

Our Improvement Plan:

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

Delivery Status

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

September 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 – Delivery Status as at September 2019

Must Dos (MD) x 61 Should Dos (SD) x 54

CQC finding			RAG
For the overall Trust			
1.	MD1	Ensure compliance with the requirements of the fit and proper person’s regulation.	A
2.	MD2	Ensure the effectiveness of governance arrangements and the board is consistently informed of and sited on risks.	A
In urgent and emergency care at Sandwell General Hospital:			
3.	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.	G
4.	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	G
5.	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.	R
6.	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.	G

Status	G Action completed	A Action on track to be delivered by the agreed date	R Action off track and revised date set
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CQC finding			RAG
7.	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.	G
8.	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ensuring intravenous fluids are tamper proof and the ordering and rotation of medication prevents a lack of supply or out of date medication available for use.	G
9.	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.	A
10.	MD10	The trust must ensure a robust system to manage risk and performance across the service.	G
11.	SD1	The trust should ensure that all staff have received an appraisal appropriate to their role.	G
12.	SD2	The trust should review how staff competencies are delivered and assessed across the department.	A
13.	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.	R
14.	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	A
In urgent and emergency care at City Hospital:			
15.	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.	G
16.	MD12	The trust must ensure that staff are up to date with all mandatory training.	A

Status **G** Action completed

A Action on track to be delivered by the agreed date

R Action off track and revised date set

CQC finding			RAG
17.	MD13	The trust must ensure that all doors are kept locked to ensure all staff and patients are kept safe within the department.	G
18.	MD14	The trust must ensure clinical waste and infection control policy is adhered to around disposal and usage of sharps bins.	G
19.	MD15	The trust must ensure that sufficient numbers of substantive staff are on each shift to ensure patients and staff are kept safe.	A
20.	SD5	The trust should ensure all staff are up to date with their yearly appraisal.	A
21.	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.	A
In medicine at Sandwell General Hospital:			
22.	MD16	The trust must ensure that staff are up to date with all mandatory training including basic life support and safeguarding training.	A
23.	MD17	The trust must take steps to ensure infection control techniques are safe, robustly monitored and that staff adhere to trust standards.	G
24.	MD18	The trust must ensure that resuscitation trollies are tamperproof and any risks associated with storing medications are mitigated and risk assessed.	G
25.	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.	A
26.	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	A

Status **G** Action completed

A Action on track to be delivered by the agreed date

R Action off track and revised date set

CQC finding			RAG
27.	MD21	The trust must ensure systems are in place to prevent avoidable mixed sex breaches where patients are not receiving specialised care.	G
28.	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.	G
29.	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.	G
30.	MD24	The Trust must ensure patient records are kept secure including patient notes and those on the computer system.	G
31.	MD25	The trust must ensure that discharge summaries are completed, forwarded to the appropriate people and that the situation with discharge summaries is sufficiently monitored to ensure people are safe.	A
32.	SD7	The trust should improve on the time taken to investigate complaints so that it is in line with trust policy.	G
33.	SD8	The trust should improve recording within patient records.	G
34.	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.	R
35.	SD10	The trust should ensure all staff are up to date with their yearly appraisal.	A
36.	SD11	The trust should ensure that all policies are up to date.	R
37.	SD12	The trust should ensure actions are recorded, implemented and available when an area has been identified as in need of	A

Status	G Action completed	A Action on track to be delivered by the agreed date	R Action off track and revised date set
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CQC finding			RAG
		improvement.	
38.	SD13	The trust should ensure that risk registers contain all relevant risks and are reviewed within agreed timescales and that they are complete.	A
In medicine at City Hospital:			
39.	MD26	The trust must ensure systems are in place to prevent avoidable mixed sex breaches where patients are not receiving specialised care.	G
40.	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.	G
41.	MD28	The trust must ensure emergency resuscitation trolleys and contents, including medicines, are suitable for their purpose at all times.	G
42.	MD29	The trust must ensure emergency call pulls are suitable for purpose and properly maintained. .	G
43.	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.	A
44.	MD31	The trust must ensure that patients records are kept secure including patient notes and those on the computer system.	G
45.	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.	A
46.	MD33	The trust must ensure that staff are up to date with all mandatory training including basic life support and safeguarding training.	A

Status **G** Action completed

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R Action off track and revised date set

CQC finding			RAG
47.	MD34	The trust must take steps to ensure infection control techniques are safe, robustly monitored and that staff adhere to trust standards.	G
48.	SD14	Systems should be in place to provide and monitor that staff have regular supervisions with senior staff.	A
49.	SD15	The trust should improve recording within patient records.	G
50.	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.	R
51.	SD17	The trust should ensure there is effective pain management and psychological support in place for patients with sickle cell and thalassaemia.	A
52.	SD18	The trust should act on feedback from relevant persons on the services provided in the carrying on of the regulated activity.	A
53.	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.	A
In children and young people's services at Sandwell General Hospital:			
54.	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.	R
55.	MD36	The trust must ensure that there is a robust record and audit of medications to assure that they are within date.	G

