

Report Title	Self-assessment Programme		
Sponsoring Executive	Kam Dhami, Director of Governance		
Report Author	Ruth Spencer, Associate Director of Quality Assurance		
Meeting	Trust Board (Public)	Date	4 th March 2021

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

As part of our CQC preparedness work and our continuous monitoring of safety and quality improvement, one of our approaches under the **weAssure** programme has been to develop a self-assessment toolkit for all wards and clinical teams. This now forms part of our rigorous and robust process for continually monitoring the quality of our services.

The toolkit enables clinical teams to identify what they are good at, and also identify areas that require focus to improve. Completion of the toolkit will enable the clinical teams and Groups to rate their own services in line with CQC ratings.

The Groups have been asked to support their wards and clinical teams to undertake their self-assessment and to return the completed documentation before the end of March 2021.

This will enable us to draw themes of good practice and areas for improvement so that we can facilitate Trust wide improvement and learning.

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?]*

Paper presented at Clinical Leadership Executive on 23rd February 2021

4. Recommendation(s)

The Trust Board is asked to:

- a. **NOTE** the quality assurance approach being taken by the wards for their services.
- b. **RECEIVE** a follow up report at the May Board on the self-assessment findings and actions.

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?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If 'Y' date completed
Quality Impact Assessment	Is this required?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If 'Y' date completed

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Public Trust Board: 4th March 2021

Self-assessment Programme

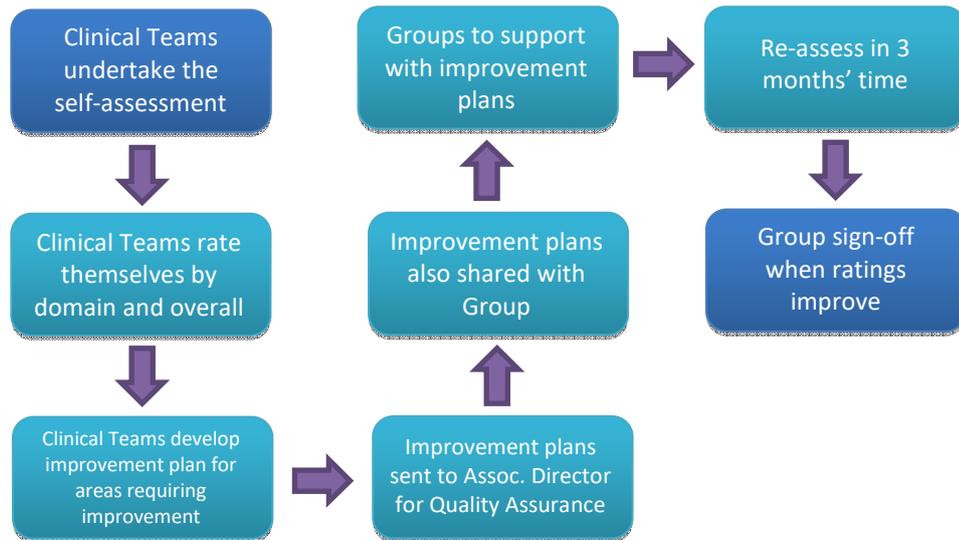
- 1.1 As part of our CQC preparedness work and our continuous monitoring of safety and quality improvement, one of our approaches under the **weAssure** programme has been to develop a self-assessment toolkit for all wards and clinical teams.
- 1.2 The self-assessment toolkit was developed based on examples that have been used successfully in other Trusts (Annex 2). The toolkit was widely circulated for input from the clinical Groups over the summer 2020. It is based largely around the CQC's Key Lines of Enquiry (KLOE) framework and has been tailored to meet the specific needs of our Trust.
- 1.3 The toolkit enables clinical teams to identify what they are good at, and also identify areas that require focus to improve. Completion of the toolkit will enable the clinical teams and Groups to rate their own services in line with CQC ratings.
- 1.4 The toolkit was circulated at the end of 2020 and clinical teams were given a deadline of getting these completed and returned by the end of February 2021.

2. Progress to Date

- 2.1 Progress has been a little slow due to the heightened pressures in the system with the increase in COVID-19 patients, and clinical teams have had to understandably prioritise their focus in this area (Annex 1).
- 2.2 Some teams have managed to undertake their self-assessment with Gynaecology, Maternity and Children's Therapies Teams having successfully completed the process. Primary Care, Community & Therapies Group have embraced the self-assessment process with iCares having already assessed 15 of their teams. They have developed an excel document based on the self-assessment tool which will provide each of the domains with a rating and show their progress as they embark on their improvement journey.

