

# Top ten tips for NHS boards: preparing for a CQC inspection

## 1. Preparation is key, as the saying goes - fail to prepare, prepare to fail

Too many organisations fail to prepare well enough or early enough to achieve the best outcomes. It's a good idea to set up the Care Quality Commission (CQC) visit as a corporate project with executive leadership, preferably with the chief executive officer involved and receiving regular oversight briefings.

Too often the CEO is not connected to CQC inspection preparatory work until it is too late to gain assurance for the top team and the board of directors. A communication plan for the inspection is at least as important as the hard empirical evidence.

Ensure that arrangements can be put in place quickly for

the inspectors, including making rooms available.

## 2. Your narrative must align with the empirical evidence

Too often, CQC inspectors find gaps between what the board of directors think is happening and what is really going on. Triangulation of information is key to ensuring that the narrative of the organisation matches the lived experiences of staff, users and carers.

Be positive and realistic about your trust and the progress you are making.

## 3. No surprises

As senior leaders, you must be honest about challenges as well as success areas in your trust.

Be ready with narratives about the improvement journey or difficulties you have encountered. It's also important to ensure that staff have good stories and information to share with inspectors. What are they proud of and why do they like working at your trust? Ensure staff have good stories to tell ahead of the visit. Most people have a tendency to concentrate on the job at hand more than on past successes. It pays to remind colleagues of what they have achieved.



#### **4. Well-led – key lines of enquiry (KLoE)**

Ensure that for each KLoE you know and have shared what the successes are, what the current gaps in assurance are and the mitigations to address them.

The board of directors and senior managers need a coherent narrative – not to recite, parrot-fashion, but so they're all aware of common themes and use similar expressions. This is needed for each of the eight well-led KLoEs and it must be accurate – good or not so good!

#### **5. Rehearse**

Preparing for a CQC inspection is not a memory test but equally, it is good to be reminded of your achievements as well as the things that require further attention.

Consider individual coaching and preparation for directors and other senior managers who will be interviewed. Also critical is staff preparation through workshops and literature, to get the trust story on quality and safety in the minds of the front line.

#### **6. Information, intelligence and insight**

The CQC publishes its insight reports on your trust and shares this with you. Make sure you know about your areas of good practice, as well as the red flag areas where trends show the trust is heading in the wrong direction.

Share this information with senior leaders and those who need to know, including staff working in clinical governance and corporate affairs. Too often this information is held by one directorate or division and isn't shared widely enough.

#### **7. Study**

Study the last CQC report about your trust. It will offer valuable insight into some of the likely focus of the forthcoming inspection.

Ensure that you have completed the 'must' and 'should' do actions from the last inspection. Where you have not, prepare a narrative for directors and staff, together with the action plan you have in place to address the issues, to share with the inspectors.

Prepare your CEO's presentation early – it focuses the mind on the key elements for the inspection. Share it and improve it with several iterations.

#### **8. It used to be called peer review**

Ensure all services are undertaking what is required. Mock inspections can be useful. These require preparation and

organisation - there's a risk of providing false assurance if they aren't done properly. Engage with partner organisations such as HealthWatch and invite them to be mock assessors. Also, engage with senior clinicians and governors to undertake these reviews.

Know your hot-spot areas. Understand what staff will say about your trust, what senior leaders and the board of directors will say, including your non-executive directors. Do they have a common voice? if not, why not? Are there matters you need to address?

#### **9. After the inspection but before the well-led**

At the time of the inspection and after the inspection review has taken place, note which issues and areas of business are subjected to the greatest level of questioning. (Perhaps you have had warning notices in the past or the CQC has advised the chief executive officer or directors of areas of concern.) Ensure action is taken by the time of the well-led review. This may be a comprehensive action plan and some early wins detailing the actions you have taken.

#### **10. Know your numbers**

Have information ready for directors, senior leaders and other colleagues to be interviewed on the important, up-to-date facts and figures about your trust. For example, the top five risks, the top three clinical risks, the last serious incident along with the learning that came from it, the number of incidents, complaints, PALS contacts. What was the action planning and learning from these?

We hope you find this checklist useful. And please let us know what we've missed. What else would you advise fellow trusts to do as they prepare for CQC inspections and well-led reviews?

The Good Governance Institute has worked with many trusts over the years to help them prepare for inspections. These tips are just a starter for 10 on some of the preparation you can do.

For more useful hints and tips or to find out about the expert CQC preparation and readiness support we can provide, please get in touch by calling 07732 681120 or by email to advice@good-governance.org.uk.