

Our Improvement Plan:

responding to the Care Quality Commission inspection findings in September/October 2018

Core services inspected:

- Urgent and Emergency Care
- Medical Care
- Children & Young People's Services
- Critical Care [at Sandwell General Hospital]
- Maternity [at City Hospital]
- Community Inpatients

May 2019

[NB: CQC reports published on 29 March 2019]

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Care Quality Commission Inspection: September / October 2018

Improvement Plan – Final Version

CQC finding		Improvement action taken / planned to address the concern	Timescale	Executive Lead	How will successful completion be evidenced?
For the overall Trust					
MD1	Ensure compliance with the requirements of the fit and proper person's regulation.	<ul style="list-style-type: none"> Produce a Fit and Proper Person's Policy that includes a checklist of the regulatory requirements to be applied to new Director appointments and existing postholders. Revise the existing declarations policy based on a manually system initially moving to electronic when 4Policies is introduced. 	Jun 2019	Kam Dhami	<ul style="list-style-type: none"> Audit personal files. 100% compliance against the checklist An increasing number of declarations of interest.
MD2	Ensure the effectiveness of governance arrangements and the board is consistently informed of and sited on risks.	<ul style="list-style-type: none"> The flow upwards of local risks is not in doubt. We need to work harder to ensure all risks are captured locally. Board visits will consider this issue and capture in writing the outcome. 	Oct 2019	Kam Dhami	<ul style="list-style-type: none"> October risk declarations from all accredited managers
In urgent and emergency care at Sandwell General Hospital:					
MD3	The trust must ensure that records and personal information is secure at all times, in line with the General Data Protection Regulations and Data Protection Act 2018.	<ul style="list-style-type: none"> The boards used in each AMU are to be covered. IG training to be reiterated through team meetings in January, as part of a site-wide conversation about patient confidentiality 	Nov 2018 Feb 2019	Kam Dhami	<ul style="list-style-type: none"> Unannounced in-house inspections Staff IG mandatory training compliance

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MD4	The trust must ensure that the emergency department is clean and staff are assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are healthcare associated	<ul style="list-style-type: none"> The cleaning schedule has been reviewed and amended and clear responsibilities for equipment cleanliness restated The new ED matron is undertaking 5 moments coaching with MDTs within the discipline 	Sep 2019	Paula Gardner	Unannounced inspections
MD5	The trust must ensure that the premises are suitable for the purpose for which they are being used, including in the treatment of children and young people.	<ul style="list-style-type: none"> Refurbishment of paediatric areas at City will be completed by February 2020 An audit of children cared for outside paediatric ED is being completed to consider additional actions (July 2019) 	Mar 2020	Rachel Barlow	To be confirmed once audit analysed
MD6	The trust must ensure that a robust plan is in place to maintain the safety and security of children and young people overnight when the children's 'majors' area is not open.	<p>The Trust is satisfied with the safety of children overnight, as waiting areas are observed.</p> <ul style="list-style-type: none"> Wait times for children are separately reported and the scale of staffing is being increased on weekday afternoons Skills development is taking place to ensure that nursing staff have the required competence and confidence to look after children. The Trust is reviewing the interaction 	<p>Jan 2019</p> <p>Feb 2019</p> <p>Mar 2019</p>	Paula Gardner	Completed checks to confirm nurses are competent to look after children.

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		between its assessment units and its A&E department			
MD7	The trust must ensure that service users are treated with dignity and respect, and ensure the privacy of service users whilst under the care of the department.	<ul style="list-style-type: none"> Staff have been reminded to support privacy and dignity for patients by ensuring curtains and doors closed and patients covered appropriately 	Oct 2018	Paula Gardner	No complaints or PALS regarding privacy and dignity in relation to the handover bay.
MD8	The trust must ensure the proper and safe management of medicines, ensuring intravenous fluids are tamper proof and the ordering and rotation of medication prevents a lack of supply or out of date medication available for use.	<ul style="list-style-type: none"> New tamper proof resuscitation trolleys replaced the old ones across all sites 	Jan 2019	Paula Gardner	Governance Team audit of resuscitation trolley usage and condition
MD9	The trust must ensure there is sufficient numbers of suitably qualified, competent, skilled and experienced persons deployed in order to meet the needs of patients 24 hours a day.	<ul style="list-style-type: none"> Recruitment continues and roster management changes have been made, with all trainee roles now filled Competencies for shift leaders have been revised and a workflow model is being embedded into senior staff job descriptions 	Sep 2019	Rachel Barlow	Safe staffing report for ED will be developed and brought monthly to the Trust Board
MD10	The trust must ensure a robust system to manage risk and performance across the service.	<ul style="list-style-type: none"> Revised directorate management approaches have been instituted including but not limited to changes in equipment ordering and shift management protocols 	Aug 2019	Rachel Barlow	CQC re-engagement will include observational visits in October 2019

