Introduction

- CQC inspection – February to April 2014
- We were a pilot in Wave 1 – an opportunity
  Pilot trusts were:
  1. Coventry and Warwickshire.
  2. Devon Partnership Trust
  3. Dudley and Walsall.
  4. South West London and St George’s.
  5. Solent
- A new inspection regime with enhanced rigour and a focus on improvement
- ‘Learning by Doing’ for the Trust and the Care Quality Commission
The 5 Key CQC Questions

CQC asked 5 key questions about each service:

- Is it safe?
- Is it effective?
- Is it well led?
- Is it responsive?
- Is it caring?
Preparation for the inspection

“CQC are coming so we need to…”
Preparation for the inspection

• Housekeeping guidance
• Briefing for staff on what to expect from CQC inspectors
• Board preparation sessions
• Out of hours visits
• Asked teams to think about:
  • What are you most proud of?
  • What are you working to improve?
  • What are your three biggest risks (do these match with your risk registers)?
  • Is there anything that has been on the ‘to do’ list for a while?
• Estates team walkarounds fixing the obvious
CQC - in advance of the inspection

- Data pack requested
- Data pack responses signed off by responsible Executive
- One central repository for data pack submissions
- We considered ‘What would our key lines of enquiry be?’ from the data pack
- Key stakeholders – their perception of our strengths and weaknesses
- Data pack received
- Received CQC Key Lines of Enquiry – 24 hours in advance
Organising the CQC inspection!

- Geography
- Individual interviews
- Focus groups
- Meals!
- Transport
- Room facilities (including IT)
- Clinical records
- Information requests
- Welcome pack
During the inspection itself

KEEP
CALM
IT'S ONLY
A CQC
INSPECTION
What did CQC do differently this time?

- Total care pathways
- Triangulation across the Trust
- Understanding commissioning arrangements
- Depth of visit in its entirety
- Volume of inspectors
- Focus on ‘Floor to Board’
The Factual Accuracy Process

- Very fast turnaround for draft reports
- Lots of repetition across the reports
- Challenging due to time constraints but critical to engage the teams
- Check reports for improvements as well as accuracy
- Kept a tracker of a) corrections, b) improvements and c) positive feedback to cross check
- Started creating improvement plans and sending them to teams / corporate leads to start action planning
- Developed an ‘Evidence and Context Summary’ document to provide response on wider organisational work
Preparation for the Quality Summit

- Engaged with Commissioners quickly to prepare for the Quality Summit
- Difficulties over not having input to attendance list
- Led on creating the agenda
- Ensured high level improvement plan was ready for consideration at the meeting
At the Quality Summit

- Ensured key stakeholders approved the quality improvement planning approach and the key workstreams

- Ensured CQC clarified dates for submission of the draft quality improvement plan

- Engaged NHS England and the NTDA in the overarching governance and monitoring process

- Asked key questions regarding compliance actions that might remain regarding issues that are multi-agency
First and foremost our business is about people...

This can be hard to remember when ‘action planning’ and factual accuracy checking
Governance and Assurance Process (external)

The QIG will receive updates from each of the 4 workstreams above.
CQC Report Release

• Make sure that we manage the message to people who use our services, providing access to a point of contact with any concerns

• Communicate with our staff and stakeholders

• Develop our improvement plan and agree monitoring arrangements

• ‘Learning by Doing’ – An opportunity to learn together from the Wave 1 experience

• Agree communications with the CQC