

Report Title	CQC Improvement Plan 2018: Q4 Stress testing		
Sponsoring Executive	Kam Dhami, Director of Governance		
Report Author	Diane Halliley, Interim Associate Director of Quality Assurance		
Meeting	Public Trust Board	Date	5 th December 2019

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

At the June Board a paper was presented on the current status of implementing the 115 must dos and should dos arising from the 2018 CQC Inspection. Also set out was the evidence that would be relied upon to demonstrate successful and sustained delivery of the improvement plan. Since then, follow-up reports and discussions have taken place at the Quality and Safety Committee. Whilst progress has been made with the many of the actions implemented, a process confirming that this has been achieved successfully has not been in place.

The attached paper sets out the new approach that has been introduced to ensure that all of the actions have been delivered by 31st December 2019 and how, during Q4, independent testing will be used to confirm that this has been successfully achieved.

It is intended to devote time at the Board Development session scheduled to take place on 19th December for a wider discussion on preparations for our next CQC Inspection, which will include the Well-led and Use of Resources reviews.

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

Safety Plan	<input type="checkbox"/>	Public Health Plan	<input type="checkbox"/>	People Plan & Education Plan	<input type="checkbox"/>
Quality Plan	<input 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 checked="" 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. NOTE** the current implementation position against the Improvement Plan
- b. SEEK** assurance that the outstanding actions will be completed by the end of December.

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

Trust Risk Register	<input type="checkbox"/>	n/a				
Board Assurance Framework	<input type="checkbox"/>	SBAF 5				
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 HOSPITALS NHS TRUST

Report to the Public Trust Board: 5th December 2019

CQC Improvement Plan 2018: Q4 Stress testing

1. Introduction

- 1.1 This report outlines the approach moving forward to finalise delivery of the must dos and should dos resulting from the 2018 CQC inspection. This work forms part of the new Trust-wide Quality Improvement and Assurance Programme, known as **weAssure**, introduced at the Clinical Leadership Executive in October 2019.

2. CQC Improvement Plan RAG ratings

- 2.1 At the June meeting of the Board an update was given on the CQC Improvement Plan, including details of the completion dates for each of the 115 must dos and should dos and the methods to be used to evidence successful delivery. This was followed up by in depth discussions at the Quality and Safety Committee.

The RAG rated list of the actions from the inspection is outlined in **Appendix 1**.

- 2.2 Of the 115 actions, 48 are completed (G), 50 are in progress (A), 9 require additional time to be delivered (R) and 8 have been considered but are not viewed as relevant to the Trust (n/a). There has been some slippage in completing the improvement plan.
- 2.3 The newly created post of Associate Director Quality and Assurance has commenced the implementation of the Quality Improvement and Assurance Programme and is supporting the Groups and Directorates to prepare for the CQC inspection next year.
- 2.4 There have been a number of meetings within Medicine and Emergency Care, Surgical Care and Women's and Children's. There are meetings planned with PC,C&T for the 4th December 2019 and attendance at Group Board on 13th December 2019.
- 2.5 The meetings have proved successful within the Clinical Groups and acceptance of the work that needs to be undertaken working with the programme model (outlined in a paper approved at CLE in October 2019).

3. CQC Must Dos and Should Dos Action Plan 2018

- 3.1 The three Clinical Groups mentioned above individually have agreed to a "round table" approach to working through the must dos and should dos action plan from the CQC 2018 inspection. These meetings are taking place currently. The meetings are being structured for each Clinical Group to work through their actions with a self-assessment approach. There will be guidance, support, advice and challenge given on the evidence required and the good practice that needs to be demonstrated to CQC for completion of the actions.

- 3.2 The self-assessments then will be scrutinised and challenged with the necessary evidence to support the journey to sign off of each of the action(s). This will confirm the actions that are rated as “green” are achieved and all other relevant actions have a route to compliance by the end of December 2019.
- 3.3 If at the point of scrutiny there is not either sufficient or robust evidence required to support sign off. There will be an immediate assurance plan devised to ensure that each action can demonstrate completion.
- 3.4 At any point in time whilst this exercise is being undertaken and it becomes obvious that the action(s) have not the evidence to support sign off or there are additional actions needed to provide assurance. Then there will be an immediate escalation plan in place from Ward/Clinical Service to Directorate then to Group Board with the outlined journey of the action and a plan that is needed to rectify the gaps in the assurance and stringent timeline for achievement.

