

**PUBLIC BOARD MEETING**

**26 July 2018**

Paper Title:	Well-led Review
Lead Director:	Paul Hogg, Director of Corporate Affairs
Paper Author:	Paul Hogg, Director of Corporate Affairs
Agenda Item:	12
Presented For:	Approval
Paper Category:	Governance & Compliance

**Executive Summary:**

This paper sets out proposals to procure an external supplier to undertake a review of leadership and governance arrangements across BDCFT using the well-led framework. The Board is invited to consider the approach and indicative timetable outlined in the paper and consider how the work can be closely aligned to existing progress on the CQC action plan.

**Recommendations:**

That the Board:

- Approves the process of procuring an external provider to undertake an independent review against the well-led framework;
- Consider the proposals and indicative timetable for the self-assessment;
- Considers whether the Board or a Committee should monitor and receive progress updates about the work being undertaken; and
- Identify any other issues that require attention.

## Governance/Audit Trail:

Meetings where this item has previously been discussed (please mark with an X):					
<b>Audit Committee</b>		<b>Quality &amp; Safety Committee</b>		<b>Remuneration Committee</b>	<b>Finance, Business &amp; Investment Committee</b>
<b>Executive Management Team</b>	√	<b>Directors</b>		<b>Chair of Committee Meetings</b>	<b>Mental Health Legislation Committee</b>
<b>Council of Governors</b>					

This report supports the achievement of the following strategic aims of the Trust: (please mark those that apply with an X):	
<b>Quality and Workforce:</b> to provide high quality, evidence-based services delivered by a diverse, motivated and engaged workforce	√
<b>Integration and Partnerships:</b> to be influential in the development and delivery of new models of care locally and more widely across West Yorkshire and Harrogate STP	√
<b>Sustainability and Growth:</b> to maintain our financial viability whilst actively seeking appropriate new business opportunities	√

This report supports the achievement of the following Regulatory Requirements: (please mark those that apply with an X):	
<b>Safe:</b> People who use our services are protected from abuse and avoidable harm	√
<b>Caring:</b> Staff involve people who use our services and treat them with compassion, kindness, dignity and respect	√
<b>Responsive:</b> Services are organised to meet the needs of people who use our services	√
<b>Effective:</b> Care, treatment and support achieves good outcomes, helps to maintain quality of life people who use our services and is based on the best available evidence.	√
<b>Well Led:</b> The leadership, management and governance of the organisation make sure it's providing high-quality care that is based around individual needs, encourages learning and innovation, and promotes an open and fair culture.	√
<b>NHSI Single Oversight Framework</b>	

Equality Impact Assessment :
Not applicable.

## Well-led Review

### 1. Background and Context

In June 2017, NHS Improvement issued guidance relating to well-led reviews (around the scoping of any review, the commissioning of an external facilitator and descriptors of good practice against the 8 Key Lines of Inquiry (KLOEs); and more detailed advice which provided template specifications and example evaluation criteria for use in any procurement process. These documents can be found [here](#). Board members are advised to read this guidance prior to the Board discussion.

NHS Improvement encourages all Foundations Trusts to undertake a development review of leadership and governance against the well-led framework approximately every three years. The last external review was in 2014/15 prior to authorisation as a Foundation Trust. The Trust subsequently received a full inspection by the CQC late in Autumn 2017 and its report was published in February 2018. This resulted in an overall rating of 'requires improvement' and a 'requires improvement' rating in the well-led domain specifically. The CQC is now undertaking annual visits to trusts and so it is timely for the Board to review progress against its leadership and governance arrangements.

### 2. Project/Proposal

#### *Objectives for the review*

It is proposed that the external well-led review will help to:

- deepen the Board's own understanding of its leadership and governance through objective and constructive review and challenge;
- identify key development actions in relation to the well-led framework (that may supplement the action areas already highlighted by the CQC and in turn help provide evidence for any future CQC inspection); and
- enable some skills transfer and knowledge sharing from the external provider who will have experience of undertaking similar reviews elsewhere.

#### *Procurement*

Initial discussions with our procurement supplier have identified that there are a number of suitable providers on a Framework that can be invited to tender for this work and we are in the process of drawing up the draft specification and criteria (based upon the specification template provided by NHS Improvement). An indicative timetable for the procurement phase will be available shortly. NHS Improvement's advice on establishing an evaluation panel is to have a blend of Executive and Non-Executive Directors (usually three in total) with the experience and diversity to ensure the process secures a supplier that will fit the needs of the Trust. It is proposed that the Trust's evaluation panel would be the Chief Executive, Director of Corporate Affairs and the Chair of the Audit Committee, who would also approve the criteria and specification on behalf of the Board.

