

**Well Led Framework
Self-assessment Quarterly Review
Quarter 1 01 April – 30 June 2016**

Meeting	Trust Board		
Date	07 September 2016	Agenda item	11
Lead Director	Sandra Christie, Director of Nursing and Performance		
Author(s)	Sandra Christie, Director of Nursing and Performance Alison Hughes, Trust Board Secretary		

To Approve	<input checked="" type="checkbox"/>	To Note	<input type="checkbox"/>	To Assure	<input type="checkbox"/>
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Link to the Board Assurance Framework:
This paper provides assurance on the strategic objectives listed overleaf and on how the QGAF is implemented in practice in the organisation and how the key strategies that support the QGAF are monitored.
The paper provides assurance on all the principle risks referenced in the Board Assurance Framework.

Identified risks:
None

Financial implications:
None

Has an Equality Impact Assessment been completed? Yes No

Does this proposal represent any service improvement or redesign? Yes No
A rationalisation of the papers being submitted to the committee for assurance.

Paper history <i>Has a committee of the board reviewed this paper?</i>		
Submitted to	Date	Brief Summary of Outcome
Trust board	13 January 2016	Quarterly review submitted and approved
	04 May 2016	Quarterly review submitted and approved

Link to strategic objectives - 2014-19 <i>(please tick those supported by this paper)</i>			
We will deliver safe and effective patient care	✓	We will further develop and maintain a competent, caring and flexible workforce	✓
We will deliver a positive experience of our services	✓	We will continuously develop the organisation including leadership at every level of the organisation	✓
We will engage effectively with the patients and communities we serve	✓	We will effectively engage with our staff to deliver our strategic objectives	✓
Reducing health inequalities will be integral to all service developments and delivery	✓	We will optimise the use of our resources	✓
We will effectively manage and develop our relationships with our current and new commissioners and stakeholders	✓	The delivery of sustainable clinical services will be supported by corporate services	✓
We will defend and grow our core business	✓	We will effectively manage our finances and fully deliver our efficiency programme	✓
We will lead the delivery of out of hospital integrated care	✓	We will deliver transformation supported by innovation and research	✓
We will deliver to the expectations of our commissioners and demonstrate quality and value	✓		

Well Led Framework Self-assessment Quarterly Review Quarter 1 01 April - 30 June 2016

Purpose

1. The purpose of this paper is to present the Well Led self-assessment for quarter 1 to the Board for approval.

Executive Summary

2. In the well led framework guidance, updated from 2014, the regulator at that time, Monitor, aligned the four domains and ten high level questions asked of NHS provider organisations with the CQC's characteristics of 'good' under their well-led domain.
3. By well led, regulators mean that the leadership, management and governance of the organisation ensure the delivery of sustainable high quality person-centred care, support learning and innovation, and promote an open and fair culture.
4. The well led self-assessment takes the place of the Board Governance Assurance Framework (BGAF) self-assessment and the Quality Governance Assessment Framework (QGAF) self-assessment.
5. The well-led framework is not just a tool for trusts to use in preparing for the foundation trust assessment process; it is a tool for all NHS trusts to use to develop and improve their capacity and capability. Trusts carrying out leadership and governance reviews as part of their on-going development will be expected to use the well-led framework.
6. The well led framework is based on four different domains to review how well a board is operating:
 - Strategy and planning – how well is the board setting direction for the organisation?
 - Capability and culture – is the board taking steps to ensure it has the appropriate experience and ability, now and into the future, and can it positively shape the organisation's culture to deliver care in a safe and sustainable way?
 - Process and structures – do reporting lines and accountabilities support the effective oversight of the organisation?
 - Measurement – does the board receive appropriate, robust and timely information and does this support the leadership of the trust?

Table 1: The four domains of the well-led framework for governance reviews

Strategy and planning	Capability and culture	Process and structures	Measurement
<p>Does the board have a credible strategy to provide quality, sustainable services to patients and is there a robust plan to deliver?</p> <p>Is the board sufficiently aware of potential risks to the quality, sustainability and delivery of current and future services?</p>	<p>Does the board have the skills and capability to lead the organisation?</p> <p>Does the board shape an open, transparent and quality-focused culture?</p> <p>Does the board support continuous learning and development across the organisation?</p>	<p>Are there clear roles and accountabilities in relation to board governance (including quality governance?)</p> <p>Are there clearly defined, well-understood processes for escalating and resolving issues and managing performance?</p> <p>Does the board actively engage patients, staff, governors and other key stakeholders on quality, operational and financial performance?</p>	<p>Is appropriate information on organisational and operational performance being analysed and challenged?</p> <p>Is the board assured of the robustness of information?</p>

7. If delivered effectively, assessment against this framework should provide boards with assurance over the effective oversight of the care provided throughout their trust.
8. The four domains have ten underpinning questions for boards to use to self- assess themselves against to establish if they are well led:

Strategy and Planning	Capability and culture	Process and structures	Measurement
Q1 Does the board have a credible strategy to provide quality, sustainable services to patients and is there a robust plan to deliver?	Q3 Does the board have the skills and capability to lead the organisation?	Q6 Are there clear roles and accountabilities in relation to board governance (including quality governance?)	Q9 Is appropriate information on organisational and operational performance being analysed and challenged?
Q2 Is the board sufficiently aware of potential risks to the quality, sustainability and delivery of current and future services?	Q4 Does the board shape an open, transparent and quality-focused culture?	Q7 Are there clearly defined, well-understood processes for escalating and resolving issues and managing performance?	Q10 Is the board assured of the robustness of information?
	Q5 Does the board support continuous learning and development across the organisation?	Q8 Does the board actively engage patients, staff, governors and other key stakeholders on quality, operational and financial performance?	

Well Led and NHS Improvements (NHSI) draft Single Oversight Framework

9. The Single Oversight Framework will replace Monitor's risk assessment framework and TDA's Accountability Framework, it will combine and build on the previous approaches of Monitor and TDA, but adapt them to reflect and enable NHSI's primary improvement role.
10. The CQC sets out what good and outstanding care looks like, asking five key questions of all care services: Are they safe, are they effective, are they caring, are they responsive to people's needs, and are they well-led?
11. These questions will be supplemented by a forthcoming assessment of the use of resources being jointly developed by CQC and NHS Improvement.
12. NHS Improvement will support providers in attaining and/or maintaining a CQC 'good' or 'outstanding' rating, covering the CQC areas listed above. They will do this by focusing on five themes:
 - Quality of care: NHSI will use CQC's most recent assessments of whether a provider's care is Safe, Caring, Effective and Responsive, in combination with in-year information where available. The CQC will be working with partners, providers and the public to agree a definition of quality and how this should be measured based on the five key questions. They are encouraging providers to develop their own quality assurance based on the five key questions and to share this with them as part of an on-going conversation about quality.
 - Finance and use of resources: NHSI will oversee a provider's financial efficiency and progress in meeting its financial control total. They are co-developing this approach with CQC.
 - Operational performance: NHSI will support providers in improving and sustaining performance against NHS Constitution and other standards. These will include A&E waiting times, referral to treatment times, cancer treatment times, ambulance response times, and access to mental health services.
 - Strategic change: working with system partners NHSI will consider how well providers are delivering the strategic changes set out in the 5YFV, with a particular focus on their contribution to Sustainability and Transformation Plans (STPs), new care models, and, where relevant, implementation of devolution.
 - Leadership and improvement capability: building on the joint CQC and NHSI well-led framework, NHSI will develop a shared system view with CQC on what good governance and leadership looks like, including organisations' ability to learn and improve.
13. By focusing on these five themes NHSI will support providers to improve to attain and/or maintain a CQC 'good' or 'outstanding' rating. Quality of care, finance and use of resources, and operational performance relate directly to sector outcomes. Leadership and improvement capability is crucial in ensuring that providers can deliver sustainable improvement. Strategic change recognises that organisational accountability and system-wide collaboration are mutually supportive.
14. NHSI will use a number of information sources to oversee provider leadership as used previously by Monitor and TDA, including:
 - information from third parties
 - staff/patient surveys
 - organisational metrics
 - information on agency spend
 - CQC 'well-led' assessments.
15. They will also draw on the existing well-led framework and associated tools to identify any potential concerns with the governance and leadership of the trust.
16. During 2016/17 NHSI will review their approach to leadership and well-led, working with the CQC. In the meantime, they propose using the same information previously collected by

Monitor and TDA, augmented by other information where available, to identify potential leadership concerns at individual providers. These can provide early warnings of issues that have yet to manifest themselves in, for example, quality issues or financial underperformance, as well as evidence of serious governance failings.

17. As part of this approach NHSI are leading an intensive year of improvement support for the NHS which was launched at an inspiring improvement event in July.
18. In their feedback to the trust on our annual plan submission they have requested that we continue to focus on our quality improvement methodology, the quality impact assessment process and triangulation of indicators.
19. As part of this focus the Executive Leadership team has reviewed the quality improvement infrastructure which supports staff in this work.
20. They have agreed a proposal for four level quality infrastructure and training/competencies framework outlined in Table 1 represents a framework which builds a sustainable, cost neutral continuous quality improvement infrastructure across the organisation:

Level 1	All staff	A mandatory on line illustrated look at quality improvement in health care based on our continuous quality improvement methodology and the model for improvement: http://www.ihl.org/resources/Pages/AudioandVideo/default.aspx
Level 2	150 staff across clinical divisions and corporate services	An internal one day quality improvement course that includes Lean principles, identifying problems, measurement for improvement, process mapping, Plan, Do, Study Act (PDSA) Cycles and Thinking Creatively for quality champions as part of the transformation programme, delivered by the trust quality improvement coaches .
Level 3	20 staff across clinical divisions and Q&G service	AQUA Improvement Practitioner course or equivalent that includes creating a culture for improvement, spread & sustainability, measurement, coaching essentials, managing change and QI in your organisation (systems & knowledge) for quality improvement coaches in each division/service.
Level 4	5 staff across clinical divisions and Q&G service	Generation Q or equivalent for quality improvement leads who are based in each division or part of the supporting infrastructure in quality and governance and who work across the organisation to support transformation and CQUIN delivery