3. The Process

- 3.1 The process for undertaking the self-assessment, implementing improvement plans where required, and monitoring of progress is set out in the flow diagram shown below.



Process showing the self-assessment completion, monitoring and improvement journey.

4. Findings

- 4.1 So far, feedback from the teams and services who have undertaken the self-assessment has been extremely positive, with staff reporting back that they have found the process really useful and intuitive and have been able to use the tool to easily identify specific areas that they wish to focus on in order to drive their improvements, and also areas of good practice that they are proud of and will want to share with the organisation and with the CQC when they visit.
- 4.2 iCares Directorate have put a process in place to ensure each of their teams completed a self-assessment. Matrons and Service Leads have then reviewed the findings of these, checked the quality, reviewed the evidence, and agreed action plans. Feedback was then given at the Directorate General Meeting.
- 4.3 The iCares Directorate felt that this has now given them a 'birds-eye view' of CQC compliance for the whole Directorate which they did not have previously. It has allowed their senior leadership team to have assurance around patient safety and quality across all of their services. This has enabled them to plan their training better to address any gaps, to provide leadership support for areas that require improvement, and to share good practice both across teams and across the Group as a whole.

5. Future Plans

- 5.1 The Groups have asked to support their wards and clinical teams to undertake their self-assessment and to return the completed documentation before the end of March 2021.
- 5.2 This will enable us to draw themes of good practice and areas for improvement so that we can facilitate Trust wide improvement, and provide regular monthly reporting of progress to Executive Quality Committee and Quality and Safety Committee.

- 5.3 Clinical teams will be required to revisit their self-assessment on a quarterly basis to demonstrate progress with their improvement plans and to show progression along their improvement journey through implementing their action plans and delivering outcomes.
- 5.4 We are planning to resume our In-House Unannounced Inspection Visits from 1st April 2021 and a schedule of visits, together with recruitment of inspection volunteers is being worked up currently in readiness.
- 5.5 Any actions detailed in the improvement plans taken from the self-assessments will also inform the In-House Unannounced Inspection Visits and provide a joined up approach to improvement work.

6. Recommendations

- 6.1 The Trust Board is asked to:
 - a. **NOTE** the quality assurance approach being taken by the wards for their services.
 - b. **RECEIVE** a follow up report at the May Board on the self-assessment findings and actions.

Ruth Spencer
Associate Director of Quality Assurance

25th February 2021

Annex 1: Self-assessment Progress Tracker Quarter 4 2020-21

Annex 2: Extract from the Self-assessment Toolkit showing an example of the 'Safe' Domain



Our Journey to Outstanding

Introduction

This toolkit gathers together information and guidance to help your team to prepare for visits from external review bodies, such as Royal Colleges, peer reviews, and the Care Quality Commission (CQC).

This toolkit is designed to support improvements in care for the people we serve by:

- Ensuring our services are as safe as possible;
- Improving the quality and effectiveness of care;
- Improving the patient and carer experience;
- Providing development and learning for all involved;
- Encouraging the dissemination of good practice.

The toolkit is based on Trust policies and procedures and the use of these in practice. **They are about what you do every day to ensure patient care is safe, effective and of a high quality.** The tools contained within this pack are framed around the CQCs Fundamental Standards and the five key lines of enquiry (KLOE).

This toolkit contains:

- An overview of the CQC inspection process
- **Section 1:** Questions for you to work through with your team to help you explain your team's strengths and areas for improvement
- **Section 2:** Checklists around medicines management, infection control, the environment and record keeping
- **Section 3:** An outline of the Trust's Vision and Values
- An action plan template.

CQC Inspections

When inspecting services, the CQC want to get to the heart of people's experiences of care. They do this by focusing on the quality and safety of services delivered. The following five key questions will form the basis of their inspection and will be asked of all of the services they visit.

Is the service safe?

People are protected from abuse and avoidable harm.

Is it effective?

People's care, treatment and support achieve good outcomes, promote good quality of life, and are based on the best available evidence.

Is it caring?

Staff involve and treat people with compassion, kindness, dignity and respect.

Is it responsive?

Services are organised so that they meet people's needs.

Is it well-led?

The leadership, management and governance of the organisation ensures the delivery of high quality, person-centred care, supports learning and innovation and promotes an open and fair culture.

Evidence will be gathered in a number of ways:

- Observing care delivery
- Speaking to patients, carers and staff
- Reviewing care records
- Reviewing Trust policies and procedures
- Reviewing performance data, complaints and incidents
- Patient and staff surveys
- Peer review schemes
- Information from other stakeholders e.g. Clinical Commissioning Groups (CCGs) the Trust works with, NHS Trust Development Agency
- National databases.

