

## Inspection framework: NHS trusts and foundation trusts

### Trust-wide well-led

Section / Report sub heading	Page number	Detail of update
W1 professional standards and good practice references section	Page 8	Addition of hyperlink to NHSE guidance on managing conflicts of interest.
W5 professional standards and good practice references section	Page 19	Addition of hyperlink to NHSE evidence based interventions guidance.
W8 professional standards and good practice references section	Page 27	Addition of hyperlinks to: NICE cost saving guidance NHSE always events NHSI quality, service improvement and redesign resources NQB learning from deaths v2
W8 trust level guidance section	Page 26	Addition re re NICE cost saving guidance <ul style="list-style-type: none"> <li>Is the trust aware of NICE's cost savings guidance? If so how has the guidance been used and what efficiencies have been achieved?</li> </ul>
All KLOEs apart from W4	Pages 7, 9, 10, 11, 17, 18, 21, 22, 23, 26 & 27	Additions to reflect integration of cancer assessment framework.

## Approach to assessing the well-led key question at the trust level

As well as inspecting the well-led key question within each service level inspection, we will also assess this separately at the trust-wide level for NHS trusts and foundation trusts approximately annually. This applies whether this assessment is carried out as part of a comprehensive inspection or if it follows individual scheduled service level inspections.

The starting point for the assessment of well-led at the trust-wide level should be an assessment of: the leadership and governance at trust board and executive team-level; the overall organisational vision and strategy; organisation-wide governance, management, improvement; and organisational culture and levels of engagement.

The trust-wide assessment of the well-led question should also take account of our findings across the service level inspections, especially in well-led at service level. Specific evidence included in core service reports may be used to illustrate concerns or improvements and themes or trends about this question at the trust-wide level. Where the trust is a combined provider, the assessment should consider our findings from inspections in all relevant sectors, including primary medical services and adult social care.

This inspection framework provides trust-level guidance for inspecting the well-led key question at the trust-wide level, including recommended sources of evidence and links to relevant standards and good practice.

## Interviews

### Key interviews

You should conduct interviews with the following people, whenever possible, at every inspection of Well-led at the trust-wide level.

Interviews with the following people may be carried out on an individual or panel basis.

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|--|---|
| <ul style="list-style-type: none"><li>• trust chair</li><li>• chief executive</li><li>• medical director</li><li>• nursing director/chief nurse</li><li>• chief operating officer</li><li>• director of finance/chief finance officer</li><li>• director of HR</li><li>• director of improvement</li></ul> | <ul style="list-style-type: none"><li>• a sample of non-exec directors (NED for safety and risk is a priority)</li><li>• a sample of governors, where appropriate</li><li>• Director of infection prevention and control (acute trusts only)</li><li>• Freedom to Speak Up Guardian</li><li>• chair of the audit committee</li><li>• chair of the finance committee</li><li>• Guardian(s) of safe working hours</li></ul> |
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### Other interviews

In addition to the key interviews above, inspection teams could gather information about the service from some or all of following people. This could be gained either from individual or panel interviews, or in focus groups, depending on the organisational and staffing structure and specific issues.

The list below is likely to be made up of Band 7 roles or above. This is in addition to any other focus groups that might be planned as part of pre-inspection or inspection activity, for example with wider groups of staff or with patients.

- Other senior level interviews as appropriate, including, where applicable, those with the following roles or responsibilities:
  - risk management
  - complaints
  - governance
  - information and digital systems
  - training and development
  - safeguarding
  - quality and safety
  - audit
  - research
  - Mental Health Act and Mental Capacity Act
  - estates/facilities
  - chairs of staff equality networks
  - a sample of divisional directors
  - a sample of deputy directors
  - a sample of clinical directors
  - a sample of senior leaders from PMS or ASC services, where these exist
  - head of nursing
  - consultants
  - AHP lead
  - staff side representatives
  - company secretary
  - Caldicott guardian
  - equality and diversity lead
  - chief pharmacist
  - patient and carer involvement lead
  - decontamination lead

## Trust-level guidance and suggested sources of evidence

We have identified trust-level guidance to support the assessment of the trust-wide elements of the well-led key question. Inspection teams should use the sector-specific questions in the middle column of the assessment framework **together with** the standard key lines of enquiry and prompts.

This material is presented for reference and to support inspection planning and preparation. We do not expect all questions to be asked, or all evidence to be collected on every inspection. Where it is not possible to ask all questions or collect all evidence, judgement should be used to target which questions to ask and which evidence to collect. This will help the team to make the most rational and fair assessment.

