Paper ref:	TB (09/22) 006

PATIENTS PEOPLE POPULATION

NHS
Sandwell and West Birmingham
NHS Trust

REPORT TITLE:	Regulatory readiness – CQC processes and inspection		
SPONSORING EXECUTIVE:	Kam Dhami, Chief Governance Officer		
REPORT AUTHOR:	Kam Dhami, Chief Governance Officer		
MEETING:	Public Trust Board	**DATE:**	7th September 2022

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

It is important to recognise a significant change in the approach to ratings and inspection by the Care Quality Commission (CQC). They will be creating one single assessment framework for all providers from April 2023. As a Trust with a high likelihood of inspection in 2023 we need to consider the implications of this for our readiness work.

This paper presents the work planned to prepare our Trust for the new-style assessment, and updates on actions from previous CQC inspections. The focus remains on data quality, employee awareness, and Board alignment. Well-led and use of resources work needs to be considered shortly and is not discussed here.

Thirty-four statements form the heart of the new approach, and we will be working with core internal, and external groups to prepare our evidential response. Staff perceptions of safety will continue to be central to the process, and we should consider the extent of our understanding of those beliefs, and what we are doing in response to that.

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	x	To work seamlessly with our partners to improve lives	x

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

Quality and Safety Committee on 31st August 2022

4. Recommendation(s)

The Public Trust Board is asked to:

a.	**NOTE** the changes to regulation to which we are subject
b.	**COMMENT** on the sufficiency of work to progress preparation
c.	**REFLECT** on the role of the Board versus the Committee in overseeing self-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 Public Trust Board on 7th September 2022

Regulatory readiness – CQC processes and inspection

1. Context

1.1 The Board received four specific papers on CQC compliance in 2021. These set out the approach to managing the relationship with the CQC, managing any inspection process, how the Trust evaluates using the Public View dataset, and the known unknowns of the new regulatory regime and post-Covid environment. This paper does not repeat that material, but copies of those papers can be sourced in the usual way to build a shared body of knowledge across members, including more recent joiners.

1.2 The Trust has had three provider-level inspections under the CQC regime (in 2014, 2017 and 2018), together with a further focused Maternity visit, and will, like all Trusts, be subject to the NHS-wide maternity process in coming months. Individual core services have, by and large, improved ratings over time, to the point where three quarters of our services are rated 'Good' or 'Outstanding'. However, the Trust has three successive Provider-level 'Requires Improvement' ratings. These exclude our primary care services which are rated as 'Good' but do not contribute to the aggregate position. **Annex 1** reminds members of the breakdown of service ratings and shows both our overall 'Outstanding' rating for Caring maintained across two inspections, and our deteriorated Well-led rating from 2018/19.

1.3 Last month the CQC began early adopter trials for their new single assessment framework methodology. This is intended to become universally used from 2023. The key domains, and core service descriptors, remain as before. Ratings remain as previously but may be updated more regularly over time. The narrative inspection report is to be replaced by a short statement to accompany the outcome of the inspection. However, the material change for us to focus on is the complete revision of Key Lines of Enquiry (KLOE), now framed as thirty-four "I" and "we" statements. This is accompanied by more overt reliance on data about our organisation, collated by the inspection team. We need to be very aware of how our data may be viewed by others, and to prepare our teams for the new KLOEs. We will seek to learn from the early adopters, including considering whether inspection team members themselves are using the new approach.

1.4 This paper seeks to do two things:

a. Remind the Board of the actions agreed as a result of our last inspection some years ago, at which no regulatory enforcement notices were issued; and
b. Consider how we best prepare the organisation, System partners, and our leadership community, for the forthcoming assessment process.

2. Actions from prior inspections

2.1 In 2019/20 we presented two action plans to the Board following the 2018/19 report. One focused on Well-led and has subsequently been formally stood down by our Board and replaced by the work following the 2021 review of Trust-wide governance. This paper does not cover those matters, but we will return to the Board with a position statement on Well-led. The second prior plan covered the core service-related actions.

