Effective CQC action planning: 7 steps to success

CQC action planning may appear to be like any other action plan, but in fact there is a real art to getting it right, especially keeping updates on track, evidencing embeddedness, communicating improvements and demonstrating impact on quality of care.

Like any CQC inspector, I've written and peer reviewed many CQC reports, as well as monitored the progress of CQC action plans. Failing to actually see improvements made in practice, despite what action plans may say, was always a source of frustration, especially seeing the wasted time and effort that went into the process that missed the mark. All too many times I have been presented with overly complex and jargon filled action plans and reports, that make it nigh on impossible to decipher any improvement. I've found that assurance around CQC actions is commonly only focussed upward in a trust, in formats understandable to only those in the know, completely overlooking those that need to know and explain the information the most; the frontline staff.

One of the main reasons I decided to start consulting was that I wanted to support NHS trusts to avoid these traps and practically make the improvements. I have since taken a great deal of satisfaction seeing CQC actions effectively completed in practice and signed off. The following steps which I've picked up after managing this process in multiple trusts will hopefully be useful for those managing or involved in this process or have quality in their portfolio.

1. Be prepared

- Starting at the beginning, the **verbal feedback** given at inspection gives indication of the coming 'must and should' actions in the CQC report. **Start making improvements straight away**, especially the quick wins that can be dealt with immediately, leaving more time down the line for other actions. Keep record of what was done, by whom and when in order to populate the action plan retrospectively when it is written in about 12 weeks when the draft report arrives.
- **Don't wait until the CQC report is published** to start action planning**.** As soon as the draft report arrives, and the factual accuracy check is underway, the action planning process should begin. The actions within the draft report will largely stay the same as the published report. This way you will also have content ready for the Provider Action Statement (PAS) which will be due in 10 working days after the published report arrives.
- **Get buy in from action leads at the very beginning**. Agree actions and expectations together from the start to foster ownership. Have one lead per action where possible to avoid confusion and accountability issues. Keep leads to a small group as possible, however others still will need to be involved informally.
- **Some actions will be shared with corporate teams** e.g. training, estates, risk. Responsibilities should to be made clear from the offset to avoid confusion down the line. This area always proves a challenge in terms of accountability, especially managing across different locations.
- **Get executives/the board involved** as soon as possible. A paper should go to board asap outlining the action planning template and the governance (see 3 and 4). Having a nominated executive per CQC domain adds in a good layer of accountability.
- **Engage the Communications team** at the start. A piece of comms should be ready to go for when the CQC report is published, informing staff of what the actions are and what the governance will be to make improvements. At this stage it would also be useful to let the comms team know about future pieces of CQC related comms that will come and in what timescales (see 7).

- **Get everyone above together in one room** at the start. Having a discussion about governance and accountability fosters ownership and expectations from the outset. Get this is diaries early.
- When the published CQC report arrives, often an area of confusion for trusts (and indeed CQC inspectors) is the **'Provider Action Statement' (PAS)** which requests how and when any breached regulations will be met. This doesn't ask for the further detail around individual musts/shoulds, only the regulations. This often means that the PAS actions are written differently to the trust action plans, sometimes duplicating or be at odds with each other. A good solution is to ask the CQC relationship manager if you can submit the trust action plan format instead of the PAS, which will integrate all the information required in the PAS but goes beyond by breaking down into must/should. This is much easier to follow for both parties, and ultimately prevents conflicting information in the longer term. If a separate PAS is sent, ensure it matches the CQC action plan you've developed as much as possible e.g. copy and paste actions across.