### **Mental health in acute trusts (applicable to acute trusts only)**

For the next phase of hospital inspections, we have strengthened our methodology for assessing mental health care delivered across the acute inspection programme, including in this trust-level well-led inspection framework.

We will now place greater emphasis on our assessment of how acute trusts provide mental health care and support for patients with mental health needs, learning disabilities and autism across all of the core services we inspect. This includes people who present to acute services with diagnosed or un-diagnosed mental health conditions, people with co-morbidity of needs and people who are inpatients for physical health reasons, who either have or who develop mental health needs.

### **Physical healthcare in mental health settings (applicable to mental health trusts only)**

Trust-wide well-led assessments in mental health trusts will include sources of evidence to support the meeting of patients' physical healthcare needs.

## Inspection tools and templates

This inspection framework should be read in conjunction with [other relevant guidance and tools for inspecting Well-led at the trust-wide level and WRES tools and guidance \(links to CQC internal guidance\)](#). This includes interview and focus group guides, brief guides, and other inspection tools.

Key line of enquiry: **W1**

Is there the leadership capacity and capability to deliver high quality, sustainable care?

**Generic prompts**

**Trust-level guidance**

**Key evidence**

Report sub-heading: **Leadership**

**W1.1** Do leaders have the skills, knowledge, experience and integrity that they need – both when they are appointed and on an ongoing basis?

**W1.2** Do leaders understand the challenges to quality and sustainability, and can they identify the actions needed to address them?

**W1.3** Are leaders visible and approachable?

**W1.4** Are there clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership, and is there a leadership strategy or development programme, which includes succession planning?

- Do leaders assimilate relevant evidence on new or improved ways of organising or providing the care?
- Do leaders understand the unique qualities and needs of their team?
- Is there evidence of ‘collective leadership’<sup>1</sup>
- Does the service have a lead for:
  - child and adolescent mental health
  - learning disability
  - autism?
- In a combined trust, do leaders fully understand the quality of care across all sectors?

- ✓ Interview senior management and board members, including HR lead
- ✓ Interviews/focus groups with staff (including particular equality groups)
- ✓ Review leadership development and training programmes
- ✓ FPPR policies and files
- ✓ Succession planning and talent management documents
- ✓ Staff surveys – what do they say about the leadership?
- ✓ Learning from external developmental reviews of leadership and governance using the well-led framework every three to five years.

<sup>1</sup> King’s Fund Improving NHS Culture: Collective Leadership

	<ul style="list-style-type: none"><li>• Are appropriate leadership arrangements in place to support improvement of cancer services in line with local Cancer Alliance and national cancer strategy goals?</li></ul>	<ul style="list-style-type: none"><li>✓ WRES report – data and action plan for board</li><li>✓ EDS2 report – leadership domain</li></ul>
<p><b>Professional standards and good practice references</b></p> <ul style="list-style-type: none"><li>• <a href="#">NHSI guidance: Developmental reviews of leadership and governance using the well-led framework</a></li><li>• <a href="#">Collective Leadership</a></li><li>• <a href="#">NHS healthcare leadership model</a></li><li>• <a href="#">Developing People Improving Care</a></li><li>• <a href="#">15 steps challenge</a></li><li>• <a href="#">Better leadership for tomorrow: NHS Leadership Review</a></li><li>• <a href="#">Effective Talent and Succession Management</a></li><li>• <a href="#">The King's Fund: Talent Management</a></li><li>• <a href="#">NHS Employers Employment Checks</a></li><li>• <a href="#">The King's Fund: Making the difference - Diversity and inclusion in the NHS</a></li><li>• <a href="#">Equality Delivery System 2 (EDS2)</a></li><li>• <a href="#">Workforce Race Equality Standard (WRES)</a></li><li>• <a href="#">NHSE conflicts of interest</a></li></ul>		

Key line of enquiry: **W2**

Is there a clear vision and credible strategy to deliver high-quality sustainable care to people, and robust plans to deliver?