It is important to reiterate that, among those actions, the vast majority lay primarily within the medical wards and within the emergency care pathway. Given national focus on those areas – including now ambulance handovers and excess deaths - we might expect that they remain a focus. Surgical services have not been inspected since 2017, and again the national priority on backlog, and patient experience, means we need to maintain oversight of potential issues on our adult surgical wards and across theatres.

At the time of our last inspection, the CQC's national focus was on children's services. We were left with residual issues on the City Hospital site which dropped our rating, with leadership in that team creating the only remaining inadequate rating we had as a Trust.

In summary, it will be critical to find the right balance between Trust-wide actions and readiness for inspection and a disproportionate focus on medicine and emergency care. We cannot hope to progress our current rating in line with the Trust's stated ambition to be 'good and outstanding in everything we do', without significant progress in Medicine and Emergency Care, whilst accepting that emergency medicine is very much influenced by the efforts of the whole organisation to support it. There are a series of themes across our inspections over several years, notably in ward areas, which show common and sustained weaknesses. These relate particularly to:

- nursing documentation,
- care plan personalisation,
- drug security, and
- ward nurse staffing.

Unity, our fully deployed EPR rolled out in autumn 2019, was intended, if fully optimally used, to address the first two issues (alongside our then safety and continuity of care programmes), with our drug dispensing machines contributing the pharmacy control. Recruitment, retention, first line management, apprentice models, and other measures were intended to address safe staffing positions, and the more difficult issue of staff perceptions of safety.

2.2 **Annex 3** shows the actions and level of current assurance. We are now seeking to revalidate such actions, informed both by **we**Assure and by audits undertaken by senior nurses. **we**Assure is our local approach to determining compliance across the Trust with the Care Quality Commission's standards, and all statutory, regulatory and best practice requirements, through a variety of means such as in-house ward and service inspections.

Where data is available in Unity this will be scrutinised, even if advice is provided that staff are not fully or properly using the EPR. We know that the CQC will cross reference information and it is best for us to review discrepancy in anticipation. This work is on-going

and we anticipate completion by December. This will also be valuable for work implementing the forthcoming Fundamentals of Care framework, due for launch by the Chief Nursing Officer. Ward based nurse checklists in Unity provide a window on bedside care coordination.

2.3 As reported in 2021, pre-Covid-19, the process of routine checking of these actions was established. This gave rise to regular RAG reports. The snapshot shown reflects prior greens and known reds. Amber in this case is used to identify areas where, over time, performance may have regressed, or clarity needs to be established. The Quality and Safety Committee has been asked to consider:

- Whether any identified green areas merit further detailed review
- Whether members have had any specific views on the information needed to provide assurance on amber and red areas, not all of which have standard datapoints.

2.4 Any residual red ratings in December, or areas where assurance is not obtained, will be overwritten into local risk registers, whilst also being monitored on an ongoing basis. Experience of 2017 and 2018, as well as the regular discussions with the CQC, suggests that their assessment methodology does not focus on actions from prior inspections. In this case too a minimum of four elapsed years have gone by. However, it is the case that individual inspectors may well look at past reports and rightly expect to see progress.

3. Countdown to inspection

3.1 We meet regularly with the CQC, and that process is being intensified in coming months. The Chief Executive, Chief Medical Officer, Chief Nursing Officer, Chief Operating Officer join the Chief Governance Officer, and the governance team, who lead our relationship management. This should give us an insight into key issues that the Regulator has, and also help to prepare the inspection team for the shape of the Trust. Core service definitions never map easily to structures, and our relatively integrated approach to some services across acute and community, and indeed across two acute hospitals, needs managing with the inspectors, so that they can brief the visit team.

