Paper ref:	TB (010/19) 010

Sandwell and West Birmingham Hospitals NHS Trust

Report Title	CQC Improvement Plan Update		
Sponsoring Executive	Kam Dhami, Director of Governance		
Report Author	Kam Dhami, Director of Governance		
Meeting	Trust Board	**Date**	3rd October 2019

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

The Board and Quality and Safety Committee has received updates on progress made in delivering the improvement plans actions arising from the CQC Inspection visits a number of times this year. This paper presents the various strands of this work in one place and presents a forward look to preparing for the CQC's return visit and our goal to achieve a Good rating next time and work towards an Outstanding provider-level rating by 2022.

The Board is invited discuss and provide feedback on the proposed Quality Assurance Programme.

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 *[specify in the paper]*	x

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

Previous reports to the Trust Board and Quality and Safety Committee

4. Recommendation(s)

The Trust Board is asked to:

a.	**NOTE** the plans in place to close down the outstanding CQC Improvement Plan actions
b.	**COMMENT** on the new Quality Assurance Programme approach proposed for preparing the organisation for future CQC Inspection and other external visits

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

Trust Risk Register		n/a					
Board Assurance Framework		n/a					
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 HOSPITALS NHS TRUST

Report to the Trust Board: 3rd October 2019

CQC Improvement Plan and Well-led Framework: Progress Report

1. Introduction

1.1 This paper updates the Board on the progress being made to close down the outstanding actions from last year's CQC inspection, including the Well-led review, and presents the plans being made to prepare the organisation to achieve a Good rating for the return visit in 2020.

2. CQC Improvement Plan

2.1 The Board has previously received updates on the full CQC Improvement Plan, including details of the completion dates for each of the 115 'must' and 'should' dos, as well as the methods to be used to evidence successful delivery. Presented at **Annex B** is a RAG rated list of the actions showing their delivery status.

2.2 Of the 115 actions, 48 are completed (G), 50 are in progress (A), 9 require additional time to be delivered (R) and 8 have been considered but are not viewed as relevant to the Trust (n/a). There has been significant slippage in delivering all the required actions; a revised deadline of 31st December 2019 has been set to complete this work.

2.3 The Trust has created a new post of Associate Director of Quality Assurance to work with local areas to evaluate the evidence available to confirm that the Improvement Plan actions have been successfully delivered and sustained. The post holder will also work with the Clinical Groups and directorates to prepare them for the CQC Inspection next year. An outline proposal has been put forward for the preparatory work required to achieve a CQC Good rating in 2020 and the journey to being Outstanding by 2022.

3. Quality Assurance Programme

3.1 The Trust is subject to a vast amount of inspections, peer review visits, accreditations, compliance checks etc. The Associate Director of Quality Assurance will be responsible for the development, implementation and embedding of a quality assurance (QA) system to determine compliance across the organisation with the CQC's Fundamentals of Care as well as all statutory, regulatory and best practice standards relevant to an integrated care provider.

3.2 The QA system will focus on compliance with the aim of reporting to line managers in charge of wards, departments and service area what regulators and inspectors may find if a planned or unannounced visit was to take place. The Associate Director will prepare local areas and the wider organisation to achieve the highest possible external inspection / review outcome.

3.3 The Associate Director's initial focus will be on preparing the organisation for a CQC Inspection next year and achieving an overall provider level rating of Good. **Annex A** provides an outline proposal for taking this work forward, and is based on an approach developed by the Associate Director that has been successful in other organisations. This will, of course, be customised to meet our needs.

3.4 Included in this work will be supporting our 3 GP practices who are likely to be subject to a CQC Inspection in the next 3 months.

4. CQC Well-led framework: self-review

4.1 The Board will recall undertaking a self-review last year against the CQC's Well-led Key Lines of Enquiry, which identified a number of areas for improvement. The current position against the deliverables can be found at **Annex C**. Work is on-going to address the outstanding areas by the end of this calendar year.

4.2 As part of their Inspection the CQC also included a Well-led review at provider level and published these in their final report. Also included in Annex C is the current position against the 14 actions. It will be noted that work is underway in all of the areas but needs to be accelerated and finalised in a number.

4.3 Progress will continue to be monitored at the Clinical Leadership Executive, along with the Group Well-led plans that were developed earlier in the year.

5. SWB/CQC Engagement

5.1 Three engagement events with the CQC took place in May as part of a joint plan to foster the right collaboration on the back of the 2018 report, reaching out to all levels across the Trust. Changes in the local CQC relationship team together, the holiday season and delays on our part in timetabling meetings resulted in the previously agreed plan being stalled over the summer.