Generic prompts	Trust-level guidance	Key evidence
Report sub-heading: Vision and Strategy		
<p><b>W2.1</b> Is there a clear vision and a set of values, with quality and sustainability as the top priorities?</p> <p><b>W2.2</b> Is there a robust, realistic strategy for achieving the priorities and delivering good quality sustainable care?</p> <p><b>W2.3</b> Have the vision, values and strategy been developed using a structured planning process in collaboration with staff, people who use services, and external partners?</p> <p><b>W2.4</b> Do staff know and understand what the vision, values and strategy are, and their role in achieving them?</p> <p><b>W2.5</b> Is the strategy aligned to local plans in the wider health and social care economy, and how have services been planned to meet the needs of the relevant population?</p> <p><b>W2.6</b> Is progress against delivery of the strategy and local plans monitored and</p>	<ul style="list-style-type: none"> <li>• Is the vision and strategy reflective of the wider environmental factors influencing the service? E.g. external threats, opportunities, strengths and weaknesses.</li> <li>• How does the strategy contribute towards the trust's equality duties?</li> <li>• Is the strategy co-ordinated with local partners and aligned with local sustainability and transformation plans?</li> <li>• Is the trust making progress towards the strategy, vision and plans?</li> <li>• Do staff understand how their own service links to the trust's overall vision and strategy?</li> </ul>	<ul style="list-style-type: none"> <li>✓ Interviews with senior managers and Board members</li> <li>✓ Interviews/focus groups with staff (including particular equality groups)</li> <li>✓ Organisational strategy</li> <li>✓ Statements of vision and values</li> <li>✓ Business plans</li> <li>✓ Annual report</li> <li>✓ Organisational performance against strategy and plans</li> <li>✓ Financial Plan and budget</li> <li>✓ Cost Improvement and Sustainability Plans</li> <li>✓ (Hospital Pharmacy Transformation Plan (HPTP))</li> </ul>



NEXT PHASE METHODOLOGY (2018)  
WELL-LED

<p>reviewed, and is there evidence to show this?</p>	<ul style="list-style-type: none"> <li>• How does the trust ensure that the physical healthcare needs of patients are met?</li> <li>• Does the trust have a strategy for meeting the needs of patients with a:             <ul style="list-style-type: none"> <li>• mental health condition</li> <li>• learning disability</li> <li>• autism or</li> <li>• dementia diagnosis?</li> </ul> </li> <li>• Is there input to the strategy from local mental health providers and people who use mental health services?</li> <li>• Are key staff aware of the strategy?</li> <li>• In a combined trust, does the vision and strategy reflect all areas of activity?</li> <li>• Is there a clear vision and strategy for the delivery and improvement of cancer services, in partnership with other providers, such as those in its Cancer Alliance?</li> <li>• Does the trust have sufficient plans for the replacement of high cost</li> </ul>	<ul style="list-style-type: none"> <li>✓ Stakeholder information e.g. NHSI, CCG</li> <li>✓ Minutes of meetings with stakeholders, e.g. STP meetings, CCG meetings, relevant boards</li> <li>✓ Minutes of CCG contract meetings</li> <li>✓ EDS2 report and/or equality strategy and/or published equality objectives</li> </ul>
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	<p>equipment such as linear accelerators and is this through managed services, lease or capital replacement?</p> <ul style="list-style-type: none"><li>• Is the provider working effectively within its Alliance radiotherapy network?*</li></ul>	
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**Professional standards and good practice references**

- [NHSI guidance: Developmental reviews of leadership and governance using the well-led framework](#)
- [Sustainability and Transformation Plans: What are they and what do they mean for CQC?](#)
- [Five Year Forward View - next steps](#)
- [New care models](#)
- [NICE QS61 Statement 2](#): Organisations that provide healthcare have a strategy for continuous improvement in infection prevention and control, including accountable leadership, multi-agency working and the use of surveillance systems.
- Schedule 19 of the [Equality Act 2010](#) –
  - NHS Trusts have legal responsibilities under the public-sector equality duty. In carrying out all their functions – including planning, delivering or monitoring their services – they must have ‘due regard’ to the three aims of the duty (the need to eliminate discrimination, advance equality of opportunity and foster good relations)
    - [Equality Delivery System 2 \(EDS2\)](#)
- [NHS England cancer programme to support implementation of the strategy](#)
- [NHS England - Guidance for Cancer Alliances \(\\*e.g. See p12 plans for radiotherapy networks\)](#)
- [Achieving World Class Cancer Outcomes: A strategy for England](#)
- [Cancer Strategy Implementation Plan](#)

Key line of enquiry: **W3**

Is there a culture of high-quality, sustainable care?