3.2 An internal project group will start to meet next month to ensure that in addition to CQC readiness being part of everyone's job, we have dedicated time among those in each corporate directorate and clinical group who need to help prepare their staff. This group will, for example, have oversight of the staff handbook / guide intended to help staff get ready for their role in the process. This needs to include temporary staff and those employed through the former HEE.

3.3 The final sections of this paper tabulate what we are planning to do to prepare for assessment. The description is divided between work already in train, much of which has been previously discussed with Board colleagues, and new work needed to be ready. 2023 is to be a busy year at the Trust, with an overwhelming focus on the new hospital move. The CQC, in the past, have deliberately not sought to engage with that type of context. However, our line managers will need to balance evidence collation and inspection response with their work to maintain a countdown to service moves.

3.4 Existing workstreams

	What does this cover?	Success by December 2022	Why does it matter?	Key leader
Evidence and inspection	• **we**Assure • Connect Vault • In-house inspections • Ward self-assessments • Other sources of assurance	Fully populated for all core services	Board view of current performance of all core services	Ruth Spencer
Data and intelligence	• Information visible externally • Compliance with quality and workforce external guidance	All 2021 submissions reviewed and gaps assessed	Trust leaders can review what others can see about us (and act on it)	Ruth Spencer
Learning and insight	• **we**learn programme • QIHD time • External best practice • Human factors work	Incidents themed and learning response identified	Demonstrating growth and humility in our QI approach to safety and quality	Marsha Jones
Risk identification and management	• Vertical alignment on risk • Active use in every department • Practical BAF supporting our Trust Strategy	All existing risk registers reviewed to confirm mitigating actions completed	Crucial to governance regime and external confidence	Sally Arnold-Jones

3.5 It is these four workstreams which create a workload impact on employees across the Trust. However, the work required, for example, to complete risk registers, or to participate fully in learning opportunities, is work needed for high quality care – and is not an additional 'CQC ask.' We recognise the five domains of the CQC are relatively widely understood across the organisation. However, core services as a unit of analysis, and new KLOEs are not commonly understood. For all workstreams undertaking the work required is only part of what needs to happen – how we do that work, and critically employee involvement and appreciation of it, is vital if it to feature naturally in how we respond to inspection and inspectors in 2023.

3.6 The key step for Board members is to have a good understanding of how the experience of working in, and managing in, our organisation connects to the work of the Board. We will consider within Board workshop time how that is best achieved. The visibility of Board

members is always a feature of the inspection process, and we will need to consider how to authentically achieve that Trust-wide.

3.7 **New workstreams:**

	What does this cover?	Success by 31/12	Why does it matter?	Key leader
Evidence review and submission	• Framing range of assurance and helping the Executive to decide on self-assessment	Draft I/we evidence responses composed	Assessment of how we measure up to new KLOEs	Kam Dhami
Internal engagement and communication	• Core group • Mobilising local managers • developing handbook for employees	Strong employee awareness of CQC method and their role in an inspection	Ensuring line managers and employees understand their contribution to the inspection	Kam Dhami
External engagement and communication	• Views of partner organisations • Readiness to contribute to CQC process	Board has insight into what partner organisations think of us	Supporting our 'we' assessment and setting SWB in the context of our Place and ICS collaborations	Tammy Davies / Dave Baker
Patient view and voice	• Clarity on existing groups/networks • Understanding their perspective on core services	Key patient groups identified in readiness for evidence submission	Represents the most important opinion of all – the experience of care of those we serve	Jayne Salter-Scott

3.8 The additional workstreams <u>are</u> specific to the regulatory regime and to inspection. It is not possible to effectively slip this work into other meetings or conversations, albeit clearly the external partnering work we do, and our work with patient groups, has a range of purposes, of which this is only one.

3.9 In the last inspection process, the CQC paid little attention to self-assessment outcomes or the credibility of the process that produced them. Our understanding is that this new regime will focus much more on that ward-to-board view. We will engage with early adopters to explore how they have established Board oversight of their evidence submissions, and what weight was given to that in the inspection process.