5.2 Now that the named CQC personnel have taken up their appointments the programme of engagement events will commence, with the first one taking place on 8th October. At this meeting the intention is to reach a shared understanding of the CQC's pre-inspection data requirements and our ability to provide this in the way required, through a mapping exercise. At all previous visits this stage has created tension due to our data not being able to be cut in the way they preferred, largely due to the Trust's service configuration in relation to acute and community services.

We plan to run the CQC's data set known as the, Routine Provider Information Request (RPIR), on a quarterly basis beginning in Q3, so that we are sighted on any areas where we are an outlier and can take timely action. As already mentioned the RPIR is an essential part of the Quality Assurance programmed referred to earlier.

5.3 The plan is that the CQC team will select two days to visit each month up to March 2019 and spend time with Clinical Groups in our selected order of: Surgery, PCC&T and Rowley

Regis, Medicine, Maternity and Paediatrics. During this time the CQC will attend meetings including:

- Group Management Boards
- QIHDs within the Group being visited that month
- Clinical Leadership Executive
- Executive Quality Committee
- TeamTalk
- Staff focus groups
- Review of risk management / IT and estates
- Board Committee day
- There will be also be a CQC / Trust catch up on one of the dates each month.

6. Recommendations

6.1 The Board is asked to:

a. **NOTE** the plans in place to close down the outstanding CQC Improvement Plan actions
b. **COMMENT** on the new Quality Assurance Programme approach proposed for preparing the organisation for future CQC Inspection and other external visits

Kam Dhami
Director of Governance

27th September 2019

Annex A: Outline Quality Improvement and a Regulatory Assurance Framework and Toolkit [draft]
Annex B: CQC Improvement Plan – delivery update
Annex C: CQC Well-led review – delivery update

Annex A

Quality Improvement and a Regulatory Assurance Framework and Toolkit

Outline Proposal [draft]

1. Aims and objectives

- Empowerment
- Engagement
- Working in partnership with colleagues and stakeholders to continually develop the quality of patient care and service delivery

2. Quality Improvement

- Initial phase – October to December
- Undertake a Trust-wide diagnostic on the current status of the CQC Improvement Plan, incorporating the status of the must and should dos.
- The relevance of current actions within the current improvement plan
- Trust assurance that actions have been completed and are compliant.
- Can the Trust demonstrate the journey to date?
- Completion of a baseline assessment report
- Development and implementation of monthly highlight reports
- Reviewing and updating the current Improvement Plan and development of an assurance portfolio
- Development of work streams if gaps are identified

3. Internal Quality Assessment

- A planned schedule for the next 12 months' visits to wards and services
- A review and strengthening of current internal inspections and the introduction of soft style assessments (all staff approach) to the development of regulatory team assessments with subject internal experts.
- A review and development of documentation data sets for assessment and feedback process.
- Development of a regulatory Assurance database
- Internal recruitment of internal assessors
- Development and implementation of workshops for assessment teams on assessment process

4. Internal Quality Assessment

- Development of a Regulatory Assurance reporting process at time of assessment, follow-up and Trust wide trends and themes.
- Development of partnership working with other organisations and peer assessment.
- Development of the CQC Inspection Preparedness and readiness plan

5. Regulation Assurance Toolkit

- Phase 2 – October on-going
- The CQC Routine Provider Information Request document will lay the foundation of the 'internal toolkit' and will be made up of all the tabulations outlined in the CQC''s RPIR. The internal RPIR will become individualised and bespoke to the organisation.

- Individual meetings will commence with Clinical Group leads to ascertain:

    - Mapping of how information is sourced
    - How information is used and measured
    - The accuracy and assurance of information and the route that information is presented for approval

6. Regulations Assurance Toolkit

- Mapping of each data set flow process
- Developing a quality assurance process for all RPIR data through to approval
- Development of a regulation Assurance monthly dashboard
- Development of an Annual Improvement and Assurance Plan

7. Promotion

- Developing a showcasing register
- Producing short video presentations of staff on initiatives that are 'going the extra mile' to ensure patient safety and quality of service
- Developing a podcast
- Developing a process for continually updating within the organisation
- Valuing staff and recognition of their work

8. Education, Training and Awareness

- Undertaking a training needs analysis for Governance needs
- Developing 'new ways' in which quality improvement can be undertaken by education, training and awareness
- Developing a Quality Assurance workbook from staff induction and through the continued orientation of staff within the organisation
- Developing a system of continually updating the 'information cards' for induction and organisational communication

9. Preparedness

- Phase 3 – January – March 2020
- Preparation for Core and Well-Led CQC Inspections
- Working with the Executives and Group Management Teams in preparation
- Communication with the organisation
- Preparing Handbooks / flash cards
- Ensuring portfolios are up to date
- Working with managers and staff
- Drop in workshops on preparing for the visit
- Improvement plans are live
  [not an exhaustive list]