

Report Title	CQC Improvement Plan: The story of our journey to good		
Sponsoring Executive	Kam Dhami, Director of Governance		
Report Author	Allison Binns, Deputy Director of Governance		
Meeting	Trust Board	Date	6 th September 2018

1. Suggested discussion points *[two or three issues you consider the Committee should focus on]*

The Board is invited to discuss progress with the 131 areas for improvement identified by the CQC for delivery in December 2017 and March 2018. We continue to test the sustainability of solutions and audit work remains on-going. The small number of incomplete actions will be tracked through Q3 at a public board meeting as an Annex to the CEOs report. The storybook provides a visual record of change which can be tested by members during unannounced inspections and departmental visits.

Board members will remember a specific focus this summer on accelerating delivery in BMEC, our evidence suggests that enhanced grip has brought results.

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan	<input checked="" type="checkbox"/>	Public Health Plan	<input type="checkbox"/>	People Plan & Education Plan	<input checked="" type="checkbox"/>
Quality Plan	<input checked="" type="checkbox"/>	Research and Development	<input type="checkbox"/>	Estates Plan	<input type="checkbox"/>
Financial Plan	<input type="checkbox"/>	Digital Plan	<input type="checkbox"/>	Other <i>[specify in the paper]</i>	<input type="checkbox"/>

3. Previous consideration *[where has this paper been previously discussed?]*

Clinical Leadership Executive and Executive Quality Committee

4. Recommendation(s)

The Trust Board is asked to:

a. DISCUSS the progress shown in the Storybook

b.

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register	n/a	Risk Number(s):			
Board Assurance Framework	n/a	Risk Number(s):			
Equality Impact Assessment	Is this required?	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/> If 'Y' date completed
Quality Impact Assessment	Is this required?	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/> If 'Y' date completed



**Sandwell and
West Birmingham**
NHS Trust

The story of our journey to good

Quality Improvements following the 2017 CQC inspection



The Trust's Board has spent time understanding the Care Quality Commission's inspection findings from 2017, as we did those from 2014. We want to understand how we can maintain high standards such as our outstanding rating, on a whole Trust basis, for caring, or our good rating for well-led. But we have an overwhelming focus on how we raise all of our domains and core services to a good rating.

This book summarises our story so far against the specifics we aimed to improve. It provides evidence and commentary on the work done and the results achieved.

We use a whole variety of ways to support and to scrutinise the delivery of improvement. Board visits, unannounced attendance, inspections, and data. The Executive Quality Committee and the Board's Quality and Safety Committee examine the full range of feedback. The Board receives regular updates on how Groups are doing driving high standards in their services.

Specific corporately sponsored improvement programmes work across areas of safety, and in 2017 and 2018 we have implemented our consistency of care project throughout our medical and community wards. The engagement and real results from that, cross referenced to our safety plan data, provide confidence that the admitted care pathway has substantially improved since 2017. A similar engagement and transformation project is now being undertaken within our two general A&E departments.



Olwen Dutton
Vice Chair
Chair of the Board's Quality
and Safety Committee

August 2018

131 areas for improvement formed the outcome of our prior core services CQC inspection. We have sought to implement changes arising from each one, with a focus not just on taking action but measuring impact. There is more to do, but we have come a long way. Our number one quality priority for this year is to tackle Sepsis more consistently and effectively and thereby prevent avoidable harms.

For most patients the Trust offers some of the shortest waiting times in the West Midlands, consistently hitting cancer standards and "RTT" measures, by the end of 2018 in every single specialty. We know that we have more to do to reduce reporting waiting time in imaging, and must turnaround wait times to be admitted or discharged from A&E. Triage and initial assessment times meet our own, and CQC, standards.

We track standards of care at the bedside with live data, and have systems for shift by shift peer check and challenge. This is driving up quality and consistency in providing both core standards like pain relief and key public health priorities like Making Every Contact Count.

Collating and acting on patient, carer and employee feedback is vital to us. Our rapid complaint service, good record on duty of candour, and innovative Purple Point system are all strengths. In 2017 we revised our incident reporting approach and continue to make changes to try to get greater insight. Quality Improvement Half-Days remains our principal method of learning cross Trust, although new projects are starting routinely to improve further including myConnect and welearn.

The Trust has achieved 100% appraisal coverage for over three years. But in 2018-19 we have implemented vital changes to our PDR system, Aspiring to Excellence. Every manager has been retrained in appraisal. Every employee has been assessed for performance and for potential. We are now very confident that SMART objectives are being set, linked to our corporate aims. Our Care Promises are the heart of our PDR system, as we seek to put our values at the heart of what we do.

