



REPORT TITLE:	CQC Progress Report
SPONSORING EXECUTIVE:	Mel Roberts, Chief Nursing Officer, Mark Anderson, Chief Medical Officer
REPORT AUTHOR:	Ruth Spencer, Associate Director of Quality Assurance
MEETING:	Public Trust Board
DATE	8 th May 2024

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

The Trust Board is asked to examine the work in relation to our **weAssure** programme. This programme focusses on quality assurance against CQC domains and assurance on quality improvement. It includes readiness for CQC inspection. It aims to further strengthen and refine evidence summation to provide greater assurance of progress or risk on our journey to being good or outstanding in everything we do.

The paper provides assurance on our compliance against the Care Quality Commission (CQC) standards, the CQC’s monitoring activity of the Trust, and our preparation for future inspections, together with an update on the Trust’s CQC Improvement Plan (available in the Reading Room) which has been developed as part of the CQC Self-Assessment exercise undertaken in 2023, and with updated action plans submitted in March 2024. The report also outlines the enquires we have received over the last 12 months.

The Trust are also leading a piece of work across the Black Country Provider Collaborative (BCPC) to implement the self-assessment process across the four Black country acute/community Trusts to ensure shared learning and improvement across all areas.

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

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

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

Executive Quality Group, Quality Committee.

4. Recommendation(s)

The Public Trust Board is asked to:

- a) **DISCUSS** the current position and progress on the action plan for improvement.
- b) **TAKE** assurance on our compliance against the Care Quality Commission (CQC) standards.

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	<i>Deliver safe, high-quality care.</i>
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Board Assurance Framework Risk 02		<i>Make best strategic use of its resources</i>
Board Assurance Framework Risk 03		<i>Deliver the MMUH benefits case</i>
Board Assurance Framework Risk 04		<i>Recruit, retain, train, and develop an engaged and effective workforce</i>
Board Assurance Framework Risk 05		<i>Deliver on its ambitions as an integrated care organisation</i>
Corporate Risk Register [Safeguard Risk Nos]		
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board on 8th May 2024

CQC Progress Report

1. Introduction

- 1.1 Following the launch of the CQC's new strategy with the aim of making a positive impact on patient care whilst regulating providers in a much more target and risk-based way, and the new Single Assessment Framework, we continue to further strengthen and refine evidence summation to provide greater assurance of progress, or risk, on our journey to being good or outstanding in everything we do, including readiness for CQC inspection through our weAssure programme.
- 1.2 All core services undertook the CQC self-assessment exercise in 2023 and were required to agree SMART actions to facilitate improvements where gaps were identified or where standards are not currently met. This now forms the basis of the Trust's overall CQC Improvement Plan.
- 1.3 Any remaining 'Must Do' and 'Should Do' actions from our previous CQC Inspection in 2018 that have not yet been addressed and closed were incorporated into the improvement plan.
- 1.4 Since the outcome ratings were presented at the Board Development Day in October 2023, work has progressed with implementing the actions identified.
- 1.5 The Clinical Groups were asked to revisit their improvement plans and submit an updated plan which has been completed. Work has progressed significantly across the Trust in line with the improvement work that was identified as part of this exercise last year. This work is presented as part of the Clinical groups updates to the executive quality committee monthly .

2. CQC Improvement Plan Progress

- 2.1 Since the outcomes from the self-assessment exercise were last shared at the Board Development Day in October 2023, work has continued in group to progress in delivering the actions identified by the Core Services in the CQC Improvement Plan.
- 2.2 All Core Services submitted updates to the Improvement Plan in March 2023 which reflect progress made to date.
- 2.3 From the actions that have been identified, some have been resolved with a quick fix and some are taking longer to complete.
- 2.4 Progress with completing actions has been slow in some cases due to extreme capacity pressures, industrial actions, etc., but timelines have been updated to reflect this and a number of actions have already been implemented.