2. Creating a useful CQC action plan template

- **Simplicity is key**. It's very easy to get bogged down in the action plans as time goes by to the point where the actual point is completely lost. **Limit the number of columns in the action plan**. The key fields to include are:
  - Action number/name
  - Must/should wording
  - Context in report
  - Actions to complete the must/should
  - Action lead
  - Deadline
  - Status update (narrative)
  - Completeness rating (RAG or BRAG- Red Amber Green Blue)
  - Evidence
  - Outcome (The so what? How has the action been met- Narrative populated upon completion)

- **Copy and paste the must/should wording across from the CQC reports.** Don't be tempted to change or shorten the wording as the essence can easily be lost.
- **Use a simple naming convention for the actions**- Service name, number, must/should e.g. ED-M1 (Emergency Department, Must, Action 1)
- **Join overlapping actions together** but be careful not to lose the essence of any specifics.
- **Add in the context from the CQC report and which service/s they are applicable to**. The must/should wording can often be open to interpretation. This will save time and confusion in the long term. e.g. if the action is about mandatory training, but the report says this is due to one or two subjects being low in one service, add this under a 'context in report' heading so the action lead will know the specifics of the action and will be less tempted to get off track.
- Avoid risk ratings, over complex rating, monitoring governance scales, 'what good looks like'- this only detracts from the actions themselves. If these need to be put in, keep them in the background.

3. Completing the CQC action plan

Depending on how this process is being coordinated, at this point the action plan template might be sent out to the divisions/services to complete, or perhaps this be done centrally, which will depend on capacity and organisation size.

- **The 'actions to complete the must/should' are key to overall success**. They need to actually resolve the issue that is being raised in the must/should, which seems like an obvious statement, but if these miss the mark, this may lead to months of pointless discussions. They should tell the chronological story of what needs to be done. Setting SMART actions is a good place to start, or following these three key principles when writing actions:
  A. Reviewing, deciding on and implementing the change to the process
  B. Informing/reminding/communicating/training staff of a change or process
  C. Auditing/Testing that process- ongoing audits, evidence of discussion in meeting minutes or introducing spot checks. A good rule of thumb is three months' worth of checks/audits with improved outcomes to see that a process is embedded.
- **Actions should be written by or together with the action leads;** often when actions are inherited, they are not understood. This also fosters ownership from the outset. They need to be quality assured against the three criteria above.
- **Avoid refusing to accept or nit-picking at certain CQC actions**. Accepting the findings saves time. Ensure to give them as much as effort the others, even if this means doing something again (How effective in the first place if inspectors found the problem?).
- **Avoid writing what is already in place** as the solution to an action e.g. training in place, or existing audit. This doesn't demonstrate change or improvement.
- **Set realistic deadlines** – It's a red flag when all the deadlines in an action plan are all clustered at the end of the same month. Spread these out as much as possible. Think about how long it takes to get changes ratified and approved (especially policies), then add the three months on to audit the effectiveness of the process. Being realistic is more favourable to inspectors than rushing to get actions superficially completed.
- Some musts/shoulds can seem **impossible to ever achieve** e.g. 'implement an effective governance system', 'meet all targets', 'ensure all staff are skilled to carry out their roles'. These tend to overwhelm and cause confusion. The best way to approach these is to agree some realistic milestones to work toward improving, e.g. for staff skills, aim to increase mandatory training compliance over a period of six months. This shows CQC a measured approach.

4. Good governance and assurance processes

Although all organisations will differ, depending on what level this is being managed at (ideally corporately) some general rules of thumb are:

- **Use existing governance structures and meetings** to manage this process where possible. Put CQC action plans on the agendas of the appropriate meetings from service level upward. Action leads can use these meetings to gain updates from services and feedback on progress. Ideally this would be a cascade system up and down the organisation. **Avoid chasing down leads for one off updates outside of the meetings**; this causes action plan fatigue.

