

BOARD OF DIRECTORS MEETING (Open)

Date: 8 November 2017

Item Ref:

14

TITLE OF PAPER	Quality Improvement and Assurance Strategy CQC Well-led Domain Plan 2017-18
TO BE PRESENTED BY	Kevan Taylor Chief Executive and Exec Lead for CQC Well Led Domain
ACTION REQUIRED	To receive the report for information

OUTCOME	To receive assurance
TIMETABLE FOR DECISION	No decision required by Board
BAF OBJECTIVE No AND TITLE	Mitigate strategic objective 'Effective quality assurance and improvement will underpin all we do' and BAF Risk A101.
LINKS TO OTHER KEY REPORTS / DECISIONS	Corporate Risk Register Directorate Risk Registers CQC Inspection reports Internal Audit Reports
LINKS TO OTHER RELEVANT FRAMEWORKS RISK, OUTCOMES ETC	SHSC Constitution SHSC Provider Licence Trust Strategic Framework Single Oversight Framework Regulatory requirements of CQC Regulatory requirements of NHS Improvement NHS Constitution
IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT	Conditions on the Trust's registration with the CQC would affect service delivery
CONSIDERATION OF LEGAL ISSUES	Non- compliance with CQC related compliance action plans could result in conditions to the Trust's registration with the CQC

Author of Report	Denise Woods, Graham Hinchcliffe
Designation	Interim Director of Care Standards Interim Care Standards Manager
Date of Report	31 October 2017

SUMMARY REPORT

Report to: Open Board of Directors

Date: 8 November 2017

Subject: DRAFT- Quality Improvement and Assurance Strategy
CQC Well-led Domain Plan 2017-18

From: Kevan Taylor
Chief Executive and Exec Lead for CQC Well Led Domain

Author: Denise Woods, Interim Director of Care Standards
Graham Hinchcliffe, Interim Care Standards Manager

1. Purpose

<i>For Approval</i>	<i>For a collective decision</i>	<i>To report progress</i>	<i>To seek input from</i>	<i>For information</i>	<i>Other (please state below)</i>
				✓	Assurance
<p>The purpose of this plan is to outline the Trust's priorities for the next 12 months to ensure the Care Quality Commission's (CQC) Well-led standards are met, and exceeded as the Trust aspires to be outstanding.</p> <p>This is a sub-plan of the Quality Improvement and Quality Assurance Strategy and sits alongside plans for each of the other CQC domains, Safe, Effective, Caring and Responsive.</p> <p>This draft plan was developed with input from the Care Standards Team, Chief Executive and Director of Corporate Governance (Board Secretary). The plan was received and discussed at EDG on 2 November 2017.</p>					

2. Summary

This paper outlines the priorities, actions and timescales to enable the Trust to aspire to be 'Outstanding' in the CQC Standards Well Led Domain. This will provide continued assurance to the Board of Directors and to the CQC:

- Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations <http://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-17-good-governance>
- NHS Improvement - Development reviews of leadership and governance using the well-led framework, https://improvement.nhs.uk/uploads/documents/Well-led_guidance_June_2017.pdf requires the Trust to have a board assurance framework (BAF) and risk registers in place which are assessed by the board on a

quarterly basis as a minimum.

- Mitigate strategic objective 'Effective quality assurance and improvement will underpin all we do' and BAF Risk A101.

3. Next Steps

There will be a series of workshops to further develop this framework and the framework for 3 of the other 4 CQC Domains (Effective, Caring and Responsive). The Safe Domain Plan is being led by Mike Hunter, Medical Director as Executive Director Lead for Safe.

As this plan develops it will be received at the Quality Assurance Committee (QAC) for information and assurance.

The Trust's Care Standards Team will continue to facilitate and support this process.

4. Required Actions

Receive for information and assurance.

5. Monitoring Arrangements

The developed framework will be presented to the QAC for information and assurance.

The Trust's Quality Assurance and Improvement Strategy provide the overarching framework with a range of development priorities and actions in place.

The governance structures ensure the work is a crucial element of our assurance mechanisms; operationally via clinical and corporate directorates and Board sub-committees to provide assurance to the Board.

6. Contact Details

For further information, please contact:

- The Care Standards team
- Contact telephone numbers: 0114 271 6296 or 0114 271 8378
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Quality Improvement and Assurance Strategy CQC Well-led Domain Plan 2017-18

1. PURPOSE

The purpose of this plan is to outline the Trust’s priorities for the next 12 months to ensure the Care Quality Commission’s (CQC) well-led standards are met, and exceeded as the Trust aspires to be outstanding.