Status	G Action completed	A Action on track to be delivered by the agreed date	R Action off track and revised date set
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CQC finding			RAG
56.	MD37	The trust must ensure it records medication fridge temperatures every day on Priory Ground.	A
57.	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.	G
58.	MD39	The trust must ensure that 'ligature free' rooms are ligature free or make staff aware of the risks in the rooms.	G
59.	MD40	The trust must ensure the risk register is fully completed and updated regularly.	A
60.	MD41	The trust must ensure it has systems in place to communicate how feedback from complaints has led to improvements.	A
61.	MD42	The trust must ensure it implements a robust engagement plan with staff, patients, their families and carers.	A
62.	MD43	The trust must ensure that the nurse staffing skill mix reflects the appropriate national guidance for staffing the specialty reviewed.	A
63.	MD44	The trust must not include unqualified Band 4s in qualified staff roles.	G
64.	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.	A
65.	MD46	The trust must ensure that staff receive appropriate training including mandatory training updates and supervision	A
66.	MD47	The trust must ensure it trains staff in mental health, learning disability or autism to reflect the patients that are being cared for.	R
67.	SD20	The trust should ensure that staffing levels are planned so that staff do not work excessive hours and are able to take	G

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CQC finding			RAG
		designated breaks in line with the European working times directive.	
68.	SD21	The trust should ensure it has sufficient numbers of play specialists to meet patients care needs.	A
69.	SD22	The trust should ensure managers have protected time to carry out their managerial duties.	n/a
70.	SD23	The trust should consider it has a formal agreement with the local children and adolescent mental health services.	n/a
71.	SD24	The trust should consider developing a robust strategy for children and young people.	n/a
72.	SD25	The trust should consider having greater visibility and support of the children and young people service from the executive leadership team.	G
73.	SD26	The trust should consider implementing team meetings including paediatric mortality and morbidity meetings and enable the release of staff to attend.	A
In children and young people's services at City Hospital			
74.	MD48	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.	R
75.	MD49	The trust must ensure that there is a robust record and daily audit of the medication fridges' temperatures.	G
76.	MD50	The trust must ensure that there is a robust record and audit of medications to assure that they are within date.	G
77.	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.	G

Status **G** Action completed

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R Action off track and revised date set

CQC finding			RAG
78.	MD52	The trust must ensure that it has a robust risk register including updated and measurable actions with clear deadlines.	A
79.	MD53	The trust must ensure it has systems in place to communicate how feedback from complaints has led to improvements.	A
80.	MD54	The trust must ensure that the nurse staffing skill mix reflects the appropriate national guidance for staffing the specialty reviewed.	A
81.	MD55	The trust must ensure that the medical staffing skill mix reflects the Facing the Future: Standards for Acute General Paediatric Service.	A
82.	MD56	The trust must ensure staff are trained in mental health, learning disabilities and autism to reflect the patients that are being cared for.	R
83.	MD57	The trust must ensure that staff receive appropriate training including mandatory training.	A
84.	SD27	The trust should ensure that managers have protected time for their managerial duties.	n/a
85.	SD28	The trust should ensure it has sufficient numbers of play specialist staff to meet patient's care needs at City Hospital.	n/a
86.	SD29	The trust should ensure it has systems in place to communicate how feedback from complaints had led to improvements	A
87.	SD30	The trust should ensure it implements a robust engagement plan for engagement with staff and service users.	A
88.	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	G
89.	SD32	The trust should ensure that staffing levels are planned so staff do not work excessive hours and are unable to take their	G

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CQC finding			RAG
		designated breaks. European Working Times Directive 2003.	
90.	SD33	The trust should consider developing a strategy for services for children and young people.	n/a
91.	SD34	The trust should consider implementing team meetings including paediatric mortality and morbidity meetings and enable the release of staff to attend.	A
92.	SD35	The trust should consider having greater visibility and support of the children and young people service from the executive leadership team.	G
In community inpatients:			
93.	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.	G
94.	MD59	The trust must ensure that resuscitation trollies are tamperproof.	G
95.	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.	G
96.	MD61	The trust must ensure ward risk registers reflect all risks in the area and that mitigating actions are adhered to.	A
97.	SD36	The trust should improve on the time taken to investigate complaints so that it is in line with trust policy	G
98.	SD37	The trust should ensure all staff are up to date with their yearly appraisal.	G
99.	SD38	The trust should ensure staff achieve uniformly high standards in recording and communicating decisions about	A

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CQC finding			RAG
		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.	
100.	SD39	The trust should ensure care plans are person centred.	A
101.	SD40	The trust should assess whether patients needing to be seen by specialist team such as the diabetes team are seen in a timely manner.	G
In critical care at Sandwell General Hospital			
102.	SD41	The trust should ensure that where HIV testing is undertaken under best interests, there is robust follow-up care and support available.	G
103.	SD42	The service should continue to explore suitable alternatives to expand the isolation areas available.	n/a
104.	SD43	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.	G
In maternity at City Hospital			
105.	SD44	The service should ensure all parts of the maternity department have sufficient staff to provide safe care and treatment to patients.	A
106.	SD45	Ensure regular infant abduction exercises are conducted to check for any gaps in the process and assess staff awareness of their role.	A
107.	SD46	Ensure staff are given sufficient protected time to complete court reports when required.	n/a
108.	SD47	Ensure staffing levels are consistently met in all areas of the maternity department.	A

Status **G** Action completed

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CQC finding			RAG
109.	SD48	Ensure patients who need one-to-one care on both the midwifery led unit and delivery suite consistently receive it.	A
110.	SD49	Ensure the maternity dashboard includes all required performance indicators and local or national targets.	G
111.	SD50	Ensure medication and medical gases are safely stored.	G
112.	SD51	Ensure processes are in place to store breast milk safely	G
113.	SD52	Ensure all staff are up-to-date with information governance refresher training.	A
114.	SD53	Ensure all staff are up-to-date with their appraisals.	A
115.	SD54	Ensure all patient information leaflets are up-to-date	A

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