4. Recommendations

4.1 The Public Trust Board is asked to:

a. NOTE the changes to regulation to which we are subject

b. COMMENT on the sufficiency of work to progress preparation

c. **REFLECT** on the role of the Board versus the Q&S Committee in overseeing assessment

Annex 1

Our Current CQC Inspection Ratings (April 2019)

Sandwell and West Birmingham Hospitals NHS Trust

Community Services

	Safe	Effective	Caring	Responsive	Well led	**Overall**
Community health services for adults	Requires improvement	Good	Good	Good	Good	Good
Community health inpatient services	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement
Community end of life care	Good	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding
Community health services for children, young people and families	Good	Good	Outstanding	Good	Outstanding	Outstanding

Sandwell General Hospital

	Safe	Effective	Caring	Responsive	Well led	**Overall**
Medical care (including older people's care)	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Services for children & young people	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Critical care	Good	Good	Outstanding	Good	Outstanding	Outstanding
End of life care	Good	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Surgery	Requires improvement	Good	Good	Good	Good	Good
Urgent and emergency services	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement

City Hospital

* **NB:** Following a focused inspection in May 2021, the maternity service retained its overall GOOD rating

Annex 2

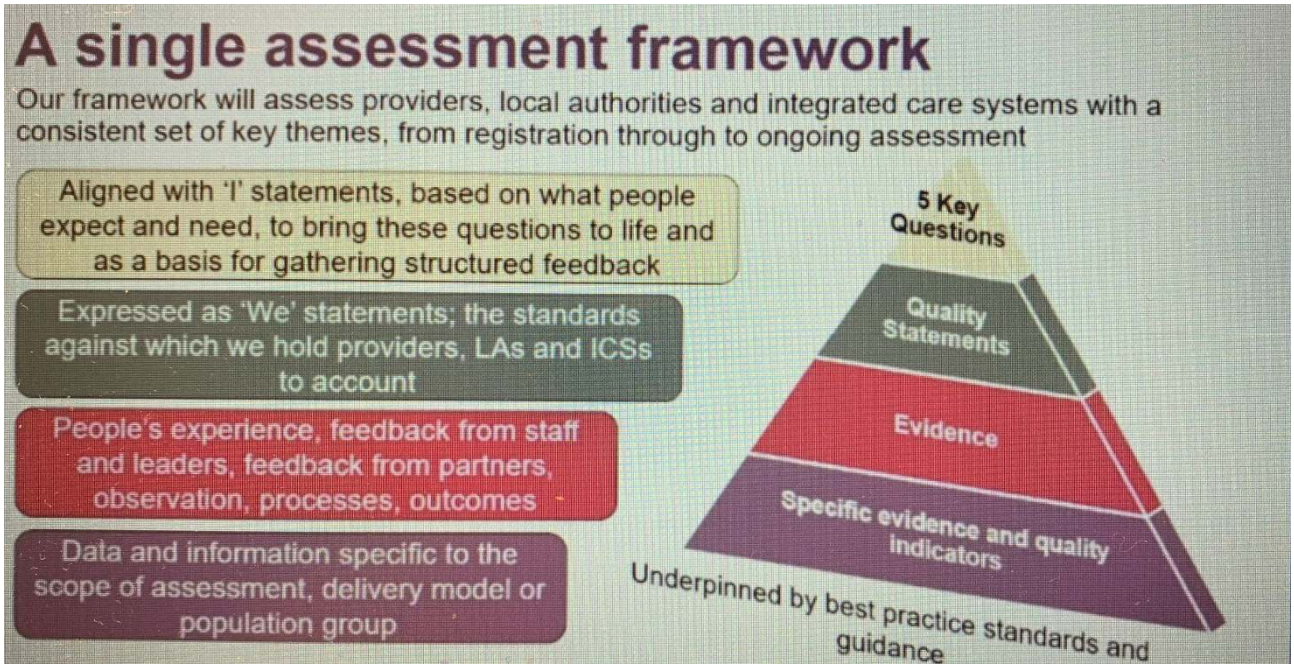
Model: Now

Assessment frameworks (multiple)	Ongoing monitoring but **inspections schedule based on previous rating**	Inspection: gather evidence using KLOEs **(Single point in time)**	Develop judgements **(offline)** Line-up judgements against ratings characteristics	Publish **narrative** inspection report

