CQCAssure Case Study

The Rotherham NHS Foundation Trust

As well as its main hospital site Rotherham NHS Foundation Trust now provides a large number of community services from other sites across Rotherham. The trust is one of the most forward-thinking in the UK, and is at the leading edge of health service reform.

The scale of the challenge

Lisa Reid, Head of Governance & Assurance, runs the trust's Assurance Unit the main role of which is to provide assurance to the Board of Directors in relation to legislative and regulatory compliance, quality assurance and governance across the trust. The Unit provides independent, impartial and objective assurance and support designed to add value and improve the Trust's control environment.

In 2011 the responsibility for assuring Care Quality Commission compliance was split from the responsibility for delivering compliance at Board level resulting in Lisa's Director (the Chief of Corporate and Legal Affairs) being charged with assuring the trust's CQC compliance. When this responsibility was transferred it naturally fell to the Assurance Unit to assure the trust's compliance with the CQC outcomes.

Lisa decided that a 'deep dive' audit was needed as a first step to identify the systems and processes in place at clinical directorate level to assess CQC compliance and whether these might need improvement. The trust had just merged with the community provider and the task was therefore a considerable one – examining systems and processes across 20 clinical directorates.

Meeting the challenge

Lisa and her team set about interviewing individuals within each clinical directorate. The trust had been using HealthAssure, which provides a dynamic framework to manage, monitor and report on regulatory regimes, quality standards, business objectives, plans and risks.

However, the audit revealed that each directorate had a different approach to how often compliance should be refreshed on the system and differing opinions as to what constituted robust evidence of compliance.

The Assurance Unit's deep dive audit revealed that improvements could be made to the Trust's approach to self-assessing its CQC compliance at a directorate level.

The introduction of regular quarterly self-assessments were an important part of this work. Each directorate was asked to rate its compliance and where there was non-compliance to put a remedial plan in place. One element of the project that Lisa is particularly pleased with was the way lead clinicians for each directorate became involved and accepted responsibility

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>
> Lisa Reid
> Head of Governance & Assurance

for their directorate. Each Clinical Director agreed to sign a governance declaration verifying the accuracy of assessments. This internal statement reflects the Monitor quarterly return and helps to focus the clinical leadership on demonstrating quality and identifying improvements.

"Each return is discussed at the directorate's governance meeting because we wanted to show it was a multidisciplinary effort. Any non-compliance with the self-assessment."

The benefits of working with Allocate Software

Having spoken at conferences where she has met individuals in similar roles, Lisa believes that one of the key benefits is the way HealthAssure helps the trust to carry out assessments from the bottom up. "Other organisations seem to have taken a top down approach but by working with the clinical directorates and getting them to carry out assessments quarterly we can offer clear assurance to the board of compliance at the front line of service provision."

Lisa also believes the ease of use is an important benefit of HealthAssure along with the ability to view assessments across departments. It means that those Owners undertaking self-assessments (usually Matrons) and their Sponsors (usually Business Managers or Clinical Directors) can see each other's assessments e.g. clinicians in general surgery can see what clinicians in medicine are doing.

"Going forward I'm really pleased that Allocate Software has a direct monthly feed of the CQC's quality and risk profiles (QRPs). Before we had to manually cut and paste the QRPs into our board reports. This takes it to the next level in terms of triangulation because it means we can take them back to staff and get them directly involved."

What does looking for evidence of non-compliance really mean?

CQC inspections focus on identifying non-compliance, although where inspectors see compliance, they will describe it to provide a balanced view when reporting its findings and judgements. For example, when CQC inspectors check records, they will focus on following up areas such as a lack of information about medicines, or where care plans are not being regularly reviewed.

CQC inspectors always check evidence of non-compliance with other evidence, unless the evidence is so strong that it can be used on its own. For example, when they observe care being delivered, inspectors may see staff moving or lifting people in a way that appears to put them at risk, or they may see that staff aren't engaging with people who use the service. This could lead the inspectors to check staff training records and policies, to confirm the CQC's findings and inform its judgements.

More information

To request a copy of Rotherham's governance declaration or for more information on HealthAssure please email:

HealthAssure@allocatesoftware.com

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Tel : +44 (0)20 7355 5555

Email : info@allocatesoftware.co.uk