Generic prompts	Trust-level guidance	Key evidence
Report sub-heading: <b>Culture</b>		
<p><b>W3.1</b> Do staff feel supported, respected and valued?</p> <p><b>W3.2</b> Is the culture centred on the needs and experience of people who use services?</p> <p><b>W3.3</b> Do staff feel positive and proud to work in the organisation?</p> <p><b>W3.4</b> Is action taken to address behaviour and performance that is inconsistent with the vision and values, regardless of seniority?</p> <p><b>W3.5</b> Does the culture encourage openness and honesty at all levels within the organisation, including with people who use services, in response to incidents? Do leaders and staff understand the importance of staff being able to raise concerns without fear of retribution, and is appropriate</p>	<ul style="list-style-type: none"> <li>• Do staff feel able to raise concerns?</li> <li>• What are the outcomes from Freedom To Speak Up?</li> <li>• Are staff capabilities aligned to the planned activities identified in the strategy?</li> <li>• How are staff encouraged to report incidents?</li> <li>• Do staff across the trust feel equally valued and included in the trust's vision?</li> <li>• Is the trust signed up to Tackling bullying in the NHS – a collective call to action? If so what measurable action is taking</li> </ul>	<ul style="list-style-type: none"> <li>✓ Interviews with senior managers and Board members, including complaints lead</li> <li>✓ Interviews/focus groups with staff (including particular equality groups)</li> <li>✓ Equality strategy</li> <li>✓ WRES data analysis</li> <li>✓ Organisational staff profile of senior leadership</li> <li>✓ Staff hand book and corporate induction</li> <li>✓ Staff complaints procedures and policies</li> <li>✓ Duty of Candour policy</li> <li>✓ Complaints data both qualitative and quantitative</li> <li>✓ Freedom To Speak Up policy</li> <li>✓ Performance management framework and disciplinary procedures</li> </ul>

<p>learning and action taken as a result of concerns raised?</p> <p><b>W3.6</b> Are there mechanisms for providing all staff at every level with the development they need, including high-quality appraisal and career development conversations?</p> <p><b>W3.7</b> Is there a strong emphasis on the safety and wellbeing of staff?</p> <p><b>W3.8</b> Are equality and diversity promoted within and beyond the organisation? Do all staff, including those with particular protected characteristics under the Equality Act, feel they are treated equitably?</p> <p><b>W3.9</b> Are there cooperative, supportive and appreciative relationships among staff? Do staff and teams work collaboratively, share responsibility and resolve conflict quickly and constructively?</p>	<p>place? How is the trust monitoring progress?</p>	<ul style="list-style-type: none"> <li>✓ Trust-wide staff surveys, in particular look for trends in surveys bullying and harassment, differences</li> <li>✓ Staff appraisal rates</li> <li>✓ Number of severe/moderate harm incidents and related deaths that have followed Duty of Candour</li> <li>✓ WRES data report and action plan</li> <li>✓ EDS2 report and action plan</li> <li>✓ Minutes for any trust equality sub committees</li> <li>✓ Annual Equality Reports</li> </ul>
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Professional standards and good practice references

- [NHSI guidance: Developmental reviews of leadership and governance using the well-led framework](#)
- [NMC Openness and honesty when things go wrong: the professional duty of candour](#)
- [NRLS - Being Open Communicating patient safety incidents with patients, their families and carers](#)
- [NHSI serious incident framework](#)
- [Duty of Candour – CQC guidance](#)
- [The King's Fund: Improving NHS Culture](#)
- [Learning, candour and accountability](#)
- [Workforce Race Equality Standard \(WRES\)](#)
- [Equality Delivery System 2 \(EDS2\)](#)
- [NHS Employers: Guardians of Safe Working Hours](#)
- [Eight high impact actions to improve the working environment for junior doctors](#)
- [NQB Safe sustainable and productive staffing](#)
- [Social Partnership Forum: Tackling bullying in the NHS - A collective call to action](#)
- [CQC Equally outstanding: Equality and human rights - good practice resource](#)
- [Fit and Proper Persons Guidance](#)
- [NHSI Freedom To Speak Up: guidance for trust boards](#)
- [NHSI A just culture guide](#)
- [NHS Health and Wellbeing Framework](#)

Key line of enquiry: **W4**

Are there clear responsibilities, roles and systems of accountability to support good governance and management?