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SD1	The trust should ensure that all staff have received an appraisal appropriate to their role.	<ul style="list-style-type: none"> Tracked through Trust-wide process 	Aug 2019	Raffaella Goodby	100% performance in data to POD
SD2	The trust should review how staff competencies are delivered and assessed across the department.	<ul style="list-style-type: none"> Revised practice development arrangements and induction arrangements are being instituted 	Oct 2019	Paula Gardner	CQC re-engagement will include observational visits in October 2019
SD3	The trust should review its current measures for improving compliance against national targets, for example the four hour target to see and discharge, admit or transfer patients, and ensure they are fit for purpose.	<ul style="list-style-type: none"> Undertake external assessment with NHSI of improvement plan 	Oct 2018	Rachel Barlow	Further review planned for early July 2019
SD4	The trust should ensure that any IT systems in use across the organisation are fit for purpose and allow staff to undertake their roles without jeopardising or delaying	<p>The October Board established revised governance for IT having changed the management team. Performance data is widely published weekly across the organisation.</p> <ul style="list-style-type: none"> From January IT helpdesk tickets will only be closed with employee confirmation and 100 'mystery' shoppers will advise the Board fortnightly on employee confidence in the revised systems. The externally supported infrastructure programme will be implemented between 	<p>Feb 2019</p> <p>Jan 2019</p>	Toby Lewis	<ul style="list-style-type: none"> Helpdesk compliance KPIs will be provided fortnightly to relevant executive and Board committees Completion report to Board's Digital MPA

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		<p>October and December 2018.</p> <ul style="list-style-type: none"> Unity installation, which is cloud backed, will be take place during Q3 or Q4 of 2019. Printer resolution team will visit each ward and department to close out remaining print issues. Revision of password policy will enable Trust to reduce helpdesk tickets and waits by implementing meaningful self-service. 	<p>Apr 2020</p> <p>Jan 2019</p> <p>Jan 2019</p>		<ul style="list-style-type: none"> Delivery of business case via implementation, go live and optimisation (post project review) In situ checklist submission from each team confirming resolution as part of go live checklist Material reduction in password queries to helpdesk March 2019 vs November 2018
In urgent and emergency care at City Hospital:					
MD11	The trust must ensure that records and personal information is secure at all times, in line with the General Data Protection Regulations and Data Protection Act 2018.	<ul style="list-style-type: none"> IG training to be reiterated through team meetings in January, as part of a site-wide conversation about patient confidentiality 	Feb 2019	Kam Dhami	<ul style="list-style-type: none"> Unannounced in-house inspections Staff IG mandatory training compliance
MD12	The trust must ensure that staff are up to date with all mandatory training.	<ul style="list-style-type: none"> Tracked through Trust-wide process 	Ongoing	Raffaella Goodby	Monthly performance reporting
MD13	The trust must ensure that all doors	<ul style="list-style-type: none"> We will prevent doors being held open for 	Oct 2018	Alan Kenny	An audit of adherence to the

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	are kept locked to ensure all staff and patients are kept safe within the department.	<ul style="list-style-type: none"> longer than a defined period We will implement a revised security protocol within our A&E departments based on MAPA training 	Mar 2019	Rachel Barlow	revised Security protocol in the A&E departments.
MD14	The trust must ensure clinical waste and infection control policy is adhered to around disposal and usage of sharps bins.	<ul style="list-style-type: none"> Sharps bins will be used appropriately, i.e. lids will be closed, not filled above line, disposed of correctly. 	Jan 2019		Photographs of bins to be taken routinely to confirm status
MD15	The trust must ensure that sufficient numbers of substantive staff are on each shift to ensure patients and staff are kept safe.	<ul style="list-style-type: none"> Recruitment continues and roster management changes have been made, with all trainee roles now filled Competencies for shift leaders have been revised and a workflow model is being embedded into senior staff job descriptions 	Sep 2019	Rachel Barlow	Safe staffing report for ED will be developed and brought monthly to the Trust Board
SD5	The trust should ensure all staff are up to date with their yearly appraisal.	<ul style="list-style-type: none"> Tracked through Trust-wide process 	Aug 2019	Raffaella Goodby	100% performance in data to POD
SD6	The trust should improve recording within patient records including documentation around completing safeguarding and mental capacity proforma and improve staff understanding around mental capacity assessments.	<ul style="list-style-type: none"> To raise awareness of Assessing Mental Capacity Policy including Template to demonstrating Best Practise for recording Decisions with following action: Heartbeat Article Raise Awareness in medical education forums. 	Nov 18 Sept 2018 Oct 2018 Nov 2018	Paula Gardner	<ul style="list-style-type: none"> Adult Safeguarding Team will incorporate Medical Assessments recorded against the principles of the MCA Act 2005. Patients will be randomly selected from the SGs Team

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		<ul style="list-style-type: none"> Put out on Staff Communications Follow up each DoLS application with wards (by telephone) to ensure medics have completed MCA appropriately and recorded in notes. Ensure its built into unity as mandatory fields 	<p>Nov 2018</p> <p>Nov 2018</p>		<p>DoLS tracker. A minimum 10 month. Results and Outcomes will be shared with Heads of Nursing, Medical Consultants accountable for the patients, Matrons and Senior nurses accountable for areas.</p> <ul style="list-style-type: none"> Results and concerns will be documented in Safeguarding Steering Group quarterly meeting and at vulnerable Adult Group Meeting.
In medicine at Sandwell General Hospital:					
MD16	The trust must ensure that staff are up to date with all mandatory training including basic life support and safeguarding training.	<ul style="list-style-type: none"> Tracked through Trust-wide process 	Ongoing	Raffaella Goodby	Monthly performance reporting
MD17	The trust must take steps to ensure infection control techniques are safe, robustly monitored and that staff adhere to trust standards.	<ul style="list-style-type: none"> The importance of control of infection requirements reinforced with staff. 	Oct 2018	Paula Gardner	Visible cleanliness of department and equipment and compliance with cleaning log, plus improved PLACE scores.
MD18	The trust must ensure that resuscitation trollies are	<ul style="list-style-type: none"> New tamper proof resuscitation trollies replaced the old ones across all sites 	Jan 2019	Paula Gardner	Governance Team audit of resuscitation trolley usage and