The implementation of good quality IT systems will give our clinicians better access to data on safety and on quality, to support our comprehensive audit and guideline programmes. We know that resilience of our computer programmes and network is our most significant clinical risk. The Board is focusing time, money, governance and emphasis on tackling these issues, now and for the long term.

This storybook illustrates some areas of most important progress by our teams in our journey to Good.



Toby Lewis
Chief Executive

Contents	Page
Foreword	1
Introduction	2
Chapter 1: Safe in our care	4-7
Chapter 2: Effective outcomes for patients	8-10
Chapter 3: Caring consistently	11-12
Chapter 4: Responsive to individuals' needs	13-15
Chapter 5: Well-led committed teams	16
Conclusion: What next	19
Acknowledgements	20

SAFE

The key checks on the care of our patients are tracked routinely. The CQC asked us to ensure that equipment was better checked, infection control practices were adhered to, and care was consistent yet personalised. Our own self-assessment suggests that we are good, and that not only do we have data to demonstrate that, but we have a culture of peer challenge to sustain it.

Our approach to delivering safe care is grounded in trying to make consistent and systematic processes of teamwork. Wherever we can we are looking to eliminate the risk of error and minimise the human errors that are always a possibility. The approach we have starts with safe staffing and being fully staffed. We have reduced vacancies and halting rises in sickness absence. Our overt commitment to training and education is clear in how people join and are managed in the organisation.

Our *OK to Ask and Speak Up* culture continues to result in high rates of incident reporting, and in staff telling us in large scale anonymised surveys about their confidence to raise concerns. The effort to ensure that we respond and learn from concerns continues. We have taken action to refine and to defend our whistleblowing culture and to manage incident learning and the speed of local action. Huge effort in 2018 has seen us achieve routinely a 21 day turnaround for all incident reports. Our in-year serious incident improvement plans are embedded now in Group leadership and go to the October Board for review.

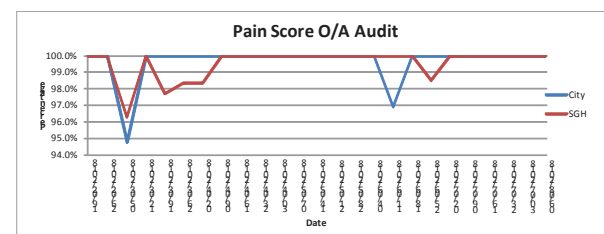
The Safety Plan has created a set of deliverables but also a culture of 'getting it right first time' and managing as a team to tackle care omissions which could lead to harm. In the first quarter of 2018/19 we achieved 100% delivery for the first time, and the position is testimony to an overwhelming interest at local, Group and organisational level in the important details of care. Safety demands discipline and focus and the Safety Plan has allowed us to begin to systematise just that.

We invest to deliver safety. Most of that investment is in time, but some of it is in changed processes. Learning from poor care led to the creation of a single NIV unit on Priory 5 at Sandwell Hospital. The opportunity to improve outcomes from acute abdominal surgery led to the investment in enhanced care surgical beds. We have spent funds to tackle perinatal mortality. There is no ambiguity about our insistence that safety is our first duty.



Areas within our Emergency Departments have been designated as 'safe places' for those presenting with Mental Health Problems.

MD8



Since the beginning of July, 100% of patients have been assessed and treated for the amount of pain they feel.

SD11

80.47%

Of colleagues are trained in basic life support. The target is **100%** by December 2018

MD19

Do you know our safeguarding leads and how to report a safeguarding concern?

In order to protect our patients, their families and colleagues we all have a responsibility to keep up to date with safeguarding issues so that you know how to raise a concern.

As safeguarding leads we take a multi-professional approach to achieve the right outcome for patients. We:

- Ensure the right policies and procedures are in place to support the safeguarding of our patients
- Rely on you to raise any concerns you may have – even if you think it may be insignificant
- Provide safeguarding children training and offer supervision to practitioners holding complex safeguarding children cases
- Provide adult safeguarding training and offer supervision to ward champions for complex adult cases
- Are available to give you advice on appropriate action e.g. deprivation of liberty or the mental health act safeguarding children issues
- Can escalate concerns in situations when practitioners are not getting the appropriate response from children's social care.

You must ...

- Ensure you are up to date with the safeguarding mandatory training
- Report any safeguarding concerns as quickly as possible.

Find out more
Visit the safeguarding pages on Connect

Contact:

Jayne Clarke, Safeguarding Children Lead
jayne.clarke@nhs.uk
Tel: 0121 507 2844

Clare Cottrell, Adult Safeguarding Nurse
clare.cottrell@nhs.uk
Tel: 0121 507 2812

Colleagues have been reminded about best practice in handling safeguarding concerns and how to access expert support.