Generic prompts	Trust-level guidance	Key evidence
Report sub-heading: <b>Governance</b>		
<p><b>W4.1</b> Are there effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services? Are these regularly reviewed and improved?</p> <p><b>W4.2</b> Do all levels of governance and management function effectively and interact with each other appropriately?</p> <p><b>W4.3</b> Are staff at all levels clear about their roles and do they understand what they are accountable for, and to whom?</p> <p><b>W4.4</b> Are arrangements with partners and third-party providers governed and managed effectively to encourage appropriate interaction and promote coordinated, person-centred care?</p> <p><b>W4.5</b> Are there robust arrangements to make sure that hospital managers discharge their specific powers and duties according to the provisions of the Mental</p>	<ul style="list-style-type: none"> <li>• Is the information reported up through governance reliable and of sufficient quality to lead change e.g. complaints data, targets outliers?</li> <li>• Are there any gaps in reporting lines between committees?</li> <li>• Are NED roles both clear and effective?</li> <li>• Does the clinical governance committee or equivalent have a clear and manageable remit and is effective in monitoring and improving quality?</li> <li>• Do senior management consider and give appropriate weight to all sectors that they deliver care in?</li> </ul>	<ul style="list-style-type: none"> <li>✓ Interviews with senior managers and Board members</li> <li>✓ Interviews/focus groups with staff (including particular equality groups)</li> <li>✓ Review trust strategy &amp; Organisational structure</li> <li>✓ Corporate governance frameworks:               <ul style="list-style-type: none"> <li>• Board of Directors and Committees</li> <li>• Legal and Regulatory Framework</li> <li>• Policies and Procedures</li> <li>• Monitoring and Internal controls</li> <li>• Accountabilities</li> <li>• Learning and innovation</li> <li>• Assurance framework</li> <li>• Scheme of delegation</li> <li>• New Techniques Committee</li> </ul> </li> </ul>

<p>Health Act 1983? [<b>Specialist mental health services</b>]</p>	<ul style="list-style-type: none"> <li>• Is there a governance framework in place for ensuring that peoples' mental health needs are being met?</li> <li>• If there is a partnership arrangement for provision of psychiatric liaison services is there a service level agreement (SLA) in place and is responsibility for governance, risk management and quality clear?</li> <li>• What arrangements are in place for Mental Health Act administration and compliance? For example, an in-house or a service level agreement (SLA) or ad-hoc arrangements with a local mental health?</li> <li>• If mental health liaison is provided in-house, is the trust a member of the Psychiatric Liaison Accreditation Network and do relevant policies and procedures align with PLAN quality standards?</li> <li>• If another trust provides mental health liaison services, do those responsible for monitoring the contract know if they</li> </ul>	<ul style="list-style-type: none"> <li>✓ Board Code of Conduct</li> <li>✓ Roles and responsibilities for Board NEDs</li> <li>✓ Review Board meetings agenda, minutes actions and committees: <ul style="list-style-type: none"> <li>• Risk</li> <li>• Audit</li> <li>• Assurance</li> <li>• Performance</li> </ul> </li> <li>✓ Interview key stakeholders or review their assessment of the trust</li> <li>✓ Review leadership and organisational development opportunities</li> <li>✓ Review performance patient outcomes</li> <li>✓ Interview staff</li> <li>✓ Review any external view of governance e.g. NHS Improvement, CCGs. For example, developmental reviews of leadership and governance using the well-led framework every three to five years.</li> </ul>
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	are a member of PLAN and follow their quality standards?	
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**Professional standards and good practice references**

- [NHSI guidance: Developmental reviews of leadership and governance using the well-led framework](#)
- [NHS foundation trusts: Code of Governance](#)
- [UK Corporate Governance Code](#)
- [Mental Health Act code of practice](#)
- [PLAN standards](#)



Key line of enquiry: **W5**

Are there clear and effective processes for managing risks, issues and performance?

**Generic prompts**

**Trust-level guidance**

**Key evidence**

Report sub-heading: **Management of risks, issues and performance**

**W5.1** Are there comprehensive assurance systems, and are performance issues escalated appropriately through clear structures and processes? Are these regularly reviewed and improved?

**W5.2** Are there processes to manage current and future performance? Are these regularly reviewed and improved?

**W5.3** Is there a systematic programme of clinical and internal audit to monitor quality, operational and financial processes, and systems to identify where action should be taken?

**W5.4** Are there robust arrangements for identifying, recording and managing risks, issues and mitigating actions? Is there alignment between the recorded risks and what staff say is 'on their worry list'?

**W5.5** Are potential risks taken into account when planning services, for example seasonal or other expected or unexpected

- If the inspection has identified areas of concern or poor performance in the past are these identified in local and corporate risk registers?
- Is there evidence that the risks are being acted upon and addressed?
- How do reviews and investigations inform the wider policies and processes for organisational and clinical risk management?
- Do leaders share learning with others as appropriate to inform risk practice. If so, how is this facilitated?
- Are cancer patients treated in a timely way in line with waiting time standards?