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	tamperproof and any risks associated with storing medications are mitigated and risk assessed.				condition
MD19	The trust must ensure that sufficient numbers of substantive staff are on each shift with the correct skill mix to ensure patients are safe.	<ul style="list-style-type: none"> Continued work to recruit and retain nursing staff across medicine Cross directorate balancing work introduced to equalise gaps based on acuity Revised Trust-wide approach to focused care and de-escalation 	Dec 2018 Oct 2018 Dec 2018	Paula Gardner	Ward Quality Assurance Dashboard
MD20	The trust must ensure that root cause analysis investigations are robust and include action plans that are reviewed and that these are signed by staff of the appropriate authority	<ul style="list-style-type: none"> Revised incident investigation reporting arrangements have been in place since Q3 2018-19 	Dec 2018	Kam Dhami	Audit of action plan compliance and authorisation to be undertaken in Q2 19-20
MD21	The trust must ensure systems are in place to prevent avoidable mixed sex breaches where patients are not receiving specialised care.	<p>Since early 2018 the Trust has implemented an exemption arrangement which was agreed with its commissioner and regulator. In light of CQC comments we have:</p> <ul style="list-style-type: none"> Changed internal reporting and escalating arrangements to ensure rapid moves take place as single sex beds become available 	Oct 2018 Dec 2018	Rachel Barlow	National reported breach data

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		<ul style="list-style-type: none"> Agreed to resume breach reporting without exemption from December 1st 2018 			
MD22	The trust must ensure whenever possible patients are not in mixed sex bays. When this is necessary policies must contain information around keeping patients safe.	<p>Since early 2018 the Trust has implemented an exemption arrangement which was agreed with its commissioner and regulator. In light of CQC comments we have:</p> <ul style="list-style-type: none"> Changed internal reporting and escalating arrangements to ensure rapid moves take place as single sex beds become available Agreed to resume breach reporting without exemption from December 1st 2018 	<p>Oct 2018</p> <p>Dec 2018</p>	Rachel Barlow	National reported breach data
MD23	The trust must ensure IV fluid bags and potassium bags are clearly labelled and stored in a way that minimises the risk of any confusion.	<ul style="list-style-type: none"> All areas have had their storage of IV fluids reviewed. All areas at City and Sandwell Hospital store their fluids in locked cupboards with racking or shelving. 	Nov 2018	Rachel Barlow	Pharmacy to visit wards and departments and inspect the place of storage every 3 months.
MD24	The Trust must ensure patient records are kept secure including patient notes and those on the computer system.	<ul style="list-style-type: none"> IG training to be reiterated through team meetings, as part of a site-wide conversation about patient confidentiality 	Jun 2019	Kam Dhani	<ul style="list-style-type: none"> Unannounced in-house inspections Staff IG mandatory training compliance
MD25	The trust must ensure that discharge	<ul style="list-style-type: none"> Discharge summary timeliness is an 	Oct 2019	Rachel Barlow	

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	summaries are completed, forwarded to the appropriate people and that the situation with discharge summaries is sufficiently monitored to ensure people are safe.	<ul style="list-style-type: none"> optimisation indicator within Unity and a condition for dispensing and discharge The 48 hour bridge project will assess patient by patient the experience of discharge from our wards 			
SD7	The trust should improve on the time taken to investigate complaints so that it is in line with trust policy.	<ul style="list-style-type: none"> Trust expectation for 2019-20 is 97% of complaints responded to within the 30 working day target.. 	April 2019	Kam Dhami	Data tracked I EQC and Q&D committee
SD8	The trust should improve recording within patient records.	<ul style="list-style-type: none"> Implementation of Unity system will support best recording standards at bedside 	Oct 2019	Paula Gardner	
SD9	The trust should aim to improve staff understanding around mental capacity assessments and best interest decisions, including ensuring assessments and best interest decisions are recorded in medical notes when there is a doubt about a person's capacity to make a decision around their future care and treatment.	<ul style="list-style-type: none"> To raise awareness of Assessing Mental Capacity Policy including Template to demonstrating Best Practise for recording Decisions with following action: <ul style="list-style-type: none"> Heartbeat Article Raise Awareness in medical education forums. Put out on Staff Communications Follow up each DoLS application with wards (by telephone) to ensure medics have completed MCA appropriately and recorded in notes. Ensure its built into unity as mandatory fields 	Nov 18 Sept 2018 Oct 2018 Nov 2018 Nov 2018 Nov 2018	Paula Gardner	<ul style="list-style-type: none"> Adult Safeguarding Team will incorporate Medical Assessments recorded against the principles of the MCA Act 2005. Patients will be randomly selected from the SGs Team DoLS tracker. A minimum 10 month. Results and Outcomes will be shared with Heads of Nursing, Medical Consultants accountable for the patients, Matrons and Senior nurses accountable for areas.

