

Induction handbook for Executive Reviewers undertaking well – led reviews in the hospital directorate

January 2019

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1. Welcome message

Dear Colleagues,

I am delighted to welcome you as an executive reviewer and a member of the CQC inspection teams undertaking well – led reviews. Thank you for stepping forward into this role and supporting the highest quality reviews being undertaken. I very much hope that not only will you personally find the experience interesting and rewarding, but that your organisation also will feel they benefit from your involvement.

Executive reviewers have a crucial role in ensuring the credibility of our well – led reviews, working alongside our inspectors. Executive reviewers bring an expertise in corporate leadership from a variety of sectors, providing an essential element of peer review to the inspection process. Every well – led review should have at least one executive reviewer contributing this level of experience and expertise to ensure robust and consistent judgements are reached regarding the leadership of each trust.

I hope you find this handbook helpful in outlining the background and functions of CQC and providing greater clarity regarding the scope and intentions of your role as a member of a well -led review team.

Best Wishes

Ted Baker

Chief Inspector of Hospitals, Care Quality Commission

Ted Baker



2. Summary of trust-wide well-led inspection methodology

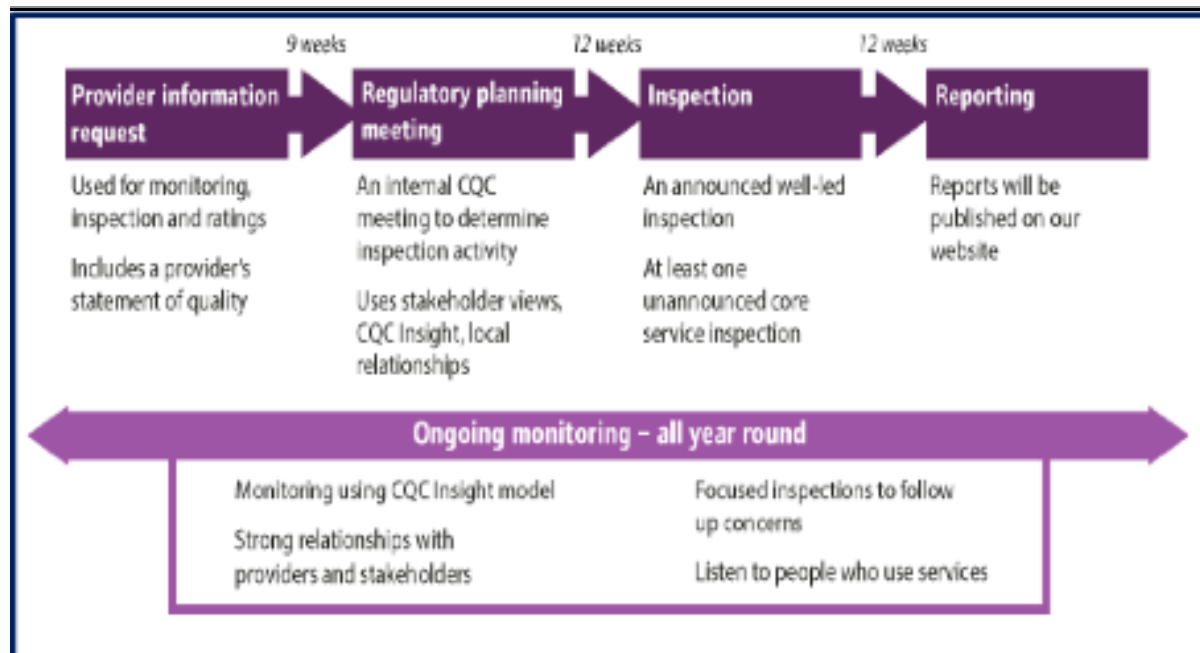
2.1 Approach

CQC will assess separately well-led at the trust-wide level for NHS Trusts and Foundation Trusts. These inspections will take place on approximately an annual basis.