- ✓ Interviews with senior managers and Board members, including audit lead
- ✓ Interviews/focus groups with staff (including particular equality groups)
- ✓ Risk management strategy
- ✓ Corporate and service level risk registers
- ✓ Audit plans and reports. To include national clinical audits for lung, prostate, older people's breast & bowel cancer
- ✓ Business continuity plans and arrangements
- ✓ Corporate strategy milestones, targets and outcomes

NEXT PHASE METHODOLOGY (2018)  
WELL-LED

<p>fluctuations in demand, or disruption to staffing or facilities?</p> <p><b>W5.6</b> When considering developments to services or efficiency changes, how is the impact on quality and sustainability assessed and monitored? Are there examples of where financial pressures have compromised care?</p>	<ul style="list-style-type: none"> <li>• Is the trust working towards delivering a sustainable workforce that can deliver the National Cancer Strategy by 2020?</li> </ul>	<ul style="list-style-type: none"> <li>✓ Corporate performance management framework</li> <li>✓ Corporate performance dashboards</li> <li>✓ Review balance score cards</li> <li>✓ Key performance indicators (KPIs)</li> <li>✓ Review stakeholder analysis</li> <li>✓ Annual report</li> <li>✓ Quality Strategy</li> <li>✓ Quality accounts</li> <li>✓ Interview Quality lead</li> <li>✓ Quality Committee paper and minutes</li> <li>✓ Progress made with implementation of recommendations from Carter report (2016). For example, achievement of pathology and imaging departments benchmarks and optimisation of procurement resources, estates and facilities management, corporate and administration functions</li> <li>✓ Winter/seasonal pressure plans</li> <li>✓ Cancer breach policies</li> </ul>
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NEXT PHASE METHODOLOGY (2018)  
WELL-LED

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|--|--|--|
|  |  | <ul style="list-style-type: none"><li>✓ Plan for achieving national cancer waiting times standards</li><li>✓ Cancer sustainable workforce strategy</li></ul> |
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**Professional standards and good practice references**

- [NHSI guidance: Developmental reviews of leadership and governance using the well-led framework](#)
- [Carter review: operational productivity](#)
- [Learning, candour and accountability](#)
- [2015 Savile review](#)
- [Public sector equality duty](#)
- [Health Education England 'Cancer Workforce Plan](#)
- [Improving, managing and reporting cancer waiting time](#)
- [NHSE Evidence based interventions](#)

Key line of enquiry: **W6**

Is appropriate and accurate information being effectively processed, challenged and acted on?

**Generic prompts**

**Trust-level guidance**

**Key evidence**

Report sub-heading: **Information management**

**W6.1** Is there a holistic understanding of performance, which sufficiently covers and integrates people’s views with information on quality, operations and finances? Is information used to measure for improvement, not just assurance?

**W6.2** Do quality and sustainability both receive sufficient coverage in relevant meetings at all levels? Do all staff have sufficient access to information, and do they challenge it appropriately?

**W6.3** Are there clear and robust service performance measures, which are reported and monitored?

**W6.4** Are there effective arrangements to ensure that the information used to monitor, manage and report on quality and performance is accurate, valid, reliable, timely and relevant? What action is taken when issues are identified?

- Do board members effectively challenge data and information provided on incidents / serious incidents?
- How do the board know that staff are identifying, reporting and investigating the right cases for people using services?
- Do board members challenge when assertions are made that there are strong systems and processes in place for identifying and reporting deaths, or monitoring whether reviews and investigations were completed fully?
- How do they seek assurances, across all the sectors they work in?
- Has the Data Security and Protection Toolkit assessment been completed?

- ✓ Interviews with senior managers and Board members, Caldicott Guardian, SIRO
- ✓ Interviews/focus groups with staff (including particular equality groups)
- ✓ Evidence from Board and other meeting papers and minutes
- ✓ Information strategy and governance arrangements
- ✓ Performance reports
- ✓ Information governance breaches and lessons learnt
- ✓ Data on notifications
- ✓ Governance and management arrangements for sub-contracts
- ✓ Quality reports
- ✓ Dashboards