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CQC finding		Improvement action taken / planned to address the concern	Timescale	Executive Lead	How will successful completion be evidenced?
					<ul style="list-style-type: none"> Results and concerns will be documented in Safeguarding Steering Group quarterly meeting and at vulnerable Adult Group Meeting.
SD10	The trust should ensure all staff are up to date with their yearly appraisal.	<ul style="list-style-type: none"> Tracked through Trust-wide process 	Aug 2019	Raffaella Goodby	100% performance in data to POD
SD11	The trust should ensure that all policies are up to date.	<ul style="list-style-type: none"> 		Kam Dhami	
SD12	The trust should ensure actions are recorded, implemented and available when an area has been identified as in need of improvement.	<ul style="list-style-type: none"> The tracking of action plans spans both the work of the Executive Quality Committee and the Improvement team. We will work with Group Management Teams to consider how best to capture all strands of action at a local level 	Aug 2019	Toby Lewis	To be advised
SD13	The trust should ensure that risk registers contain all relevant risks and are reviewed within agreed timescales and that they are complete.	<ul style="list-style-type: none"> Review of risk registers as part of CLE June meeting 	June 2019	Kam Dhami	
In medicine at City Hospital:					
MD26	The trust must ensure systems are in place to prevent avoidable mixed sex	Since early 2018 the Trust has implemented an exemption arrangement which was agreed with		Rachel Barlow	National reported breach data

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	breaches where patients are not receiving specialised care.	its commissioner and regulator. In light of CQC comments we have: <ul style="list-style-type: none"> • Changed internal reporting and escalating arrangements to ensure rapid moves take place as single sex beds become available • Agreed to resume breach reporting without exemption from December 1st 2018 	Oct 2018 Dec 2018		
MD27	The trust must ensure whenever possible patients are not in mixed sex bays. When this is necessary policies must contain information around keeping patients safe.	Since early 2018 the Trust has implemented an exemption arrangement which was agreed with its commissioner and regulator. In light of CQC comments we have: <ul style="list-style-type: none"> • Changed internal reporting and escalating arrangements to ensure rapid moves take place as single sex beds become available • Agreed to resume breach reporting without exemption from December 1st 2018 	Oct 2018 Dec 2018	Rachel Barlow	National reported breach data
MD28	The trust must ensure emergency resuscitation trolleys and contents, including medicines, are suitable for their purpose at all times.	<ul style="list-style-type: none"> • New tamper proof resuscitation trolleys replaced the old ones across all sites 	Jan 2019	Paula Gardner	Governance Team audit of resuscitation trolley usage and condition

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MD29	The trust must ensure emergency call pulls are suitable for purpose and properly maintained. .	Included as part of the Matrons quality checklist	Nov 2018	Paula Gardner	<ul style="list-style-type: none"> ■ Unannounced in-house inspections. ■ Audit checklist completion
MD30	Where risks are identified the trust must introduce measures to reduce or remove the risks within a timescale that reflects the level of risk and impact on people who use the service.	<ul style="list-style-type: none"> • New tamper proof resuscitation trolleys replaced the old ones across all sites 	Jan 2019	Paula Gardner	Governance Team audit of resuscitation trolley usage and condition
MD31	The trust must ensure that patients records are kept secure including patient notes and those on the computer system.	<ul style="list-style-type: none"> • IG training to be reiterated through team meetings in January, as part of a site-wide conversation about patient confidentiality 	Feb 2019	Kam Dhani	<ul style="list-style-type: none"> • Unannounced in-house inspections • Staff IG mandatory training compliance
MD32	The trust must ensure that sufficient numbers of substantive staff are on each shift with the correct skill mix to ensure patients are safe.	<ul style="list-style-type: none"> • We have implemented revised arrangements for identifying and supporting patients needing enhanced or focused care • We will track all red and purple patients corporately to assure ourselves that their care is being managed suitably 	<p>Oct 2018</p> <p>Jan 2019</p>	Paula Gardner	Ward Quality Assurance Dashboard
MD33	The trust must ensure that staff are up to date with all mandatory training including basic life support and safeguarding training.	<ul style="list-style-type: none"> • Tracked through Trust-wide process 	Ongoing	Raffaella Goodby	Monthly performance reporting

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MD34	The trust must take steps to ensure infection control techniques are safe, robustly monitored and that staff adhere to trust standards.	<ul style="list-style-type: none"> The importance of control of infection requirements reinforced with staff. 	Oct 2018	Paula Gardner	Visible cleanliness of department and equipment and compliance with cleaning log, plus improved PLACE scores.
SD14	Systems should be in place to provide and monitor that staff have regular supervisions with senior staff.	<ul style="list-style-type: none"> For both medical and nursing staff the structures to achieve this remain in place. We will consider how best to evidence this with the support of our PDNs The Chief Nurse will revise and monitor arrangements for ward managers bedside coaching 	Oct 2019	Paula Gardner	To be advised
SD15	The trust should improve recording within patient records.	<ul style="list-style-type: none"> Implementation of Unity system will support best recording standards at bedside 	Oct 2019	Paula Gardner	
SD16	The trust should aim to improve staff understanding around mental capacity assessments and best interest decisions, including ensuring assessments and best interest decisions are recorded in medical notes when there is a doubt about a person's capacity to make a decision around their future care and treatment.	<ul style="list-style-type: none"> To raise awareness of Assessing Mental Capacity Policy including Template to demonstrating Best Practise for recording Decisions with following action: Heartbeat Article Raise Awareness in medical education forums. Put out on Staff Communications Follow up each DoLS application with wards (by telephone) to ensure medics have completed MCA appropriately and recorded in notes. 	Nov 18 Sept 2018 Oct 2018 Nov 2018 Nov 2018 Nov 2018	Paula Gardner	<ul style="list-style-type: none"> Adult Safeguarding Team will incorporate Medical Assessments recorded against the principles of the MCA Act 2005. Patients will be randomly selected from the SGs Team DoLS tracker. A minimum 10 month. Results and Outcomes will be shared with Heads of Nursing, Medical Consultants