The CQC will use this information to rate the services it inspects, and the Trust. These ratings are:

- Outstanding 
- Good 
- Requires improvement 
- Inadequate 

As part of every inspection, the service will receive a rating for how safe, effective, caring responsive and well-led it is. The service will also receive an overall rating.

Each of the five domains (safe, effective, caring, responsive and well-led) will be rated as either outstanding, good, requires improvement or inadequate.

Below are some of the things considered when deciding how to rate a service:

What makes a service OUTSTANDING? Good-rated services will need to demonstrate a number of additional characteristics in order to be rated as outstanding	
Safe	Staff must be described as having a high level of understanding of a patient's needs to be kept safe and must demonstrate exceptional skills and ability to recognise when a person feels unsafe.
Effective	Services will use innovative and creative ways of training and developing staff, demonstrate excellent links with health services and a strong emphasis on the importance of eating and drinking well.
Caring	Services will have a strong, visible person-centred culture. Service users will value their relationships with the staff team and feel that they 'often go the extra mile' for them, and staff will be highlight motivated and inspired to provide care that is kind and compassionate.
Responsive	Staff will have outstanding skills and an excellent understanding of a person's social and cultural needs. The service will be flexible and responsive to a person's needs and people's care and support will be planned proactively with them.
Well-led	The service has a track record of being an excellent role model, has a strong emphasis on continually striving to improve and its vision and values ensure that patients are at the heart of their work.

What makes a GOOD service? The characteristics of a good service form the basis of the whole rating system and therefore has the most detailed description. Information on the other three ratings builds on this	
Safe	People are protected from bullying, harassment, avoidable harm and abuse. The service has an open culture on reporting and learning from mistakes, prompt responses to safeguarding concerns and thorough investigations. There is good management of medication and accurate record keeping.
Effective	People's needs are consistently met by staff who have the right skills, qualifications and knowledge. The service keeps up to date with new research, guidance and developments in the sector. People are always asked to give their consent to their care, treatment and support.
Caring	Patients are consistently positive about the caring attitude of the staff. People receive care from staff who know and understand their history, likes and goals. End of life care is compassionate and supportive, with people being supported to make decisions about their preferences.
Responsive	People receive person-centred care and are involved in identifying their needs and how these should be met. A service protects people from the risk of social isolation and loneliness. People have a choice about who provides their personal care.

Well-led	People, their family and friends are regularly involved with the services in a meaningful way. Staff have the confidence to question practice and report concerns. The service has a clear vision and set of values that include honesty, respect and safety.
-----------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Why should a service be rated as REQUIRING IMPROVEMENT?

A service that requires improvement may have some features of a good service, but there will be a lack of consistency in the caring approach of staff, the effectiveness of the service, how well it is managed and led, and how well people are involved in relevant decisions about their care and support. Regulations may or may not have been met and there will be an inconsistent approach that means that, at times, people’s health, safety or wellbeing is placed at risk.

You may identify, for example, a lack of time for people to be able to participate in creating their own support plans and a delay in referrals to other health and social care professionals. The service may not always provide the right number of staff, with the risk skills and competencies to keep people safe, and people at risk of poor nutrition and dehydration will not always be sufficiently monitored.

What makes a service INADQUATE?

A service that is rated inadequate may have some ‘safe’ and ‘effective’ practice but in general people will not be safe and some regulations will not have been met. It will have widespread and significant shortfalls across the five domains and the overall standard of care, support and outcomes that people experience.

For example, you are likely to find standardised care records that do not reflect individualised or person-centred care, patients will say that they do not feel safe and some will say that they have been harmed or abused, and staff will not have been adequately trained to meet the needs of people using the service.

Overall Rating Guidance

Judgements must be based on the available evidence, using professional judgement. The table below provides a guide for the overall rating of a service:

3 or more of the domains rated Outstanding	Outstanding
3 or more of the domains rated Good	Good
2 or more of the domains rated Requires improvement	Requires improvement
1 or more of the domains rated Inadequate	Requires improvement
2 or more of the domains rated Inadequate	Inadequate

Action Planning

Upon receipt of the final inspection report, the service must develop a SMART action plan addressing all identified areas for improvement. Progress against this action plan should be monitored through local governance arrangements.

How **SAFE** is our service?

By safe, we mean that people are protected from abuse and avoidable harm.

