

Report Title	Update on our CQC Annual Review		
Sponsoring Executive	Kam Dhami, Director of Governance		
Report Author	Kam Dhami, Director of Governance		
Meeting	Trust Board	Date	1 st November 2018

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

The Care Quality Commission has completed its annual round of routine inspections of selected core services across the Trust and first-time Use of Resources and Well-led reviews. Draft reports are expected later in the year, with an opportunity for the Trust to respond to factual accuracy before publication which is likely to be in early 2019. The paper calls out the headline findings, actions already taken and planned approach for addressing the remaining areas for improvements found by the CQC.

Reissued are the core services and Well-led self-reviews completed by the Trust in advance of the CQC visits, which provide a helpful reminder to the Board when reflecting on the inspection process experienced by members and the feedback received so far.

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

Safety Plan	X	Public Health Plan		People Plan & Education Plan	
Quality Plan		Research and Development		Estates Plan	
Financial Plan		Digital Plan		Other <i>[specify in the paper]</i>	X

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

Previous CLE and Board meetings

4. Recommendation(s)

Trust Board is asked to:

- | | |
|----|--|
| a. | NOTE the preliminary findings shared by the CQC with the Trust following their reviews in September and October, in particular the good practice. |
| b. | ENDORSE the approach and timelines for responding to the headline areas for improvement identified by the CQC. |
| c. | |

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

Trust Risk Register		Risk Number(s): n/a				
Board Assurance Framework		Risk Number(s): n/a				
Equality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed
Quality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Trust Board: 1st November 2018

Update on our CQC Annual Review

1. Overview of progress

1.1 The last public Board reviewed our Well-led self-assessment, and in September 2018 we considered progress against the 2017 core services improvement plan. Since September we have had:

- Core service site inspections in some services
- A Use of Resources visit by NHS Improvement
- The on-site CQC Well-led review

Included at **Annex A** are our self-reviews of core service and our Well-led position. These self-assessments would move the Trust from a Requires Improvement rating to a Good rating. However, the self-assessment is not binding and not only is it our view, but it relies on rigorous use of the Key Lines of Enquiry published by the CQC. As the methodology involved is new and was not the same as the one used in 2014 or 2017, it remains to be seen how that approach is applied.

1.2 As is typical in these reviews we have received outline feedback to date. A draft report will be issued later this year and formalised early in 2019. We should not wait for that report to act on issues identified by the CQC where we consider that their evidence for concern is strong or credible. With that in mind the outline feedback has been shared with service leaders and a series of Improvement Plans are due for completion by November 9th. By the time of the Board's meeting in December, therefore, we will be able to begin tracking delivery against those actions, in the following way:

- Action completed and outcome delivered
- Action completed but outcome pending
- Recommendation ready for audit review

1.3 From what we have received to date there appear no recommendations which, if progressed, could not be concluded by March 2019.

2. Existing findings

2.1 The Care Quality Commission works hard to identify **notable practice**, recognising that they are visiting areas typically in need of improvement, and visit for only a very short time. From the feedback to date it seems appropriate to highlight their view that:

- We have a committed and inclusive leadership culture
- We have effective Staff Networks and a commitment to diversity

- Senior staff feel supported by line managers and appropriately challenged within the Board environment
- Improvements have been made at Rowley Regis and we have effective local leadership in place
- There was a strong supportive team working culture in Maternity.
- A very flexible workforce allowed Critical Care to accommodate the right patients into the CCU whilst remaining safely staffed and compliant with core standards.
- All patients and relatives spoken to in the Emergency Departments were positive about the care delivered to them.
- Good MTD working was called out in Medicine, resulting in improved

2.2 Conversely it is clear there remains, as we expected, room for improvement. Again selecting from the initial feedback, the CQC believe we need to:

- Take steps to complete more personalised Mental Capacity Assessment specific to individual patient decisions
- Ensure that all staff feel supported when raising staffing concerns and have the opportunity to understand professional judgments that assess frailty and acuity on our wards
- Strengthen collective understanding of some governance processes to make sure that no risks or issues can fall between committees and professions
- Reinforce our administrative arrangements under the Mental Health Act
- Speed up the change programme we initiated in March to address staffing gaps in neonatal care

2.3 Since the inspection took place a number of changes have happened, some, though not all of which, were in hand prior to the site visits:

- New resuscitation trolleys are shortly due to come on site, which introduce cross organisational standardisation and better security
- We have made some adaptations within our children's wards to reduce perceived ligature risks, notwithstanding the one to one nursing we offer such patients
- Altered some night time nurse staffing patterns to make sure that we have staffing resilience in the event of short term sickness
- Changed the scrutiny and governance tracking of our mixed sex admission process into our assessment units, which we have operated to date with the agreement of the CCG and NHS Improvement

3. Next steps

3.1 70% of Trust services are rated as good or outstanding and we will work to ensure that that standard is maintained. In early 2019 our learning programme aims to ensure

better spread of Trust best practice across our organisation. Our December Quality Improvement Half Day poster contest kicks off that endeavour.

- 3.2 This paper confirms our internal timescales to act on the headline recommendations and not later than March 2019 we want to be able to provide auditable assurance of compliance. Where possible we will include CCG colleagues, Healthwatch, our Internal Auditors and other bodies in that assurance work.
- 3.3 Should any regulatory notices be issued to the Trust we will comply with those as required.
- 3.4 When the draft report is issued to the Trust, the Board will take time with wider clinical leaders to consider how best to respond, seeking to ensure fairness, accuracy and most importantly a focus on improvement.

4. Recommendation

The Board is asked to:

- 4.1 **NOTE** the preliminary findings shared by the CQC with the Trust following their reviews, in particular the good practice.
- 4.2 **ENDORSE** the approach and timelines for responding to the headline areas for improvement identified by the CQC.

Kam Dhami
Director of Governance
26 October 2018

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST
CQC Inspection: Core Services Self-Rating

	Safe	Effective	Caring	Responsive	Well-led
Provider wide	Good	Good	Outstanding	Good	Good









City Hospital		Effective	Caring	Responsive	Well-led
Urgent and emergency services	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Medical care (including older people's care)	Good	Requires Improvement	Good	Good	Good
Surgery	Good	Good	Good	Good	Good
Critical care	Good	Good	Outstanding	Outstanding	Outstanding
Maternity	Good	Good	Good	Outstanding	Good
Gynaecology	Good	Good	Good	Good	Good
Services for children and young people	Good	Requires Improvement	Good	Requires Improvement	Good
End of life care	Good	Outstanding	Outstanding	Outstanding	Outstanding
Diagnostics	Good	Good	Good	Good	Good
Outpatients	Good	Good	Good	Good	Good

Sandwell General Hospital	Safe	Effective	Caring	Responsive	Well-led
Urgent and emergency services	Good	Good	Good	Requires Improvement	Requires Improvement
Medical care (including older people's care)	Good	Requires Improvement	Good	Good	Good
Surgery	Good	Good	Good	Good	Good
Critical care	Good	Good	Outstanding	Outstanding	Outstanding
Services for children and young people	Good	Good	Good	Good	Good
End of life care	Good	Outstanding	Outstanding	Outstanding	Outstanding
Diagnostics	Good	Good	Good	Requires Improvement	Good
Outpatients	Good	Good	Good	Good	Good

Community	Safe	Effective	Caring	Responsive	Well-led
Community inpatients	Good	Good	Good	Good	Good
Adults community	Good	Good	Good	Requires Improvement	Good
Children, young people and families	Good	Good	Outstanding	Good	Outstanding
End of life care	Good	Outstanding	Outstanding	Outstanding	Outstanding
Sexual health	Good	Good	Good	Good	Good

SWBH Board self-assessment against the Well-led Framework

September 2018

Key Lines of Enquiry		Rating
W1	Is there the leadership capacity and capability to deliver high-quality, sustainable care?	
W2	Is there a clear vision and credible strategy to deliver high-quality sustainable care to people who use services, and robust plans to deliver?	
W3	Is there a culture of high-quality, sustainable care?	
W4	Are there clear responsibilities, roles and systems of accountability to support good governance and management?	
W5	Are there clear and effective processes for managing risks , issues and performance ?	
W6	Is appropriate and accurate information being effectively processed, challenged and challenged?	
W7	Are the people who use services, the public, staff and external partners engaged and involved to support high-quality sustainable services?	 
W8	Are there robust systems and processes for learning , continuous improvement and innovation ?	