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		<ul style="list-style-type: none"> Ensure its built into unity as mandatory fields 			<p>accountable for the patients, Matrons and Senior nurses accountable for areas.</p> <ul style="list-style-type: none"> Results and concerns will be documented in Safeguarding Steering Group quarterly meeting and at vulnerable Adult Group Meeting.
SD17	The trust should ensure there is effective pain management and psychological support in place for patients with sickle cell and thalassemia.	<ul style="list-style-type: none"> Pain relief for SCAT patients is audited presently and the results of that audit will be presented to the Quality and Safety committee We are reviewing the availability of psychological support within the service 	Nov 2019	Paula Gardner	Report on SCAT to Q&S committee
SD18	The trust should act on feedback from relevant persons on the services provided in the carrying on of the regulated activity.	??			
SD19	The trust should ensure that all patients, when required have the appropriate assessments to keep them safe including assessments for delirium, lying to standing blood pressure and vision assessments.	Carry out a review of the effectiveness of the assessments mentioned.	Nov 219	Paula Gardner	Audit results

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In children and young people's services at Sandwell General Hospital:					
MD35	The trust must ensure that at least one nurse per shift in each clinical area (ward or department) will be trained in advanced paediatric life support or undertake a European paediatric life support course depending on service need.	<ul style="list-style-type: none"> This is being monitored 	Sep 2019	Paula Gardner	Data for Q2 to be reviewed at EQC
MD36	The trust must ensure that there is a robust record and audit of medications to assure that they are within date.	<ul style="list-style-type: none"> There is a daily checklist including checking of dates of drugs – this checklist is now in place on drugs cupboards. 	Oct 2018	Chief Nurse	Monthly Environmental audit by ward manager, outcome an actions monitored within Directorate Governance Report, meetings and Group Governance Board.
MD37	The trust must ensure it records medication fridge temperatures every day on Priory Ground.	<ul style="list-style-type: none"> This is being monitored 	Sep 2019	Paula Gardner	Hospital inspections
MD38	The trust must ensure it operates a cleaning schedule appropriate to the care and treatment being delivered by the equipment and monitor the level of cleanliness.	<ul style="list-style-type: none"> Cleaning on equipment is an core expectation of frontline nursing teams and is within establishment funding 	July 2019	Paula Gardner	Include in NHSI inspection in August 2019
MD39	The trust must ensure that 'ligature free' rooms are ligature free or make staff aware of the risks in the rooms.	<ul style="list-style-type: none"> Immediate review of the area with estates and Head of Paediatric Services undertaken 	Jan 2019		<ul style="list-style-type: none"> Areas compliant to meet the needs of the supervised at risk mental health

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		<ul style="list-style-type: none"> Rooms altered to balance risks identified vs. predominant use of these facilities for non-MH children 			<p>adolescents plus the acute medical admissions.</p> <ul style="list-style-type: none"> 1:1 staffing model for MH admissions to be audited monthly
MD40	The trust must ensure the risk register is fully completed and updated regularly.	<ul style="list-style-type: none"> Review of risk registers as part of CLE June meeting 	June 2019	Kam Dhami	<ul style="list-style-type: none"> Review of risk registers as part of CLE June meeting
MD41	The trust must ensure it has systems in place to communicate how feedback from complaints has led to improvements.	<ul style="list-style-type: none"> Part of welearn programme 	Oct 2019	Kam Dhami	
MD42	The trust must ensure it implements a robust engagement plan with staff, patients, their families and carers.	<ul style="list-style-type: none"> The Trust has reviewed its patient engagement work and will include this recommendation within our Community Involvement Forum 	Oct 2019	Ruth Wilkin	
MD43	The trust must ensure that the nurse staffing skill mix reflects the appropriate national guidance for staffing the specialty reviewed.	<ul style="list-style-type: none"> NNU: Increased funding secured through contract change to enable staffing to meet BAPM requirements NNU: Escalation policy deployment; flow chart to indicate need and action to restrict activity. 	In progress from June 2018 – ongoing	Paula Gardner	<ul style="list-style-type: none"> Staffing will meet activity and acuity with appropriate escalation to ensure staffing meets acuity (safe staffing reports, Q&S dashboard, NNU BadgerNet reporting tool).

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		<ul style="list-style-type: none"> D19: Ongoing utilisation of Paediatric Escalation Policy; flow chart to indicate need and action to restrict activity if required. 			<ul style="list-style-type: none"> Reduction in reportable incidents associated with staffing deficits. Improved staff satisfaction (Your voice, local feedback-meetings)
MD44	The trust must not include unqualified Band 4s in qualified staff roles.	<ul style="list-style-type: none"> The Trust has not done this. The establishment included these roles based on written advice from two Chief Nurses. A revised establishment will be agreed. 	Aug 2019	Paula Gardner	Safe staffing data review of rotas
MD45	The trust must ensure it has enough medical staff to meet the requirements of the Facing the Future: Standards for Acute General Paediatric Services.	<ul style="list-style-type: none"> This will be considered as part of business planning, but this is not a core NHS standard under either the constitution or the contract 	April 2019	Toby Lewis	Not applicable
MD46	The trust must ensure that staff receive appropriate training including mandatory training updates and supervision	<ul style="list-style-type: none"> Tracked through Trust-wide process 	Ongoing	Raffaella Goodby	Monthly performance reporting
MD47	The trust must ensure it trains staff in mental health, learning disability or autism to reflect the patients that are being cared for.	<ul style="list-style-type: none"> To raise awareness of Assessing Mental Capacity Policy including Template to demonstrating Best Practise for recording Decisions with following action: 	Nov 18	Paula Gardner	<ul style="list-style-type: none"> Adult Safeguarding Team will incorporate Medical Assessments recorded against the principles of the

