Paper ref:	Public TB (03/23) 003

PATIENTS PEOPLE POPULATION

AMBITION RESPECT COMPASSION

NHS Sandwell and West Birmingham NHS Trust

REPORT TITLE:	**we**Assure programme update		
SPONSORING EXECUTIVE:	Kam Dhami, Chief Governance Officer		
REPORT AUTHOR:	Ruth Spencer, Associate Director of Quality Assurance		
MEETING:	Public Trust Board	DATE:	8th March 2023

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

The **we**Assure programme focusses on quality assurance against the five CQC domains and assurance on quality improvement. It includes readiness for CQC inspection. This paper updates the Board on progress over the last four months and outlines the approach for the next three.

The Board may wish to discuss three things in particular:

- whether the outlined approach provides sufficient visibility on local / aggregate progress?
- views on what constitutes "a CQC plan", which the external auditors keep requesting?
- how progress on bed-side care and staff vacancies are best monitored, given their central role in the CQC assessment framework and prior Trust RI ratings?

2. Alignment to our Vision *[indicate with an 'X' which Strategic Objective[s] this paper supports]*

OUR PATIENTS		OUR PEOPLE		OUR POPULATION	
To be good or outstanding in everything that we do	X	To cultivate and sustain happy, productive and engaged staff		To work seamlessly with our partners to improve lives	

3. Previous consideration *[at which meeting[s] has this paper/matter been previously discussed?]*

Quality and Safety Committee, 22nd February 2023 / Executive Quality Group, 7th February 2023

4. Recommendation(s)

The Trust Board is asked to:

a.	**NOTE** self-assessment plan for Core Service leads against the CQC's new Quality Statements
b.	**NOTE** that the CQC Improvement Plan will be presented to the Quality and Safety Committee in May 2023
c.	**AGREE** to contribute to our June 2023 Board workshop exploring the Board's role in CQC assessment

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

Board Assurance Framework Risk 01	X	*Deliver safe, high-quality care.*						
Board Assurance Framework Risk 02		*Make best strategic use of its resources*						
Board Assurance Framework Risk 03		*Deliver the MMUH benefits case*						
Board Assurance Framework Risk 04		*Recruit, retain, train, and develop an engaged and effective workforce*						
Board Assurance Framework Risk 05		*Deliver on its ambitions as an integrated care organisation*						
Corporate Risk Register [Safeguard Risk Nos]								
Equality Impact Assessment	Is this required?		Y		N	X	If 'Y' date completed	
Quality Impact Assessment	Is this required?		Y		N	X	If 'Y' date completed	

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Trust Board on 8th March 2023

weAssure programme update

1. Introduction

1.1 In September 2022 the Board approved our approach to matters relating to the CQC, recognising the revisions to their regulatory framework which were then ongoing, and which are now delayed and due to be launched later this year. This paper outlines actions since that point and describes the intention for a workshop to take place focused on our regulatory position in June. The paper does not cover ICB level CQC assessment and focuses solely on our organisation – this will need to change as we move through 2023.

1.2 What matters is for the Board, and committees, to have a clear line of sight on performance. Estimates of regulatory outcome are impossible to offer, because we do not know what combination of services may be assessed, nor how such partial assessment may be combined into site or overall ratings:

- Our objective remains to improve our current CQC inspection status and achieve an overall good or outstanding rating.
- Our immediate priority is to ensure that our success from 2018 in removing all service safety 'inadequate' ratings is retained and that our 'requires improvement' rating does not worsen.
- Our longstanding narrative has been that the reconfiguration of acute services into a single main site would help to address the remaining service issues within emergency care, medicine, and older peoples' care: this relies on addressing vacancies at ward-level and on tackling bed-side care standards, which must be addressed in 2023 and 2024.

We also need to consider our 'Well-led' plans, where an external review is to be commissioned, and our 'Use of Resources', which are included in the creation of the Trust's Annual Plan.

1.3 The Fundamentals of Care framework launched last autumn is intended to address the care essentials to consistently deliver safe, high-quality care for our patients. This two-year framework supports our Strategic Objective of being 'good or outstanding in everything we *do'*. Similarly, the five-year People Plan, approved by the Board last month, sets out the vision and approach for achieving top quartile staff satisfaction results in line with this objective and to ensure safe staffing on a shift-by-shift basis.

1.4 This paper summarises progress with work streams – agreed here in September – and underway across the organisation to ensure quality improvement and manage readiness

for CQC inspection. The role of the inspection in the new CQC ratings approach is evolving. Using Public View remains an important window into what our data is telling us.

1.5 **Annex 1** shows the **we**Assure Plan on a page which outlines the different workstreams within the programme. A progress update against each workstream is set out in this report.

