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| Report Title | weAssure Programme Update (CQC Inspection Preparedness) | | |
| Sponsoring Executive | Kam Dhama, Director of Governance | | |
| Report Author(s) | Ruth Spencer, Associate Director of Quality Assurance | | |
| Meeting | Public Trust Board | Date | 7 th October 2021 |

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| 1. Suggested discussion points <i>[two or three issues you consider the Board should focus on]</i> |
| <p>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 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.</p> <p>The paper provides an update on progress with the programme of work that is currently underway in order to prepare ourselves for inspection</p> |

| 2. Alignment to our Vision <i>[indicate with an 'X' which Strategic Objective this paper supports]</i> | | | | | | | | | | |
|--|--------------|--|------------|---|----------------|--|---|--|---|---|
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Our Patients</th> <th style="width: 5%;"></th> <th style="width: 35%;">Our People</th> <th style="width: 5%;"></th> <th style="width: 30%;">Our Population</th> </tr> </thead> <tbody> <tr> <td>To be good or outstanding in everything that we do</td> <td style="text-align: center;">X</td> <td>To cultivate and sustain happy, productive and engaged staff</td> <td style="text-align: center;">X</td> <td>To work seamlessly with our partners to improve lives</td> </tr> </tbody> </table> | Our Patients | | Our People | | Our Population | To be good or outstanding in everything that we do | X | To cultivate and sustain happy, productive and engaged staff | X | To work seamlessly with our partners to improve lives |
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| 3. Previous consideration <i>[where has this paper been previously discussed?]</i> |
| Quality & Safety Committee |

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| 4. Recommendation(s) |
| The Trust Board is asked to: |
| a. COMMENT on the improved approach to quality assurance at all levels in the organisation |
| b. RECOGNISE the emphasis on large bed-holding teams |

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|--|-------------------|---------|---|---|-----------------------|--|--|
| 5. Impact <i>[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]</i> | | | | | | | |
| Trust Risk Register | x | Various | | | | | |
| 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 Public Trust Board: 7th October 2021

weAssure Programme Update (CQC Inspection Preparedness)

1. Introduction

- 1.1 This paper provides an update on progress with work streams currently underway across the Trust in order to ensure continued quality improvement and our readiness for CQC Inspection.
- 1.2 The work streams have been developed to ensure that we can provide visibility and assurance on outputs and outcomes, not simply actions or processes. Crucial to that will be local teams being supported to prioritise this work and that remains the key change needed over the coming months.

2. In-House Unannounced Inspection Programme

- 2.1 Inspection visits are continuing on a weekly basis across the Trust. Since May 2021, we have undertaken first visits to 29 of our 57 identified clinical areas. Seven of the 57 areas are currently either red rated for COVID-19 risk, or are closed. Red rated areas will be visited as soon as it is possible to do so.
- 2.2 It is anticipated that all clinical areas will have had their first visit carried out by December 2021.
- 2.3 Follow up visits have also commenced on the Sandwell Hospital site, with three clinical areas already having had a follow up visit.
- 2.4 Wards are adding their 'must do' actions from the visits to their combined improvement plan, together with improvement work identified through the self-assessment, and these plans are being re-visited at the follow up inspection visit.
- 2.5 The clinical Groups are monitoring progress with these improvement plans, seeking assurance on their progress from wards and clinical teams, and supporting them to deliver their improvements.