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CQC finding		Improvement action taken / planned to address the concern	Timescale	Executive Lead	How will successful completion be evidenced?
		<ul style="list-style-type: none"> Heartbeat Article Raise Awareness in medical education forums. Put out on Staff Communications Follow up each DoLS application with wards (by telephone) to ensure medics have completed MCA appropriately and recorded in notes. Ensure its built into unity as mandatory fields 	Sept 2018 Oct 2018 Nov 2018 Nov 2018 Nov 2018		MCA Act 2005. <ul style="list-style-type: none"> Patients will be randomly selected from the SGs Team DoLS tracker. A minimum 10 month. Results and Outcomes will be shared with Heads of Nursing, Medical Consultants accountable for the patients, Matrons and Senior nurses accountable for areas. Results and concerns will be documented in Safeguarding Steering Group quarterly meeting and at vulnerable Adult Group Meeting.
SD20	The trust should ensure that staffing levels are planned so that staff do not work excessive hours and are able to take designated breaks in line with the European working times directive.	<ul style="list-style-type: none"> Audit whether breaks are being taken 	July 2019	Raffaella Goodby	Audit whether breaks are being taken
SD21	The trust should ensure it has sufficient numbers of play specialists to meet patients care needs.	<ul style="list-style-type: none"> There are no plans to alter play specialist numbers 	Not applicable		

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CQC finding		Improvement action taken / planned to address the concern	Timescale	Executive Lead	How will successful completion be evidenced?
SD22	The trust should ensure managers have protected time to carry out their managerial duties.	<ul style="list-style-type: none"> This is built into existing job plans and working patterns 			Not applicable
SD23	The trust should consider it has a formal agreement with the local children and adolescent mental health services.	<ul style="list-style-type: none"> This is not a credible recommendation. The Trust is constrained by agreements reached by NHSE/CCGs in respect of CAMHS services and the inadequacy of this arrangement has been on the Board public risk register for over five years 			Not applicable
SD24	The trust should consider developing a robust strategy for children and young people.	<ul style="list-style-type: none"> This will be considered 	Mar 2020	Toby Lewis	Not applicable
SD25	The trust should consider having greater visibility and support of the children and young people service from the executive leadership team.	<ul style="list-style-type: none"> This was not raised during the well-led inspection but the Board meeting in July focuses wholly on CYP 	July 2019	Toby Lewis	n/a
SD25	The trust should consider implementing team meetings including paediatric mortality and morbidity meetings and enable the release of staff to attend.	<ul style="list-style-type: none"> This is already an expectation and the attendance of paediatric staff will be more closely monitored 	Oct 2019	Kam Dhani	As left vs agreed CLE standard
In children and young people's services at City Hospital					
MD48	The trust must ensure that at least one nurse per shift in each clinical	<ul style="list-style-type: none"> This is being monitored 	Sep 2019	Paula Gardner	Data for Q2 to be reviewed at EQC

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CQC finding		Improvement action taken / planned to address the concern	Timescale	Executive Lead	How will successful completion be evidenced?
	area (ward or department) will be trained in advanced paediatric life support or undertake a European paediatric life support course depending on service need.				
MD49	The trust must ensure that there is a robust record and daily audit of the medication fridges' temperatures.	<ul style="list-style-type: none"> This is being monitored 	Sep 2019	Paula Gardner	Hospital inspections
MD50	The trust must ensure that there is a robust record and audit of medications to assure that they are within date.	<ul style="list-style-type: none"> This is being monitored 	Sep 2019	Paula Gardner	Hospital inspections
MD51	The trust must ensure it operates a cleaning schedule appropriate to the care and treatment being delivered by the equipment and monitor the level of cleanliness.	<ul style="list-style-type: none"> Cleaning on equipment is an core expectation of frontline nursing teams and is within establishment funding 	July 2019	Paula Gardner	Include in NHSI inspection in August 2019
MD52	The trust must ensure that it has a robust risk register including updated and measurable actions with clear deadlines.	<ul style="list-style-type: none"> Review of risk registers as part of CLE June meeting 	June 2019	Kam Dhani	<ul style="list-style-type: none"> Review of risk registers as part of CLE June meeting
MD53	The trust must ensure it has systems in place to communicate how	<ul style="list-style-type: none"> Part of welearn programme 	Oct 2019	Kam Dhani	

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CQC finding		Improvement action taken / planned to address the concern	Timescale	Executive Lead	How will successful completion be evidenced?
	feedback from complaints has led to improvements.				
MD54	The trust must ensure that the nurse staffing skill mix reflects the appropriate national guidance for staffing the specialty reviewed.	<ul style="list-style-type: none"> The Trust complies with relevant guidance 	Not applicable		
MD55	The trust must ensure that the medical staffing skill mix reflects the Facing the Future: Standards for Acute General Paediatric Service.	<ul style="list-style-type: none"> This will be considered as part of business planning, but this is not a core NHS standard under either the constitution or the contract 	April 2019	Toby Lewis	Not applicable
MD56	The trust must ensure staff are trained in mental health, learning disabilities and autism to reflect the patients that are being cared for.	<ul style="list-style-type: none"> To raise awareness of Assessing Mental Capacity Policy including Template to demonstrating Best Practise for recording Decisions with following action: <ul style="list-style-type: none"> Heartbeat Article Raise Awareness in medical education forums. Put out on Staff Communications Follow up each DoLS application with wards (by telephone) to ensure medics have completed MCA appropriately and recorded in notes. Ensure its built into unity as mandatory fields 	Nov 18 Sept 2018 Oct 2018 Nov 2018 Nov 2018 Nov 2018	Paula Gardner	<ul style="list-style-type: none"> Adult Safeguarding Team will incorporate Medical Assessments recorded against the principles of the MCA Act 2005. Patients will be randomly selected from the SGs Team DoLS tracker. A minimum 10 month. Results and Outcomes will be shared with Heads of Nursing, Medical Consultants accountable for the patients, Matrons and Senior nurses accountable for areas.