2. In-House Unannounced Inspection Visits

2.1 Inspection visits are continuing on a weekly basis across the Trust, although progress has been a little slower over the winter due to clinical pressures across the organisation meaning that several visits have had to be cancelled in recent weeks.

2.2 *Since the programme started in spring 2021, we have carried out 63 visits across our hospital sites and in the community*.

2.3 All of our base wards have had an initial visit, as well as some of our community teams and other clinical services (e.g., outpatient areas, clinics, etc). In addition to this, 18 areas have had a second follow up visit, three areas have now had three visits, and one area has had a fourth visit.

2.4 Of our areas that have had more than one visit, six areas have maintained the rating they were given at their initial visit, eight areas have achieved an improved rating, and four areas have received a reduced rating.

2.5 The table below shows the number of wards rated across each of the four ratings by year.

	2021	2022
Inadequate	0	1
Requires Improvement	15	12
Good	17	14
Outstanding	0	1

Table 1 | Number of clinical areas awarded ratings by year.

2.6 The clinical area rated as outstanding was Critical Care at Sandwell Hospital, and the clinical area rated as inadequate was Newton 1 also at Sandwell Hospital when it was being used as a Medically Fit for Discharge Ward. Newton 1 has since been remodelled and is now a Discharge Lounge.

2.7 Future plans include visits to our Imaging Teams across each of our hospital sites, and imaging satellite facilities in the community, from February 2023 onwards.

2.8 We are working to roll out the programme to our GP Practices. This will involve using a re-aligned toolkit to support in-house inspection visits and scheduled support telephone calls to each practice.

2.9 We are re-mapping our toolkits to mirror the CQC's new assessment framework which will remain centred around the existing five domains (safe, effective, caring, responsive, and

well-led) but are moving away from the Key Lines of Enquiry (KLOE) and is now made up of 34 Quality Statements. The CQC did plan to go live with their new single assessment framework in January 2023, but this has been delayed until later in the year.

2.10 Work has commenced to align the Fundamentals of Care themes into the toolkits so that they become integrated and embedded throughout the **we**Assure programme. This work is urgent will be achieved before Easter. It is important that quantitative metrics form part of those assessments.

3. Self-Assessment

3.1 The self-assessment toolkit has been revised to reflect the new Quality Statements, also known as 'we statements', following a delayed launch by the CQC. At the time of writing this report, the Core Service level proformas are being issued to the Clinical Groups for completion by the mid-April, having been discussed at the Executive Quality Group this month.

3.2 These self-assessments will focus on the Quality Statements, what we have met and not met, what evidence we have to support our compliance, and what work we have to do in order to achieve good or outstanding against each of these statements.

3.3 This will then form the basis of our planned CQC Improvement Plan and will also include continued monitoring of our 'Must Do' and 'Should Do' actions from our 2018 inspection.

