

Board of Directors

Item 5.4

Subject: Well Led Self-Assessment Proposal
Date of Meeting: 31st May 2023
Presented by: Sue Pemberton, Director of Nursing, Quality and Safety/
 Karan Wheatcroft, Director of Risk and Improvement
Purpose of Report: For Approval

BAF Ref	Impact on BAF
All	The paper sets out an approach to completing a self-assessment against the CQC well led criteria. This will provide assurance across a range of areas.

Level of assurance (please tick one)

To be used when the content of the report provides evidence of assurance

<input checked="" type="checkbox"/>	Acceptable assurance Controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/>	Partial assurance Controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/>	Low assurance Evidence indicates poor effectiveness of controls
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1. Executive Summary

The Trust continues to be rated as Outstanding following CQC inspections in 2016 and 2019. Since the last inspection the Board has continued to assess itself across the CQC standards through various mechanisms including EECS/Mock CQC assessments of Divisions and a range of assurance papers to the Board of Directors.

During 2022/23 the well led Board briefing pack was developed and the Board of Directors made a commitment to progressing a well led self-assessment in 2023/24. This paper sets out the proposed approach to undertaking the well led self-assessment in 2023/24.

The Board of Directors is asked to approve the proposed approach to completing the well led self-assessment in 2023/24.

2. Background

The CQC definition of well-led is:

“the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual

needs, that it encourages learning and innovation, and that it promotes an open and fair culture”

In determining whether an organisation is well led, the CQC follow 8 key lines of enquiry:

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?	Are services well led?	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 ?

The well led criteria underpinning the 8 KLOEs is provided in Appendix A.

In 2019 the CQC assessed the Trust as Outstanding for well-led.

Are services well-led?

We rated LHCH as outstanding because:

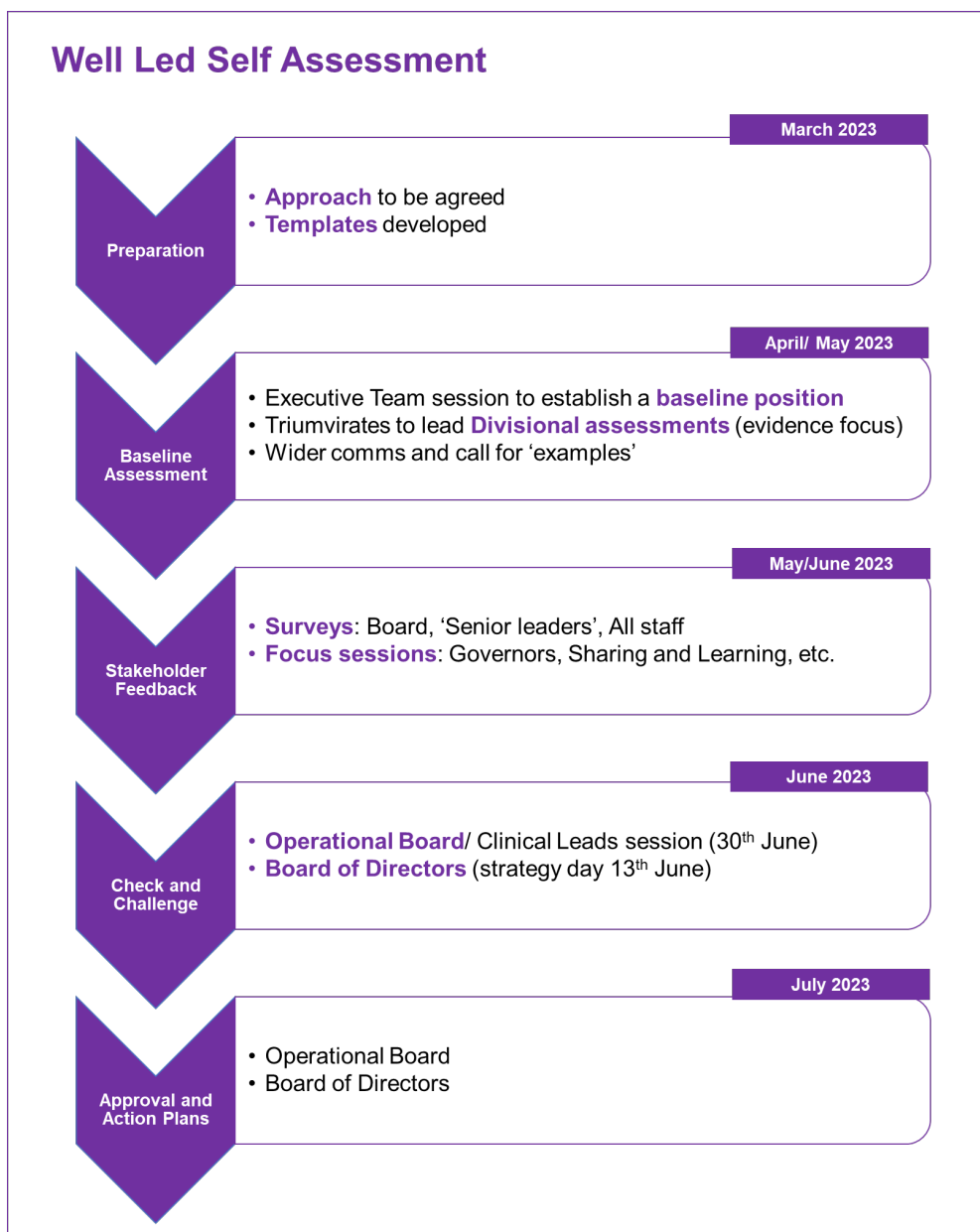
- The leadership, governance and culture were used to drive and improve the delivery of high quality person centred care. Leadership was compassionate, inclusive and effective. Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. Leaders had a deep understanding of issues, challenges and priorities for their service.*
- There was a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the services strategy and plans. Safe innovation was celebrated. There was a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of care.*
- Staff were proud of the organisation as a place to work and spoke highly of the culture.*
- There was strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care.*
- Innovative practice included the usage of robotic assistance in surgery to improve patient outcomes.*
- Governance arrangements were proactively reviewed and reflected best practice. A systematic approach was taken to working with other organisations to improve care outcomes.*
- Services were developed with the full participation of those who used them, staff and external partners were viewed as equal partners.*