SD46



Our resuscitation trolleys meet national standards meaning patients are safe in times of emergency.

MD1/MD17/MD21/MD22/MD37/MD34/SD23

Sepsis is our number one quality priority

95.7%

of patients were treated for sepsis within one hour in the Emergency Departments.

MD5

Adults

Level 1 – 97.92%
Level 2 – 91.46%

Children

Level 1 – 97.84%
Level 2 – 86.11%
Level 3 – 90.06%

Colleagues are trained so that they can identify vulnerable adults and children and refer them for the necessary help.

MD35



Security and use of prescriptions for outside of the hospital is much improved

MD31



Within our departments we use secure cupboards to store records to protect patient's details.

MD38/SD45



All colleagues in the mortuary are up to date with infection control training.

SD36



Consistent safety checks on patients before theatre and lock down of lists is successful learning from past Never Events

MD31



space has been allocated for storage of equipment on most wards, recognising that space is an issue and utilising the equipment library to prevent delays in patient care.

MD23

EFFECTIVE

The QIHD programme gives our teams a place in which to test the calibre of our outcomes and results. The CQC asked us to work to ensure we used audit data better, and provided information to patients more routinely. We have used cross cutting work-groups such as the critical care and theatres management boards to try to spread good practice, and have seen significant improvements in the quality of our discharge practice since 2017.

We aim to offer quality of care that is evidence led and delivers outcomes that reflect our patient's choices and needs. We benefit from an extensive audit programme to permit peer review by our clinicians against other teams. As one part of that we have taken GIRFT into the centre of what we do, and it forms a key part of our 2019-20 business planning cycle.

A major focus for the organisation in 2018 has been on the quality of our discharge planning work. Central to improvement efforts has been evaluating the quality of every handoff and discharge. This has sought to define what constitutes good enough delivery and seek to make that routine. There is more work to do on our district nursing and care home handoffs from hospital, but movement from acute to intermediate care beds shows real progress. In-reach work by community teams into our hospital wards is serving to improve understanding of the scope of home based practice and this forms an important part of our work to reduce long stays in hospital. Tackling institutionalisation is part of our work generally and we contributed to the end PJ paralysis campaign. Our stroke breakfast club is one example of work to try and reduce dependency among bed bound patients. Our new hospital has designed inpatient-led kitchens for the same reason.

The Trust is implementing an electronic medicines prescribing and management system in early 2019. This reflects a focus on the effectiveness of prescribing, which is largely good in our organisation. But we believe that medicines optimisation could go further and polypharmacy remains an issue in delivering safe care. Medication error is relatively modest in our Trust, but only through huge human effort. EPMA will help us to address further opportunities to improve, and to do that alongside general practice.

Our Quality Plan is our principal effort to drive more effective care. Deploying over the next two years it builds on the aims and ambitions of our clinicians and will be implemented in rapid cycles of change with full engagement from all staff, including doctors in training. Through the goals of the Quality Plan we will tackle amenable mortality, outcomes around sight loss and care of children in early years, as well as mental wellbeing and ageing. Truly effective care, we believe, rests in continuous improvement and that is the culture we want to reinforce through the work we are doing, which has the highest priority at Board and Clinical Leadership Executive level.



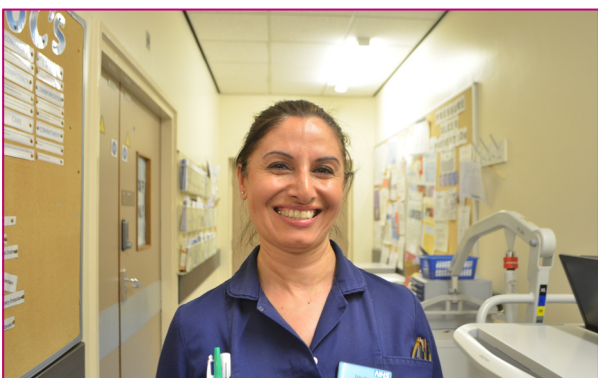
There is a plan in place which provides Children with the Ophthalmology specialists they need. Work is in progress to support this anaesthetically and will be resolved by early 2019.

MD15/SD13



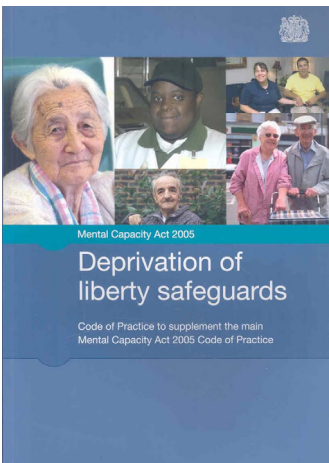
Theatre work surfaces now meet infection control standards.