- 2.5 The CQC Improvement Plan is available in the reading room, however examples of some of the work being prioritised by the Core Services is as follows:
- 2.5.1 Urgent and emergency services are planning to display waiting times for each of the different zones within ED. These will be displayed on digital screens with data being pulled directly from the Unity Whiteboard. This is being worked up as part of the Fundamentals of Care workstream for staff digital information. Testing of the digital whiteboards is scheduled to take place in May 2024.
 - 2.5.2 Children and young people's services are working towards delivering additional training for staff to support children with mental health concerns. They are doing this through their clinical educator and using e-learning resources as well as working closely with the Trust mental health lead.
 - 2.5.3 Community services for adults are working to move forward with plans to improve network connectivity for devices used to record and document in patient notes whilst out in community settings.
- 2.6 At this stage it is too early to tell if the improvement work completed to date as part of the CQC Improvement Plan has resulted in improved ratings for Core Services. Clinical teams will need to revisit the self-assessment and re-evaluate their position against each of the quality standards with scores being recalculated. Only then this will determine if scores have improved sufficiently in order to change ratings.
- 2.7 The CQC Improvement Plan (available in the Reading Room) which is being monitored at Group level, and a note of any exceptions and progress has been built into the Group reporting template for Executive Quality Group meetings. Bimonthly reports are provided to the Quality Committee for assurance.
- 2.8 Fundamentals of Care Visits (formerly known as In-House Inspection visits) have been aligned to team's local CQC Improvement plans and will focus on progress made.

3. CQC's 'Must Do and Should Do' Actions

- 3.1 Following the CQC's last inspection of our services in 2018, they issued 115 'Must Do' and 'Should Do' actions.
- 3.2 Of these actions, 107 have been addressed and closed. Eight actions (three 'Must Do' and five 'Should Do') remain open with plans in place. The tables below show an update on progress with these:

'Must Do' Action	Work currently ongoing
<p>Regard for Mental Capacity Act 2005 and Deprivation of Liberty Safeguards 2010, including detailed assessments. <i>(Community inpatients)</i></p>	<ul style="list-style-type: none"> • Fundamentals of Care Personalisation project in place across the organisation. • Reviews around assessments and personalised care planning i.e Bedrail assessments, 1 to 1 nursing assessments and admission documentation 'all about me'. • Mental capacity Principles care distributed to all clinical staff
<p>Urgent action to review care of patient and call for specialist help when necessary. <i>(Community inpatients)</i></p>	<ul style="list-style-type: none"> • Freed training continues, core training for B3/5/6 • Ambition to have all nurses ILS trained - rolling programme. • Practice development nurse in post - ILS trained. • Numerous study sessions/QIHD - deterioration early recognition and management • Focused work on sepsis awareness • Audit 2023 on quality of DNARs and how aligned to TEPs. • Log all escalations through 999/111 for learning, working with trust lead for deterioration to automate this through Unity. • Power BI dashboard re flow through beds (to monitor those whose end destination is hospital - unscheduled) • ME and SJR process embedded in group for learning, • From 2018 increased the medical service within community beds enhanced ACP and GP model • Unity EPR - can have senior remote monitoring particularly around news scoring and actions
<p>Staff trained in mental health, learning disability or autism. <i>(Children and young people's services)</i></p>	<ul style="list-style-type: none"> • There is an associated workplan for LD that will be led by the specialist nurses (recruited 2 LD & Autism nurses). • Oliver Mc Gowan training to be launched on 1st May 2024 through a phased and blended learning approach. • Vulnerable Person Training delivery plan to be implemented Trust wide. • Training compliance to be monitored through Vulnerable Persons Group. • April QIHD – Caring for people with learning disability & Autism

'Should Do' Action	Work currently ongoing
Policies up to date <i>(Trust-wide)</i>	All out of date policies are currently being reviewed.
Recording decisions about DNACPR and forms in-line with guidance <i>(Community inpatient services)</i>	Forms are in line with guidance, Audit 2023 on quality of DNARs and how aligned to TEPs. Ongoing work as part of the unity transformation to ensure these forms transfer with the patient and undertaken by GPs on transfer
Review current measures for improving compliance against national targets. <i>(Urgent and emergency care)</i>	ED dashboard in place and presented Trust Board, Quality Committee to executive Quality Group monthly. Also, part of the urgent care focused work within the Trust
Formal agreement with local children and adolescent mental health services <i>(Children and young people's services)</i>	New pathway in place for Children & Young Peoples Services. Memorandum of Understanding in draft- Feedback sent to Mental Health Providers
Strategy for children and young people <i>(Children and young people's services)</i>	CYP Strategy in Draft – Youth Forum in place. CYP group reviewed and relaunching in May 2024

