Care Quality Commission

Guidance for NHS trusts and foundation trusts: assessing the well-led key question

Good leadership has a significant impact on staff morale and patient experiences of care.

This guidance describes how we assess the well-led key question. It helps NHS trusts and foundation trusts understand what good leadership looks like.

Good leadership enables better care for patients, and a more sustainable health and care service.

The guidance has been jointly developed by CQC and NHS England. It incorporates key developments in health and care policy and best practice. It includes expectations around system working, freedom to speak up and continuous improvement.

This guidance, alongside the Single Assessment Framework, replaces the previous inspection framework for NHS trusts and foundation trusts.

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.

What does good look like

The trust has an aspirational vision and a statement of values, with a realistic strategy and robust plan for delivery with clear objectives and timescales. These have been produced together with people who use the trust's services, staff and system partners. The strategy is based on a clear understanding of:

- quality of care
- improvement
- finances
- operational performance.

It explicitly addresses challenges for workforce, estates, procurement, and information technology. It is clear which leader is responsible and accountable for delivering each component of the trust's strategy and delivery plan.

The trust's strategy and plan considers the wider local and national context, and is aligned to the strategies and plans of relevant integrated care partnerships, health and wellbeing boards, integrated care boards, place-based partnerships, and provider collaboratives. This is to ensure that services are high quality and planned to meet the needs of relevant population groups. There are joint strategies and plans with relevant integrated care boards and, where appropriate, other key system partners.

The trust transparently monitors and reviews how it delivers its objectives. This is supported by effective governance structures and clear systems of accountability at all levels. These structures support multidisciplinary, integrated working and effective risk mitigation and management.

The trust understands the challenges to delivering the strategy, including relevant local health and care system factors. It has a realistic action plan to address them.

Staff feel positive and proud to work in the trust. They understand the vision, values and strategic goals and their role in achieving them. Most staff are aware of, and demonstrate, the vision and values of the trust. Staff understand the importance of equality and human rights in their work and the factors that can lead to closed cultures.

Delivering for patients and communities and tackling health inequalities is at the heart of the trust's ways of working. Compassion is shown at all levels within the organisation and with people who use services. The trust has a strong emphasis on the safety and wellbeing of staff. There is a culture of collaboration, openness, integrity, respect, and collective responsibility. Staff have co-operative, supportive and appreciative relationships, and teams and system partners come together quickly to resolve conflicts constructively.

The trust has mechanisms to identify and address behaviours that are inconsistent with the values of the NHS. These enable staff to raise concerns without fear of reprisal or repercussions.

Further detail and context:

Strategy and planning

Developing a realistic and robust strategy and plan delivers significant benefits for trusts. It sets the direction and informs how trusts develop to enable them to provide high-quality care. Strategic planning at relevant points will guide decisions on how to provide services and allocate resources. This will help executives and non-executives to govern effectively.

Organisational culture

The culture of trusts is crucial to ensuring they deliver high-quality, safe and effective care. Positive cultures and working environments also have a positive impact on the wellbeing of and engagement with staff.

Safety culture

A positive organisational culture supports safety for staff and patients. Safety culture is one of 2 key foundations of the NHS Patient Safety Strategy, supported by the Patient Safety Specialist role and Patient Safety Partners. A positive safety culture is one where the environment is collaboratively crafted, created, and nurtured so that everybody (individual staff, teams, patients, families, and carers) can flourish. This ensures quality, safe care through continuous learning and improvement of safety risks, supportive, psychologically safe teamwork; and enabling and empowering everybody to speak up.

Treating staff fairly supports a culture of fairness, openness and learning in the NHS by making staff feel confident to speak up when things go wrong, rather than fearing blame. Supporting staff to be open about mistakes allows valuable lessons to be learned so the same errors can be prevented from being repeated.

Best practice / guidance

Strategy and planning

NHS England: Good Governance and Collaboration

NHS England: Guidance on developing the joint forward plan

National Quality Board: Shared Commitment to Quality

Resources on culture

Guidance: The NHS Constitution for England

CQC: Learning, candour and accountability

Nursing & Midwifery Council: Openness and honesty when things go wrong: the professional duty of candour

NHS England: The Culture and Leadership programme

NHS England: We are a team

NHS England: Staff Health and Wellbeing Framework

NHS England: Civility and Respect

NHS England: Growing occupational health and wellbeing together

CQC: Our work on closed cultures

Resources on safety culture

NHS England: Safety culture: learning from best practice

NHS England: The NHS Patient Safety Strategy (2019)

NHS England: A Just Culture Guide

Link to regulations

Regulation 10: Dignity and respect

Regulation 12: Safe care and treatment

Regulation 17: Good governance

May also consider: Regulation 9: Person-centred care

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 and do so with integrity, openness and honesty.

What does good look like:

The trust's leaders have the experience, capacity, capability and integrity to ensure that the trust's strategy and plan are put into practice through practical actions to benefit patients and address risks to quality (including safety) and performance. The board has an appropriate mix of skills and experience to enable its members to exercise effective and visible leadership, including clinical leadership, across the trust.

