

Report Title	CQC Improvement Plan and Well-led Framework: Progress Report		
Sponsoring Executive	Kam Dhami, Director of Governance		
Report Author	Kam Dhami, Director of Governance		
Meeting	Trust Board	Date	4 th April 2019

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

The Board established a set of well led aims in October 2018. Full compliance with those aims is to be achieved by the end of June 2019. During April the expectations will be expanded to include feedback from the CQC report, and finalisation of the FTSU strategy.

On receipt of initial feedback from the CQC we also devised an improvement plan. Most elements of this are on track for delivery by last week. The paper proposes how compliance will be formally assessed during April and May.

We would expect that our informal engagement process with the CQC, referenced in the Chief Executive's report, will give rise to additional expectations for change, which will be incorporated into our emerging CQC Relationship Plan. We should note that CQC regulation of primary care, including our APMS practices, operates separately.

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

Safety Plan	<input checked="" type="checkbox"/>	Public Health Plan	<input type="checkbox"/>	People Plan & Education Plan	<input type="checkbox"/>
Quality Plan	<input checked="" 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?]*

October 2018, January and February 2019 public Trust Boards

4. Recommendation(s)

The Trust Board is asked to:

- a. **AGREE** the proposal to evaluate compliance during April and May
- b. **NOTE** the review of the action plans for improvement and Well led to be completed after publication of the 2018 CQC report on April 5th

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"/>	n/a					
Equality Impact Assessment	Is this required?	Y	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>	If 'Y' date completed	May 2019
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 Trust Board: 4th April 2019

CQC Improvement Plan and Well-led Framework: Progress Report

1. Introduction

- 1.1 The Board has routinely discussed these matters and the context is well understood. As part of the next steps development of both patient safety and organisational culture, we wish to see progress in these areas, which should form part of Director's objectives in the weeks ahead when set for 2019-20.
- 1.2 A separate process for assessing well led status in Groups is well advanced and due for review at April's Clinical Leadership Executive. This is well timed as bilateral discussions with the CQC suggest that they wish to engage with that tier of our leadership having reflected on our feedback from the Well-Led review that this facet of their review was poorly conceived and implemented. We would hope to use local self-reviews in our informal engagement with the CQC.

2. CQC Improvement Plan

- 2.1 In most cases we are confident that we have delivered the changes expected or implied from the CQC feedback letters on their September visits. There are a handful of areas where progress is slower than necessary and additional resource joins the Trust in April to address that.
- 2.2 The Board reviewed at its February meeting a series of amber areas. These continue to be discussed with the CQC. Some are implicit in our Workforce Standards work, being progressed with the People and OD committee. The balance will require a solution through our upcoming MCA workshop with the CQC during April.
- 2.3 As ever the test is whether inputs and commitments have resulted in outputs and outcomes, and whether local staff can feel and narrate the changes made. The paper outlines proposals to test this which the Board is asked to consider, amend and approve.

3. CQC Well-led framework: self-review

- 3.1 We continue to make some progress with the items in the plan, which vary in scale and maturity. There is strong engagement at executive director level. The next step is to use the April Corporate Directorate performance reviews with the Chief Executive to focus on these items in detail, with an expectation in some cases of weekly plans through to 30th June. The data quality plan and Friends and Family work is presently assessed as green, with good progress on succession planning and on mental wellbeing.

3.2 Five items are currently assessed as **red**: In practice this either means that they have missed their deadline significantly, or are ill developed in their resolution plan. We will bring a specific solution plan for each of these five to the next Board meeting:

- QIHD accreditation (KD)
- Supplier lists in finance, IT and estates (DM)
- PMO delivery (RB)
- Risk Mitigation (KD)
- Support for high potential individuals (RG)

4. Recommendations

4.1 The Board is asked to:

- a. **AGREE** the proposal to evaluate compliance during April and May
- b. **NOTE** the review of the action plans for improvement and well led to be completed after publication of the 2018 CQC report on April 5th

Kam Dhami
Director of Governance

28th March 2019

Annex A: CQC Improvement Plan - progress report

Annex B: CQC Well-led review update