This is a sub-plan of the Quality Improvement and Quality Assurance Strategy and sits alongside plans for each of the other CQC domains (Safe, Effective, Caring and Responsive).

2. INTRODUCTION

Kevan Taylor, Chief Executive is the Executive Director Lead for the CQC Well Led Domain.

The CQC defines ‘Well-led’ as “ensuring that the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture.”

In the CQC’s framework for assessing the Well-led domain, there are eight Key Lines Of Enquiry (KLOEs), Appendix 1:

W1	Is there the leadership capacity and capability to deliver high-quality, sustainable care?
W2	Is there a clear vision and credible strategy to deliver high-quality sustainable care to people, and robust plans to deliver?
W3	Is there a culture of high-quality, sustainable care?
W4	Are there clear responsibilities, roles and systems of accountability to support good governance and management?
W5	Are there clear and effective processes for managing risks, issues and performance ?
W6	Is appropriate and accurate information being effectively processed, challenged and acted on?
W7	Are the people who use services, the public, staff and external partners engaged and involved to support high-quality sustainable services?
W8	Are there robust systems and processes for learning, continuous improvement and innovation ?

3. KEY PRIORITIES AREAS

Having considered the Trust CQC inspection reports, feedback from the Trust directorates and analysis of internal intelligence, the following ten areas have been identified as key well-led priorities that the Trust will focus on for the next 12 months. The priority areas will be mapped against the well-led CQC KLOEs.

- i. Achieving and embedding the well-led actions from CQC inspections
- ii. Work required aspiring to be outstanding
- iii. Preparing for the next phase of CQC regulation
- iv. Internal quality assurance from Care Standards Peer Inspections (CSPIs), Service Reviews and audits
- v. External quality assurance from quality networks, Royal College of Psychiatrists accreditation, 360 Assurance internal audit and external audit
- vi. Quality Improvement systems
- vii. Policies and procedures review
- viii. Review of governance structures
- ix. Performance data review
- x. Visibility of senior managers and organisational culture.

There will be a series of workshops to further develop this framework and the framework for three of the other four CQC Domains (Effective, Caring and Responsive). The Safe Domain Plan was launched in October 2017 by Mike Hunter, Medical Director as Executive Director Lead for Safe.

The following sections describe the planned work around the 10 Well-led priorities.

i. Achieving and embedding the well-led actions from CQC inspections

Inspection Results

The outcome of the focussed Trust inspection of the well-led domain in May 2016 was a rating of 'good'.

In the Trust comprehensive CQC inspection in November 2016, eight of the Trust's ten core services were rated 'good' in the well-led domain, resulting in a 'provider rating' of 'good' overall for well-led. However two core services were rated 'requires improvement' for the well-led domain, see table 1.

In the Primary Medical Services inspection in November 2016, the well-led domain was rated 'good'.

In the Adult Social Care services inspections in 2016/2017 the well-led domain was rated 'good', except Wainwright Crescent who were rated 'requires improvement' in their draft report. See CQC website for full details of all inspections:

<https://www.cqc.org.uk/provider/TAH>

Across all of the services inspected, including those with a 'good' rating, there is a total of 18 well led related actions that the CQC has asked the Trust they 'should' and 'must' do to improve, see Table 1.

Table 1: Ratings and areas for improvement progress by service

Service	Rating/ musts and shoulds	Must/should Area for improvement	Status early October 2017
Long stay/rehabilitation mental health wards for working age adults	Requires Improvement (2 musts)	Quality Assurance systems	Completed
		Timely information sharing	Completed
Mental health crisis services and health-based places of safety	Requires Improvement (1 must)	Quality Assurance systems (Out of hours team)	Completed
Community-based mental health services for adults of working age	Good	Performance data	Completed
Substance misuse services	Good (1 should)	Performance data	Completed
Provider report (all services)	Good (1 must and 1 should)	Effective governance systems	Amber (On track)
		Effective medicines management	Amber (On track)
Well-led Inspection May 2016 (all services)	Good (3 should and 2 must)	Policies management	Amber (On track)
		Clinical audit	Completed
		Management supervision	Amber (On track)
		Mental Health Act implementation	Amber (On track)
		Mental Health Act training (including MCA and DoLS)	Amber (On track)
The Clover Group (2 inspections)	Good (1 should and 4 musts)	Quality Assurance	Completed
		Prescription security	Completed
		Data protection	Completed
		Infection control	Completed
		Record keeping	Completed
		Audit follow-up	Completed
% Actions Completed			12/18= 67% completed 6/18= 33% on track.