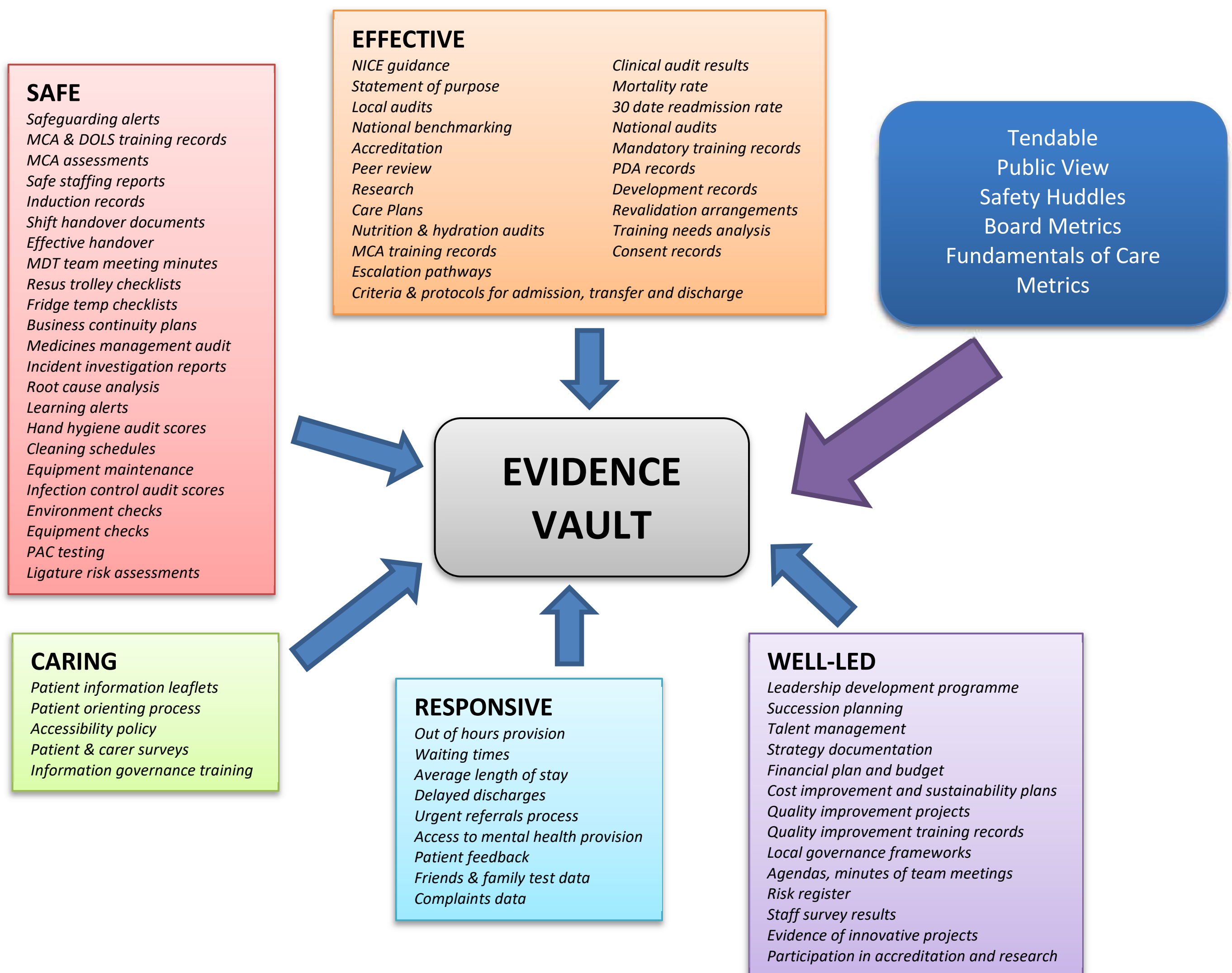
4. Evidence Vault

4.1 As part of the self-assessment process, clinical teams are required to submit documentary evidence for each Quality Statement in support of their assertions about performance. This is collated and entered into the evidence vault on CONNECT (the Trust Intranet) and will both allow internal testing of progress and offer material readily available to inspectors.

4.2 The evidence vault sits on SharePoint and already contains the detailed reports and findings from the in-house unannounced inspection visits.

4.3 The illustration below outlines the type of information that will be collected and entered into the Evidence Vault.

4.4 Whilst the evidence itself will not be openly visible to all employees, staff working across our organisation will be able to see how their service is rated, and how that compares to other local teams.



5. Triangulation of Information

5.1 Information gathered as part of the **we**Assure programme, both through self-assessment and the in-house unannounced inspection visits, will be triangulated against other performance data that we collect as an organisation; including:

- Fundamentals of Care data.
- Tendable.
- Patient Experience data.
- Public View.
- Other national reports, including information from the CQC's new digital platform once launched.

5.2 The above data intelligence will be combined with the **we**Assure findings, to produce an overall self-rating for each clinical area and in turn each Core Service. The ratings will be signed off at Executive Director level, presented to the Quality and Safety Committee in May 2023, and then published in the **we**Assure dashboard for all staff to view.

5.3 The **we**Assure dashboard **at Annex 2** shows the current ratings for each ward/clinical area, based on in-house inspection findings. Local self-assessments and data from the sources mentioned in 5.1 will be incorporated into this dashboard and provide rich data for local monitoring and to inform improvement, as well as and regulatory assurance.

6. Recommendations

6.1 The Trust Board is asked to:

a) **NOTE** self-assessment plan for Core Service leads against the CQC's new Quality Statements
b) **NOTE** that the CQC Improvement Plan will be presented to the Quality and Safety committee in May 2023.
c) **AGREE** to contribute to our June 2023 Board workshop exploring the Board's role in CQC assessment.

Ruth Spencer
Associate Director of Quality Assurance

24th February 2023

Annex 1: we Assure Plan on a Page
Annex 2: we Assure Dashboard

Annex 1

Annex 2

weAssure | Dashboard

Ward Summary

Each ward card also lists SAFE, EFFECTIVE, CARING, RESPONSIVE, WELL-LED.