The intention of the trust-wide well-led inspection is to provide an assessment of trust board and executive-level leadership and governance, of overall organisational vision and strategy, of organisation-wide governance and management, and of organisational culture and engagement.

NHS Improvement colleagues may provide evidence to support the assessment of financial and resource governance, or join CQC inspection teams.

As an executive reviewer you will be involved in the process of monitoring, inspecting and rating providers. The illustration below outlines the proposed timelines for this process. Core service inspections are unannounced and always precede the well-led reviews by about two weeks.



CQC aims to inspect each trust at least once between June 2017 and spring 2019, and approximately annually after that.

2.2 The well-led assessment framework

In June 2017 we published an updated [assessment framework](#) for all healthcare providers, which included a new framework for assessing the well-led key question. The well-led framework was developed jointly by CQC and NHS Improvement as part of the further development and alignment of our respective oversight and regulatory regimes. The new framework provides a single structure through which the leadership, management and governance of an organisation can be assessed or reviewed (including self-review).

The new [well-led framework](#) has resulted in changes to the structure of key lines of enquiry (KLOEs). The updated well-led framework includes eight key lines of enquiry, relative to the previous five. This primarily resulted from the splitting of previous KLOEs into two or more parts, although new content is also included in the updated framework. The framework (including KLOEs, characteristics and prompts) is intended to examine quality, resource and financial governance in an integrated way. The updated well-led framework is summarised in the figure below.

The updated well-led framework

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 ?

2.3 Team composition and length of a well-led inspection

The core inspection team for a trust-wide well-led inspection team in a typical trust would consist of the head of hospital inspection, an inspection manager, the lead inspector for that trust, one or two executive reviewers, and one to two specialist advisors or a pharmacist specialist where required. A Mental Health Act reviewer will also be part of the well-led team for a mental health trust. NHS Improvement staff might also join some trust-wide well-led inspections, to assess financial and resource governance aspects of well-led.

The well-led inspection should normally involve up to three days on-site. The trust should always be offered the opportunity to present to the well-led inspection team at the start of the on-site inspection, so that they may meet the team, present their vision and strategy for the organisation, give an overview of their performance and plans and share their self-assessment of leadership capacity and capability.

If this is the first time the trust will receive a well-led inspection under the new methodology, the inspection would be more likely to require the full three days on-site. Future inspections may be more targeted, with smaller teams and less time spent onsite.

2.4 Inspecting well-led at the trust-wide level

The inspection team should draw on a range of evidence in assessing well-led at the trust-wide level.

As with all CQC assessments, we draw on four broad sources of evidence in a trust-wide well-led review:

1. Information from the ongoing relationship management with the provider, NHS Improvement and other stakeholders.
2. Other nationally available and local information that can inform the inspection judgement.
3. Information from activity carried out during the pre-inspection phase.
4. Information from core services inspections and use of resources assessments.

Key high-level sources of evidence and assessment activities to consider in an assessment of well-led at the trust-wide level include:

- interviews with board members, governors, senior executives and other staff.
- focus groups with non-executive directors and governors.
- data relevant to trust-wide aspects of well-led, from both Insight and gathered directly from the trust, e.g. through the PIR.
- the findings of core service inspections as they relate to well-led (see section below, 'Rating well-led at the trust-wide level').
- information on board and other committee meetings, from observing meetings and reviewing meeting papers and minutes (inspectors should aim to observe both private and public Board meetings).
- trust-wide strategic and policy documents, governance documentation, and reports.
- evidence provided by NHS Improvement either before an inspection or through the onsite assessment.
- information from external partners and other local providers, including NHS England, CCGs, local authorities, Healthwatch, and others.
- focused assessment activities on specific areas within the well-led framework (such as information governance, Freedom to Speak Up) – more information on these detailed assessments is linked in relevant sections of the inspection framework below.