<p><b>W6.5</b> Are information technology systems used effectively to monitor and improve the quality of care?</p> <p><b>W6.6</b> Are there effective arrangements to ensure that data or notifications are submitted to external bodies as required?</p> <p><b>W6.7</b> Are there robust arrangements (including appropriate internal and external validation) to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems, in line with data security standards? Are lessons learned when there are data security breaches?</p>	<ul style="list-style-type: none"> <li>• Has the data security and protection toolkit assessment been independently audited?</li> <li>• Do the findings from the independent audit report support the trust's assessment of their information governance?</li> <li>• How has the trust managed implementation of the national data opt-out programme?</li> <li>• Is information collated for cancer service improvement and innovation to inform the cancer improvement plan, Cancer Alliance plan and other information requirements as part of the National Cancer Strategy?</li> </ul>	<ul style="list-style-type: none"> <li>✓ Progress with Carter report 2016 and recommendation to have key digital information systems in place</li> <li>✓ Model Hospital Data</li> <li>✓ Information Governance Toolkit assessment independent audit report</li> <li>✓ Online check of completion of the Information Governance Toolkit</li> </ul>
<p><b>Professional standards and good practice references</b></p> <ul style="list-style-type: none"> <li>• <a href="#">NHSI guidance: Developmental reviews of leadership and governance using the well-led framework</a></li> <li>• <a href="#">Carter review: operational productivity</a></li> <li>• <a href="#">Learning, candour and accountability</a></li> <li>• <a href="#">National Data Guardian: Review of data security</a></li> <li>• <a href="#">CQC: Safe data, safe care</a></li> </ul>		

- [The Model Hospital](#)
- [National data opt-out programme](#)
- [ICO Guide to GDPR](#)
- [NHSD GDPR guidance](#)
- [Cancer Alliance Data, Evidence and Analysis Service \(CADEAS\)](#)

Key line of enquiry: **W7**

Are the people who use services, the public, staff and external partners engaged and involved to support high-quality sustainable services?

Generic prompts	Trust-level guidance	Key evidence
Report sub-heading: <b>Engagement</b>		
<p><b>W7.1</b> Are people’s views and experiences gathered and acted on to shape and improve the services and culture? Does this include people in a range of equality groups?</p> <p><b>W7.2</b> Are people who use services, those close to them and their representatives actively engaged and involved in decision-making to shape services and culture? Does this include people in a range of equality groups?</p>	<ul style="list-style-type: none"> <li>• How does the trust ensure that the voice of patients with mental health / learning disability / autism / dementia diagnoses (and other disabilities) are heard during public engagement activities?</li> <li>• How does the trust ensure that the voice of other equality groups is heard?</li> </ul>	<ul style="list-style-type: none"> <li>✓ Interviews with senior management and Board members</li> <li>✓ Interviews/focus groups with staff (including particular equality groups)</li> <li>✓ Evidence from the public, patients and carers including local healthwatch</li> <li>✓ Evidence from external stakeholders</li> </ul>

<p><b>W7.3</b> Are staff actively engaged so that their views are reflected in the planning and delivery of services and in shaping the culture? Does this include those with a protected equality characteristic?</p> <p><b>W7.4</b> Are there positive and collaborative relationships with external partners to build a shared understanding of challenges within the system and the needs of the relevant population, and to deliver services to meet those needs?</p> <p><b>W7.5</b> Is there transparency and openness with all stakeholders about performance?</p>	<ul style="list-style-type: none"> <li>• How do leaders encourage the involvement of patients, families and carers in reviews and investigations?</li> <li>• How do organisations look at the cases where families are not involved in investigations and find ways to improve involvement?</li> <li>• In combined trusts, how does the trust ensure that the views and experiences of people who use services across sectors are reflected?</li> <li>• How does the trust engage with patients, the public, staff, commissioners and Cancer Alliance partners to ensure high quality, sustainable services in line with the National Cancer Strategy?</li> </ul>	<ul style="list-style-type: none"> <li>✓ Patient experience and Engagement strategy</li> <li>✓ Consultation processes/strategy</li> <li>✓ Strategic patient and staff engagement forums</li> <li>✓ Minutes of meetings with stakeholders, e.g. STP meetings, CCG meetings, relevant boards</li> <li>✓ Staff satisfaction surveys</li> <li>✓ Patient survey results</li> <li>✓ EDS2 evidence on driving improvement on equality and human rights</li> </ul>
<p><b>Professional standards and good practice references</b></p> <ul style="list-style-type: none"> <li>• <a href="#">NHSI guidance: Developmental reviews of leadership and governance using the well-led framework</a></li> <li>• Reasonable adjustment for patients with disabilities under the <a href="#">Equality Act 2010</a></li> <li>• <a href="#">Learning, candour and accountability</a></li> <li>• <a href="#">Equality Delivery System 2 (EDS2)</a></li> <li>• <a href="#">NHS England Involving people in health and care guidance</a></li> </ul>		

Key line of enquiry: **W8**

Are there robust systems and processes for learning, continuous improvement and innovation?