Leaders at all levels within the trust promote and demonstrate a culture of health, wellbeing, safety and compassion at work. This enables individual members of staff and teams to perform at their best, and is reflected in care for patients.

Leaders influence and promote equality and human rights in their roles. They demonstrate and actively encourage compassionate, inclusive and supportive relationships among staff so that they are all respected and valued equally. Leaders proactively seek out and listen to the views of the people they lead and demonstrate an understanding of their role in preventing and detecting closed cultures early. When something goes wrong, people are informed and supported, and the duty of candour is followed.

Leaders across the trust routinely consider the holistic health and wellbeing of staff in the way they communicate and the language they use, in strategic and operational plans, and performance reporting.

Leaders seek to ensure a safe and secure working environment for staff and proactively manage and mitigate risks. They support staff to be empowered, understand discrimination and its effects and how to build equity in their roles. This helps to develop the skills to test innovations to deliver high-quality care for all.

Leaders at all levels understand and demonstrate their responsibility to model positive behaviours through leading with integrity, openness and honesty. They understand that successful leadership is not just about what they deliver as an organisation, but how it is delivered. The trust has development activities and interventions for leaders that are centred around their principles and behaviours, to help leaders learn more about what exemplary behaviours entail.

The trust proactively sustains compassionate, inclusive, collaborative and capable leadership through its:

- leadership strategy and development programmes
- processes for effective selection, retention, deployment and support
- succession planning.

These are visible to staff. Leaders actively encourage and support staff at all levels to develop themselves and they provide opportunities through formal and informal training.

Further detail and context:

The role of leaders

Capable, compassionate and inclusive leadership can have a positive impact on the wellbeing, productivity, effectiveness, recruitment and retention of staff at all levels of an organisation. NHS England's Culture Leadership Programme states that compassionate leadership in practice means:

- leaders listening with fascination to those they lead
- arriving at a shared (rather than imposed) understanding of the challenges they face
- empathising with and caring for them
- taking action to help or support them.

Good leadership occurs in different styles and guises, depending on the leader and organisational need and context.

The NHS People Plan states that inclusive cultures depend on inclusive leaders. Within the plan, the NHS People Promise sets out the importance of compassionate and inclusive leadership in making the NHS a place where all feel they belong and where there is no tolerance for any form of discrimination, bullying or violence. Our Leadership Way describes the compassionate and inclusive behaviours that leaders at every level should demonstrate, structured around the themes of curiosity, compassion and collaboration, and the NHS Constitution describes that NHS values for leaders at all levels to promote.

Leadership, safety and wellbeing

The health and wellbeing of NHS staff has an impact on the quality of patient care, organisational efficiency, and the ability to deliver regulatory targets. Risks to the health and safety of health workers can also potentially lead to risks, harm and adverse outcomes for patients.

Trusts can compare their organisation with what 'good' looks like in the NHS Staff Health and Wellbeing Framework and develop a strategic organisational action plan.

Wellbeing guardians look holistically at the organisation's health and wellbeing activities. They have an important assurance role at board level as their purpose is to question decisions and behaviours that might affect the wellbeing of staff. They also challenge the board or senior leadership to account for its decisions and their impact.

The NHS growing occupational health and wellbeing together strategy forms a roadmap and mandate for leaders to improve health and wellbeing services for staff to keep them safe and healthy, and empowered to provide good care for patients. As set out in the NHS Violence prevention and reduction standard, leaders have a responsibility to protect staff from threats and violence at work.

The Patient Safety Strategy sets out the role of leaders in demonstrating and fostering a positive safety culture. This includes the role of the Patient Safety Specialist, who provides dynamic and expert patient safety leadership, and the broader leadership team in ensuring the voices of Patient Safety Partners are heard up to board level. The executive lead with responsibility for patient safety also has a specific role in supporting Patient Safety Partners.

Best practice / guidance

Leadership standards

CQC: Fit and proper persons: directors

NHS England: NHS managers and leaders: Supporting new standards for board members

NHS England: Leadership competency framework

NHS England: New standards for NHS board members

NHS England: Fit and proper persons requirements and Fit and proper persons test

GOV.UK: Guidance: The Seven Principles of Public Life (The 'Nolan' Principles)

The NHS Constitution for England: NHS Values

Capable leadership tools and resources

NHS England: The Model Health System

NHS Leadership Academy Talent Management Hub

Leadership behaviours

NHS Leadership Academy: The Healthcare Leadership Model

NHS Leadership Academy: Our Leadership Way

Independent Report: Health and social care review: leadership for a collaborative and inclusive future (Sir Gordon Messenger Review)

Health, safety and wellbeing resources

NHS England: NHS health and wellbeing framework

NHS England: Growing Occupational Health and Wellbeing Together Strategy

NHS England. NHS Health and Wellbeing Framework: Diagnostic Tool

NHS England: Wellbeing guardians

NHS England: Violence prevention and reduction standard

NHS England: Sexual safety in healthcare

Patient Safety Syllabus Level 1 Boards and Senior Leaders

Inclusive leadership

(also see Workforce equality, diversity and inclusion quality statement)

NHS England: NHS equality, diversity and inclusion (EDI) improvement plan

NHS England: Equality Delivery System 2022

NHS England: Workforce Equality Data Standards

Link to regulations

Regulation 18: Staffing

Regulation 19: Fit and proper persons employed

Regulation 7: Requirements relating to registered managers

May also consider: Regulation 5: Fit and proper persons directors

Freedom to speak up

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

What does good look like:

The trust has a culture of speaking up. All staff at all levels within the trust are equally encouraged and empowered to speak up. They feel safe to speak up without fear of detriment, that is without experiencing disadvantageous and/or demeaning treatment as a result.