Prior to the well-led inspection, the inspection team should hold a briefing call with Executive Reviewers, SpAs, NHS Improvement assessors (if applicable) and any other team members to confirm preparations for the inspection. All team members will also have received the inspection briefing pack which as a minimum should include a summary of the trusts regulatory findings to date, issues arising from the core service inspection, clarification of directors' portfolios and the trust's governance assurance committee framework. The inspection manager must speak directly to brief any team members unable to participate in this scheduled briefing call.

In addition, the inspection manager must ensure that hard copies of key corporate information are available on site for team members, from commencement of the inspection. Time will be available during the review to consider and refer to this information. This information to minimally include:

- Director portfolios
- three months of trust board minutes
- Quality and workforce strategies
- ToR and recent minutes for quality / performance / workforce assurance sub committees, with associated annual work plans.
- Board Assurance Framework and Corporate Risk Register.

3. Well-led assessment activity – on site

3.1 Determining the focus of the review

For the first well-led review all KLOE are anticipated to be evaluated in full. However, once all trusts have had an initial well-led review undertaken, it is not intended we should assess every single aspect of the well-led framework on every trust-level well-led inspection. For repeat well-led reviews it is intended that a risk assessment of each trust be undertaken to determine the scope of reinspection, which will influence both the size of the team and length of time each review will require to be undertaken.

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. As part of pre-inspection planning, inspection teams should identify key areas of focus for the trust-wide well-led inspection. This should include identifying key staff and non-executives to be interviewed (the inspection framework lists those interviews which should be conducted whenever possible), key assessment activities to be conducted and key areas of focus for interviews. The findings from the core services review should also provide a focus for the well-led review, with indicative ratings for these service reviews being made available to all members of the team.

The selection of the assessment activities and focus for the well-led inspection should be based on our information about the trust (including evidence from the PIR and from key stakeholders, including NHS Improvement), based on factors such as whether we have reason to be concerned about an area of the trust's performance, or areas where we believe the trust may be doing particularly well.

Whichever assessment activities are selected, it is important that for every well-led inspection we gather sufficient information that may be triangulated to:

- report credibly against all eight subheadings in the well-led report (which are aligned to the eight key lines of enquiry).
- award a well-led rating that corresponds with and is supported by evidence against the relevant characteristic in the well-led framework, and is consistent with our other trust-level well-led ratings.

3.2 On Site Inspection Schedule

The inspection manager will have prepared an inspection schedule for the on-site well led inspection. The schedule should include an initial team briefing session followed by a presentation by the trust.

The CQC inspection team may plan to allocate different KLOE's to each member of the team dependant on their background and the issues identified for each specific trust. For example, if there were concerns about the relationships between the executive and non-executive directors, the ER may be asked to review board minutes to look for any evidence of this and lead some questions to explore this further in relevant interviews.

During the inspection a range of interviews will be undertaken with key members of the executive team. The schedule should allow for preparation and reflection time at regular points throughout the day to allow cascade of information across the team and contemporaneous notes to be documented that seek to summarise findings and judgements. At the end of each day, time should be given to discuss the findings from the interviews. On the last day of the inspection there should be time for more detailed consideration of the key lines of enquiry using the rating descriptions.

On completion of on-site inspection activities, the HHI should summarise intended feedback to the trust, securing endorsement from the ER/SpAs prior to leading the presentation of these agreed observations to the trust.

4 Primary roles and responsibilities of the team

The primary role of the HHI is to provide oversight and supervision of the Well-Led Inspection process with the aim of strengthening the consistency of judgements made and the ratings proposed.

The primary role of the inspection manager is to lead the preparation and delivery of all operational processes to undertake a well-led Inspection.

The primary role of the executive reviewer is to provide an independent and external peer view, bringing expertise in corporate leadership to provide credibility to the team. In undertaking this role, the executive reviewer will be required to challenge planned processes to ensure the trust receives fair and proportional scrutiny, whilst promoting continual improvement within the CQC.

The primary role of SpAs is to provide a specialist expertise in a specific area identified as a focus for the review e.g. governance systems.