SD26



Practice Development Nurse team focus on supporting new colleagues to the department. Rotation of nursing staff has currently stopped to provide support to newly qualified nurses. This will be reviewed in early 2019.

MD15/SD13



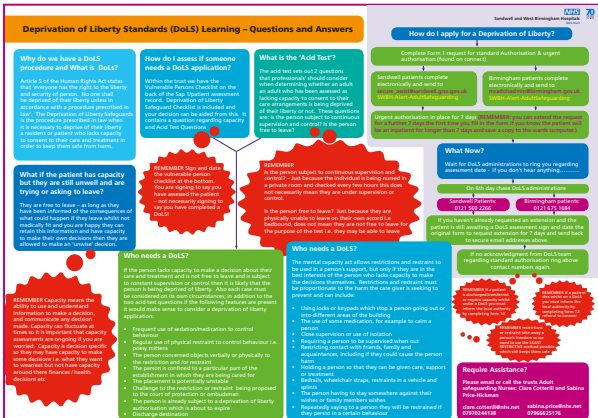
To support colleagues in when patients may require a DOLS, information and expert advice is readily available

SD38



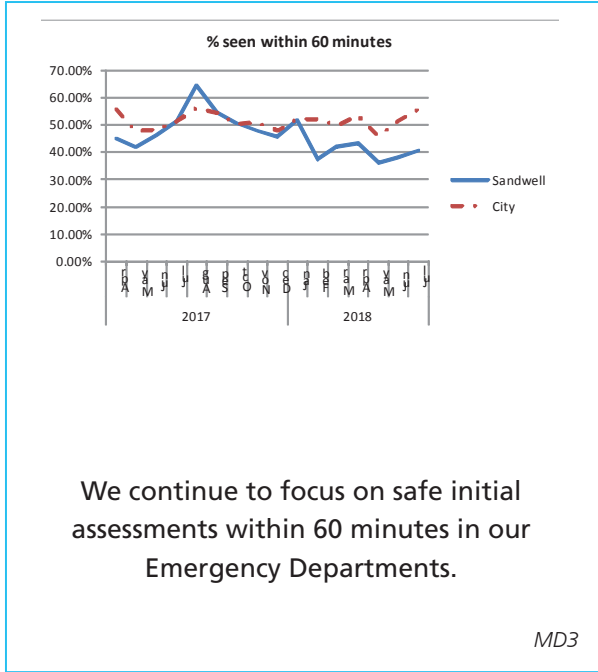
By November there will be two middle grade staff overnight in each Emergency Department following successful recruitment. This will support staff with senior decision making for greater patient safety.

MD7



Increasing awareness of mental capacity for our most vulnerable patients has led to increased understanding and a rise in applications for DOLS.

SD20



ANTICIPATORY MEDICATION GUIDELINES

Policy author	Palliative Care CNS
Accountable Executive Lead	Clinical Lead
Approving body	Drugs and Therapeutic Committee
Policy reference	SVBHP1 Care/102

Overall purpose of the guideline
To provide prompt and effective symptom control and to reduce distress and anxiety for patients and their carers, it is advocated that medications used to manage these symptoms are prescribed in anticipation of need.

Principle target audience
The guideline applies to clinicians

Application
The guideline applies to all patients.

Scope
The guideline applies to all patients, entering the terminal phase

National Guidance incorporated
West Midlands Physicians Palliative Care Guidelines; Pan Birmingham Cancer Network Guidelines