All staff are confident that their voices will be heard. Managers across the trust feel confident to listen and act when someone speaks up and improvements happen as a result. These are communicated back to those who raise matters. Leaders are seen to promote Freedom to Speak Up through actively demonstrating positive behaviours. Appropriate training and support is available to equip freedom to speak up leads to actively support the Freedom to Speak Up Guardian.

The trust's policies and procedures positively support this process.

Further detail and context:

Speaking up is about anything that gets in the way of providing good care

When things are good, but could be better, workers should feel able to say something and should expect their suggestions to be listened to equitably and used as a potential opportunity for improvement. Equally, when things go wrong, organisations need to make sure lessons are learned, and things are improved. This involves all workers being equally supported to speak up so that potential harm or discrimination is prevented or eradicated.

Speaking up may take many forms. This can include:

- a quick discussion with a line manager
- speaking with human resources or the patient safety team
- making a suggestion for improvement
- raising a matter with a Freedom to Speak Up Guardian
- telling a regulator about a matter.

The act of speaking up encompasses activities such as 'raising concerns', 'reporting incidents' 'suggesting improvements' and 'whistleblowing'. There is a consistent feedback loop to the member staff involved.

Good practice

Freedom to Speak Up Guardians provide an additional route for workers to speak up. They complement, and do not replace existing channels such as line management, human resources, patient safety teams or incident reporting systems. Guardians make sure that people who speak up to them are empowered, treated equitably, and thanked. They also make sure the organisation responds to the issues and gives feedback on actions taken to the person speaking up. Freedom to Speak Up Guardians also work throughout the organisation to identify ways to improve the speaking up culture. This includes reporting to leaders in their organisation on the barriers to speaking up (to include discrimination) and themes to encourage equity of voice, learning and improvement. A good speaking up culture ensures that guardians are present and accessible across a diverse range of staff networks to enable all groups to feel comfortable in speaking up.

To establish an effective speaking up and reporting culture, the leadership of the organisation needs to make a clear commitment. This must include:

- leaders being role models of behaviour
- creating cultures that support speaking up
- implementing robust and effective arrangements to support speaking up, which everybody is aware of.

This should include giving Freedom to Speak Up Guardians enough time, resources and support to fulfil all aspects of the universal job description and meet the needs of workers in their organisation. It also means establishing assurance about the culture and arrangements for speaking up. This includes having multiple routes for speaking up that may not exclusively involve guardians, and a plan to improve it. Speaking up also has an important role as part of safety and improvement cultures, and it is important that leaders use speaking up to identify learning for improvement and to inform supporting plans.

National policies

The National Guardian's Office provides resources and examples of good practice, policies and processes, and legal obligations that set out how to manage speaking up cases. This includes those raised with a Freedom to Speak Up Guardian, line manager or other route.

Providers appoint one or more Freedom to Speak Up Guardians. The National Guardian's Office provides training, support and guidance to Freedom to Speak Up Guardians about their role. It reviews speaking up in health care to identify learning and encourage improvement. The National Guardian's Office has also developed training with NHS England to help learners understand their vital role in a healthy speaking up culture that protects patient safety and enhances the experience of workers.

NHS England's national speak up policy provides the minimum standard for local freedom to speak up policies across the NHS. This enables those who work in the NHS to know how to speak up and what will happen when they do.

NHS England and the National Guardian's Office have also published guidance and a Freedom to speak up reflection and planning tool. Providers were required adopt the policy and undertake the reflection and planning tool by 31 January 2024.

Best practice / guidance

NHS England

The National Speak Up Policy

NHS England and National Guardian's Office

The guide for the NHS on freedom to speak up

Freedom to Speak Up: A Reflection and Planning Tool

Freedom to Speak Up Support Scheme

Developing inclusive and accessible Freedom to Speak Up arrangements

Listening to workers: A speak up review of Ambulance Trusts

National Guardian's Office (support for Freedom to speak up guardians)

Find Your Freedom to Speak Up Guardian (Directory)

National Guardian's Office Guidance (to support guardians in their role)

National guidelines on Freedom to Speak Up training in the health sector in England

National Guardian's Office Freedom to Speak Up training

Inclusive Freedom To Speak Up: Appreciating how what we bring to the workplace impacts on speaking up

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Link to regulations

Regulation 10: Dignity and respect

Regulation 12: Safe care and treatment

Regulation 17: Good governance

May also consider Regulation 9: Person-centred care

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.

What does good look like:

The trust takes an anti-discriminatory approach to continually review and improve the culture of the organisation in relation to equality, diversity and inclusion. All staff are treated equitably, including those with protected equality characteristics under the Equality Act 2010 and those from excluded and marginalised groups. The trust takes necessary steps to fully empower these staff in their roles throughout their employment.