5 Detailed role of the executive reviewer

Executive Reviewers for well-led inspections are identified by their expertise in corporate leadership and therefore are drawn from any sector of the service, to strengthen inspection teams undertaking well-led inspections for any sector of the service. Their role includes:

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

By this we mean: Familiarising yourself with information available through the trust's public website will provide insights to the existing leadership team, organisational priorities and a reference point for assessing information available internally when on site.

If for any reason a briefing call is not scheduled, a briefing pack summarising all existing information regarding the trust should be made available to you, with the opportunity on site immediately provided for the team to have face to face introductions and receive a briefing.

- 2. To ensure all aspects of planning for the WLR has been undertaken appropriately to optimise the contribution of all team members – specifically ensuring the drafted interview schedule to optimise appropriate utilisation of the expertise of ERs and SpAs.**

By this we mean: It is essential that the ER proactively offers feedback on the drafted interview schedule, ensuring that time is available at the outset of day 1 for the team to collectively prepare for the approach to be taken, so that the skills and experience of all members are utilised with maximum impact during the review.

The executive reviewer is encouraged to identify if they consider any scheduled timings for any aspect of the review should be altered to improve effectiveness.

- 3. To assess individual and team leadership capability by influencing and undertaking interviews, specifically leading the interview of board and executive members.**

By this we mean: The expertise of ERs to fully impact upon the diagnostic value of the WLR they need to influence the focus of interviews on the most senior members of the leadership team, which can most easily be achieved by them leading these interviews, ensuring that all issues are explored to their satisfaction.

In addition to potentially recording some of the discussions held, it is helpful for the executive reviewer to summarise their views and conclusions relating to either key individuals interviewed or key aspects of the well-led subject areas, making these available to the IM to support the drafting of the report.

Resources to support the inspection of well-led at the trust-wide level are available and will be provided at the inspection. They include generic prompts for interview questions for use in the different interviews, that can be used as a guide in preparing for specific interviews.

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

By this we mean: The ERs assessment of the relevance of key documents that relate

to issues being explored is critical to the correct conclusions being reached regarding all aspects of performance.

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

By this we mean: The ERs assessment of the impact of the BAF upon the organisations approach to mitigating risks is key to evaluating the organisations ability and performance to manage risks comprehensively.

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

By this we mean: We wish the ER to feel empowered to challenge any perceived bias within the team at any point throughout the review process so that concerns may be actively explored and adjustments made to processes if required.

7. To influence the corroboration of information throughout the review, with the aim of promoting consideration of ensuring all KLOEs are considered in detail and the development of a common understanding reached where possible regarding potential ratings.

By this we mean: With potentially three opportunities available throughout the review, to formally corroborate evidence gathered, discussions should focus on synthesising information and reconciling views to support judgement being made for each of the eight well-led subject areas using the detailed rating descriptions of each. The ER must ensure this process is undertaken to their satisfaction, with absolute transparency regarding the indicative judgements agreed upon.

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

By this we mean: That throughout the process of corroboration key issues/messages identified are captured by the HHI and reflected to the team prior to closure. These messages must be clearly documented and endorsed by the executive reviewer, with the executive reviewer invited to join the face to face feedback session to the trust.

9. Liaise with the HHI to review and endorse the drafted report, including rational and proposed ratings to be presented to a Ratings Approval Meeting.

By this we mean: The IM should share the draft report with the executive reviewer for their comment and eventual endorsement, ensuring the report fairly reflects the findings of the team. If differences of opinion regarding the drafted content are unable to be reconciled to the ERs satisfaction escalation to the HHI or the relevant DCI is advised.

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

By this we mean: Best practice recognises the creation of an opportunity for reflection on site at the end of the review, to identify areas of strength and potential development.

If preferred and in addition to this ERs are welcomed to contact the relevant DCI regarding any matter they consider appropriate to raise regarding the undertaking of

the WLR.

11. To provide electronic feedback on your experience in undertaking a Well-Led Review, for aggregation and identification of emerging themes to support ongoing improvement.