Progress

- Action plans were created during the inspections' week in November 2016 based on feedback given at the time of inspections.
- The CQC published findings in reports on 30 March 2017 and responsive action plans were created to address the 'must' and 'should' do actions. The actions taken since the inspection were incorporated.
- A monthly Executive led CQC Action Plan Task & Finish Oversight Group was established in May 2017 to monitor completed actions and to track progress against target dates.
- Once actions are completed, the Care Standards team carry out a quality assurance check of evidence as part of the CSPI framework. If the quality check is successful the action is marked as complete and evidence collected. If the quality check is unsuccessful, guidance and support is provided focusing on the evidence required to demonstrate completion.
- Progress is published on the Staff Intranet and Trust Internet every three months and shared with the CQC on a quarterly basis at CQC Engagement meetings.

Embedding actions

The aim is to complete all remaining well-led actions by end of December 2017 wherever possible and to CSPI check they are embedded. The CSPI process will be repeated after 6 months to ensure completed actions remain embedded.

ii. **Work required aspiring to be outstanding**

The CQC have defined characteristics of outstanding, good, requires improvement and inadequate related to the eight areas in the well-led KLOEs. See appendix 2 for the CQC Well Led Key Lines of Enquiry and what Outstanding looks like.

The quality of front-line leadership is crucial to the delivery of well-led services. To support the development of that leadership, the Trust has established a Leadership Engagement Network. This consists of all front-line team leaders and the Chief Executive. The purpose is to identify and address the culture and specifics to support front-line leadership.

Action: The Trust continues to undertake a mapping exercise against the requirements and align itself with the 'outstanding' characteristics.

In addition, the Care Standards Team has undertaken a review of outstanding practice which incorporates national findings of outstanding practice from CQC reports of similar services. The Care Standards team also visited external services to share good practice and gain ideas, and invited external speakers to the Trust. This work has informed the development of the Trust CSPI scheme.

The Trust is also taking part in the CQC's Driving Improvement work. The report is due to be published in early 2018.

iii. **Preparing for the Next Phase of CQC regulation**

The Trust is preparing for the new phase of CQC regulation which came into effect in June 2017 that focuses on an annual Well-led inspection. Well-led inspections will be carried out with NHS Improvement. The Care Standards team is leading preparation for this work and includes:

- Joint working with IMST to pilot a Provider Information Request (PIR) using the new CQC templates in order to be prepared for the actual request
- Preparing services via resources on the Staff Intranet, providing training and presentations at governance meetings
- Identifying hot areas including the Board Assurance Framework (BAF) fit for purpose, Fit and Proper Person requirements, resources assignment, data security, accessible information standard.
- On-going engagement with CQC showcasing good practice at informal monthly meetings and reporting progress against action plans at quarterly engagement meetings.

Actions:

- Carry out a CSPI on the well-led domain at corporate level
- Provide support and guidance to individual teams who may be asked to meet with CQC either as part of on-going engagement with CQC or at inspection.
- Invite CQC in for deep dives once action plans are completed.

iv. Internal Quality Assurance: Trust Care Standards Peer Inspections (CSPIs) and Service Reviews

Care Standards Peer Inspections (CSPIs)

CSPIs are a peer-based quality assurance check introduced in June 2017. These are based on the mock inspection visits that took place before the CQC inspection in November 2016 and now have a wider remit.

A team of staff and experts by experience visit services and perform a peer inspection against a set of service specific standards including CQC and national best practice guidelines. CSPIs celebrate good practice and information sharing, and also highlight any areas of concern as well as supporting completion of action plans.

CSPIs can be carried out based on specific themes or risks such as the CQC Must and Should do actions, or may be more general. They can be announced or unannounced.

Actions:

- Complete CSPIs on CQC actions from CQC 2016 inspections
- Recruitment and roll-out training for peer inspectors
- Plan a timetable of inspections based on risk and implement
- Produce CSPI findings reports.

Service Reviews

The Service Review process is the formal mechanism whereby the Executive Team reviews the performance of services at the Directorate level. It forms an integral part of the Trust's broader governance processes in respect of oversight and assurance of service delivery in respect of quality, sustainability and informing on-going strategy developments.