- Having said that, where there are a considerable amount or complex CQC actions, setting up a **dedicated 'CQC action plan update meeting' (see 5)** is essential to discuss the detail and provide updates.
- **Establish an executive assurance group or process** to ensure that 'completed actions' are signed off as they are completed. Action leads should present their evidence here upon completion.
- **Evidence is essential** to show actions have been completed. Evidence folders should not serve as a dumping ground for every bit of information. Staff or CQC inspectors won't have time to read through 30 emails or iterations of a policy. Set out clearly beforehand what is needed in the action plan and include a narrative document in each evidence folder which explains what each piece of evidence shows. Evidence should be signed off as part of the executive assurance process.
- **Establish a check of 'completed actions' at the point of service**. This should be done when the action leads have completed all actions related to a must/should and have evidence. This could be done as spot check, peer review or part of existing assurance processes. Evidence of these checks should be written up and presented as part of the executive sign off, or even have executives conducting them as part of their walkarounds. Integrating this into ongoing checks so there is assurance that they are being kept up after they are complete.
- **Write the governance plan up as an appendix to the action plan** including who is doing what at all levels including action leads, corporately and executively. This serves as a guide when there is confusion about who is doing what.

5. Running the CQC action plan update meeting

- The meeting should be the opportunity for the **action leads to provide narrative around their updates on actions**, any barriers to completion and expected delays, resulting in a discussion about impact on the completeness rating. This should ideally happen at the same time, same place and with set regularity (monthly works well), perhaps before or after a quality themed meeting. These should be taking place in the divisions/directorates with attendance from corporate quality where possible.
- **Getting bogged down in the detail is all too easy**. The chair will need to be able to skilfully bring the discussion back to the actions. As time goes by, actions will grow as **challenges and complications occur and sometimes become unmanageable**. The chair will need to focus the action leads on the original actions and prevent them from introducing new actions that are not directly related to the must/should at hand.
- **Keep record of each ongoing update** so the journey can be tracked, don't write over it. This will be useful if an action gets of track.
- **The actions should be discussed one by one until completed**; action leads will often give a general statement about the entire must/should which make it difficult to write a comprehensive update. Updates should be written directly into the action plan by one person for consistency. The narrative should be no more than a few sentences and always be dated i.e. April 2020 update
- **Action leads should be challenged and held to account by the chair**. All too often action leads provide a very superficial or aspirational level of assurance. Ask for evidence to be presented to back up the update, do not mark this as complete until this has been presented.
- **Going beyond action deadlines is inevitable.** Don't take this as failure; review and set a new deadline at the meeting, ensuring the narrative is clear to justify this and the exec and CQC are

informed. Ensure any actions that are approaching their deadline are highlighted at least a month in advance so that these can be prioritised.

- **Ask action leads to send a deputy or provide a written update** on each action in advance if they cannot attend the meeting. Make sure attendees can **video-call or phone-in** to meetings if they can't be there in person.

6.   Ongoing update of CQC action plans- keeping momentum

- **Don't be tempted to add updates the action plans outside of the set update**, even if there are significant changes. This causes headaches with version control, completeness ratings and consistency of information. Keep note of these, hold them and add at the next set update.
- **Managing this process via email** instead of meeting is not ideal for many reasons but is possible if the organisation has good management and accountably culture. The end product may not be as comprehensive however.
- **Deciding on/discussing the completeness rating** can take up a lot of time and distract from progress. Essentially what needs to be known is complete/incomplete, with the narrative explaining why. The board will usually want to see a RAG rating however. Think about what works best and stick to it. Avoid rating based on 'risk'; this is about completion. Introducing 'blue' (BRAG) rating is useful for determining if action is not only complete (green) but evidence is in place, signed off and the action has been tested at point of service (blue). Whatever is decided, i**nclude a 'key' on the action plan so all are clear what BRAG means.**
- **CQC core service types** are seldom the same as the trust service types. This can cause frustration (especially if a negative rating is given the applies to a service that wasn't inspected) and confusion as to which actions are applicable to which services. This will need some thought as to what applies and where there is cross learning.
- **Cross learning**- although its good practice to implement the learning from one CQC action across other areas, this can really dilute the specific work that needs to be done in one area. Leave this until the action is completed in the area that it was given, then share the learning.
- **CQC reports and appendix/evidence reports** are packed full of observations that could be used to make improvements, that never made it into the musts or should. Good governance would be to action these but not at the expense or priority of the musts/shoulds.