The trust develops equitable processes and structures, ensuring that all staff are treated ethically. It uses national mandated programmes relating to workforce equality to achieve this aim. Any interventions taken as a result are monitored to evaluate their impact.

There is evidence of actions the trust has taken to prevent and address bullying and harassment at all levels. This has a clear focus on those with a protected equality characteristic and those from excluded and marginalised groups. The trust is taking active steps to promote diversity by ensuring:

- staff equality profiles are representative of local communities
- staff at management grades and leaders at board level reflect the staff profile.

There is fairness in recruitment and career progression with equally good outcomes for staff in equality groups. The trust takes action to address ethnicity and gender pay gaps.

Disciplinary and capability processes are fair and are evaluated to ensure no detriment based on any protected equality characteristic. Reasonable adjustments are made to support disabled staff to carry out their roles well.

There are effective and proactive ways of engaging with and involving staff. These have a specific focus on hearing and empowering the voices of staff with equality characteristics, including staff equality networks. Their concerns and ideas result in positive change to shape services, create a more equitable and inclusive organisation and address health inequalities. When improving equality and inclusion, the trust considers the experiences and needs of staff working under different contractual arrangements such as agency, bank and contracted-out staff.

Feedback from staff reflects both the data from nationally mandated programmes and corresponding feedback and commitments made by senior leaders regarding workforce equality.

Further detail and context:

Equality standards

There is strong evidence to suggest that providing equitable working conditions has a direct impact on the quality of care for patients. Analysis of the NHS workforce shows that inequalities experienced by some staff groups have become an entrenched part of their working experience. Further inequalities can happen as a result of having more than one equality characteristic, resulting in some individuals experiencing multiple forms of discrimination or workforce inequality. To improve, trusts need to have aligned and co-ordinated approaches to enable national benchmarking and improvement through best practice. They also need local flexibility so they hear and act on the voices of affected staff.

The NHS EDI Improvement Plan sets out 6 high-impact actions to help improve equality across the 9 protected characteristics of the Equality Act. These also address social mobility and the intersectional impacts of discrimination and bias. The 6 actions provide a blueprint of how organisations can effectively progress equality and inclusion. If they are implemented successfully, this will be reflected in improved mandated workforce metrics such as the NHS staff survey and others, including:

- The Workforce Race Equality Standard (WRES) helps NHS organisations to plan and show progress on workforce race equality for staff from ethnic minority groups using a nationally-agreed set of measures. It is a requirement in the NHS standard contract. The experiences of ethnic minority staff and patients are linked.
- The Workforce Disability Equality Standard (WDES) enables NHS organisations to better understand the experiences of their disabled staff. It supports positive change for all staff by creating a more inclusive environment for disabled people who currently work or would like to work in the NHS. Like the WRES, it is based on a set of specific measures. It is also mandated in the NHS contract.
- Gender pay gap reporting aims to focus an organisation on taking action to reduce gender pay inequalities, focus effort on improving staff experiences and improve retention. Annual reporting on the gender pay gap is mandated for organisations with 250 or more employees.
- The Equality Delivery System 2022 helps NHS organisations improve services for their local communities and provide better working environments, free of discrimination, while meeting the requirements of the Equality Act 2010. It encourages organisations to use the outcomes of the WRES and WDES to improve the health and wellbeing of staff. It is also mandated in the NHS Standard Contract.

Equality diversity and inclusion (EDI), workforce and leadership

The NHS People Plan includes 'Belonging in the NHS', which has a focus on tackling discrimination for staff. This is further developed through the NHS EDI Improvement Plan, which includes all protected characteristics and social mobility. The NHS Constitution also includes provisions in relation to workforce equality.

Inclusive Britain: government response to the Commission on Race and Ethnic Disparities made recommendations to improve ethnicity pay gaps and CQC oversight of workforce race equality. CQC's internal review of the regulation of workforce equality with ongoing work to improve in this area.

Leadership for a collaborative and inclusive future (the Messenger review) also made recommendations to improve workforce equality, diversity and inclusion. It highlights the need to embed inclusive leadership practice as the responsibility of all leaders, promote equal opportunity and fairness standards, stringently enforce existing measures to improve equal opportunities and fairness, and enhance the role of CQC in ensuring improvement in EDI outcomes.

Best practice / guidance

The Equality Act

Equality Act 2010 guidance

Equality and Human Rights Commission: Employment Statutory Code of practice

Equality and Human Rights Commission: Summary guidance on employment

NHS Workforce Standards, system and guidance

NHS England: NHS Long Term Workforce Plan

NHS's Equality, Diversity and Inclusion improvement plan

NHS Workforce Race Equality Standard

NHS Workforce Disability Equality Standard

Gender pay gap reporting: guidance for employers

NHS People Plan

Equality Delivery System 2022

NHS Employers Improving Retention Guidance

NHS Constitution: Staff rights and NHS pledges to you

Case studies and resources

CQC Equally outstanding: Equality and human rights – good practice resource

BMA: Supporting an ageing medical workforce

NHS Confederation: Health and Care LGBTQ+ Inclusion Framework

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Link to regulations

Regulation 17: Good governance

Regulation 18: Staffing

Governance, management and sustainability

We have clear responsibilities, roles, systems of accountability and good governance 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.