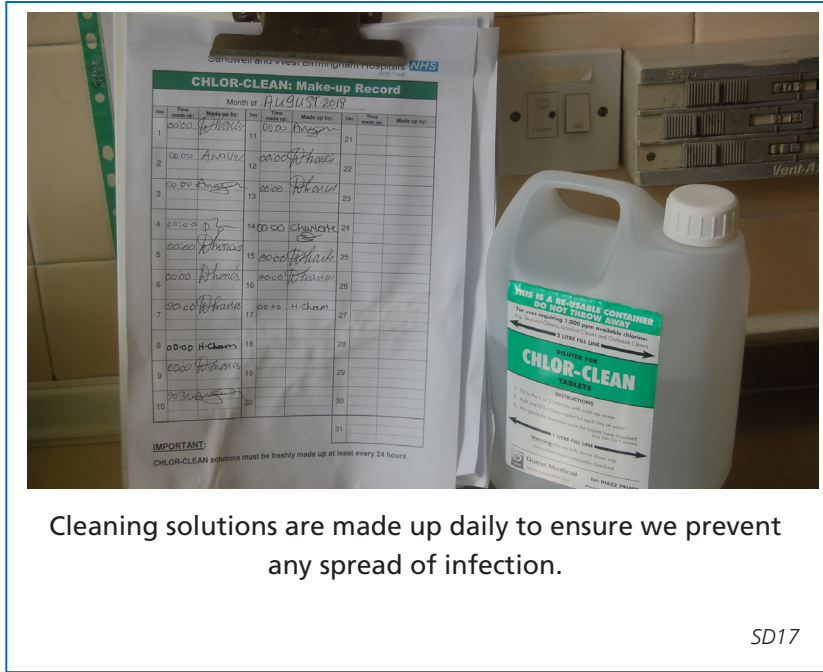
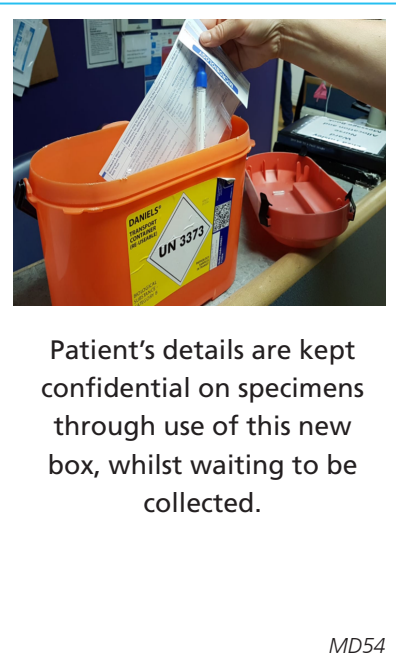
Version No	Date Approved	Date of Implementation	Next Review Date	Reason for change (e.g. full rewrite, amendment to reflect new legislation, updated flowchart, etc.)
1	May 2009	May 2009	May 2012	Full review
2	September 2013	September 2013	September 2016	
3	May 2017	May 2017	May 2020	Reviewed; no changes required

Anticipatory Medication Guidelines May17

Page 1 of 2

Specialties are working through their guidelines to ensure they are up to date and evidence based to guide colleagues in safe practice.