4. Internal Quality Assessment Walkabouts

- 4.1 Internal Quality Assessments have commenced. The three Groups already mentioned along with the Chief Nurse and key individual expert managers had given their operational “hot spots”. There is a planned schedule of these areas to be assessed currently and through until end of December 2019. These assessments will also provide a test of tolerance, observation and “deep dives” to the must dos and should dos actions. A schedule of ward assessments are outlined in **Appendix 2**.
- 4.2 To triangulate this approach and to provide an additional form of independent assurance national, regional and internal information and data such as clinical audit, observations, incidents, complaints and risks are being sourced on each individual “hot spot” currently being assessed during this period. This will then be analysed as part of the overall picture of evidence.
- 4.3 A database has been formulated to capture the results of each assessment visit. The results will be shared with each ward and this will support sharing of good practice and lessons learned. Each ward/clinical department will have a report with the findings and an action plan to rectify any problems identified with timescales for improvement. There will be assurance reports cascaded.
- 4.4 Should there be an immediate problem that needs resolving action will be undertaken at the time of in-house inspection. Should there be a further assessment needed this will be planned with timescales in line with the risks identified.
 - a) Low risk within 6 weeks
 - b) Medium risk within 2 weeks
 - c) High risk 24 hours/1 week dependant on the risk to patient harm or safety.

5. Conclusion

- 5.1 Once these assessments are completed this work will form part of the overall initial baseline report to the Clinical Groups on their progress against these actions and a working baseline for the Trust including the Quality improvement Programme. This will be completed in December 2019 and discussed and approved through the Clinical Groups and then will be forwarded to CLE for ratification in January 2020.
- 5.2 All Clinical Groups are aware of the deadline for closure of the must and should do actions by 31 December 2019.

6. Recommendations

- 6.1 The Trust Board is asked to:
- a. **NOTE** the current implementation position against the Improvement Plan
 - b. **SEEK** assurance that the outstanding actions will be completed by the end of December.

Diane Halliley
Interim Associate Director of Quality

29th November 2019

Annex 1: CQC Improvement Plan 2018: RAG status

Annex 2: Schedule of ward assessment

Sandwell and West Birmingham Hospitals



Our Improvement Plan:

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

RAG 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

July 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 – RAG Status as at July 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
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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
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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

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	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
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 thalassemia.	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

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
		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	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
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

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
		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 trolleys 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

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
		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

A Action on track to be delivered by the agreed date

R Action off track and revised date set

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

July 2019

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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Schedule of ward and clinical departments - Internal walkabout assessments
November 2019 - March 2020

