

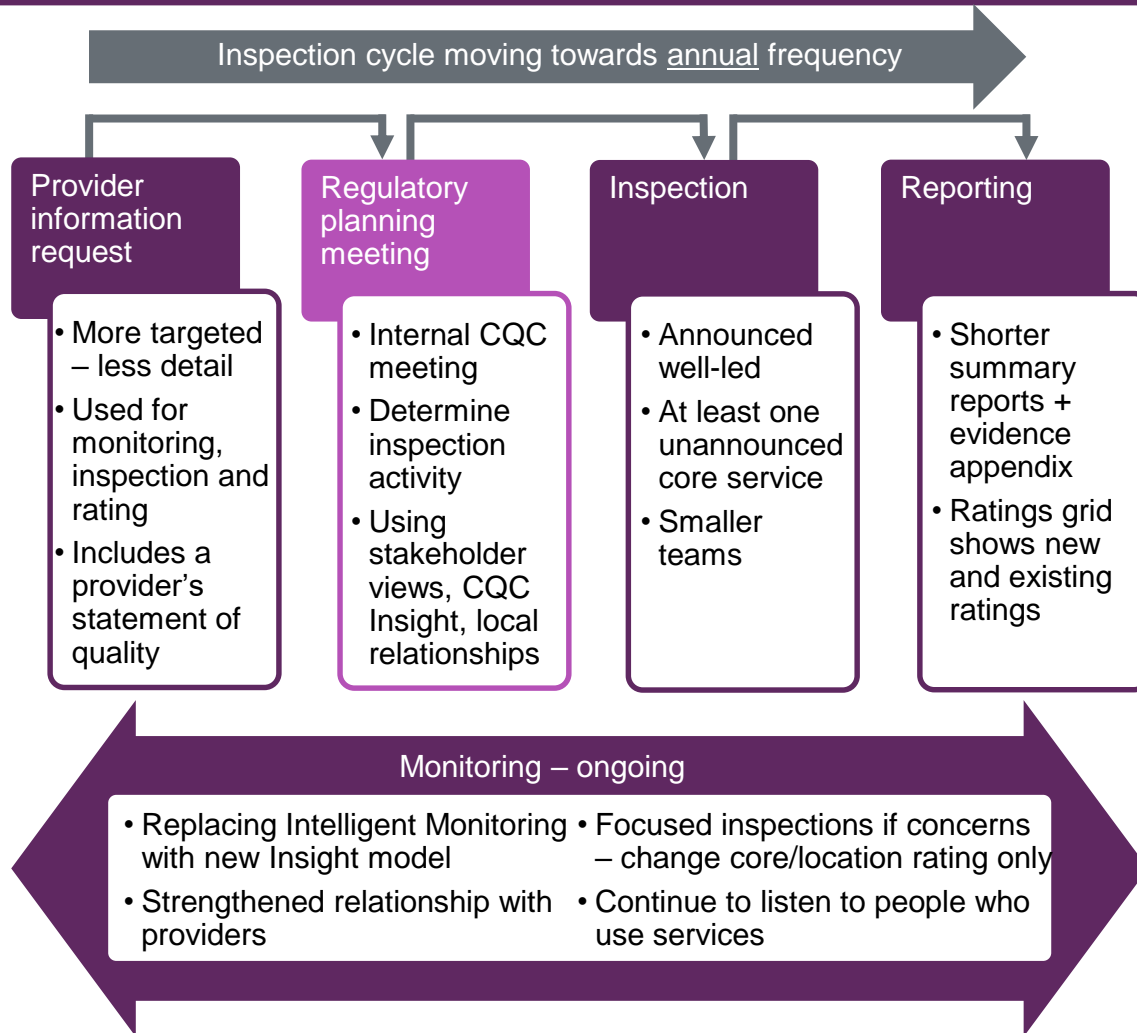
Executive reviewers induction workshop





Introduction to CQC inspection methodology & role of the executive reviewer

Hospitals inspection approach for NHS trusts



The well-led framework: Key Lines of Enquiry



Is there the leadership capacity and capability to deliver high-quality, sustainable care?	Is there a clear vision and credible strategy to deliver high-quality sustainable care to people, and robust plans to deliver?	Is there a culture of high-quality, sustainable care?
Are there clear responsibilities, roles and systems of accountability to support good governance and management?	Are services well-led?	Are there clear and effective processes for managing risks , issues and performance ?
Is appropriate and accurate information being effectively processed, challenged and acted on?	Are the people who use services, the public, staff and external partners engaged and involved to ensure high-quality sustainable services?	Are there robust systems and processes for learning , continuous improvement and innovation ?