What does good look like:

The trust's board members and senior leaders can show evidence that they understand and effectively meet their personal accountability for the organisation's:

- quality of care and outcomes for patients
- workforce
- operational and financial performance.

The trust has clear governance, assurance, risk and accountability structures. These interact well with each other and support effective decision making. They provide robust assurance that risks are effectively and sustainably mitigated, and the quality of care is consistently sustained. Trust staff at all levels are clear about roles and responsibilities.

When planning services, improvements or efficiency changes, the trust understands the impact of decisions on its workforce, quality of care, and financial sustainability, including for the wider health and care system. The trust has a robust financial governance framework. It manages financial risk effectively and actively engages with system partners to support the delivery of system-wide financial balance.

The trust's governance and management of partnerships, joint-working arrangements and third parties is effective and supported by effective and robust assurance systems. The trust regularly reflects on and reviews its governance and leadership across the organisation to ensure continuous improvement and development. The trust has clear processes, robust data and suitable information systems to effectively identify, manage, escalate and sustainably mitigate current and future risks. These include:

- estates and equipment
- cyber and information governance risks to the quality of care
- safety
- workforce
- operational delivery
- finance performance.

The trust implements appropriate measures and training to minimise the impact of incidents, such as software or hardware failures, cyber-attacks and or/data breaches.

Delivering good quality care is underpinned by evidenced-based decisions, up-to-date information and knowledge and relevant data. Staff are actively supported to access up-to-date guidance on quality, standards and good practice. Clinical and internal audit processes, information governance, cyber security, and library and knowledge services function well. They have a positive impact in driving improvements in the quality of care and internal systems of control. Trusts can show evidence of effective and sustained action to resolve concerns raised.

Leaders at all levels of the organisation receive and analyse relevant, timely, accurate, valid and reliable data. This supports them to gain insight into patient experience, performance and use of resources, and make changes to improve as necessary. The trust has clear structures and systems of accountability, and it uses performance information to hold staff to account. Data is triangulated with clinical insight, observation and feedback from staff and patients to gain robust assurance.

The trust shares data and information externally with integrated care boards, place-based partnerships, and provider collaboratives. It does this in line with data protection legislation and in a timely way as required. There are processes and plans to enable the trust to be prepared to deal with emergencies such as internal incidents, significant equipment failures or extreme weather events.

Further detail and context:

Corporate governance

The trust's board should be able to deliver effective leadership, and prudent and effective oversight of its operations. This is to ensure the trust is operating in the best interests of patients and the public. Corporate governance is how trust boards lead and direct their organisations so that decision-making and managing risk is effective, and the right outcomes are delivered for people. For trusts, this means delivering high-quality services in a caring and compassionate environment, while collaborating within integrated care systems for joined-up care. It also means complying with the triple aim duty of:

- better health and wellbeing for everyone
- better quality of health services for all individuals
- sustainable use of NHS resources.

Quality governance

Quality governance in a trust is the combination of structures and processes at board level and below to lead on trust-wide quality performance. It includes:

- ensuring required standards are achieved
- investigating and acting on sub-standard performance.

A key part of quality governance is the need for assurance that risks are reliably understood, managed and mitigated in line with controls. This includes considering and discussing quality issues at board and management forums, with well-presented reports that highlight key risks and concerns in a clear way.

Financial governance

To enable strong financial governance, it is important that board members have sufficient understanding of financial issues and risks to make decisions and that there is a culture which supports open debate on financial matters at board level. Appropriate training for board members on topics such as finance and financial governance can be an effective way to enable this, as well as ensuring that finance reports to board and management forums are concise with the financial position clearly set out.

The role of the board

Robust corporate, quality and financial governance arrangements complement and reinforce one another. Clinicians are at the front line of ensuring patients receive good quality care. However, the board of directors takes final and definitive responsibility for improvements, successful delivery and, equally, failures in the quality of care. Effective governance therefore requires boards to pay attention to both the quality of care and quality governance, financial and operational efficiency of their organisation. Boards also set the tone of their organisation by demonstrating shared values and behaviours. They recognise their organisation's role in an integrated care system and the wider NHS, and the risks and opportunities this may present for the quality of care. The code of governance for NHS provider trusts sets out the detail on specific governance requirements for trust boards and directors, and for governors in foundation trusts.

Emergency preparedness

The NHS Emergency Preparedness, Resilience and Response Framework details the requirements for trusts. It includes details of an annual assurance process and organisational self-assessment. This ensures trusts are properly prepared to deal with emergencies such as internal incidents, significant equipment failures or extreme weather events.