4. CQC Enquiries

4.1 As a healthcare regulator, the CQC have a duty to act upon intelligence about any services that are registered with them, reviewing the information for accuracy and forwarding any concerns to the services to investigate and respond to when it has been deemed appropriate. The table below summarises the enquiries received by SWB between January and April 2024.

Table 3

Month	No. of Contacts	Themes of Enquiries
January	1	Staffing levels and culture in Maternity
February	5	<ul style="list-style-type: none"> • Culture on Lyndon 3 ward • Formal response request for HSJ article • Complaints management • Culture in Maternity • Care home manager raised concerns about expectations of carer escorts when at hospital.
March	1	Medicines management/complaints management
April (to 22/4/2024)	5	<ul style="list-style-type: none"> • Responsible clinician arrangements • Palliative care • Medicines management • Staffing levels and culture in Maternity • Care of a deteriorating patient/incident reporting culture

- 4.2 All enquiries received from the CQC are reviewed by the Chief Nursing Officer, Chief Medical Officer and the triumvirate leads from the relevant Clinical Groups. The enquiries are investigated and a formal response provided to the CQC by the Chief Nursing Officer.
- 4.3 Enquiries regarding staffing levels and culture within Maternity Services have been investigated and have been determined to be unfounded. Staffing levels are reviewed dynamically and managed in line with agreed policies and procedures when there may be any shortfalls. Several reviews and initiatives have also been commenced to try to address the cultural concerns raised. This work is ongoing.
- 4.4 This issues raised by the Care Home Manager have been proactively managed. The Safeguarding Team have met with the manager and are continuing to work together to understand the needs of each organisation and to agree a mutually beneficial set of recommendations for how SWB Emergency Departments should best engage with carer escorts.
- 4.5 The enquiry relating to Lyndon 3 was submitted anonymously from a staff member regarding another staff member. This enquiry was treated sensitively and was deemed to be unfounded.
- 4.6 The enquiry regarding responsible clinician arrangements is being addressed by the Black Country Provider Collaborative (BCPC), with a system-wide solution being sought.
- 4.7 All other enquiries have been or are currently being investigated via appropriate channels. The CQC and SWB maintain an open and transparent relationship and work closely together to ensure that all enquiries are reviewed, investigated and acted upon as required.

5. Self-Assessment Work with Black Country Provider Collaborative

- 5.1 SWB are working with the four BCPC organisations to facilitate the roll out of CQC self-assessment aligned with the CQC's new single assessment framework across the region.
- 5.2 A working group has been established and are meeting bi-weekly to adopt the process across all organisations.
- 5.3 Templates are being aligned with the CQC's new Quality Statements and the scoring system used by SWB last year has been built into the tools so that the same scoring methodology can be adopted across all four organisations.
- 5.4 The self-assessments at Dudley, Walsall and Wolverhampton have just been rolled out to core services in April 2024. The organisations are working towards the timeline shown at Annex 1 of this report.
- 5.5 It is expected that, once the self-assessment exercise has been completed, organisations will be able to compare their self-ratings to those of their last previous CQC inspection ratings with an idea of how close they are to achieving the next rating by using the scores. The BCPC

will also be able to share common issues across the region and look at ways of helping each other to resolve some of these.

6. Recommendations

6.1 The Public Trust Board is asked to:

- a. **DISCUSS** the current position and progress on the action plan for improvement.
- b. **TAKE** assurance on our compliance against the Care Quality Commission (CQC) standards.

Ruth Spencer
Associate Director of Quality Assurance

22nd April 2024

Annex 1: BCPC Self-Assessment Timeline
Reading Room: Trust's CQC Improvement Plan

Annex 1: Black Country Provider Collaborative Self-Assessment Timeline