RAG	Date	Morning	Afternoon	Evening	Area	Ward	Specialty	Clinical Directorate	Clinical Groups	Key points	Feedback to	Report sent
	NOV				City	NUU (D16)	Neonates	Maternity, Health Visiting & Perinatal Medicine	Women's & Child Health			
	NOV				City	AMUA	Acute Medicine	Emergency care	Medicine & Emergency care			
	NOV				City	Lyndon 4	Elderly Care	Admitted care B	Medicine & Emergency care			
	NOV				SGH	SSAU	Sandwell Surgical Assessment Unit		Surgical Services			
	DEC				City	D19	Paediatric Medicine PAU	Paediatrics	Women's & Child Health			
	DEC				City	D6	Surgery Paediatrics	Paediatrics	Women's & Child Health			
	DEC				City	D15	Respiratory Hub	Admitted care B	Medicine & Emergency Care			
	DEC				City	D17	Respiratory Hub	Admitted care B	Medicine & Emergency Care			
	DEC				SGH	Lyndon 3	T&O	Plastics/Trauma Orthopaedics	Surgical Services			
	DEC				SGH	Newton 4	Stroke	Admitted care A	Medicine & Emergency Care			
	DEC				SGH	Priory 4	Stroke/Neurology	Admitted care A	Medicine & Emergency Care			
	DEC				SGH	Priory 2	Colorectal/General Surgery	General, Breast, Urology & Vascular	Surgical Services			
	DEC				SGH	Newton 3	T&O	Trauma Orthopaedics	Surgical Services			
	DEC				City	Community MW	Maternity	Maternity, Health Visiting & Perinatal Medicine	Women's & Child Health			
	DEC				City	Paeds: Eye	Paediatric Eye surgery	Maternity, Health Visiting & Perinatal Medicine	Women's & Child Health			
	DEC				City	CCU	Critical Care Unit	Anaesthetics, Critical Care & Pain	Surgical Services			
	DEC				City	A&E Major	Accident & Emergency	Ophthalmology	Surgical Services			
	DEC				City	A&E Resus	Accident & Emergency	Ophthalmology	Surgical Services			
	DEC				SGH	ED	Emergency Dept	Emergency Care	Surgical Services			
	DEC				SGH	A&E Major	Ophthalmology	Surgery	Surgical Services			
	DEC				SGH	A&E Resus	Ophthalmology	Surgery	Surgical Services			
	DEC				SGH	PG	Priory Ground	Maternity, Health Visiting & Perinatal Medicine	Women's & Child Health			
	DEC				SGH	LG	Lyndon Ground/Adolescent Unit	Maternity, Health Visiting & Perinatal Medicine	Women's & Child Health			
	DEC				SGH	Lyndon 1	Maternity	Maternity, Health Visiting & Perinatal Medicine	Women's & Child Health			
	DEC				City	BMEC Eye Centre			Surgical Services			
	DEC				City	Fracture Clinic						
	DEC				SGH	Fracture Clinic						
	DEC				City	Pain Team - City	Pain Management	Anaesthetics, Critical Care & Pain	Surgical Services			
	DEC				SGH	Pain Team - Sandwell	Pain Management	Anaesthetics, Critical Care & Pain	Surgical Services			
	DEC				SGH	CCU	Critical Care Unit & Extra Capacity	Anaesthetics, Critical Care & Pain	Surgical Services	* rescheduled		
	DEC				City	Delivery Suite	Maternity	Maternity, Health Visiting & Perinatal Medicine	Women's & Child Health			
	DEC				City	Serenity Suite	Maternity	Maternity, Health Visiting & Perinatal Medicine	Women's & Child Health			
	DEC				SGH	Lyndon 2	Trauma Stepdown Vascular (Surgery)	General, Breast, Urology & Vascular	Surgical Services			
	DEC				City	OPD BTC	Acute & Community Paediatrics	Maternity, Health Visiting & Perinatal Medicine	Women's & Child Health			
	DEC				City	SHN	Acute & Community Paediatrics	Maternity, Health Visiting & Perinatal Medicine	Women's & Child Health			
	JAN				SGH	Priory 5	Gastro/Resp	Admitted Care B	Medicine & Emergency Care			
	JAN				City	Theatre 1	Windmill	Theatre	Surgical Services			
	JAN				City	Theatre 2	Windmill	Theatre	Surgical Services			
	JAN				City	Theatre 3	Windmill	Theatre	Surgical Services			
	JAN				City	Theatre Recovery	Windmill	Theatre	Surgical Services			
	JAN				City	Theatre 11	Windmill	Theatre	Surgical Services			
	JAN				City	Theatre 12	Windmill	Theatre	Surgical Services			
	JAN				City	Theatre A	BTC	Theatre	Surgical Services			
	JAN				City	Theatre B	BTC	Theatre	Surgical Services			
	JAN				City	Theatre C	BTC	Theatre	Surgical Services			
	JAN				City	Theatre D	BTC	Theatre	Surgical Services			
	JAN				City	Theatre E	BTC	Theatre	Surgical Services			
	JAN				City	Theatre F	BTC	Theatre	Surgical Services			
	JAN				City	Theatre 1	BMEC	Theatre	Surgical Services			
	JAN				City	Theatre 2	BMEC	Theatre	Surgical Services			
	JAN				City	Theatre 3	BMEC	Theatre	Surgical Services			
	JAN				City	Theatre Recovery	BMEC	Theatre	Surgical Services			
	JAN				City	BTC ASU Pod A		Theatre	Surgical Services			
	JAN				City	BTC ASU Pod B		Theatre	Surgical Services			
	JAN				SGH	Theatre 1	1st Floor	Theatre	Surgical Services			
	JAN				SGH	Theatre 2	1st Floor	Theatre	Surgical Services			
	JAN				SGH	Theatre	1st Floor	Theatre	Surgical Services			
	JAN				SGH	Theatre 3	1st Floor	Theatre	Surgical Services			
	JAN				SGH	Theatre 4	1st Floor	Theatre	Surgical Services			
	JAN				SGH	Theatre Recovery	1st Floor	Theatre	Surgical Services			
