

Report Title	CQC Improvement Plan Update		
Sponsoring Executive	Kathleen French, Interim Chief Nurse		
Report Author	Ruth Spencer, Associate Director of Quality Assurance		
Meeting	Trust Board (Public)	Date	3 rd September 2020

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

The Trust is due a follow-up CQC inspection sometime this year given our current overall provider rating of 'Requires Improvement'. Visits have been on national pause during the pandemic but are restarting.

The attached paper provides an update on progress with the programme of work that has commenced in order to prepare ourselves for inspection, and includes detail around specific areas of work being undertaken as part of our Improvement Delivery Plan.

An overall provider 'Good' rating is achievable if our medical wards and Emergency Departments unannounced inspections and Well-led assessments are successful. Staff preparedness and engagement is key and feature strongly in the plans.

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

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

Verbal update at Clinical Leadership Executive.

4. Recommendation(s)

The Trust Board is asked to:

- a. **Note** the plans to prepare for CQC inspection
- b. **Review** the CQC Improvement Delivery Plan
- c. **Comment** on proposed reporting framework for CQC updates

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

Trust Risk Register	<input type="checkbox"/>					
Board Assurance Framework	<input type="checkbox"/>					
Equality Impact Assessment	Is this required?	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>	If 'Y' date completed
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 Public Trust Board: 3rd September 2020

CQC Improvement Plan Update

1. Introduction and background

- 1.1 Whilst the CQC have temporarily paused inspections due to the COVID-19 pandemic, the Trust is still working on being ready for inspection when the programme is re-commenced, and this paper updates the Trust Board on the progress being made.
- 1.2 From September 2020 the CQC will be introducing a transitional methodology. This will draw on the five key questions it asked previously [safe, caring, effective, responsive and well-led] but will be much shorter. It will involve some visits and some remote assessment of data. Frequency of inspections and type of rating system has not been decided yet, but the CQC are preparing to engage with public and provider groups over the autumn.

2. Provider Information Return (PIR)

- 2.1 The CQC will request the Provider Information Return (PIR) prior to an upcoming inspection. The content requested includes key data in relation to the five key questions: Is the service safe, effective, caring, responsive and well led. This pre-inspection return will inform the basis as to which services or areas the CQC will choose to visit during their inspection.
- 2.2 It has been agreed that we will keep the PIR updated with the most up to date data on an ongoing basis. This will ensure that we are ready to submit the return as soon as it is requested by the CQC. Quarter 1 data for 2020-21 has now been requested, and the Associate Director of Quality Assurance is in the process of arranging meetings with each of the Executive Directors in order to provide good quality supporting narrative for the return.

3. Self Assessment Programme

- 3.1 A toolkit is currently being developed to enable all wards and clinical areas to undertake a self assessment based around the CQC's Key Lines of Enquiry.
- 3.2 The toolkit will be shared across the Trust for consultation in the next week to provide an opportunity for the Groups to comment and to ensure that the questions are tailored to meet the needs of all clinical areas, including specialist areas for women, child health and community.
- 3.3 The self assessment toolkit will be available for teams to begin the programme from mid-September and teams will be able to evaluate their service to establish any areas for improvement, and also areas of good practice that can be shared across Groups.

3.4 Teams will have the opportunity to rate their own services in line with CQC ratings using the same methodology that will be used by the CQC. The exercise will be repeated on a quarterly basis.

4. In-House Unannounced Inspection Visits

4.1 A programme of in-house unannounced inspection visits will be commencing across the Trust from week commencing 14th September 2020.

4.2 The visits will be undertaken by groups of multi-disciplinary staff at all levels including nurses and HCAs, medics, operational staff, pharmacists, clinical scientists, therapists, facilities staff, executive and non-executive directors.

4.3 The ward or clinical area will receive a verbal update during the inspection visit, and they will also receive a full written report shortly after which will detail any areas for immediate action, and suggestions for improvement.

4.4 Updates on progress together with findings, suggested areas for improvement, and areas of good practice will be presented on a monthly basis at Executive Quality Committee.

5. Staff Engagement

5.1 A series of staff engagement focus groups have been planned across October, November and December 2020. This will consist of face to face sessions and drop in sessions across both hospital sites, and a series of WebEx opportunities. The sessions will cover the inspection process, what staff can expect during an inspection, who to contact if they require further information or support, and also provide staff with an opportunity to ask any questions they may have. The dates will shortly be being published.

5.2 An information booklet for staff is currently being produced and will cover many of the questions that staff may have. It will contain useful information about the inspection process and provide contact details should staff require further help or support. The booklet will be made available for all staff.

5.3 In addition to the above, a communications package is also being worked-up to provide staff with regular updates on the CQC work streams and will be made available across the existing range of communication methods in the Trust. A regular update will be provided through the daily briefing email, heartbeat magazine, team talk, and on the dedicated intranet page.