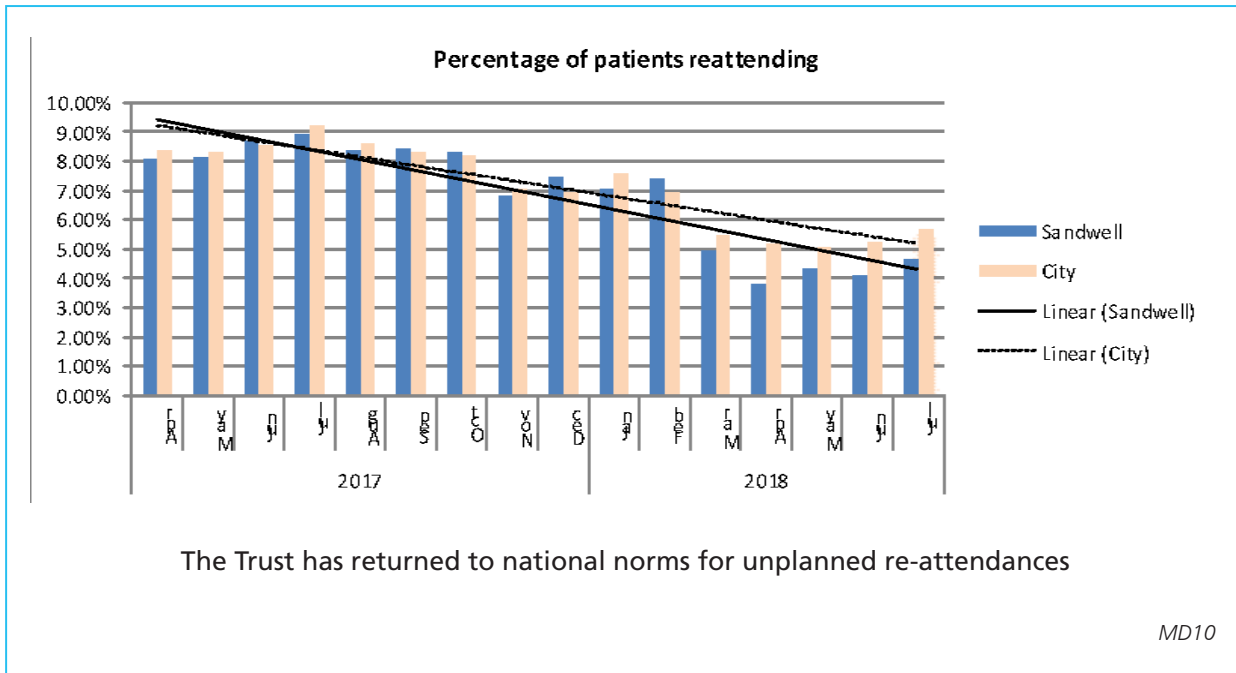
SD62/SD66/SD68



Recruitment drives have been very successful in reducing the vacancies for nurses. This drive is ongoing and means we have the right number of nurses with the right skills to respond to patient needs.

Healthcare Assistant staffing exceeds 98%

MD24



93.10%
Work place fire training

93.55%
Conflict resolution

Of colleagues are trained in dealing with emergencies.

SD62/SD66/SD68

CARING

The nine Care Promises remain at the heart of how we work. The CQC praised the caring nature of Trust staff and our services. We continue to focus on excluded and vulnerable groups and have seen dramatic changes in the quality of care being provided to patients with alcohol related difficulties since 2017. Seemingly small touches in how we work, such as our pet therapy work, illustrate the intention to build on what we have achieved.


Being rated as outstanding for caring in the 2017 inspection was an important boost for the people who work across our Trust. It reflects a focus on our Care Promises, which have been in place since 2009. They commit us all to go the extra mile for patients.

We are determined to support carers as well as patients. That is why we are part of John’s Campaign and have focused on ensuring good information and advice for friends and family. We have developed a specific focus on patients with dementia, delirium and learning disabilities experiencing distress (the 3Ds), and have worked with third sector groups to ensure that we have befriending and support structures in place for our patients. The Sapphire project has brought together local organisations to create that social network as we aim to tackle loneliness in local communities.

Vulnerable patients are a central part of the mission of the Trust. We have sought to emphasise work to address homelessness and substance misuse. The Trust has an active programme of work to make reasonable adjustments for patients with long term conditions like sickle cell, and those with learning disabilities. We would expect all our employees to demonstrate a set of inclusive approaches and values which try to help access and provide services to those less able to advocate for themselves.


We recognise that caring can place a heavy burden and take a toll on individuals. The Trust has actively promoted Schwartz rounds as one way for teams to support one another. More generally we offer a wide ranging employee benefits and mental wellbeing offer. This is constantly being expanded and we are piloting work to undertake routine stress assessments in key parts of the organisation.

Overall our effort is to create time to care. Systems and processes need to be refined to best permit that. We want to build on our current success and in particular ensure that our handover and out of hours approaches offer consistently caring attitudes and approaches to those we look after and work with.




Chaperone

If you would like a Chaperone present at your Consultation, **please inform your Doctor / Nurse**, who will arrange this for you.




Notices in outpatients advise patients to let a member of staff know if they require a chaperone during their appointment.

SD56



Boaters café in BMEC provides refreshments for visitors.

SD54



Weighing scales have been moved away from the waiting room in outpatients to protect patient privacy.

SD41



For patient comfort, a water cooler has been placed in the waiting room of BMEC Emergency Department.

SD12

RESPONSIVE

We want to hear from our patients and work hard to respond to and learn from complaints and incidents. The CQC asked us to tackle some waiting times issues and to ensure that we were able to make reasonable adjustments. We have more work to do on emergency care waits, but have changed the experience of children using our regional eye centre. Our focus on imaging reporting and recording results acknowledgement remains a priority in the coming six months.

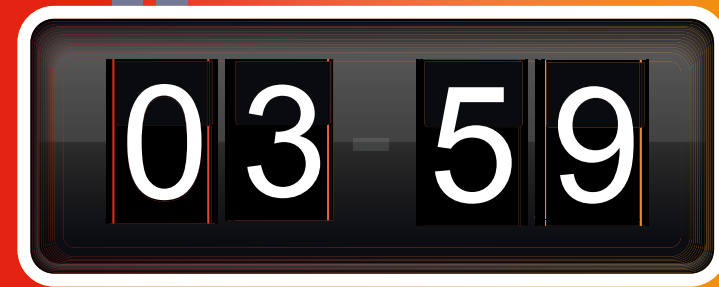
The organisation does not deliver waiting times in emergency care that are satisfactory. We are, however, working daily to improve and to ensure that we are safe in the care we can provide. Investments in equipment, staffing and sustenance are intended to ensure that we can support patients awaiting emergency treatment. Our new single point of access and changed arrangements for both out-of-hours medical staffing and specialty support will see a palpable improvement in wait times in the next two months (September/October 2018).