By this we mean: After each WLR the Flexible Workforce Office (FWO) will automatically send an electronic feedback forms to all confirmed external members of the inspection team, seeking feedback on their experience. Feedback received will be collated and synthesised on a quarterly basis, to identify ongoing improvements required to be made. Your comments are vital to help monitor and improve our inspection programme. Please complete the [Executive Reviewer Feedback on Well Led Reviews Questionnaire](#)

12. To potentially be a reference point and source of expert advice for DCIs.

By this we mean: The DCIs would welcome proactive liaison from ERs to strengthen the working of regional inspection teams. Similarly, DCIs would like to be able to 'reach out' to ERs as a cadre of experienced colleagues with which to work more collaboratively.

6. Key contact details

As clarified, the DCIs would welcome any communication from ERs, be this for clarification, exploration or to receive confidential or sensitive feedback on any aspect of the well-led review undertaken in their regions. Current contact details being:

Ellen Armistead, DCI North Region: Ellen.armistead@cqc.org.uk

Amanda Sandford, DCI Midlands Region: Amanda.stanford@cqc.org.uk

Heidi Smoult, DCI Midlands Region (currently on maternity leave): Heidi.smoult@cqc.org.uk

Nigel Acheson, DCI South & London Region: Nigel.acheson@cqc.org.uk

Paul Lelliott, DCI Mental Health Services: Paul.elliott@cqc.org.uk

Alternatively, the National Professional Advisor for Well-Led Reviews would welcome being contacted at any stage regarding any issue relating to the methodology and implementation of well-led reviews in general. Current contact details being:

Gillian Hooper, NPA Well-Led Reviews: gillian.hooper@cqc.org.uk

7. Media & public engagement

7.1. Media engagement

Inspection team members should not speak directly to the media unless this has been agreed with CQC's media team. If approached by the media they should state that CQC and the provider are working closely with the press during the visit and all information is published on CQC's website. Refer any journalist's to CQC's media team on 020 7448 9401 during office hours or 07789 876508 out of hours. Email: media.team@cqc.org.uk

7.2. Public engagement

CQC recognises that during your regular work outside of CQC you may be asked to speak at conferences or make presentations to various groups. In these presentations you may wish to use your experiences of participating in CQC inspections to illustrate your talk. In such circumstances you must:

- ➤ notify the conference organisers that you are not speaking on behalf of CQC;
- ➤ not purport to be appearing and/or speaking for or on behalf of CQC;
- ➤ anonymise any data from which an individual could be identified; and
- ➤ not breach the confidentiality provisions as set out in any relevant CQC policy on confidentiality.

8. Practical information

8.1. Point of contact

As part of CQC's People Directorate, The Flexible Workforce Office is the central point of contact for executive reviewers. Please contact this team if you need to tell us about any changes to your personal details, it's essential that you also inform us of any updates in relation to your professional registration, employment or DBS check. Engagement colleagues are available to listen to and discuss any concerns or feedback to ensure that you feel fully supported in your role.

Email: flexibleworkforce@cqc.org.uk; Tel: 0191 233 3591

We also will have a dedicated Webpage for executive reviewers (to be confirmed, possibly www.cqc.org.uk/ERInfo)

8.2. Scheduling

ERs are allocated to inspections by the Flexible Workforce Team. The team may contact you regarding your availability by email/telephone. Alternatively, if you can proactively offer dates when you could be available to undertake a well-led review, the FWO will be able to immediately confirm if a review is scheduled to take place and if an ER is required. If you have questions regarding any of our inspections please use the contact details below:

Email: fwoscheduling@cqc.org.uk Phone: 0191 2333591

8.3 Conflicts of interest

All CQC staff, including ERs are required to identify and disclose activities and relationships that might give rise to conflicts of interest or the perception of conflicts and to ensure that such conflicts are seen to be properly managed or avoided.