6. Learning

6.1 A series of situational learning events have been planned which will involve run-throughs of a real inspection situation. This will ensure that staff know who to contact in the event of an inspection, how to address the inspectors and how to ensure that the visit runs smoothly both in and out of hours.

- 6.2 The situational run through's will be supported with action / prompt cards that will be made available so that security / reception staff / on call managers know what to do in the event of a real inspection and can be reminded of the process and steps that they need to follow.
- 6.3 Regular updates around any learning from the in-house unannounced inspection visits will be shared and assurance given that action plans have been implemented and improvements made, embedded and sustained.

7. Well-Led

- 7.1 An update on the work undertaken with the Executive Team and the Good Governance Institute is ongoing and will be made available once complete.
- 7.2 The GGI feedback will be used to create a well-led project plan which will reflect their recommendations for the Trust.
- 7.3 As an interim measure, leadership focus groups and coaching will be developed and introduced across the Trust with a specific focus on senior leadership due to changes in workforce.

8. Reporting Framework for CQC Improvement Work

- 8.1 A proposed reporting framework is available at **Annex 2** of this report for consideration by the Board.

9. Recommendations

The Trust Board is asked to:

- a. Note the plans to prepare for CQC inspection
- b. Review the CQC Improvement Delivery Plan
- c. Comment on proposed reporting framework for CQC updates

Ruth Spencer
Associate Director of Quality Assurance

25th August 2020

Annex 1: CQC Improvement Delivery Plan

Annex 2: CQC Improvement Reporting Framework

WeAssure Programme: Project Delivery Plan

Project Delivery Plan for the Implementation and Quality Assurance of CQC Improvement

Action Status Key:

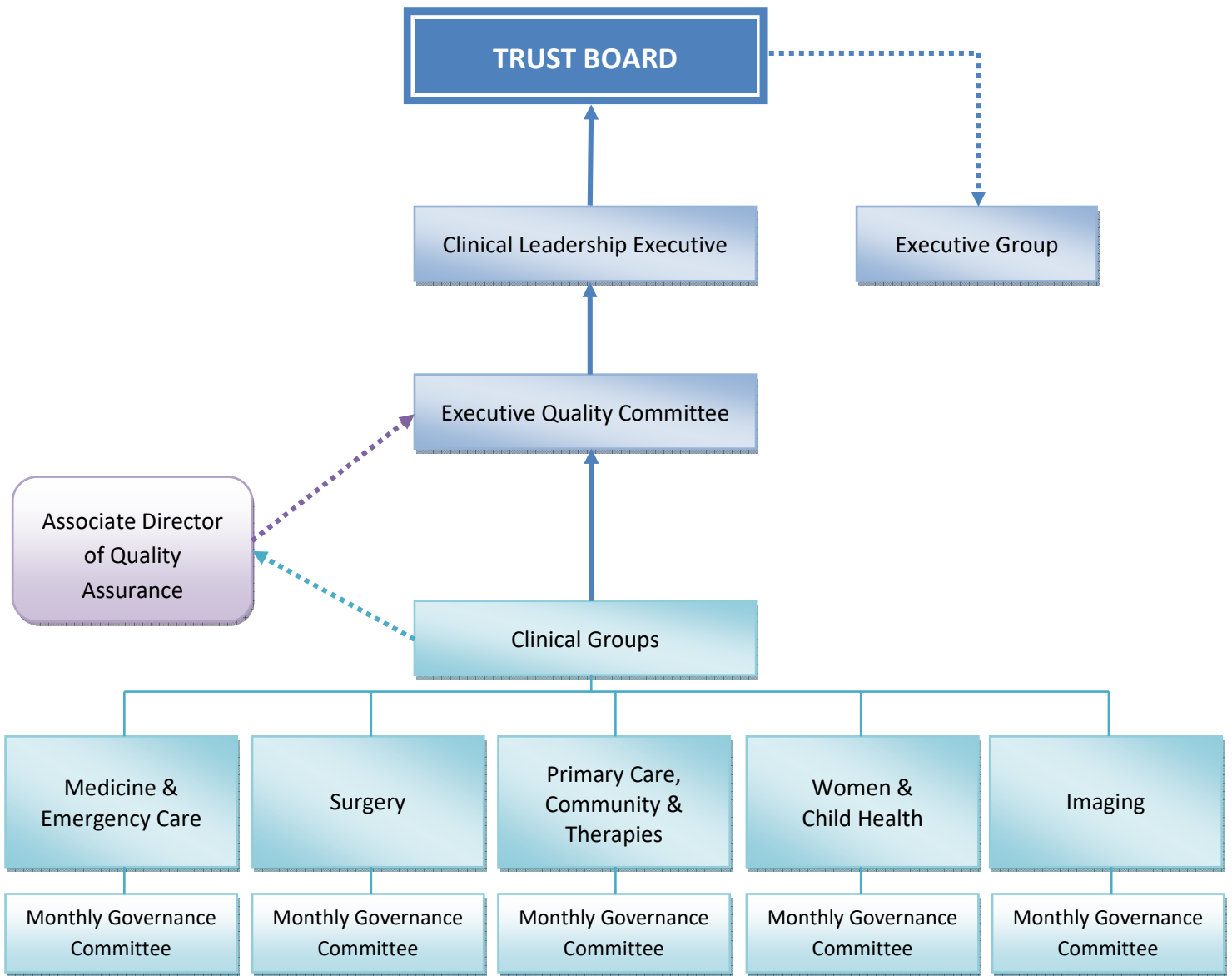
1	Action complete and evidence available
2	Action underway and will complete to timescale
3	Action not on track and subject to escalation
4	Action scheduled

