in place to support people needing this level of care within the hospital. This support came from the critical care outreach team, a group of nurses who visited wards where people needed intensive nursing care, to support the nursing staff looking after those patients. While the critical care outreach team was seen to provide excellent support to nursing staff, it was noted that not all patients needing this level of care were being cared for by staff with the appropriate level of experience.

Treatment of vulnerable patients

The Heart of England NHS Foundation Trust spans a culturally diverse area of Birmingham and Solihull. A significant number of people do not have English as a first language. We were surprised that the trust did not have information or signage in languages other than English. We were told by a number of managers and staff that it was not a problem to make people understand when their first language was not English. Patients often brought with them a member of the family who could speak English. The trust executives told us that they had discussed issues such as food and the death of family members with the local community groups and language had not been raised as a concern. However, at one focus group we attended, we were told by women that this was a problem and they were able to give examples of when they had been at a loss within a hospital and felt that they had not been treated with respect while using some of the hospital services. Staff told us that interpreters were available through the use of the language line, but that there was often someone on duty who could interpret and explain information to patients.

Discharge planning

The ability for a trust to conduct safe and timely discharges is important for overall patient flow through the hospital

and to reduce the A&E waiting times. Patients need to be discharged when ready and any information and support provided to ensure the patient does not need to be re-admitted into hospital. Within the Adult Inpatient Survey, there are two questions that refer to the process of discharge. The trust performed similarly to other acute trusts for both these questions. However we found when talking to patients both at the hospital and at the listening events. That they experienced significant delays in discharge due to medications not being on the ward, or waiting for transport home.

Complaints

We spoke to a number of staff in a variety of areas who told us of initiatives that had been started by a patient or their relative making a comment or complaint about care. These initiatives had gone on to improve care for others. Examples of this included the use of a patterned quilt cover when people were at the end of life in critical care to reduce the clinical feel of the unit, the implementation of compassion packs (packs of food, drink and other necessities) for relatives of patients at the end of their life, and the installation of softer furnishing in side rooms to make the experience of being in hospital at the end of life more pleasant.

Senior management at the trust told us about how the trust used complaints to improve care through the use of the "fish bowl". This involves the complainant sitting with staff to discuss their complaint. The staff are not allowed to interrupt or ask questions until the complainant has finished telling them about the impact that the care they received had on them. We asked staff if they had participated in this initiative and while no one we spoke to had most staff were aware of this occurring.

Are services well-led?

Requires improvement 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Summary of findings

Staff were full of praise for their immediate line managers. They felt well supported by their ward managers and the matrons in their area. They appreciated that the trust had made the ward manager role supernumerary (that is, in addition to regular headcount) and this had led to increased support and information available to staff on the ward areas. The support received from senior management varied, depending on the hospital location. In general, staff at Solihull and Good Hope felt that the trust was run by the Heartlands site and that was where the senior management team managed them from. This feeling was particularly prevalent at Good Hope. The staff at Solihull were aware of the senior manager who managed the site and said that senior managers allocated to the site were visible. We spoke to the senior management team at each site, who were able to discuss the issues we highlighted. They were aware of the concerns in A&E, how capacity issues were having an impact throughout the trust and the actions taken to address this issue.

Our findings

Leadership and vision

Most departments felt that their immediate line managers were supportive of them and the services they provided. We received three whistleblowing reports that said that senior staff were not visible within the hospital and that there was a perceived lack of communication between staff in the ward areas and the senior management staff. We could only find examples of this in the maternity unit where staff said that leaders were not visible or supportive. In every other department, we were told that the local management team was very supportive. In maternity, the

staff reported that senior management were interested solely in the systems and processes, and not in supporting staff to provide a good level of care. Some staff in this area felt that they were working in a culture where mistakes were feared and not allowed to be used as a learning opportunity.

Staff welcomed the introduction of the supernumerary status of the ward manager. They felt that this gave them an extra level of support. We were also able to see the impact on the amount of information available to the general ward staff about how well an area was performing. While not every information board was up to date, staff were aware of how well they were performing and were proud of their achievements.

Risk management

Throughout the hospital, staff commented on staff shortages. However, in some areas, a number of staff told us that more staff had been recruited by the trust and that, in particular, bands 2 and 5 staff had become easier to recruit. These bands related to healthcare assistants and junior staff nurses. The management team told us that the process for the recruitment of bands 2 and 5 staff had been improved with people getting into post in a more timely manner. We were also told that the trust had increased its staffing levels to accommodate sickness, training and annual leave. The full impact of the latest recruitment drive was expected by January 2014.

Cohesion

We saw some excellent examples of multidisciplinary working in the ward areas across the hospital. All staff in the ward teams felt valued and able to contribute to the care of the patients. Staff told us that training was provided but that at times it was difficult to attend because of the pressures in the ward areas. We were unable to see the percentages of staff trained in specific issues by hospital site because this information was not available to us.