Best practice / guidance

Corporate and quality governance

NHS England: Code of Governance for NHS provider trusts

NHS England: Guidance on good governance and collaboration

NHS England: Your statutory duties: A reference guide for NHS foundation trust governors

NHS England: Addendum to Your statutory duties – reference guide for NHS foundation trust governors: System working and collaboration: role of foundation trust councils of governors

NHS England: National Quality Board

Healthcare Quality Improvement Partnership: Good governance handbook

The NHS Provider Licence

PHSO: NHS Complaint Standards

National Quality Board: National Guidance on System Quality Groups and National Guidance on Quality Risk Response and Escalation

Department of Health: Guidance on the role of the Responsible Officer

The role of the board

The Healthy NHS Board: Principles for Good Governance

Financial governance

HMFA: Are you getting the basics right?

Clinical governance

National Patient Safety Alerts and Decision Flow Chart for Patient Safety Alerts

General Medical Council: Effective clinical governance for the medical profession

Mental health standards

Code of Practice Mental Health Act 1983

Psychiatric Liaison Accreditation Network (PLAN) Standards

Digital and information governance

NHS England: Information governance

NHS England: Cyber and data security services and resources

National Cyber Security Centre: Advice & Guidance

NHS England: DAPB0086 Data Security and Protection Toolkit information standard

NHS England: Digital Technology Assessment Criteria

DHSC: Network and information systems (NIS) regulations 2018: health sector guide

PRSB: Professional Record Standards Body Standards

NHS England: What Good Looks Like - Framework

Emergency preparedness

NHS England: NHS Emergency Preparedness, Resilience: Guidance and Framework

NHS England: Severe weather

UK Health Security Agency and NHS England: Third Health and Care Adaptation Report

Cold Weather Plan for England: Action card – Commissioners (health and social care) and local authorities

UK Health Security Agency: Cold weather plan for England

Heatwave Plan for England

Link to regulations

Regulation 17: Good governance

May also consider: Regulation 12: Safe care and treatment

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.

What does good look like:

The trust's leaders at all levels are committed to identifying opportunities to improve services, tackle unwarranted variation and health inequalities, and strengthen resilience. They do this by consistently and proactively collaborating with partners to agree and deliver ambitious outcomes for the health of populations.

Leaders at the trust invest time in building relationships, understanding perspectives, and constructively engaging with:

- partners within integrated care boards
- place-based partnerships
- provider collaboratives
- any other relevant forums, including primary and social care partners.

The trust proactively engages in shared planning and decision-making and takes responsibility for the agreed delivery of services and improvements. The trust's board can demonstrate that it is meaningfully taking the views of partners into account, to understand impacts for the wider health and care system and what is in the best interests of local populations, as part of the decision-making process.

Leaders collaborate with partner organisations to address challenges in the service and the wider integrated care system to meet local needs. Partner organisations include community groups with a focus on those that represent people who are more likely to have poor access, experience and outcomes from care.

Leaders at all levels support a culture of proactively seeking the views of, listening to and acting on feedback from patients, carers and communities. The trust has a diverse range of formal and informal ways of working with people and communities to ensure different groups can take part, co-ordinating engagement and sharing insights with partners where relevant. People and communities, particularly those who are more likely to have poor access, experience and outcomes from care, are empowered, supported and involved in the design, testing, roll-out and evaluation of new ways of delivering care, as well as delivering continuous improvements to existing care models.

The trust can demonstrate to its communities how they have influenced services and are involved in governance. It acts on people's views and concerns to shape culture and deliver high-quality services for all while addressing health inequalities.

The governance and management of partnerships, joint working arrangements and third parties is effective, accessible, transparent and supported by effective assurance systems and data sharing arrangements.

The trust is open, transparent and collaborative with all relevant stakeholders about performance. This is to build a shared understanding of challenges to the system and the needs of the population, and to design improvements to meet them.

Further detail and context:

Working with system partners

Trusts have an important role to play in system and place-based partnerships, provider collaboratives, and the wider health and care system in England. By collaborating with NHS partners and others such as local authorities, they can actively listen and transform care by putting patients, local communities, and wider populations at the heart of decision-making.

Guidance on good governance and collaboration sets out the longstanding duties for trusts to deliver safe, effective care, and use resources effectively. It also sets out how the success of individual trusts will increasingly be in the context of their contribution to the objectives of integrated care systems. Trusts are expected to work effectively on all issues, including those that may be contentious for the organisation and partners in the system.

As part of this, there is an expectation that trusts engage in shared planning and decision making, implement shared plans and take collective responsibility for delivering services and making improvements in the system. This includes trusts developing the system capital plan and the 5-year joint forward plan in conjunction with the integrated care board.

Providers are expected to participate consistently and constructively as part of place-based partnerships. Additionally, all trusts that provide acute and mental health services are expected to be part of one or more provider collaboratives. Community trusts, ambulance trusts and non-NHS providers (for example, community interest companies) are expected to be part of provider collaboratives where this would benefit patients and makes sense for the providers and systems involved.

Community partnerships and engagement

Working with patients and local communities to design and improve services helps trusts to:

- ensure safe and high-quality care
- make effective use of resources
- address health inequalities.

Trusts have statutory duties to involve patients and the public. This includes their representatives, carers and local residents, whether or not they use or access the trust's services. They need to be able demonstrate how they have involved people in decisions about their services, including proposals for change. It is therefore important to have arrangements to ensure that trusts use insight and data from engaging with patients and the wider community to improve service delivery, patient safety and experiences.

