

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS

Report of:	Mrs M Johnson, Group Executive Director of Workforce and OD Professor Cheryl Lenney, Group Chief Nurse
Paper prepared by:	The Director of Clinical Governance
Date of paper:	February 26 th 2018
Subject:	Well-led Review 2018
Purpose of Report:	Indicate which by ✓ <ul style="list-style-type: none"> • Information to note • Support • Resolution • Approval ✓
Consideration of Risk against Key Priorities	Quality, safety, experience, research, innovation and teaching
Recommendations	The Board of Directors is asked to approve the recommendations set out in section 5.
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1.0 Introduction and background

- 1.1. Manchester Foundation Trust was established on October 1st 2017 as a result of the merger of the legacy University Hospitals of South Manchester FT and the Central Manchester University Hospitals FT. Fundamental to the preparation for this merger was a review of leadership and governance to ensure the new organisation ran safely whilst the new organisational form emerged.
- 1.2. As part of the Year One post-merger process the organisation must ensure that we understand our strengths and where there is opportunity for improvement.
- 1.3. As set out in the Board Paper of January 2018, the CQC have consulted on changes to their inspection regimes during 2017 and published the outcome of their consultations in August and October 2017. A component part of the comprehensive inspection is the key line of enquiry (KLOE) 'Well-led'. In addition, based on the CQC's key lines of enquiry for its well-led domain, is the NHS Improvement recommendation¹ to undertake a self-assessment exercise (NHSI Developmental Review of Leadership and Governance).
- 1.4. This process includes a self-review by the Board of Directors, following which a review is undertaken by an external party, recommendations are made with the actions to take in response, to be agreed by the Board of Directors.
- 1.5. It is proposed that these KLOE, and the prompts that support them provide an ideal framework on which to undertake a review to inform understanding of the leadership and governance strengths of MFT and the development of an improvement plan going forward.

2.0 CQC Well-led KLOE / NHSI Developmental Review of Leadership and Governance

- 2.1 There are eight Key Lines of Enquiry, each with a subset of questions; the KLOE are:
 - i). Is there the leadership capacity and capability to deliver high-quality, sustainable care?
 - ii). Is there a clear vision and credible strategy to deliver high-quality sustainable care to people who use services, and robust plans to deliver?
 - iii). Is there a culture of high-quality, sustainable care?
 - iv). Are there clear responsibilities, roles and systems of accountability to support good governance and management?
 - v). Are there clear and effective processes for managing risks, issues and performance?
 - vi). Is robust and appropriate information being effectively processed and challenged?

¹ Not a requirement, but seen as very 'poor practice' if not undertaken

- vii). Are the people who use services, the public, staff and external partners engaged and involved to support high-quality sustainable services?
 - viii). Are there robust systems and processes for learning, continuous improvement and innovation?
- 2.2 The Key Lines Of Enquiry for the CQC Well-led / NHS I domain are detailed in full via the following links:
- <https://www.cqc.org.uk/sites/default/files/20171020-healthcare-services-kloes-prompts-and-characteristics-final.pdf>
- https://improvement.nhs.uk/uploads/documents/Well-led_guidance_June_2017.pdf
- 2.3 Intelligence suggests that there are 3 additional lines of enquiry which have been followed in other Trusts. These are:
- i). How the Board is assured that the arrangements for the Guardian of Safe Working Hours are in place and effective?
 - ii). Is the Board assured that the organisation is implementing the Learning from Deaths framework?
 - iii). Is the organisation championing learning and quality improvement?

3.0 Use of Resources

- 3.1 The use of resources review is a new process which to date has been undertaken only in a few Trusts on a pilot basis. This assessment will look at the use of resources by the organisation and will be carried out jointly by the CQC and NHS I. The Trust is awaiting guidance on whether this review will be undertaken and what the timing of that would be.
- 3.2 There are 5 KLOE and these are:
- i). Clinical services: How well is the Trust using its resources to provide clinical services that operate as productively as possible and thereby maximise patient benefit?
 - ii). People: How effectively is the Trust using its workforce to maximise patient benefit and provide high quality care?
 - iii). Clinical support services: How effectively is the Trust using its clinical support services to deliver high quality, sustainable services for patients?
 - iv). Corporate services, procurement, estates and facilities: How effectively is the Trust managing its corporate services, procurement, estates and facilities to maximise productivity to the benefit of patients?
 - v). Finance: How effectively is the Trust managing its financial resources to deliver high quality, sustainable services for patients?
- 3.3 Whilst the Use of Resources is a separate KLOE, account will be taken of how the Board of Directors receives assurance on the Use of Resources as part of the Well Led self-assessment.

4.0 Process

- 4.1 Preparation for the well-led review will be undertaken in conjunction with the overall preparations for the CQC Comprehensive Inspection and will be overseen by Mrs M Johnson, Group Executive Director of Workforce and OD with support from Julia Bridgewater, Group Chief Operating Officer.
- 4.2 Preparation for the Use of Resources review will be overseen by Mr A Roberts, Group Chief Finance Officer and Mrs M Johnson, Group Executive Director of Human and Corporate Resources with support from Julia Bridgewater, Group Chief Operating Officer.
- 4.3 Key milestones to include:

	Milestone	Lead	Timescale
1.	Completion of a 'Well Led' self-assessment (desktop and evidence review exercise) followed by review at a Board of Directors Development Session	Alwyn Hughes Helen Farrington	March – April 2018
2.	Commissioning of an external body to undertake an Independent External 'Well Led' Review	Alwyn Hughes	May – June 2018
3.	Develop a 'Well Led' Improvement Plan to address any gaps (in conjunction with Independent External Review Team).	Alwyn Hughes	June 2018
4.	Improvement plan to be approved by the BoD	Margot Johnson	July 2018
5.	Preparation of Board briefings	Alwyn Hughes	July - December 2018
6.	Working with the Governors on feedback and response	Alwyn Hughes	
7.	Working with external partners	Alwyn Hughes	

5.0 Recommendations

- 5.1 The Board of Directors is asked to note the approach to be taken in assessing the leadership and governance strengths of the new MFT.