

Report Title	weAssure Programme Update (CQC Preparedness)		
Sponsoring Executive	Kam Dhami, Director of Governance		
Report Author	Ruth Spencer, Associate Director of Quality Assurance		
Meeting	Public Trust Board	Date	9 th June 2021

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

The Trust Board is asked to note the work in relation to our weAssure programme. This programme focusses on quality improvement, including readiness for CQC visitations. It aims to further strengthen and refine evidence to provide greater assurance of progress on our journey to excellence.

The attached paper provides an update on progress with the programme of work that is currently underway in order to prepare ourselves for inspection, and also outlines our specific priorities for the next three months.

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

Safety Plan	X	Public Health Plan		People Plan & Education Plan	X
Quality Plan	X	Research and Development		Estates Plan	
Financial Plan		Digital Plan		Other <i>[specify in the paper]</i>	

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

None

4. Recommendation(s)

The Trust Board is asked to:

- a. **CONFIRM** support for the approach presented to prepare for inspection
- b. **NOTE** the revised priorities for strengthening and refining our assurance
- c. **SUPPORT** the weAssure programme work streams

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

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: 9th June 2021

CQC Inspection Preparedness Update

1. Introduction

- 1.1 This paper sets out the activities currently taking place across the Trust in order to ensure continued quality improvement and in readiness for CQC inspection.
- 1.2 The paper also outlines our priorities for the next three months and the additional work streams we are now in the process of developing to ensure that we are able to provide assurance of our continued improvement.

2. Current Activities

2.1 In-House Unannounced Inspection Visits

- 2.1.1 Our rolling programme of in-house unannounced inspection visits re-commenced on 10th May 2021 after a short pause due to the COVID-19 pandemic.
- 2.1.2 Since starting this month, we have inspected five areas across the Trust with further visits planned to take place each week.
- 2.1.3 Early findings from these visits are as follows:
 - Staff have a good understanding of how to report incidents and feel supported by managers to do so, but robust processes for sharing feedback and learning from incidents, risks and complaints is lacking.
 - Staff on wards where regular daily Safety Huddles are taking place are able to demonstrate a good understanding of the top risks for their areas, and are able to articulate what changes to practice have been made as a result of learning from incidents and complaints.
 - Wards we have visited appear generally clean and tidy, but some wards do have cluttered areas.
 - The majority of staff spoken to stated that they are happy working on their ward, said that they felt supported by their managers and that their well-being is being taken seriously.
 - Patients have said that their care is very good and that staff are friendly and helpful.

2.1.4 Findings from the visits will be combined with actions from the self-assessments and merged into one action plan for each area. Ward teams will be invited to a monthly Oversight Group to present progress with their action plans.

2.2 Self-Assessment Programme

2.2.1 49 wards and clinical teams across each of the Groups have now completed and returned the first draft of their self-assessment for Quarter 1.

2.2.2 Initial findings from the self-assessments show that wards and clinical teams have already identified a number of areas for improvement and work is currently underway to deliver the required changes. Action plans are being monitored at Group level and will be brought to the Oversight Group as mentioned above.

3. **Our Priorities for the Next Three Months**

3.1 It has been noted that there are a number of areas in relation to our **weAssure** programme that we can further strengthen and refine to provide greater assurance of progress on our journey to becoming outstanding. Details of the work streams taking place over the forthcoming months as a priority are outlined below.

3.2 Evidence Vault

3.2.1 It has been recognised that the Trust has a significant gap in terms of the evidence we collect from our wards and clinical teams in order to demonstrate how well we are performing against the CQC's Key Lines of Enquiry (KLOE).

3.2.2 It has therefore been agreed that we will develop an evidence vault which will contain relevant documentary evidence, together with examples of good practice that clinical teams would like to share.

3.2.3 A template is currently being worked up and will provide clinical teams with guidance on the specific evidence that they will need to provide in line with each of the KLOE questions. The template will then be circulated for consultation with colleagues across the Trust to ensure that we have effectively captured what is required for each type of service.

3.2.4 The aim is to have an agreed and finalised template before the end of June which can then be circulated to all wards and clinical teams across the Trust for immediate completion.

3.2.5 Once the evidence has been returned, this will be entered into the evidence vault which all staff will be able to access. Executive Directors will also be able to add in any evidence as required for their specific areas of responsibility.

3.3 weAssure Dashboard

3.3.1 A R-A-G rated **weAssure** dashboard is being developed and will show how wards and clinical teams are performing in each of the five CQC domains by triangulating the information collected as part of the self-assessments, in-house inspection visits, and the evidence vault. The dashboard will be available before the end of June.

3.3.2 Wards and clinical teams will be given a rating based on the information collected above and will give the Trust a strong overview of how we are performing, any hot spot areas, and will identify any gaps in evidence. This will allow Groups to focus on areas where further improvements are required and help to give a clear outline of what to focus on.

3.4 Oversight Group

3.4.1 The Oversight Group is where all of the information gathered as part of the **weAssure** programme regarding quality and safety will be reviewed together to form a picture across the whole Trust. At this meeting, wards and clinical teams will be invited to present their action plans. This will enable the group to oversee and monitor progress with the delivery of the quality and safety improvement work and to offer support, advice and help to drive the improvements.

3.4.2 The Oversight Group will ensure that Wards and Clinical Teams are:

- Formulating appropriate action plans based on the recommendations from in-house inspection visits and identified areas requiring improvement from self-assessment, that contain specific, measurable, achievable, and realistic actions with a specified timescale for completion;
- Delivering their identified actions and ensuring the improvements are embedded and sustained;
- Able to identify, mitigate and escalate any risks or issues that they have not been able to resolve at a local level, or where further support is required in order to progress.

3.4.3 The Executive Group will devote time at its monthly strategic meeting to monitor progress against the programme deliverables and receive reports from the Oversight Group.

3.5 Staff Engagement

3.5.1 We are continuing the work to ensure that staff are fully briefed on what an inspection by an external organisation involves, and to build the confidence of staff so that they are comfortable with the process.

3.5.2 We have developed a handbook for staff which explains what an inspection involves, contains useful and supporting information, and details of who to contact if they require

more information or support. This first draft is currently in consultation and will be finalised and distributed to staff in July.

3.5.3 Following the success of our WebEx drop in coaching sessions for staff over the summer and autumn of last year, additional dates have been scheduled and will be communicated to staff via the daily communications email, and at Team Talk.

3.5.4 As part of our in-house unannounced inspection visits, we are identifying staff who are keen advocates for quality improvement and we will be asking them to become Quality Champions for the Trust. Quality Champions will help to support and build staff confidence, help staff to understand how quality improvement work they are involved in is something to be celebrated, and how to make sure that they share what they are really proud of when inspectors do visit.

3.6 Programme support

Being mindful of the current pressures facing wards, clinical services and support functions in pandemic recovery and restoration, resources will be identified to help teams develop their local **weAssure** plans and prepare for inspection visits.

Additionally, each local area will nominate a named **weAssure** contact who will have specific responsibilities; including populating the evidence vault and ensuring staff engagement messages are effectively disseminated and reach all staff members in a timely manner.

4. Recommendations

4.1 The Trust Board is asked to:

- a. **CONFIRM** support for the approach presented to prepare for inspection
- b. **NOTE** the revised priorities for strengthening and refining our assurance
- c. **SUPPORT** the **weAssure** programme work streams

Ruth Spencer
Associate Director of Quality Assurance

26th May 2021

Annex 1: weAssure Oversight Group – Process

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