Process

Single assessment framework	**Ongoing assessment** of quality and risk	Not just inspection - variety of options **(multiple points in time) – more time spent in higher risk services**	Team **assigns score** based on evidence found	Ratings updated, **short statement** published

Model: Future



Annex 3

Sandwell and West Birmingham Hospitals NHS Trust

2018 Care Quality Commission Inspection: Must and Should Dos

STATUS	G	Action completed	A	Action completed in 2020/21 but needs re-validating	R	Action not completed

Ref		CQC Finding	Status
For the overall Trust			
1.	MD1	Ensure compliance with the requirements of the fit and proper person's regulation.	G
2.	MD2	Ensure the effectiveness of governance arrangements and the board is consistently informed of and sighted on risks.	R
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.	G
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
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.	R
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.	G
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.	G
In Urgent and Emergency Care at City Hospital			

Ref		CQC Finding	Status
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.	G
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.	R
20.	SD5	The trust should ensure all staff are up to date with their yearly appraisal.	G
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.	R
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.	G
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.	R
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.	G
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.	G
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.	G
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 improvement.	G
38.	SD13	The trust should ensure that risk registers contain all relevant risks and are reviewed within agreed timescales and that they are complete.	G
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

Ref		CQC Finding	Status
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.	R
46.	MD33	The trust must ensure that staff are up to date with all mandatory training including basic life support and safeguarding training.	G
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.	G
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.	G
52.	SD18	The trust should act on feedback from relevant persons on the services provided in the carrying on of the regulated activity.	G
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.	R
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
56.	MD37	The trust must ensure it records medication fridge temperatures every day on Priory Ground.	G
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.	G
60.	MD41	The trust must ensure it has systems in place to communicate how feedback from complaints has led to improvements.	R
61.	MD42	The trust must ensure it implements a robust engagement plan with staff, patients, their families and carers.	R
62.	MD43	The trust must ensure that the nurse staffing skill mix reflects the appropriate national guidance for staffing the specialty reviewed.	G
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.	G

Ref		CQC Finding	Status
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 designated breaks in line with the European working times directive.	G
68.	SD21	The trust should ensure it has sufficient numbers of play specialists to meet patients care needs.	G
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.	G
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
78.	MD52	The trust must ensure that it has a robust risk register including updated and measurable actions with clear deadlines.	G
79.	MD53	The trust must ensure it has systems in place to communicate how feedback from complaints has led to improvements.	R
80.	MD54	The trust must ensure that the nurse staffing skill mix reflects the appropriate national guidance for staffing the specialty reviewed.	G
81.	MD55	The trust must ensure that the medical staffing skill mix reflects the Facing the Future: Standards for Acute General Paediatric Service.	R
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.	G
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.	R
87.	SD30	The trust should ensure it implements a robust engagement plan for engagement with staff and service users.	R
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 designated breaks. European Working Times Directive 2003.	G
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.	G
92.	SD35	The trust should consider having greater visibility and support of the children and young people service from the executive leadership team.	G

Ref		CQC Finding	Status
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.	A
99.	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.	G
100.	SD39	The trust should ensure care plans are person centred.	G
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.	G
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
109.	SD48	Ensure patients who need one-to-one care on both the midwifery led unit and delivery suite consistently receive it.	G
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.	G
114.	SD53	Ensure all staff are up-to-date with their appraisals.	A
115.	SD54	Ensure all patient information leaflets are up to date.	G