7.   Communication.

- **Inform the CQC relationship manager of this process and share the action plans with them on a regular basis**. Suggest that quality staff attend the CQC engagement meeting on a quarterly basis to present a progress update. This is essential for ensuring inspectors understand your progress so they don't have to figure it out at inspection.
- **Transparency is key; share the action plan far and wide**. Ensure its accessible to as many staff as possible. **Put CQC action plans on the agenda of the relevant meetings**, even if it's just for information. Keep a copy on a central computer drive, on the intranet and even internet. Make this into a PDF or password protect to prevent it being altered and keep the master saved privately.
- **Create a 'top things to know about quality and safety'** information sheet/poster to communicate to staff what the themes of the CQC actions are, as well as reminder of new

processes e.g. Duty of candour means x, Risk registers are for x, are discussed at x meetings and can be found in x place. Use the skills of the comms team to make this bright, bold and accessible. Otherwise staff are more likely to take one look at the CQC action plan and turn off.

- **Create a 'CQC said, We did'** easy to read poster/information sheet for staff, visitors or patients which clearly communicates improvements, as well as what the actual impact/outcome is. The Keep it simple, clear and don't use abbreviations or jargon. **The frontline staff will be explaining the improvements to inspectors when they return, not the quality team and not the board.**

There isn't a one size fits all plan or process and there will always be staff who will criticise as it doesn't fit their needs. Don't change the process to please one, as it will put out another. Corporate reports of percentages and RAG ratings mean nothing to CQC inspectors compared to what is happening in practice. The key questions to ask yourself are, if you handed the CQC action plan to an inspector, would it be immediately clear what the improvements were and the impact on quality of care? When inspectors ask staff and patients, would they say the same?

Graham Hinchcliffe 24/04/20

About Graham

I'm writing this at home during a contract pause due to the COVID 19 outbreak. This is a good opportunity to take stock and put down on paper some key learning from the last five years since I left my role as a CQC inspector and became an independent healthcare quality consultant. I hope that this will be a useful resource for those that work in compliance and regulation in the NHS.

As a consultant, I've been providing regulatory and quality support to NHS trusts, mainly:

- CQC inspection preparation
- Mock CQC inspections
- Provider Information Requests (PIR) coordination
- Factual accuracy checking and challenging draft CQC reports
- Implementing quality assurance functions
- CQC training/workshopping/mentoring- including well-led with corporate/executives
- CQC action planning.

I've been lucky to work across a handful of NHS trusts of various sizes across England, spanning acute, community, mental health, learning disability services and paediatrics. I've joined trusts at various stages of their 'regulatory journey', from special measures to rated outstanding. Some have had only a handful of 'must' and 'should' actions to work at, others have had over 200, including warning notices and section notices. I've been positioned alongside executive teams, within quality and corporate quality teams of various sizes and configurations, as well in divisions/directorates working as a one-man band.

Going from inspector to consultant has given me a dual insight. I've been referred to as a 'critical friend' by some, and 'poacher turned gamekeeper' by others. The feedback I've been given most often is how useful having an honest, independent, fresh pair of eyes over service is. Although most have embraced my candour and learned from it, there have been a fair few middle managers who have been perturbed by criticism, often in hotspots where poor and institutionalised organisational culture is apparent. I feel that if I'm ruffling a few feathers along the way, then I'm most likely doing my job well. I've found that a good sign of a transparent organisational and leadership culture is the organisation that wants to be challenged and for you to ask the tough questions.

Although my remit is usually to 'improve the CQC rating', I interpret this as 'improve the quality of care' as one can't exist without the other. The most important thing I can do before I leave any organisation is ensure the CQC/ regulatory function is embedded within governance as part of the organisation's ongoing quality assurance. I know that I've done my job when I'm not needed anymore. To date, I haven't left a trust without improvement of at least one rating overall. Although this is down to the safe, quality and compassionate care the staff give, I like to think I had some impact, especially how improvements were communicated to CQC.

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