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CQC finding		Improvement action taken / planned to address the concern	Timescale	Executive Lead	How will successful completion be evidenced?
					<ul style="list-style-type: none"> Results and concerns will be documented in Safeguarding Steering Group quarterly meeting and at vulnerable Adult Group Meeting.
MD57	The trust must ensure that staff receive appropriate training including mandatory training.	<ul style="list-style-type: none"> Tracked through Trust-wide process 	Ongoing	Raffaella Goodby	Monthly performance reporting
SD27	The trust should ensure that managers have protected time for their managerial duties.	<ul style="list-style-type: none"> This is built into existing job plans and working patterns 	Not applicable		
SD28	The trust should ensure it has sufficient numbers of play specialist staff to meet patient's care needs at City Hospital.	<ul style="list-style-type: none"> There are no plans to alter play specialist numbers 	Not applicable		
SD29	The trust should ensure it has systems in place to communicate how feedback from complaints had led to improvements	<ul style="list-style-type: none"> Part of welearn programme 	Oct 2019	Kam Dhami	
SD30	The trust should ensure it implements a robust engagement plan for engagement with staff and service users.	<ul style="list-style-type: none"> This is part of weconnect programme 	April 2020	Rachel Barlow	

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CQC finding		Improvement action taken / planned to address the concern	Timescale	Executive Lead	How will successful completion be evidenced?
SD31	The trust should ensure it operates a cleaning schedule appropriate to the care and treatment being delivered by the equipment and monitor the level of cleanliness	<ul style="list-style-type: none"> Cleaning on equipment is an core expectation of frontline nursing teams and is within establishment funding 	July 2019	Paula Gardner	Include in NHSI inspection in August 2019
SD32	The trust should ensure that staffing levels are planned so staff do not work excessive hours and are unable to take their designated breaks. European Working Times Directive 2003.	<ul style="list-style-type: none"> Audit whether breaks are being taken 	July 2019	Raffaela Goodby	Audit whether breaks are being taken
SD33	The trust should consider developing a strategy for services for children and young people.	<ul style="list-style-type: none"> This will be considered 	Mar 2020	Toby Lewis	Not applicable
SD34	The trust should consider implementing team meetings including paediatric mortality and morbidity meetings and enable the release of staff to attend.	<ul style="list-style-type: none"> This is already an expectation and the attendance of paediatric staff will be more closely monitored 	Oct 2019	Kam Dhani	As left vs agreed CLE standard
SD35	The trust should consider having greater visibility and support of the children and young people service from the executive leadership team.	<ul style="list-style-type: none"> This was not raised during the well-led inspection but the Board meeting in July focuses wholly on CYP 	July 2019	Toby Lewis	n/a

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CQC finding	Improvement action taken / planned to address the concern	Timescale	Executive Lead	How will successful completion be evidenced?	
In community inpatients:					
MD58	The trust must ensure all staff have regard for the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards 2010 when assessing patients and delivering care, including ensuring mental capacity assessments are detailed, compliant with legislation and best practice, and is undertaken in a way and at a time that recognises patient's abilities.	<ul style="list-style-type: none"> To raise awareness of Assessing Mental Capacity Policy including Template to demonstrating Best Practise for recording Decisions with following action: Heartbeat Article Raise Awareness in medical education forums. Put out on Staff Communications Follow up each DoLS application with wards (by telephone) to ensure medics have completed MCA appropriately and recorded in notes. Ensure its built into unity as mandatory fields 	Nov 18 Sept 2018 Oct 2018 Nov 2018 Nov 2018 Nov 2018	Paula Gardner	<ul style="list-style-type: none"> Adult Safeguarding Team will incorporate Medical Assessments recorded against the principles of the MCA Act 2005. Patients will be randomly selected from the SGs Team DoLS tracker. A minimum 10 month. Results and Outcomes will be shared with Heads of Nursing, Medical Consultants accountable for the patients, Matrons and Senior nurses accountable for areas. Results and concerns will be documented in Safeguarding Steering Group quarterly meeting and at vulnerable Adult Group Meeting.
MD59	The trust must ensure that resuscitation trollies are tamperproof.	<ul style="list-style-type: none"> New trolleys have been installed across the Trust 	April 2019	Paula Gardner	Inspection visits

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CQC finding		Improvement action taken / planned to address the concern	Timescale	Executive Lead	How will successful completion be evidenced?
MD60	The trust must ensure that nurses always take urgent action to review the care of the patient and call for specialist help when necessary.	<ul style="list-style-type: none"> The Trust believes our staff do this and will use QIHD time to test confidence in asking for help 	Not applicable		
MD61	The trust must ensure ward risk registers reflect all risks in the area and that mitigating actions are adhered to.	<ul style="list-style-type: none"> Review of risk registers as part of CLE June meeting 	June 2019	Kam Dhami	
SD36	The trust should improve on the time taken to investigate complaints so that it is in line with trust policy	<ul style="list-style-type: none"> Trust expectation for 2019-20 is 97% of complaints responded to within the 30 working day target. PCCT will deliver this. 	April 2019	Kam Dhami	Data tracked I EQC and Q&D committee
SD37	The trust should ensure all staff are up to date with their yearly appraisal.	<ul style="list-style-type: none"> Tracked through Trust-wide process 	Aug 2019	Raffaela Goodby	100% performance in data to POD
SD38	The trust should ensure staff achieve uniformly high standards in recording and communicating decisions about Cardiopulmonary resuscitation and that Do Not Attempt Cardiopulmonary Resuscitation" DNACPR forms are in line with the Resuscitation Council (UK) guidance for recording DNACPR decisions, 2009.	<ul style="list-style-type: none"> Tracking of this item is being added to the Safety Plan as part of the 2019-20 refresh 	July 2019	Paula Gardner	Data on July performance to be reviewed in August EQC