**Generic prompts**

**Trust-level guidance**

**Key evidence**

Report sub-heading: **Learning, continuous improvement and innovation**

**W8.1** In what ways do leaders and staff strive for continuous learning, improvement and innovation? Does this include participating in appropriate research projects and recognised accreditation schemes?

**W8.2** Are there standardised improvement tools and methods, and do staff have the skills to use them?

**W8.3** How effective is participation in and learning from internal and external reviews, including those related to mortality or the death of a person using the service? Is learning shared effectively and used to make improvements?

**W8.4** Do all staff regularly take time out to work together to resolve problems and to review individual and team objectives, processes and performance? Does this lead to improvements and innovation?

- Does the service move beyond single models for understanding the improvement process, and the need to draw on a wide range of kinds of evidence for making the case for improvement?
- Are divisional staff aware of research undertaken in and through the Trust, how it contributes to improvement and the service level needed across departments to support it?
- Do leaders test out their service delivery processes, encourage innovation and new practices?
- How do senior leaders support internal investigators initiating and managing clinical studies?

- ✓ Interviews with senior management and Board members
- ✓ Interviews/focus groups with staff (including particular equality groups)
- ✓ Quality improvement strategy/plans
- ✓ Evidence of innovative projects/programmes
- ✓ Participation in accreditation schemes
- ✓ Evidence of participation in research projects
- ✓ Organisation-wide training and development programmes focused on quality improvement
- ✓ Review strategic monitoring and evaluation systems



NEXT PHASE METHODOLOGY (2018)  
WELL-LED

<p><b>W8.5</b> Are there systems to support improvement and innovation work, including objectives and rewards for staff, data systems, and processes for evaluating and sharing the results of improvement work?</p>	<ul style="list-style-type: none"> <li>• Does the vision and strategy incorporate plans for supporting clinical research activity as a key contributor to best patient care?</li> <li>• Does the Trust have clear internal reporting systems for its research range, volume, activity, safety and performance?</li> <li>• How are patients and carers given the opportunity to participate in or become actively involved in clinical research studies in the trust?</li> <li>• Are improvements sustained?</li> <li>• Can leaders provide evidence of improvements made following learning?</li> <li>• Is there learning from other trusts?</li> <li>• Is service improvement resourced such that it can realistically have an impact?</li> <li>• What do staff/the trust think they are doing better this year in relation to meeting the needs of patients with</li> </ul>	<ul style="list-style-type: none"> <li>✓ SUI/Never events/incident reporting policy and procedure</li> <li>✓ Learning from internal and external reviews, and action taken and learning. For example, external developmental reviews of leadership and governance using the well-led framework every three to five years.</li> <li>✓ EDS2 assessment for evidence on learning and continuous improvement around equality</li> <li>✓ Provider cancer improvement plan</li> </ul>
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NEXT PHASE METHODOLOGY (2018)  
WELL-LED

	<p>mental health, learning disabilities, autism or dementia diagnoses? Is there evidence to back up their views?</p> <ul style="list-style-type: none"><li>• Is improving and innovating in line with the aims and objectives of the local Cancer Alliance and the National Cancer Strategy, with a focus on:<ul style="list-style-type: none"><li>○ implementing new service networks, specifications for diagnosis and treatment of cancer and NICE cancer pathways, including stratified pathways</li><li>○ upgrading linear accelerators, where required</li></ul></li><li>• Is the trust aware of NICE's cost savings guidance? If so how has the guidance been used and what efficiencies have been achieved?</li></ul>	
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### Professional standards and good practice references

- [NHSI guidance: Developmental reviews of leadership and governance using the well-led framework](#)
- [NHSI Improvement Hub](#)
- [NHSI Embedding quality improvement skills](#)
- [NHS England Delivering Operational Delivery Networks: The Way Forward](#)

The commissioning system encourages the development of operational development networks (ODN) focused on coordinating patient pathways between providers over a wider area.

- [Learning, candour and accountability](#)
- [The Health Foundation: Improvement projects, tools and resources](#)
- [National Institute for Health Research Clinical Research Network \(NIHR CRN\) objectives](#)
- [NHS England service specifications - radiotherapy, chemotherapy, specialised cancer surgery and specialised cancer diagnostics](#)
- [NICE cancer pathways](#)
- [Stratified pathways – How to Guide – for people living with and beyond cancer](#)
- [NICE cost saving guidance](#)
- [NHSE always events](#)
- [NHSI quality, service improvement and redesign resources](#)
- [NQB Learning from deaths v2](#)