Essential things to know about a well-led review

Well-led: What are the key changes? Assessment & rating approach



- There is an updated well-led assessment framework (KLOEs, Prompts, Characteristics). This framework is now the same across all health sectors. We agreed the framework jointly with NHS Improvement.
- There are now eight KLOEs in the updated well-led framework rather than the previous five.
- We will continue to assess well-led within all core services, using the well-led framework. We will also separately inspect well-led at the trust-wide level.
- The trust-level well-led rating will be determined by the well-led inspection. The rating will not be aggregated from the core service well-led ratings as at present, although the rating decision will take account of the core service ratings.
- Joint working with NHSI is being piloted for the well-led reviews in mental health trusts

Well-led: What are the key changes?

Planning and scheduling



- The trust-wide well-led inspection (plus the planned core service ratings) will be the point at which overall trust ratings will be updated (after being agreed at Rating Approval Meeting).
- All trusts will have an on-site trust-wide well-led inspection approximately every year, to be completed initially for all trusts by the end March 2019.
- The trust-wide well-led inspection will be scheduled to follow the planned core services inspections. For most trusts, the well-led inspection will be 3 days on site.
- The well-led inspection team will be a separate team from the core services :
 - They will be led by a head of hospital inspections supported by the executive reviewer
 - Specialist advisors with governance experience are also required to support the well-led inspection
 - Inspection managers will be the effective on site co-ordinator for well-led inspections supported by the lead inspector for the trust

What will be covered in a well-led review



It would not be practical or proportionate for us to interview every senior staff member at a trust on every inspection, to ask every possible question in an interview, or to collect every possible piece of evidence.

- We will need to cover all the areas of the well-led framework and to reach an overall rating – supported by credible evidence
- Consider what we already know about well-led from the monitoring work including stakeholder feedback; Insight: provider information request; core service inspections; use of resources assessments carried out by NHSI and then identify the gaps
- Once we know the gaps – consider how we will fill these. This will enable us to identify who we want to interview and what questions we want to ask. We may also identify other assessment activities we want to carry out.

The plans for the well-led review will be approved at the regulatory planning meeting.

- There are deliberately few ‘must do’ activities to allow the inspection team to use their discretion in choosing the most appropriate activities.
- Having said that all well-led reviews will include an interview with:

Trust Chair

Chief Executive

Medical Director

Nursing Director/Chief Nurse

Chief Operating Officer

Director of Finance/Chief Finance Officer

Director of HR

A sample of Non-Exec Directors (NED for safety and risk is a priority)

A sample of Governors, where appropriate

Director Infection Prevention and Control

Freedom to Speak Up Guardian

Activities we are likely to do prior to the well led review



- It has been recognised that many activities closely associated with well-led review are best done before the three days on site for the well-led review and sit better within the monitoring role

Examples of this include the following:

- Observing board meetings
- Focus groups – including governors, BME staff etc
- Investigations into deaths
- Checking Fit and Proper Person
- Meeting stakeholders
- Meeting patients

For the early well-led reviews these activities may not have taken place as part of on-going monitoring so will be built into the site visit.

Role of the executive reviewer – preparation



Review of 'ER handbook' (will be available later in year)

To undertake any identified trust specific preparation e.g. review of trust web site, contribution to briefing call.

To review the briefing document prepared by the CQC prior to the well-led review and the interview schedule to optimise appropriate utilisation the expertise of ERs and SpAs.

Role of the executive reviewer – on site



To assess individual and team leadership capability by leading the interview of board and executive members.

To assess the strength of clinical, business and organisational development strategies by reviewing documentation, context and action plans.

To assess organisational process and response for mitigating corporate risk and providing assurance of delivery standards.

To provide challenge to any perceived bias within the inspection team, to ensure fair identification and corroboration of information.

To influence the corroboration of information throughout the review, with the aim of promoting consideration of all KLOEs and the development of a common understanding regarding potential ratings.

Role of the executive reviewer – wider scope



To endorse the key messages to be fed back to the trust prior to departure.

To liaise with the HHI to review and endorse the draft report, including rational and proposed ratings.

To offer verbal feedback to the HHI/DCI either on site or after the review, on any aspect that was particularly positive or could have been strengthened.

To provide electronic feedback on your experience via a linked survey.

To potentially be a reference point and source of expert advice for deputy chief inspectors.