Liverpool Heart and Chest Hospital NHS Foundation Trust CQC Report, 2019

The Code of Governance recommends that Trusts carrying out an independent evaluation of Board leadership and governance at least every 3 years. The Trust's previous review was in 2017 and therefore a further review was due in March 2020. At this time, the Board gave careful consideration to this requirement and decided that commissioning an external review in 2019/20 did not offer best use of Trust resources given the assurance received following the CQC's assessment of the Well led criteria as 'outstanding' in the summer of 2019. The Board has considered this requirement annually and a decision made to defer due to the ongoing Covid-19 pandemic. The Board of Directors will consider the benefit of commissioning an external review in Q4 2023/24.

3. Proposed approach to well led self-assessment 2023/24

The proposed approach to the well led self-assessment ensures wide engagement and involvement across the Trust.



4. CQC single assessment framework

The CQC has developed a new single assessment framework. The timeframe for the implementation of this framework is yet to be confirmed. For well led there is some alignment to the current CQC standards, albeit some changes to the phrases and emphasis. The well led 'key question' and supporting criteria is provided in Appendix B.

Whilst the proposed approach to the self-assessment focusses on the current CQC standards, the intention is to ensure this covers the requirements of the new CQC single assessment framework and can be easily mapped to this when this is introduced.

5. Recommendations

The Board is asked to approve the proposed approach to completing a well led self-assessment in 2023/24.

Appendix A – Well Led Criteria

<p>Is there leadership capacity and capability to deliver high quality sustainable care?</p> <ul style="list-style-type: none"> • Skills, knowledge, experience and integrity • Understand challenges for quality and sustainability • Visible and approachable leaders • Clear priorities • Leadership development • Succession planning • Collective decision making 	<p>Is there a clear vision and credible strategy?</p> <ul style="list-style-type: none"> • Clear vision and values • Robust strategy • Structured planning and engagement to develop/ deliver strategy • Staff understanding • Alignment to wider Health and Social Care plans • Action plans in place and progress monitored 	<p>Is there a culture of high quality, sustainable care?</p> <ul style="list-style-type: none"> • Staff feel valued and proud • Behaviour is consistent with values • Reflective of service user needs • Openness and honesty • Staff appraisal and development • Equality and diversity • Freedom to speak up 	<p>Are there clear responsibilities, roles and systems of accountability?</p> <ul style="list-style-type: none"> • Clear accountability, systems and processes including partnerships • Effective governance • Board meetings, conduct, discussion and decision making • Effective Committees • Minutes and follow up/ action tracking
<p>Are there effective processes for managing risk, issues and performance?</p> <ul style="list-style-type: none"> • Assurance systems • Performance management processes • Clinical and internal audit • Identification of risk, risk flows and use of risk information 	<p>Is appropriate and accurate information processed, challenged and acted upon?</p> <ul style="list-style-type: none"> • Integrated information and reporting • Effective data to monitor performance and hold to account • Valid, accurate and reliable information • Systems monitor and improve the quality of care • External data submissions • Information governance 	<p>Are service users, the public, staff and external partners engaged and involved?</p> <ul style="list-style-type: none"> • Feedback gathered and acted upon • Service user engagement and involvement • Staff engagement and involvement • Collaborative relationships with external partners in the wider system • Transparency and openness 	<p>Are there robust systems and processes for learning, improvement and innovation?</p> <ul style="list-style-type: none"> • Continuous learning, including accreditation and research • Improvement strategy and methodology • Use of internal and external reviews • Systems, processes and objectives

12/04/2023

Appendix B – CQC Single assessment framework

Key question: well-led

There is an inclusive and positive culture of continuous learning and improvement. This is based on meeting the needs of people who use services and wider communities, and all leaders and staff share this. Leaders proactively support staff and collaborate with partners to deliver care that is safe, integrated, person-centred and sustainable, and to reduce inequalities.

There are effective governance and management systems. Information about risks, performance and outcomes is used effectively to improve care.

Shared direction and culture - We have a shared vision, strategy and culture. This is based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding challenges and the needs of people and our communities in order to meet these.

Capable, compassionate and inclusive leaders - We have inclusive leaders at all levels who understand the context in which we deliver care, treatment and support and embody the culture and values of their workforce and organisation. They have the skills, knowledge, experience and credibility to lead effectively. They do so with integrity, openness and honesty.

Freedom to speak up - We foster a positive culture where people feel that they can speak up and that their voice will be heard.

Governance, management and sustainability - We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Workforce equality, diversity and inclusion - We value diversity in our workforce. We work towards an inclusive and fair culture by improving equality and equity for people who work for us.

Partnerships and communities - We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Learning, improvement and innovation - We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research

Environmental sustainability – sustainable development - We understand any negative impact of our activities on the environment and we strive to make a positive contribution in reducing it and support people to do the same