Approaches to community partnerships involve recognising the vital role of communities in improving health and well-being. As well as engaging communities in designing and commissioning formal health and care services, partnerships can go further. For example, community development can build on specific strengths of communities to improve their own health, and engaging communities in care pathways can expand the scope of services available, including social models of care.

Best practice / guidance

Working with system partners

NHS England: Guidance on good governance and collaboration

NHS England: Working together at scale: guidance on provider collaboratives

NHS England: Guidance on developing the joint forward plan

Guidance on the preparation of integrated care strategies

Community partnerships and engagement

NHS England: Involving people in their own health and care: Statutory guidance for clinical commissioning groups and NHS England

NHS England: Statutory guidance on working in partnership with people and communities

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Link to regulations

Regulation 12: Safe care and treatment

Regulation 17: Good governance

May also consider: Regulation 9: Person-centred care

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.

What does good look like:

The trust has a systematic approach to improvement. It works to embed a quality improvement method aligned with the NHS improvement approach to support increased productivity and enable improved health outcomes for people.

Improvement capability is enabled across the trust. All teams can access in-house expertise and/or an external partner for support to improve. Staff at the trust work together across teams and services to improve services by:

- facilitating and promoting research
- using research evidence
- offering opportunities to take part in research
- implementing innovations.

Staff are actively encouraged to improve how the trust uses its resources. They can access analytical experts to support specific improvement projects to do this. There is appropriate strategy, governance, oversight, evaluation and accountability to ensure research, innovation and improvement projects are taken forward effectively. This incorporates learning from patient safety events and appropriate data protection requirements. The trust participates effectively in national improvement initiatives. Plans to improve services take into account the resources required to deliver them.

Leaders build a shared purpose and vision that provides the strategic goals for all the trust's improvement activities and alignment of improvements to individual processes. There are clear goals for research, improvement, and innovation in terms of outcomes for people who use services and staff. There is evaluation against these goals.

The trust invests in its people and culture. It gives those closest to the point of care the opportunities to develop skills. This includes through continued professional development and through leaders being role models for research, innovation and improvement. This helps to ensure quality improvement is embedded in the way all staff work. The trust has a culture of research, innovation and improvement and staff feel supported by leaders, with support and reflection if new approaches do not work. The trust invests in delivering digital transformation in line with its digital and data strategy. This empowers staff by giving them the tools, services and skills they need to do their jobs effectively.

There are plans to build capacity and capability for developing the behaviours and skills needed to facilitate and nurture research, innovation and improvement. In doing this, leaders make effective use of data and team coaching to enhance their workplace and practices. There is an active approach to finding out what has worked elsewhere and examples of ideas that have been successfully adopted. The trust uses digital tools to transform pathways, increase productivity and improve services. It works proactively to enable applications for research funding and recruitment to research trials. There are robust processes to ensure the timely adoption of proven innovation and processes to identify promising innovations that align with local health needs working with system partners.

The trust has a structured approach to quality assurance, quality management, quality improvement and quality planning, as recommended by the National Quality Board. Insights gained from responding to patient safety incidents feed into the trust's improvement efforts. The trust's patient safety incident response plan (PSIRP) demonstrates a thorough understanding of ongoing improvement work and demonstrably takes this into consideration as part of patient safety incident response planning.

People and communities, particularly those who are more likely to have poor access, experience and outcomes from care, are involved and empowered to take part in identifying clinical and care needs, research opportunities, and in developing and co-producing improvements and innovations. This aims to actively tackle and reduce health inequalities.

Further detail and context:

Quality improvement

NHS IMPACT is the single shared NHS improvement approach. It provides an aligned focus on improving access, quality and productivity through:

- a focus on building a shared purpose and vision
- building improvement capability
- developing leadership behaviours for improvement
- investing in culture and people, quality management and drivers and enablers such as co-production and digital transformation.

A National Improvement Board underpins the work of NHS Impact in driving national and system-wide improvement across the NHS. A range of tools, resources and data from NHS England supports improvement work in trusts and systems. Resources for gathering insight from safety events are available to support wider improvement work.

The term 'quality improvement' (QI) refers to 'the systematic use of methods and tools to try to continuously improve quality of care and outcomes for patients'. Lessons from the evaluation of the NHS-Virginia Mason Institute Partnership highlighted the need for visible and sustained commitment to improvement programmes from trust leaders – without this, performance gains from improvement programmes are restricted to specific care pathways and services.

Innovation

Innovation has the potential to drive transformative change in health care delivery, experience, outcomes and in reducing health inequalities. Outcomes for patients can improve by developing, identifying, evaluating and adopting innovative products (including medicines, medical technologies, diagnostics, digital and artificial intelligence innovations). This happens through preventing ill-health, earlier diagnosis, more effective treatments, and faster recovery. Furthermore, implementing highly effective and cost-effective or cost-saving innovation on a larger scale can relieve financial and workforce pressures on the NHS.