In other areas of the Trust we achieve and exceed KPIs. In health visiting and district nursing we meet core standards consistently. Our elective wait times, and cancer waiting times, meet standards. Whilst we typically meet national diagnostic wait times, we want to improve request to report turnaround and are investing in staffing systems with this aim in mind.

A responsive service is not simply about wait times. Our innovative Purple Point system is intended to help us to shape care for patients as inpatients. By moving to open visiting hours in 2015 we have set out to make it easier for patients' loved ones to interact directly with those looking after them. The Trust aims to fit services to the needs of those we serve, whether that is cultural sensitivity in our food offer, or individual adjustments for a patient to permit last wishes during the end of their life. Our innovative end of life partnership has seen us hugely increase the proportion of patients dying in a place of their own choosing.

We continue to work to ensure that transitional care is a successful part of what we do. Our Children and Young People champion and working group are auditing services and we have a work programme to try and deliver consistent standards in moving from paediatric to adult care models. In sickle cell services this is a client led project, as children move from Birmingham Children's Hospital into our service.

The Trust works closely with local GPs to try to adapt our services to changing population needs. There is more to do in each service. Locally our ICS will help us to adopt population health and risk stratified approaches to care which will change how we work and for whom. We need to use that change to make our services more responsive to the needs of people with multiple conditions across the spectrum of physical and mental wellbeing.



The best we have achieved since April 2017 in treating and discharging patients from our EDs within the 4 hour target is:

Sandwell 85.98%
City 88.67%

There is a plan in place to address this which is to be in place by October 2018.

MD13

PURPLE point

NHS

How well are we looking after you?

With the introduction of innovative Purple Points in February 2018, inpatients are just one phone call away from getting their concern resolved quickly.

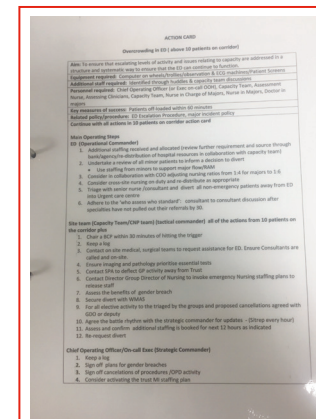


SD71



We have a system of 'pooling' patients for some operations which meets national requirements

SD24



Staff are aware of the escalation procedure which promotes safety when pressured.

MD4



Signs on the escalator in the BTC have been added to improve safety and remind everyone to report incidents.

SD52



Areas within BMEC have been designated for children and appropriate toys made available..

MD47/SD8



In response to patient feedback, the signs in BMEC have been changed so they are more visible for those with sight problems.

SD57

WELL LED

The 2020 Vision has brought from 2015 to this year. Our 2025 ambitions will be developed over the next eighteen months as a care system. The CQC confirmed the clarity and penetration of our vision and in 2018 and 2019 we have to secure delivery of our digital, workforce and quality plans. A very extensive cost improvement programme is grounded in removing waste and improving use of resources by becoming fully staffed and standardising at scale the products we use.

In 2017 we were rated as Good for this domain. This was based on the penetration of our 2020 vision, which was collaboratively created in 2015. It continues to run through the organisation's work and to support outcome changes in safety, public health, education, quality and R&D. We have invested over £1m in leadership training for our top 200 people, and all new clinicians joining the organisation enter a peer learning set on a pathway to leadership responsibility. Induction generally is a focus for us, and in 2018 we refreshed our on-boarding processes to make them slicker and more focused on introducing the organisation to new people who enter our teams. The Accredited Manager programme has seen an extensive effort in 2017 and 2018 to make sure that all line managers in our Trust have some core skills, and that work continues with the launch in September 2018 of our large scale coaching and mentoring projects.

Diversity is a central part of our leadership philosophy. We have specific targets to improve BME leadership proportionality. Our gender pay gap is comparatively small and 5/11ths of our executive are female. The staff networks we began eighteen months ago have made a difference to the peer development of excluded groups in our organisation and provided a basis for self-help among frontline staff. The Trust has been instrumental in driving leadership development programmes targeted at those with protected characteristics, and the Stepping Up programme is now entering a second large scale cohort. No job interview in our Trust takes places without a BME panel member.

