

Report Title	CQC Improvement Plan Update		
Sponsoring Executive	Kathleen French, Interim Chief Nurse		
Report Author	Claire Hubbard, Deputy Director of Governance Ruth Spencer, Associate Director of Quality Assurance		
Meeting	Trust Board (Public)	Date	5 th November 2020

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

The Trust is due a follow-up CQC inspection sometime this year given our current overall provider rating of 'Requires Improvement'. Visits have been on national pause during the pandemic but are restarting.

The attached paper provides an update on progress with the programme of work that has commenced in order to prepare ourselves for inspection, and includes detail around specific areas of work being undertaken as part of our Improvement Delivery Plan.

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

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

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

Verbal update at Clinical Leadership Executive.

4. Recommendation(s)

The Trust Board is asked to:

- a. **Support** the process for the oversight of improvements
- b. **Discuss** the initial themes from the in-house inspections
- c. **Note** the queries and concerns raised by the CQC

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

Trust Risk Register					
Board Assurance Framework					
Equality Impact Assessment	Is this required?	Y		N	X
Quality Impact Assessment	Is this required?	Y		N	X
					If 'Y' date completed
					If 'Y' date completed

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Public Trust Board: 5th November 2020

CQC Improvement Plan Update

1. Introduction and background

- 1.1** Whilst the CQC have temporarily paused inspections due to the COVID-19 pandemic, the Trust is still working on being ready for inspection when the programme is re-commenced, and this paper updates the Trust Board on the progress being made.
- 1.2** The internal approach being taken is one of continuous quality improvement, whereupon we are self-assessing against the CQC key lines of enquiry, however the standard being reviewed should be our business as usual ways of working.
- 1.3** From September 2020 the CQC will be introducing a transitional methodology. This will draw on the five key questions it asked previously [safe, caring, effective, responsive and well-led] but will be much shorter. It will involve some visits and some remote assessment of data. Frequency of inspections and type of rating system has not been decided yet, but the CQC are preparing to engage with public and provider groups over the autumn.
- 1.4** There is an identified increase in CQC activity being noted, in terms of data requests in relation to concerns and winter assurance.

2. Self-Assessment Programme

- 2.1** A self-assessment toolkit has been developed based on examples that have been used successfully in other Trusts. The toolkit was widely circulated for input from the clinical Groups over the summer and has been tailored to meet the needs of our Trust.
- 2.2** The toolkit has now been distributed to the Group Triumvirates who have been asked to support their clinical teams to complete the self-assessment document.
- 2.3** The toolkit will enable clinical teams to identify what they are good at, and also identify areas that require focus to improve. Completion of the toolkit will enable the clinical teams and Group to rate their own services in line with CQC ratings. Themes from these documents will be extracted and reported to EQC and up to Board. Teams will be asked to re-visit their self-assessment each quarter.
- 2.4** The toolkit is also available to download on connect on the weAssure page, and communication has been distributed to Groups.

3. In-House Unannounced Inspection Visits

- 3.1** The Trust wide programme of in-house unannounced inspection visits is progressing well, with visits scheduled to take place each week across all sites. Wards and clinical areas receive a verbal update immediately following the visit and then receive a full written report within two-three weeks of the visit which has been checked for factual accuracy and signed off by the inspection team prior to issuing to the ward.
- 3.2** The first four areas to be inspected have now received their written reports and have been asked to provide an action plan to address any areas for improvement.
- 3.3** To ensure timely escalation and discussion with the Groups, a feedback session will be provided following the in-house inspection visit which will provide an opportunity for immediate learning or safety concerns to be raised. These sessions will be starting week commencing 9th November 2020,
- 3.4** An oversight group has been set up to meet monthly. The first meeting of the group will be taking place week commencing 23rd November 2020. Ward Teams will be invited along to the group to give an update and to provide assurance on the progress they are making with their action plans as a result of the inhouse inspection.
- 3.5** Themes and findings from the in-house inspection visits will be reported to Executive Quality Committee, together with an update on how the improvement work is progressing. This will also then be reported up to Trust Board.
- 3.6** Initial themes were shared at the Board Development Session, October 2020, and include:
- Patient care is very good with examples of exemplar care being observed.
 - Feedback from patients and relatives about their care is very positive.
 - Concerns regarding nurse staffing shortages have been raised.
 - Some concerns around medicines management and safe storage of medicines (these have been addressed and rectified immediately).
 - No consistency with infection prevention standards, lack of evidence of compliance, no cleaning schedules.
 - Lack of opportunity for training and development for staff who have expressed a willingness to learn and improve skills required for safe patient care.
 - Lack of feedback and sharing of learning with staff from incidents and complaints.
 - Safety and quality metrics are not easily obtainable and nothing visible on the ward so staff are unaware of performance, themes and trends.
 - Staff have difficulty in articulating their understanding of Mental Capacity Act (MCA) and Deprivation of Liberty (DOLs).
 - Staff are aware of need to be open and transparent but are unclear what this means and were unsure of the Duty of Candour process, what they can and can't say to patients, etc.