This worksheet has been developed to help your team to demonstrate how they use Trust policies and procedures to keep patients, visitors, staff and the environment **SAFE**.

This is an opportunity for your team to celebrate the good work that you do as well as identifying ways of improving your service for your patients. Please note that not all questions may be relevant to your team / service – please indicate where this is the case. In addition, responses will vary dependent on role and responsibilities.

Please discuss and answer, providing evidence and examples, the following questions with your team. Completed worksheets should be sent to the Associate Director of Quality Assurance by **Friday 27th November 2020**. Teams should then continue to discuss and review their answers on an ongoing basis. Teams should use this worksheet to continue to record the work they are doing to help them deliver high quality, safe and effective care.

Team Name and Location:

Who was involved in answering the following questions? <i>(please list everyone)</i>

Monitoring Quality and Safety (complaints / incidents / audits)

How do we routinely monitor the quality and safety of our service as a team through the review of complaints, incidents, audits, etc. and how do we use this information to improve how we work?

Safety Alerts

How do we manage safety alerts (e.g. medical device alerts, drug alerts, CAS alerts, etc.) in a timely and effective way?

Incident Reporting and Learning Lessons

How do we report incidents and near misses and what examples do we have of changes we have made to prevent the same incident from occurring again? How do we support staff (de-brief)? How do we learn from incidents that have happened in other areas of the Trust (learning alerts)?

Being Open / Duty of Candour

When things go wrong, how are we open and honest with patients in line with the Duty of Candour policy (e.g. apology offered)?

Safeguarding

How do we identify and raise safeguarding concerns? How do we follow our Safeguarding policies and procedures to ensure patients are protected from abuse and safe?

Cleanliness and Infection Control

How do we ensure standards of cleanliness and hygiene are maintained (e.g. hand hygiene, cleaning schedules, bare below the elbows, clutter free, audits, clinical waste, sharps, PPE, etc.)?

The Environment

How do we ensure our environment is safe (e.g. environment checks, equipment checks, PAC testing, lone working, security, ligature risk assessments)?

Lockable Rooms

If a room (e.g., bathroom or store cupboard) is locked – are you able to unlock the room and gain access from the outside in the event of an emergency?

Medicines Management

How do we handle, administer, store and dispose of medicines and is this in line with Trust policy?

Care Records / Record Keeping / Storage

How do we ensure that our care records are up to date, reflective of care, legible and stored securely?

Identifying and Managing Clinical Risks

How do we carry out and document risk assessments to identify the individual needs of our patients and make sure these are always up to date? What plans do we put in place when risks are identified?

Identifying and Managing Changes to Clinical Condition / Deterioration

How do we identify a change in a patient's condition (physical deterioration, medical emergencies) and how do we respond to this?

Identifying and Managing Changes to Patients' Behaviour

How do we identify a change in a patient's behaviour, and how do we respond to this?

Team working

How do we use handovers, MDTs, team meetings, clinical reviews, ward rounds, board rounds, etc. to keep people safe?

Restraint and Rapid Tranquilisation

How do we manage physical restraint and rapid tranquilisation? How are these in line with Trust policies?

Seclusion

How do we manage episodes of seclusion? How are these in line with Trust policies?

Safer Staffing

How do we ensure that we always have safe staffing levels with the appropriate skill mix? How do we escalate any issues (e.g. use of bank / agency / NHSP, induction processes, etc.)?

Major Incidents	
How do we respond to emergencies or major incidents (Business Continuity Plans / BCPs e.g. seasonal fluctuations, adverse weather, IT failure, fire, potential infectious disease outbreak, terrorist attack)?	

Trust Policies, Procedures and Clinical Guidelines	
How do we access policies, procedures and clinical guidelines, and do we understand and follow them?	

Please identify at least 3 examples of good practice relating to the SAFETY of your team / service that other services could learn from:	
1.	
2.	
3.	

Please identify at least 3 actions to improve the SAFETY of your team / service and when you will do this by:	
1.	
2.	
3.	

Is our service SAFE?

“Safety is fundamental to high-quality care. Everyone who uses health care and social care services should be able to feel confident that they will be protected from avoidable harm and treated with compassion, dignity and respect”. (CQC, 2013)

Rating Score:

Outstanding	Good	Requires Improvement	Inadequate

Reasons for our score:

--

Improvement Planning

Please use the table below to record any action that has been identified after undertaking the Self-assessment.

Action Status Key:

1	Action complete
2	Action underway but not yet complete
3	Action not on track and subject to escalation
4	Action scheduled

Ref	Action to be taken	By Whom	By When	Date Completed	Comments	Action Status