Ward	Rating
A&E SGH	Requires Improvement
Lyndon Ground SGH	Good
Priory 5 SGH	Requires Improvement
BMEC A&E City	Rating
D12 City	Rating
Maternity 2 City	Good
Leasowes	Rating
AMU A SGH	Good
Newton 2 SGH	Good
Priory Ground SGH	Good
BMEC Eye Ward City	Good
D21 City	Requires Improvement
Neonatal Unit City	Good
Critical Care SGH	Outstanding
Newton 3 SGH	Good
Theatres SGH	Rating
BMEC Outpatients City	Rating
D25 City	Good
PAU City	Rating
Eliza Tinsley RRH	Good
Lyndon 1 SGH	Good
Newton 4 SGH	Requires Improvement
CECU City	Rating
D26 City	Good
Respiratory Hub City	Good
Henderson RRH	Good
Lyndon 2 SGH	Requires Improvement
Newton 5 SGH	Good
Critical Care City	Rating
D27 City	Requires Improvement
Theatres City	Rating
McCarthy RRH	Good
Lyndon 3 SGH	Requires Improvement
Paediatrics A&E SGH	Requires Improvement
A&E City	Good
D5 City	Requires Improvement
D30 City	Requires Improvement
Lyndon 4 SGH	Requires Improvement
Priory 2 SGH	Requires Improvement
AMU 1 City	Requires Improvement
D7 City	Good
Delivery Suite City	Rating
Lyndon 5 SGH	Requires Improvement
Priory 4 SGH	Good
AMU 2 City	Requires Improvement
D11 City	Requires Improvement
Maternity 1 City	Good

weAssure | Dashboard

Example Ward

weAssure

Current weAssure Rating: Requires Improvement

SAFE	Requires Improvement
EFFECTIVE	Requires Improvement
CARING	Not Rated
RESPONSIVE	Not Rated
WELL LED	Requires Improvement

Self Assessment

Date Completed:

Safe Effective Caring Responsive Well-led

Number of areas to improve:

Date Updated:

Safe Effective Caring Responsive Well-led

Number of areas to improve:

Key to Ratings:

- Outstanding
- Good
- Requires Improvement
- Inadequate
- Not Rated

In-House Inspection Visits

Date of 1st Visit: 17th May 2021

Safe Effective Caring Responsive Well-led

Number of areas to improve: 5

Date of 2nd Visit: 1st November 2022

Safe Effective Caring Responsive Well-led

Number of areas to improve: 9

Date of 3rd Visit:

Safe Effective Caring Responsive Well-led

Number of areas to improve:

Date of 4th Visit:

Safe Effective Caring Responsive Well-led

Number of areas to improve:

Number of KLOE Questions by Rating

Domain:	OUTSTANDING	GOOD	REQUIRES IMPROVEMENT	INADEQUATE	TOTAL
SAFE	0	25	16	1	42
EFFECTIVE	0	13	4	0	17
CARING	1	12	6	0	19
RESPONSIVE	0	22	1	0	23
WELL-LED	0	11	16	1	28
OVERALL TOTAL	**1**	**83**	**43**	**2**	**129**

Must Do Actions | Improvement Plan

Domain	Question	Action Required to Improve		Source
SAFE	Safeguarding	S1.1	The department must ensure that all staff have a good understanding around safeguarding and who to contact when required	In-House Visit
SAFE	Safe Staffing	S2.3	The department must ensure that sufficient numbers of staff are on each shift with the correct skill mix to ensure patients are safe	In-House Visit
SAFE	Risk	S2.6	The department must ensure that resuscitation trolleys are checked daily, equipment contained within the trolley is in date and complies with national standards, and that no inappropriate items are left on the resus trolley	In-House Visit
SAFE	Safe Use of Medicines	S4.5	The department must ensure that medication fridge temperatures are checked and recorded every day, and that handwriting is clear and legible	In-House Visit
SAFE	Lessons Learned	S6.1	The department must ensure that there are robust processes in place to share feedback and learning from incidents with staff to enable improvements in practice	In-House Visit
SAFE	Safety Huddles	S7.1	The department must ensure that staff from all required disciplines are taking part in a daily safety huddle and that staff know how to access their safety huddle dashboard to inform discussions	In-House Visit
EFFECTIVE	Consent to Care and Treatment	E6.3	The department must ensure that patients are given enough information to make decisions about their care and treatment, and that their care and treatment is discussed with them in a way that they understand	In-House Visit
WELL-LED	Openness and Honesty	W3.1	Leaders should ensure that staff know how and where they can speak to their managers in confidence if they have any concerns they wish to raise. They should ensure that staff know they will be listened to and that appropriate action will be taken	In-House Visit
WELL-LED	Risk, Issues and Performance	W5.2	The department must ensure that staff are aware of how to access their local risk register, and that staff are kept up to date on risk	In-House Visit

Noteable Practice

Domain	Noteable Practice
WELL-LED	This ward has had new leadership in the last 12 months and improvements have clearly been made since our last visit
WELL-LED	The leadership on this ward was rated as outstanding and this is also reflected in how happy and engaged all the staff members are, despite it being a busy and pressured area.