Outcomes from these reviews support the quality assurance and improvement process for the Trust.

v. External Quality assurance: Quality networks, Royal College of Psychiatrists accreditation, Internal Audit and External Audit

The Royal College of Psychiatrists' Quality networks and accreditation schemes
The Royal College of Psychiatrists' Quality networks and accreditation schemes provide assurance from an external perspective. The Trust supports services to enrol and engage in the programmes.

Schemes that services are members of:

- The ECT Accreditation Service (ECTAS)
- The Home Treatment Accreditation Scheme (HTAS) (South West HTT)
- The Memory Services National Accreditation Programme (MSNAP)
- The Psychiatric Liaison Accreditation Network (PLAN)
- The Quality Network for Forensic Mental Health Services (Forest Lodge)
- The Quality Network for Perinatal Mental Health Services
- AIMS-Rehab (Forest Close).

Remaining schemes that services are eligible for:

- AIMS- Working Age- (Burbage, Stanage, Maple)
- AIMS-PICU- (Endcliffe)
- The Quality Network for Inpatient Learning Disability Services (QLND)- (Firshill)
- Quality Network for Older Adults Mental Health Services (Dovedale and G1)
- ACOMHS (4x CMHTS)
- Home Treatment HTAS (3x remaining teams)
- Early Intervention in Psychosis (EIPN).

Actions:

- To engage with services and provide support and funding to gain membership to the schemes.
- To enrol all eligible services by 2018.

The Trust's CSPIs will support preparation and report on readiness of services for accreditation.

Outcomes from these reviews support the quality assurance and improvement process of the Trust.

Trust Audits

The emphasis of the audit programme is not just about ensuring audits are undertaken, but ensures there is focus on the development and delivery of quality improvement plans resulting from the audits. The clinical audit programme is not seen as a 'stand-alone' programme but is successfully linked in to other areas under the quality strategy.

Internal Audit

The Trust internal auditors, 360 Assurance are engaged by the Trust to carry out a programme of audits to provide an objective and unbiased opinion. Audits generally test a range of processes and systems. An audit report is produced which gives an independent "opinion" and recommendations. The Trust produces an action plan to deliver against recommendations.

Outcomes from these independent audits support the quality assurance and improvement process of the Trust.

External audit

The Trust's External Audit function is carried out by KPMG who audit the Trust's financial statements. This includes ensuring that the Trust has proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes. This includes whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year.

Outcomes from these independent audits support the quality assurance and improvement process of the Trust.

vi. Quality Improvement Systems

The Trust has invested in microsystems as our preferred method of continuous quality improvement and a number of teams are already utilising microsystems to improve and focus on their safety priorities. The recent quality improvement event in focused on the Trust's key priority areas.

Outcomes from these independent audits support the quality assurance and improvement process of the Trust.

vii. Policies and procedures review

The Trust should ensure that all policies are reviewed within the stated time on each policy. This is a Should do action from the CQC inspection.

A Trust Policy Governance Group (PGG) has been established and the Director of Care Standards is a core member.

Completion of this CQC action and improvement feeds into the CSPI process. Compliance and improvement also links directly into the Care Standards team to provide quality assurance.

viii. Review of governance structures

The trust must ensure that effective governance systems are in place across all services. This is a Must do action from the November 2016 comprehensive inspection.

Completion of this CQC action and improvement feeds into the CSPI process. Compliance and improvement also links directly into the Care Standards team to provide quality assurance.

ix. Performance data review

The Trust shares the NHS-wide commitment to improve the capture and use of information, so that development and use of key performance indicators add value to the Trust as opposed to being a 'tick box' compliance exercise. The NHS is clear that the quality of data is fundamental to delivering high quality, patient led care.

The primary purpose of this data is to support the delivery of a quality service to patients and service users. It is also used to plan and commission services, assess quality, facilitate patient choice, support audit and research and ensure effective use of resources.

The dashboard is prepared using intelligence and information collated from various regulatory bodies. Discussions have commenced regarding the development of a revised performance framework.

The Care Standards team are involved in the development of the dashboard and other performance data to ensure we meet the requirements of the CQC Pre Inspection Requests (PIRs). The dashboard supports the quality assurance and improvement process of the Trust.

x. Visibility of senior managers and organisational culture

Visibility of senior managers is a key expectation of leadership within SHSC and will be core to the organisational culture. This will be reviewed and developed within the Leadership Engagement Network and Trust Management Group.