	JAN				SGH	Theatre 5	3rd Floor	Theatre	Surgical Services			
	JAN				SGH	Theatre 6	3rd Floor	Theatre	Surgical Services			
	JAN				SGH	Theatre 7	3rd Floor	Theatre	Surgical Services			
	JAN				SGH	Theatre 8	3rd Floor	Theatre	Surgical Services			
	JAN				SGH	Theatre Recovery	3rd Floor	Theatre	Surgical Services			
	JAN				City	AMU1		Emergency Care	Medicine & Emergency Care			
	JAN				City	AMU2	West Midlands Poisons Unit		Medicine & Emergency Care			
	JAN				City	CSU (27)	City Surgical unit		Surgical Services			
	JAN				City	Lyndon 5	Elderly Care	Admitted care B	Medicine & Emergency care			
	JAN				City	D5	Cardiology	Admitted Care A	Medicine & Emergency Care			
	JAN				City	D7	Cardiology	Admitted Care A	Medicine & Emergency Care			
	JAN				City	D25	Admissions Unit		Surgical Services			
	JAN				City	D47	Rehab wards	iBeds	Primary Care, Community & Therapies			
	JAN				City	D43	Community RTG	iBeds	Primary Care, Community & Therapies			
	JAN				City	D21	Gynaecology	Gynaecology, Gynae-Oncology	Women's & Child Health			
	JAN				City	D17	Gynaecology	Gynaecology, Gynae-Oncology	Women's & Child Health			
	JAN				City	D26	Elderly care (Female)	Admitted Care B	Medicine & Emergency Care			
	JAN				City	D11	Male Older Adult	Admitted Care B	Medicine & Emergency Care			
	JAN				City	Xray Room 1	Radiography	Diagnostic Imaging	Imaging			
	JAN				SGH	Xray Room 1	Radiography	Diagnostic Imaging	Imaging			
	JAN				City	Endocopy RM1	Endocopy	Admitted Care B	Medicine & Emergency Care			
	JAN				City	Endocopy RM2	Endocopy	Admitted Care B	Medicine & Emergency Care			
	JAN				City	Endocopy RM1 BTC	Endocopy	Admitted Care B	Medicine & Emergency Care			
	JAN				City	Endocopy RM2 BTC	Endocopy	Admitted Care B	Medicine & Emergency Care			
	JAN				SGH	Endocopy RM1	Endocopy	Admitted Care B	Medicine & Emergency Care			
	JAN				SGH	Endocopy RM2	Endocopy	Admitted Care B	Medicine & Emergency Care			
	JAN				SGH	Endocopy RM3	Endocopy	Admitted Care B	Medicine & Emergency Care			
	JAN				City	Eye Ward 3		Ophthalmology	Surgical Services			
	JAN				City	M1	Maternity	Maternity, Health Visiting & Perinatal Medicine	Women's & Child Health			
	JAN				City	M2	Maternity	Maternity, Health Visiting & Perinatal Medicine	Women's & Child Health			
	JAN				City	ANC City	Maternity	Maternity, Health Visiting & Perinatal Medicine	Women's & Child Health			
	JAN				City	ANC Sandwell	Maternity	Maternity, Health Visiting & Perinatal Medicine	Women's & Child Health			
	JAN				City	ADAU	Maternity	Maternity, Health Visiting & Perinatal Medicine	Women's & Child Health			
	JAN				City	ANC City	Maternity	Maternity, Health Visiting & Perinatal Medicine	Women's & Child Health			
	JAN				City	CCN	Acute & Community Paediatrics	Maternity, Health Visiting & Perinatal Medicine	Women's & Child Health			
	JAN				City	CCT	Acute & Community Paediatrics	Maternity, Health Visiting & Perinatal Medicine	Women's & Child Health			
	FEB				City	HV	Acute & Community Paediatrics	Maternity, Health Visiting & Perinatal Medicine	Women's & Child Health			
	FEB				City	SHN	Acute & Community Paediatrics	Maternity, Health Visiting & Perinatal Medicine	Women's & Child Health			
	FEB											
	FEB				City	EPAU	Emergency Gynaecology Assessment Unit	Gynaecology, Gynae-Oncology	Women's & Child Health			
	FEB				SGH	OPD6	Gynaecology	Gynaecology, Gynae-Oncology	Women's & Child Health			
	FEB											
	FEB											
	FEB				City	Cataract Unit		Ophthalmology	Surgical Services			
	FEB				City	Ophthalmic Unit		Ophthalmology	Surgical Services			
	FEB				City	OP BTC	Community RTG	Gynaecology, Gynae-Oncology	Women's & Child Health			
	FEB				SGH	OPAU	Older Persons Assessment	Admitted Care B	Medicine & Emergency Care			
	FEB				SGH	SDU	Sandwell Day Unit		Surgical Services			
	FEB				City	ITU	Critical Care	Anaesthetics, Critical Care & Pain	Surgical Services			
	FEB				SGH	ITU	Critical Care	Anaesthetics, Critical Care & Pain	Surgical Services			
	FEB											
	FEB											
	FEB											
	FEB				Rowley Regis Hospital	Leasowes	Rehabilitation	iBeds	Primary Care, Community & Therapies			
	FEB				Rowley Regis Hospital	Eliza Tinsley Ward - community RTG	Rehabilitation	iBeds	Primary Care, Community & Therapies			
	FEB				Rowley Regis Hospital	Henderson	Rehabilitation	iBeds	Primary Care, Community & Therapies			
	FEB				Rowley Regis Hospital	McCarthy - Rowley	Rehabilitation	iBeds	Primary Care, Community & Therapies			

This is the initial listing for the Wards and Clinical department assessments, this may change in line with PCCT outlining any of their internal hotspots and any additional departments that are not listed in this schedule will come on line in the 12 months program

Key		
	Hot spots	immediate
	no assessment at present	January onwards
	no concerns	to be planned into 12 months schedule