Ref	Work Stream	Actions and Approach	Implementation Timeline						Expected Completion Date	Status
			2020							
			July	August	September	October	November	December		
1.	Insight Report A monthly report published by the CQC that brings together and analyses the information they hold about our Trust. Includes a comparison with other similar Trusts and sets out whether we are much better, better, worse or much worse in terms of our current performance.	<ul style="list-style-type: none"> Continue to closely monitor the Insight report and provide a monthly update to Executive Quality Committee highlighting any indicators where the Trusts performance has deteriorated, or where we are shown as being worse than the national comparison. Groups to provide an update on the specific actions they are taking in order to address any outlying areas with a timescale for when they expect to see an improvement. Celebrate indicators where we are better or much better via the Trusts established routes of communication. 							Ongoing Monthly	2

Ref	Work Stream	Actions and Approach	Implementation Timeline 2020						Expected Completion Date	Status
2.	Provider Information Return The information return that the CQC will request prior to an upcoming inspection. The information contained within it will inform the basis as to which services / areas the CQC will choose to visit.	<ul style="list-style-type: none"> • Ensure the PIR is updated with the most recently available data and good quality supporting narrative on a quarterly basis (or monthly where possible). • Maintain an up to date repository of supporting documentation that will also be required for submission. • Ensure we are ready to provide all required information in a timely manner as soon as requested by the CQC, thereby preventing any last minute rush which could potentially impact on the quality of the return. 							Ongoing Quarterly	2
3.	Self Assessment Programme Facilitate an ongoing programme of self-assessment based on the CQC Key Lines of Enquiry	<ul style="list-style-type: none"> • Develop and produce a self assessment toolkit suitable for all wards and clinical areas, including women and child health, and community teams. • Enable wards and clinical areas to undertake a self assessment, identify any areas for improvement and to share any good practice / articulate things that teams are proud of. 							Ongoing on a quarterly basis	2
4.	In-House Unannounced Inspection Visits Rolling programme of weekly visits to wards and clinical areas across all sites.	<ul style="list-style-type: none"> • Book rooms to hold briefing and de-briefing sessions and put together a schedule of dates for visits. • Identify staff from each Group across all disciplines and at all levels to participate in the inspection visits. • Develop a toolkit for the inspection visit. • Undertake the visits on an ongoing weekly basis. • Provide a written report to the ward / clinical area following the inspection visit. 							Ongoing on a weekly basis	2

Ref	Work Stream	Actions and Approach	Implementation Timeline						Expected Completion Date	Status	
			2020								
			July	August	September	October	November	December			
5.	Staff Engagement Develop a programme of staff engagement to ensure that staff are fully briefed, know where they can find out more information, and have the opportunity to raise questions.	<ul style="list-style-type: none"> Hold a series of staff focus groups to discuss the inspection process, what to expect, and to address any queries or concerns staff may have. Develop a communications package to keep staff informed including regular updates via: <ul style="list-style-type: none"> * Heartbeat magazine; * Chief Executive's Friday message; * Daily email bulletin; * My Connect; * A dedicated intranet page. Produce a staff information leaflet which will contain useful information regarding what an inspection will look like, who to contact for further information and support. To be made available to all staff. 							Ongoing monthly	4	
										Ongoing monthly	4
											October 2020
6.	Situational Learning Ensure that staff are prepared and know what do to in the event of a real inspection	<ul style="list-style-type: none"> Produce Action Cards for security / reception staff / on call managers with details of who to contact when the inspectors arrive on site, both in and out of hours. Undertake situational run-throughs that simulate what to do in a real inspection situation to ensure that staff are fully prepared. 							Ongoing monthly	4	

CQC Improvement Plan Reporting Framework



Monthly updates to include:

- Self assessment actions
- Assurance walkabouts
- In-house unannounced inspection visits
- Internal rating
- Staff engagement feedback