3. Self-Assessment Programme

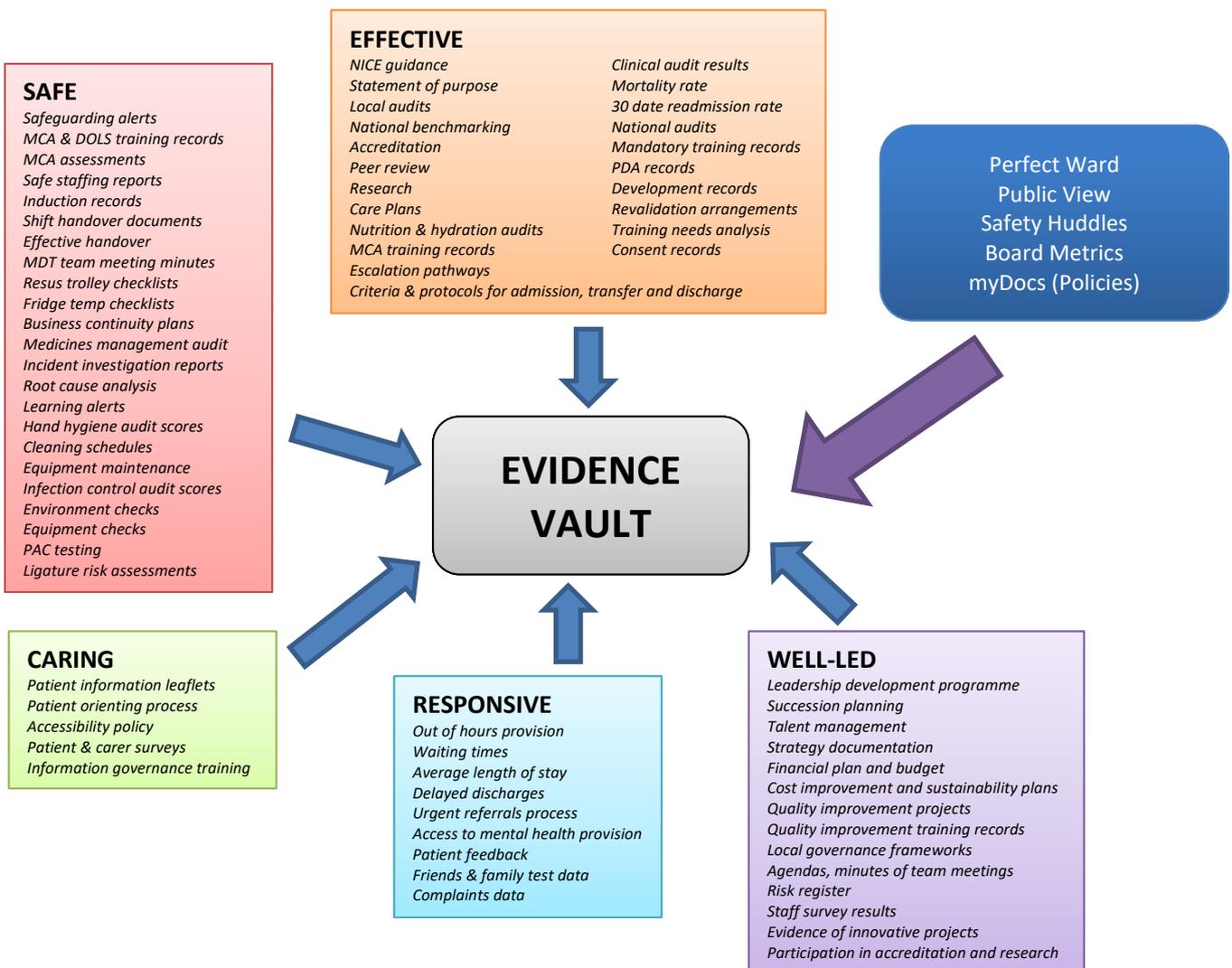
- 3.1 The self-assessment template was re-designed with input from the clinical Groups, to enable wards and clinical teams to easily identify specific areas to focus on in order to drive their improvements, and to share areas of good practice that they are proud of and will want to share with the organisation and with the CQC inspectors when they visit.

3.2 The revised self-assessment aims to further strengthen and refine evidence summation to provide greater assurance of progress or risk on our journey to becoming good or outstanding in everything we do by highlighting any gaps or non-compliance against the standards in the framework and providing opportunity for teams to highlight what work they are undertaking, or plan to undertake, to address these gaps.

4. Evidence Vault

4.1 In addition to completing the self-assessment, clinical teams are now required to submit documentary evidence for each standard in support of their assertions about performance. This is being collated and entered into the evidence vault which will both allow internal testing of progress and offer material readily available to inspectors.

4.2 An illustration of what is being collected and entered into the Evidence Vault is outlined below:



5. weAssure Dashboard

- 5.1 The weAssure dashboard will show the triangulated information collected from the self-assessments, evidence submissions, and in-house inspection visits which will form one overall rating for each clinical area. The overall ratings will be given final sign off by the Chief Nurse and Medical Director.
- 5.2 Wards and clinical teams will be able to see their dashboard which will highlight their ratings and a note of areas for improvement. It will also be possible to view outcomes by Group, and by Hospital Site and Core Service.
- 5.3 The Dashboard will show a ward's status at a glance with their latest ratings as per the below illustration. Clicking on a ward will drill down to show a detailed picture of compliance against each of the standards, will highlight areas for improvement, and showcase areas of outstanding performance.



6. Recommendations

- 6.1 The Trust Board is asked to:
- a.
 - b.
 - c.

Ruth Spencer
Associate Director of Quality Assurance

30th September 2021