21. Embedding QI skills across our workforce will equip them to deliver the Healthy Wirral triple aim and to deliver the stated aims of the local delivery system plan of taking a new approach to population health management, reducing variation and improving quality.
22. The quality improvement infrastructure and work stream will be sponsored by the executive lead for quality, the Director of Nursing and Performance, who is a Quality Improvement Advisor and member of the faculty of the Institute for Health Care improvement (IHI). Further support has been requested from NHSI through the Transformational Change through Systems Leadership course (TCSL) for key senior leaders in the trust, WUTH, CWP and social care.
23. This work will be led by the organisations quality and governance service, reported to the Quality and Governance Committee and progress included in the Well Led reviews for board.

Well Led Self -Assessment Quarter 1

24. The self-assessment process is an important step in setting the Well Led Framework starting point for the trust.

25. Trusts should assess themselves to:
- provide insight to the NHS foundation trust and the independent reviewer about how the trust gauges its own leadership and governance performance
 - and to shape the emphasis and scope of the future external review, identifying areas within the four domains for extra attention or other areas outside the 'core' scope of the framework.
26. The self-assessment questions are rated using a colour-coded (RAG) system. The good practice examples linked to the 10 questions have been used as a guide to make a judgement about the RAG rating for each question.
27. While a nominated trust lead or team may co-ordinate the self-assessment and other aspects of the review, the self-assessment should be completed and signed-off by the full board.
28. The Director of Nursing and Performance has worked with the trust board secretary and their staff to gather the information and the evidence against each question and to present their findings and initial conclusions to the board for discussion and challenge in a dashboard **Appendix 1**.
29. The underpinning evidence that is the basis for this self-assessment will be circulated to board members in a separate paper.
30. The self-assessment will be reviewed and updated and presented to the board for further discussion and challenge quarterly.
31. This will ensure the board can shape the emphasis and scope of the future external review and identifying areas within the four domains for extra attention with the trusts work streams. These reviews will also be informed by NHSI's approach to well led and the development of the Single Oversight Framework.

Board action

32. The board is asked to approve the quarter 1 self-assessment of the Well Led Framework.

Sandra Christie,
Director of Nursing and Performance

Alison Hughes
Trust Board Secretary

28 July 2016

Appendix 1. Well Led Framework Self- Assessment

Well Led Framework Self-Assessment Quarter One 2016

The well led framework is based on four our different domains to review how well a board is operating:

- Strategy and planning – how well is the board setting direction for the organisation?
- Capability and culture – is the board taking steps to ensure it has the appropriate experience and ability, now and into the future, and can it positively shape the organisation's culture to deliver care in a safe and sustainable way?
- Process and structures – do reporting lines and accountabilities support the effective oversight of the organisation?
- Measurement – does the board receive appropriate, robust and timely information and does this support the leadership of the trust?

Risk Ratings Explained:

Risk rating (or other means of assessment)	Definition	Evidence
Green	Meets or exceeds expectations	Many elements of good practice and there are no major omissions
Amber-green	Partially meets expectations, but confident in management's capacity to deliver green performance within a reasonable timeframe	Some elements of good practice, no major omissions and robust action plans to address perceived gaps with proven track record of delivery
Amber-red	Partially meets expectations, but with some concerns on capacity to deliver within a reasonable timeframe	Some elements of good practice, some minor omissions. Action plans to address perceived gaps are in early stage of development with limited evidence of track record of delivery
Red	Does not meet expectations	Major omission in quality governance identified. Significant volume of action plans required and concerns about management's capacity to deliver

Strategy and Planning	Capability and culture	Process and structures	Measurement
<p>Q1 Does the board have a credible strategy to provide quality, sustainable services to patients and is there a robust plan to deliver?</p>	<p>Q3 Does the board have the skills and capability to lead the organisation?</p>	<p>Q6 Are there clear roles and accountabilities in relation to board governance (including quality governance)?</p>	<p>Q9 Is appropriate information on organisational and operational performance being analysed and challenged?</p>
<p>Q2 Is the board sufficiently aware of potential risks to the quality, sustainability and delivery of current and future services?</p>	<p>Q4 Does the board shape an open, transparent and quality-focused culture?</p>	<p>Q7 Are there clearly defined, well-understood processes for escalating and resolving issues and managing performance?</p>	<p>Q10 Is the board assured of the robustness of information?</p>
	<p>Q5 Does the board support continuous learning and development across the organisation?</p>	<p>Q8 Does the board actively engage patients, staff, governors and other key stakeholders on quality, operational and financial performance?</p>	