Executive Directors are expected to be visible as far as possible and time spent in front-line services will be monitored and reviewed. Non-Executive Directors' front-line visiting programmes will be reviewed and published quarterly.

Executive and Non-Executive Directors and senior managers are included in the CSPI process and also in the 15 Steps Challenge Reviews. This work supports the quality assurance and improvement process of the Trust.

4. GOVERNANCE ARRANGEMENTS

The Trust's Quality Assurance and Improvement Strategy provides the overarching framework with a range of development priorities and actions in place focussed on maintaining and improving the quality of care provided. These are defined within the Quality Account which addresses transformation priorities and a range of quality improvement programmes including building capacity to deliver high standards of quality care.

The governance structures ensure the work is a crucial element of our assurance mechanisms; operationally via clinical and corporate directorates and Board sub-committees to provide assurance to the Board.

Kevan Taylor

Chief Executive and Executive Director Lead for CQC Well Led Domain

October 2017

CQC Well Led Key Lines of Enquiry: What Outstanding Looks Like

The full CQC document can be found here:

<http://www.cqc.org.uk/sites/default/files/20171020-healthcare-services-kloes-prompts-and-characteristics-showing-changes-final.pdf>

W1: Is there the leadership capacity and capability to deliver high-quality, sustainable care?

- There is compassionate, inclusive and effective leadership at all levels.
- Leaders at all levels demonstrate the high levels of experience, capacity and capability needed to deliver excellent and sustainable care.
- There is a deeply embedded system of leadership development and succession planning, which aims to ensure that the leadership represents the diversity of the workforce. Comprehensive and successful leadership strategies are in place to ensure and sustain delivery and to develop the desired culture.
- Leaders have a deep understanding of issues, challenges and priorities in their service, and beyond

W2: Is there a clear vision and credible strategy to deliver high-quality sustainable care to people, and robust plans to deliver?

- The strategy and supporting objectives and plans are stretching, challenging and innovative, while remaining achievable.
- Strategies and plans are fully aligned with plans in the wider health economy, and there is a demonstrated commitment to system-wide collaboration and leadership.
- There is a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy and plans.

W3: Is there a culture of high-quality, sustainable care?

- Leaders have an inspiring shared purpose, and strive to deliver and motivate staff to succeed. There are high levels of satisfaction across all staff, including those with particular protected characteristics under the Equality Act. There is a strong organisational commitment and effective action towards ensuring that there is equality and inclusion across the workforce.
- Staff are proud of the organisation as a place to work and speak highly of the culture. Staff at all levels are actively encouraged to speak up and raise concerns, and all policies and procedures positively support this process.

- There is strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences.

W4: Are there clear responsibilities, roles and systems of accountability to support good governance and management?

- Governance arrangements are proactively reviewed and reflect best practice. A systematic approach is taken to working with other organisations to improve care outcomes.

W5: Are there clear and effective processes for managing risks, issues and performance?

- There is a demonstrated commitment to best practice performance and risk management systems and processes. The organisation reviews how they function and ensures that staff at all levels have the skills and knowledge to use those systems and processes effectively. Problems are identified and addressed quickly and openly.

W6: Is appropriate and accurate information being effectively processed, challenged and acted on?

- The service invests in innovative and best practice information systems and processes. The information used in reporting, performance management and delivering quality care is consistently found to be accurate, valid, reliable, timely and relevant.
- There is a demonstrated commitment at all levels to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement.

W7: Are the people who use services, the public, staff and external partners engaged and involved to support high-quality sustainable services?

- There are consistently high levels of constructive engagement with staff and people who use services, including all equality groups. Rigorous and constructive challenge from people who use services, the public and stakeholders is welcomed and seen as a vital way of holding services to account.
- Services are developed with the full participation of those who use them, staff and external partners as equal partners. Innovative approaches are used to gather feedback from people who use services and the public, including people in different equality groups, and there is a demonstrated commitment to acting on feedback.
- The service takes a leadership role in its health system to identify and proactively address challenges and meet the needs of the population.

W8: Are there robust systems and processes for learning, continuous improvement and innovation?

- There is a fully embedded and systematic approach to improvement, which makes consistent use of a recognised improvement methodology. Improvement is seen as the way to deal with performance and for the organisation to learn.
- Improvement methods and skills are available and used across the organisation, and staff are empowered to lead and deliver change.
- Safe innovation is celebrated. There is a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of care. There is a strong record of sharing work locally, nationally and internationally.