The Board recognises that visibility and awareness are important in a huge organisation. Every Board day includes frontline visits on an unannounced basis to Trust services. Non-Executive Board members make further visits to sites out of hours and the Chief Nurse has led a programme this year of 4am inspections too. Our new Executive out-and-about noticeboard allows us to test whether we are getting across the scope of our sites and services every month. Over the last year we have used once again a variety of ways of listening to our employees, and involving them in change design. The Consistency of Care project is grounded in Listening into Action approaches. And our Your Voice survey method continues to give us qualitative and quantitative data from around 1000 staff members every quarter. During October we launch the next phase of our staff engagement work – weconnect. We have partnered with Wrightington, Wigan and Leigh NHSFT, to introduce their methodology into our Trust over the next year as part of a three year effort to raise our overall engagement 'score' to 4 (from 3.6). This would be in the upper decile for the NHS and is testimony to the ambition we have to create and maintain a fully engaged organisation. Some parts of the Trust already have that characteristic and we want to learn and spread that achievement SWB wide.

The Trust is a small part of a wider local care system, and the broader STP ICS footprint too. We founded the Black Country Alliance in 2015 on exactly that basis of collaboration and have a large scale partnership with general practice too, notably our Memorandum of Understanding with vanguard partners led by Modality. We are advanced in developing an Integrated Care contract and model for launch in April 2019. Our aim is to ensure that clinical leadership is at the heart of that programme and that innovation is more rapidly introduced and spread across primary and secondary care.



Aspiring to Excellence
My Performance Development Review

86% of colleagues, to date, have received a PDR ensuring we develop our services and our staff to meet the needs of patients.

SD47/SD55/SD70

Date	WC 13 Aug	WC 6 Aug	WC 30 Jul	WC 23 Jul
Overall % Compliance	99.50%	99.45%	99.30%	98.90%
Change	↑	↑	↑	↑


Through effective leadership, colleagues in Primary Care, Community & Therapy wards are managing to maintain patient safety checks 100% of the time. Medicine and Emergency Care are not far behind, with a continued improving picture.

SD18



Colleagues work together and challenge each other, shift to shift, ensuring care plans are patient centred and timely so that treatment and care provided starts from admission.

SD18



Accredited Manager Passport – Aspiring to Excellence in People Management

We'll bring your ambition to life

Name: _____
Role: _____
Department: _____
Group/Directorate: _____

ED team leaders are attending a programme called 'Accredited Managers Training' which offers HR training together with support from dedicated HR Business Partners.

MD26

90.17%

Of colleagues are up to date with their mandatory training

MD26

CONCLUSION - WHAT NEXT

In August we published a special edition of our staff magazine, Heartbeat. That focused on the characteristics of Outstanding organisations. Over the next two years that is where we want to move to, as part of a high performing systems of care, focused on the population of western Birmingham and the towns of Sandwell, who will look to Midland Met for their specialised acute care. Most of what we do is either in or through community and primary care teams, and our public health focus is longstandingly and increasingly important.

To achieve and sustain a Good rating the individual experience of care, and the workplace experience of being part of the Trust, must be consistent and caring. The CQC improvement actions continue to be a focus for work in the Board and in our groups, testing whether the outcomes we sought are being delivered. We know that education and training are a strength of our organisation. When we install our new IT, notably Unity, we want it to help us to transform documentation and release time to care, and give us the live data to focus on medicines optimisation in 2019-20. Our constitutional waiting times are largely delivered for expected, planned patients, and fall short for emergency care. We not only want, as a responsive provider, to meet these standards, but make sure that 'sub-waits' are tackled. That means red days as an inpatient or moments of uncertainty at home waiting for tests or results. The effectiveness of our care is demonstrated in audit work, but the delivery of our Quality Plan is the real test of progress, just as sustaining our Safety Plan has been the drumbeat in our journey towards Good.

Leadership comes first, and most importantly, at team leader level and at core service level, and then at Group and Board level. We have invested hugely over the last five years in development across those tiers and teams. The way that we work will change to reflect that philosophy and developing capability, motivated by the need to work in an agile way with primary care partners on each pathway of care. Line managers will be given more autonomy and scope of practice, but with an expectation of employee involvement, tracked through our new weconnect programme as we aim for upper decile rates of engagement and advocacy to drive quality improvement.

ACKNOWLEDGEMENTS

Antionette Cummings – Matron, Sandwell Emergency Department

Lesley Hodgkinson – Acting Theatre Matron

Laura Young – Directorate Lead Nurse, Ophthalmology

Nicola Taylor – Acting Group Director of Nursing, Primary Care, Community & Therapies

Claire Hubbard – Group Director of Nursing, Medicine & Emergency Care

Diane Eltringham – Group Director of Nursing, Surgical Services

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Mathew Plant – Senior Information Analyst

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Quality Improvements following the 2017 CQC inspection



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**Sandwell and
West Birmingham
NHS Trust**

**Sandwell and West
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