#### *Assessment process*

Once a preferred supplier is identified the exact timetable will be discussed but it is expected to be around a 10-12 week period from the start of any desktop review, observations at Board and Committee meetings and 1-2-1s with Board members, through to consideration of the draft report. The Board would then agree a timetable for

implementing any action plan. Once the action planning phase is agreed the Trust Board is required to send a letter to NHS Improvement confirming that the well-led review has been completed, any material issues found and any areas of good practice that could be shared with other trusts.

From reviewing the NHS Improvement guidance, it is expected that the external provider will wish to observe the relevant Board and Committee meetings and undertake 1-2-1 meetings with all Board members. Other elements may include discussions with key stakeholders or some focus groups with a cross section of staff (similar to the process undertaken by the CQC). The Trust will also be required to provide various documentation to support the desktop review, similar to, but not as detailed as the CQC Provider Information Request (PIR). This information can be held centrally and whilst not an exhaustive list, it is proposed that the Trust should start to gather information from:

- A current self-assessment against the well-led framework (see below);
- CQC report and action plan;
- Organisational Strategy (to be approved prior to the assessment period);
- Quality Strategy;
- Recent Board and Committee papers and minutes;
- Organisational structures, Committee structures and terms of reference;
- BAF and CRR;
- Risk Management Strategy (to be approved during the assessment period);
- Reports to Committee on serious incidents and complaints;
- Board and Committee performance dashboards;
- Board development programme;
- Information Assurance Framework;
- Clinical Audit programme; and
- Programme of quality and safety visits, with outcome reports.

### *Self-assessment*

In order to help prepare the Board for the external review it is recommended that a refreshed self-assessment against the 8 KLOEs is completed using the NHS Improvement template attached at Appendix 1. Further work will need to be undertaken to ensure there is a strong alignment between the self-assessment and the work of the Improving Quality Programme Board (which is overseeing the implementation of the CQC action plan).

### *Indicative timetable*

Subject to confirmation of procurement arrangements and timetable, it is possible that the Trust's own self-assessment, the external review and consideration of the draft report could be completed by the end of the calendar year. This would therefore enable any recommended actions to be followed up in Quarter 4 of 2018/19.

## **3. Implications**

### **3.1 Legal and Constitutional**

It is good practice for Foundation Trust Boards to arrange for an externally facilitated development review of leadership and governance approximately every three years. The

guidance by NHS Improvement is issued on a 'comply or explain' basis and any departure would be expected to be included within annual reporting documents.

### 3.2 Resource

The required resources to support any external review have been factored into projected costs for 2018/19.

### 4. Risk Issues Identified

The following risks are identified:

Risk	Likelihood High/Medium/Low	Implication	Mitigation
Failure to undertake an externally facilitated well-led review.	Low	Insufficient internal and external insight into the well-led domain could affect the outcome of the Trust's next CQC inspection.	Board approved timetable.  Oversight from Improving Quality Programme Board.

### 5. Monitoring and review

It is proposed that the Board or one of its Committees monitors the progress of this work. Should a Committee monitor the work, then the Board would receive regular reports during this period and specifically around its own self-assessment (prior to the external supplier commencing its review) and receipt of the draft report.

### 6. Timescales/Milestones

Subject to confirmation of procurement arrangements and timetable, it is proposed that the Trust's own self-assessment, the external review and consideration of the draft report could be completed by the end of the calendar year.

## Self-assessment template against the 8 KLOEs

KLOE	Priority rating	Explanation of self-rating assessment	How is the board assured? Evidence for assessment	What are the principal actions/areas for discussion with your external review team
1. Is there the leadership capacity and capability to deliver high quality, sustainable care?				
2. Is there a clear vision and credible strategy to deliver high quality sustainable care to people, and robust plans to deliver?				
3. Is there a culture of high quality, sustainable care?				
4. Are there clear responsibilities, roles and systems of accountability to support good governance and management?				
5. Are there clear and effective processes for managing risks, issues and performance?				
6. Is appropriate and accurate information being effectively processed, challenged and acted on?				
7. Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?				
8. Are there robust systems and processes for learning, continuous improvement and innovation?				