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CQC finding		Improvement action taken / planned to address the concern	Timescale	Executive Lead	How will successful completion be evidenced?
	The trust should ensure care plans are person centred.				
SD39	The trust should assess whether patients needing to be seen by specialist team such as the diabetes team are seen in a timely manner.	<ul style="list-style-type: none"> Unity will allow us to track this data as part of the Optimisation scorecard 	Feb 2020	Rachel Barlow	Data being reported corporately
In critical care at Sandwell General Hospital					
SD40	The trust should ensure that where HIV testing is undertaken under best interests, there is robust follow-up care and support available.	<ul style="list-style-type: none"> This will be considered within the QIHD process of the team 	Mar 2020	David Carruthers	As left
SD41	The service should continue to explore suitable alternatives to expand the isolation areas available.	<ul style="list-style-type: none"> The Trust have no alternatives until the move to Midland Met 	Not applicable		
SD42	The service should ensure that the systems in place for identifying and reporting theft and tampering of the paediatric trolley is as robust as those that are in place for the adult resuscitation trolleys.	<ul style="list-style-type: none"> Systems have been changed since the inspection and there is routine matron review 	July 2019	Paula Gardner	Inspection visits
In maternity at City Hospital					
SD43	The service should ensure all parts of the maternity department have	<ul style="list-style-type: none"> Cross cover model across maternity remains in place to balance risk between units, 	Jan 2019		Staffing meets acuity with evidence of appropriate, timely

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CQC finding		Improvement action taken / planned to address the concern	Timescale	Executive Lead	How will successful completion be evidenced?
	sufficient staff to provide safe care and treatment to patients.	<p>including labour ward and Serenity.</p> <ul style="list-style-type: none"> Group performance process to be used to track monthly data on shifts that are more than one staff member below our threshold Renewed effort to address sickness management issues across midwifery services to ensure rostered staffing is achieved. 			<p>escalation.</p> <p>Improved staff satisfaction (Your voice, local feedback-meetings)</p> <p>Achievement of 10/10 Safety Actions (CNST rebate 2019/20)</p>
SD44	Ensure regular infant abduction exercises are conducted to check for any gaps in the process and assess staff awareness of their role.	<ul style="list-style-type: none"> Undertake drills and simulations during 2019-20 	Jan 2019	Paula Gardner	Evaluation of simulation at EQC
SD45	Ensure staff are given sufficient protected time to complete court reports when required.	<ul style="list-style-type: none"> This is built into existing job plans and working patterns 	Not applicable		
SD46	Ensure staffing levels are consistently met in all areas of the maternity department.	<ul style="list-style-type: none"> Cross cover model across maternity remains in place to balance risk between units, including labour ward and Serenity. Group performance process to be used to track monthly data on shifts that are more than one staff member below our threshold 	Jan 2019	Paula Gardner	<p>Staffing meets acuity with evidence of appropriate, timely escalation.</p> <p>Improved staff satisfaction (Your voice, local feedback-meetings)</p> <p>Achievement of 10/10 Safety</p>

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CQC finding		Improvement action taken / planned to address the concern	Timescale	Executive Lead	How will successful completion be evidenced?
		<ul style="list-style-type: none"> Renewed effort to address sickness management issues across midwifery services to ensure rostered staffing is achieved. 			Actions (CNST rebate 2019/20)
SD47	Ensure patients who need one-to-one care on both the midwifery led unit and delivery suite consistently receive it.	<ul style="list-style-type: none"> Make progress with filling vacancies within establishment to agreed vacancy rate 	Nov 2019	Paula Gardner	Review October data on one to one care
SD48	Ensure the maternity dashboard includes all required performance indicators and local or national targets.	<ul style="list-style-type: none"> Update IQPR from April 2019 	As left	Dave Baker	Board review of data
SD49	Ensure medication and medical gases are safely stored.	<ul style="list-style-type: none"> Signage to be secured to doors 	Nov 2018	Alan Kenny	Gases stored with required signage
SD50	Ensure processes are in place to store breast milk safely	<ul style="list-style-type: none"> Review of improvements made since inspection 	Aug 2019	Paula Gardner	Inspection visits
SD51	Ensure all staff are up-to-date with information governance refresher training.	<ul style="list-style-type: none"> Part of mandatory training compliance 	Oct 2019	Kam Dhami	Tracked
SD52	Ensure all staff are up-to-date with their appraisals.	<ul style="list-style-type: none"> Tracked through Trust-wide process 	Aug 2019	Raffaella Goodby	100% performance in data to POD

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CQC finding		Improvement action taken / planned to address the concern	Timescale	Executive Lead	How will successful completion be evidenced?
SD53	Ensure all patient information leaflets are up-to-date	<ul style="list-style-type: none"> Review of leaflets being completed and e-solutions added to local area 	Jan 2020	Rachel Barlow	Inspection visits

May 2019

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