- Estates work required with regard to shower rooms not fit for purpose, damaged flooring, walls and doors which have been escalated but not rectified.
- Patients unaware of their Consultant or named nurse, and discharge date not discussed with them.
- Staff not confident to speak up regarding concerns, or will raise concerns locally within their ward environment but managers are not always able to address the issues raised.

3.7 The impact of Covid-19 on the ability to conduct these in-house inspections will be reviewed on a weekly basis in discussion and oversight with Senior Nurses.

4. Staff Engagement

4.1 A series of staff engagement focus groups have been planned across October, November and December 2020. This will consist of face to face sessions and drop in sessions across both hospital sites, and a series of WebEx opportunities. The sessions will cover the inspection process, what staff can expect during an inspection, who to contact if they require further information or support, and also provide staff with an opportunity to ask any questions they may have. The dates will shortly be being published.

4.2 The first drop-in engagement event took place week commencing 19th October 2020. The session was held on the Sandwell site and had a number of individual staff or small groups from a specific team drop in. There were a number of initiatives discussed in relation to quality improvement for bespoke areas and also ideas for improving practices Trust wide.

4.3 Future sessions have been planned to take place across City and Sandwell sites and also on WebEx for those staff who are not physically able to attend an event in person. The dates have been circulated via the daily communications email and also via TeamTalk.

5. Engagement with our Regulators

5.1 Following our most recent engagement meeting which took place with the local CQC engagement officer via WebEx on 18th September, future meetings have now been set up to take place every four weeks with a formal agenda now drawn up, and the relationship between our two organisations is progressing well.

5.2 An additional meeting has also been set up via WebEx for 2nd November to discuss the preparation for winter pressures and hospital acquired infections.

5.3 A number of CQC requests have been received by the Trust in relation to queries and concerns that have been raised directly with them. These can be seen in **Annex 1**.

5.4 One concern remains open which is due to additional information being made available. The response to which is currently being agreed.

6. Recommendations

The Trust Board is asked to:

- a. **Support** the process for the oversight of improvements
- b. **Discuss** the initial themes from the in-house inspections
- c. **Note** the queries and concerns raised by the CQC

Claire Hubbard
Deputy Director of Governance

Ruth Spencer
Associate Director of Quality

30th October 2020

Annex 1: CQC Concerns

CQC Queries and Concerns: Q3 2020-21

Date Received	Details of Query / Concern	Date Response Sent to CQC	CQC Feedback	Open / Closed
24.09.2020 20.10.2020	<p>Mental Health Act Complaint Query:</p> <p>Response to a complaint raised in relation to the transfer of a patient to a mental health facility. The CQC have asked:</p> <ul style="list-style-type: none"> • Why the complainant never received a response from us to his complaint made to PALS; • What date the patient was detained under section 5:2 at City Hospital; who the next of kin is, and when the next of kin was informed of the section. <p>Further information disclosed by CQC, requiring safeguarding input.</p>	05.10.2020		Open
12.10.2020	<p>Medical Workforce Query:</p> <p>CQC have queried whether or not any concerns were raised with our Trust in relation to a Consultant Anaesthetist that was employed at Sandwell previously and in connection with issues that have come to light in the press recently regarding the inappropriate use of anaesthetic in patients for prolonged amounts of time, potentially causing unnecessary harm to patients.</p>	20.10.2020	No further input required	Closed

Date Received	Details of Query / Concern	Date Response Sent to CQC	CQC Feedback	Open / Closed
19 th October 2020	<p>Safe Staffing, Eliza Tinsley Ward, Rowley Regis (PCCT) Concern:</p> <p>The CQC have requested:</p> <ul style="list-style-type: none"> • Fill rates for RN and HCA for the four week period 21st September 2020 to 18th October 2020 • Details of any patient safety issues or incidents relating to staffing levels and focussed care for the same period. 	26.10.2020	<p>Trust data correlated with the data known to the CQC.</p> <p>CQC were satisfied that staff knew how to report their concerns and were actively doing so.</p> <p>Despite support and over established shifts to provide focused care support, staff still had concerns. These are to be addressed by the Group.</p> <p>No further information required. Case will be closed.</p>	Closed
20 th October 2020	<p>Safe Staffing, Maternity Services – inpatient and community Concern:</p> <p>The CQC have requested:</p> <ul style="list-style-type: none"> • Details of any patient safety issues or incidents relating to staffing levels for a two month period, September to October 2020. 	26.10.2020	<p>Trust data correlated with the data known to the CQC.</p> <p>CQC were satisfied that staff knew how to report their concerns and were actively doing so.</p> <p>Main area of concern was in relation to community midwifery.</p> <p>Monitor through regular engagement meetings</p>	Closed