It is the responsibility of everyone to recognise situations in which he or she has a conflict of interest, or might reasonably be seen by others to have a conflict, to disclose that conflict and to take such further steps as set out in this policy. If in doubt the individual should

declare the activity or relationship in the interests of transparency and CQC will take a view on whether this constitutes a conflict.

If an individual is uncertain about a potential conflict of interest might affect his or her activities or has any questions about this please discuss the matter with the Flexible Workforce Office, who can advise accordingly.

There can be situations in which the appearance of conflict of interest is present even when no conflict exists. It is important for all staff when evaluating a potential conflict of interest to consider how it might be perceived by others. Conflicts of interest may be financial or non-financial or both. Failure to disclose any potential conflict of interest may lead to an investigation and potential disengagement from the role of ER.

You will be asked at the point of acceptance of an inspection opportunity to declare that you have no conflicts of interest in accepting the offered inspection.

We recognise that there may be exceptional occasions where a conflict of interest could not be foreseen prior to arrival at inspection. In such situation please ensure that you alert the lead inspector to the situation as soon as this comes to light so they can manage the conflict accordingly and ensure that it does no impact on the inspection activity.

Please see our Declaration of Interest and Resolution of Conflicts Policy for further details which can be found on our [ER Webpage](#).

9. Contractual arrangements – terms, conditions and payments

9.1. Policies and procedures

Whilst undertaking an assignment, you are required to provide the relevant services with all due care, skill and ability.

You must comply always with all relevant CQC policies and procedures and the required values and behaviours and you must make yourself familiar with these. In particular, your attention is drawn to the following policies and procedures:

- • Alcohol and drug misuse
- • Bullying and harassment
- • Code of conduct
- • Code of practice on confidential personal information
- • Counter fraud policy
- • Declaration of interest and resolution of conflicts
- • Equality, diversity and human rights
- • Gifts and hospitality
- • Health and safety
- • Information security and governance
- • Manual handling
- • Social media and twitter
- • Speak up policy

CQC may notify you about other applicable policies and procedures from time to time. To avoid doubt, CQC's policies and procedures are not incorporated into this handbook and CQC has the discretion to withdraw, vary or replace them from time to time.

9.2 Travel and accommodation

The National Customer Service Centre (NCSC) Support Team is responsible for booking travel and accommodation required for inspections. You may request rail travel in advance, using a form available on the ER Info web page. Alternatively, you can make the travel arrangements yourself, using an expense form to receive reimbursement for this. Both forms can be found on the ER [Webpage](#)

THE END

Appendix 1

Executive Reviewers - Well Led Reviews - June 2018

Person specification

- Currently working as a member of a trust board at a trust rated as good or outstanding for well led
- Currently chairs, chief executives and other trust board non-executive and executive directors with voting rights at the board
- Attendance at well led specialist advisor induction or 'phone conference induction discussions, with follow up conversation with DCI/HHI.

Role expectations

- To undertake any identified trust specific preparation e.g. review of trust web site, contribution to briefing call.
- To review the drafted interview schedule to optimise appropriate utilisation the expertise of ERs and SpAs.
- To assess individual and team leadership capability by influencing and undertaking interviews, specifically 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 triangulation 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.
- To endorse the key messages to be feedback to the trust prior to departure.
- Liaise with the HHI to review and endorse the drafted report, including rational and proposed ratings to be presented to a Ratings Review Meeting.
- To offer verbal feedback to the HHI/DCI either on site or after the Review, on any aspect of the review that was particularly positive or could have been strengthened.
- To provide electronic feedback on your experience in undertaking a Well Led Review, for aggregation and identification of emerging themes to support ongoing improvement.
- To potentially be a reference point and source of expert advice for DCIs.

Expected time commitment

- Engagement with induction opportunities - 2 hours
- Trust specific preparation – web site and briefing call – 2 hours
- On-site inspection time of 2 to 3 days per inspection
- Commitment to completing two well led inspections per calendar year.
- Post inspection input into reviewing report/ratings review. – 2 hours

END