The NHS Long Term Plan highlighted research and innovation as integral to improving outcomes for patients. The joint CQC and NHS England publication 'Enabling innovation and adoption in health and social care: developing a shared view' identified 6 principles for enabling innovation that any health or social care provider, including trusts and trust leaders, can commit to. It includes case studies from across different health and care settings that are intended to illustrate how these principles can be applied in practice.

Research

Organisations that actively engage in research demonstrate better patient outcomes, including for those not directly involved in research. They also have improved staff recruitment and retention. Research can provide early access to new treatments and technologies, and commercial research brings direct economic benefits for trusts. Research leads to evidence-based practice which, in turn, enables the development and implementation of local and national clinical guidelines, for example through NICE reviews and recommendations. Individual trusts adopt varying methods to implement changes in practice in response to research evidence.

Promoting, conducting and using research is explicitly mentioned in the Health and Care Act 2022 and the NHS Constitution. It is an essential component of providing high-quality care. The NHS Long Term Plan and NHS Operational Planning Guidance include commitments around research. To fulfil the rights of patients, the NHS also commits to inform patients about research studies in which they may be eligible to participate.

Having proactive healthcare knowledge and library services is vital to improve education, lifelong learning, research, the spread and adoption of innovation and evidence-based practice. These resources supply the evidence base to the NHS workforce to make decisions on treatment options, patient care and safety, service delivery and policy.

Learning from deaths

Learning from the deaths of people in their care can help trusts improve the quality of care for patients and their families and identify where they could do more.

CQC's 'Learning, candour and accountability' found some providers did not prioritise learning from deaths and so were missing valuable opportunities to identify and make improvements to care.

The National Quality Board (NQB) guidance details how NHS providers should learn from the deaths of people in their care. All healthcare providers need to have mechanisms to receive and act on intelligence and information from medical examiner offices. New methodology under the Patient Safety Incident Response Framework (PSIRF) enables organisations to take a systems approach to investigating deaths as well as a more proactive approach to risk management.

Best practice / guidance

Quality improvement resources

NHS England: NHS IMPACT

NHS England: Operational Delivery Networks

NHS England: Always Events

NHS England: Patient safety learning response toolkit

NHS England: Patient Safety Incident Response Framework

NHS England: PSIRF Oversight roles and responsibilities specification

Quality and Improvement Outcomes Framework for NHS Funded Library and Knowledge Services in England

Innovation and research resources

CQC: Enabling innovation and adoption in health and social care: Developing a shared view

NHS England: Maximising the benefits of research: Guidance for Integrated Care Systems

NICE: Cost-saving guidance

NHS Providers: Digital Board Development Programme

National Institute for Health and Care Research: Clinical Research Network Performance

DHSC: The Future of UK Clinical Research Delivery

NHS England: Increasing Diversity in Research Participation: a good practice guide for engaging with underrepresented groups

GOV.UK (2021) Saving and Improving Lives: the Future of UK Clinical Research Delivery.

Knowledge and evidence resources

Knowledge for Healthcare strategy: Mobilising evidence; sharing knowledge; improving outcomes

Policies for NHS funded Knowledge and Library Services in England

NHS Knowledge and Library Hub

Clinical Decision Support tool

The NHS Education contract

Learning from deaths resources

CQC: Learning, candour and accountability: a review of the way trusts review and investigate the deaths of patients in England

NHS England: Medical Examiner System

National Quality Board: Learning from deaths: Guidance for NHS trusts on working with bereaved families and carers

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Link to regulations

Regulation 17: Good governance

Environmental sustainability

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.

What does good look like:

The trust's leaders demonstrate a commitment to environmental sustainability. The trust has appropriate governance and support from leaders, with a board member who is responsible for approving and delivering their net zero targets and Green Plan. These targets are also represented in the Integrated Care Board Green Plan.

The trust can demonstrate that it has taken all reasonable steps to minimise the adverse impact of climate change on health. It does this through processes and interventions to simultaneously improve patient care and reduce carbon emissions and environmental harm, while tracking their progress. The trust communicates these actions to its workforce, patients and partners in the system.

The trust makes its workforce aware of their individual carbon footprint in the context of their role and enables and supports them to reduce this.

Further detail and context:

Net zero legislation

The NHS became the first health system to embed net zero through legislation. The Health and Care Act 2022 places duties on NHS England, and all NHS trusts, foundation trusts and integrated care boards (ICBs), to have regard to the need to contribute to compliance with the statutory emissions and environmental targets. It also requires them to have regard to the need to adapt to any current or predicted impacts of climate change identified under the most recent report under section 56 of the Climate Change Act 2008.

Duties for trusts

Trusts and ICBs meet this new duty through the delivery of their localised Green Plans. Every trust and ICB in the country now has a board-level lead for net zero and sustainability. Statutory guidance, including The Delivering a Net Zero National Health Service report, and the Net Zero Supplier Roadmap, help to deliver these duties.

Ensuring governance and proactive support from leaders is important to ensure net zero targets are tailored to the trust's specific circumstances and delivered collectively. There is a requirement for the trust's Green Plan to be approved by its board and developed every 3 to 5 years. Appropriate oversight and responsibility of the Green Plan is also important, to track and measure progress against net zero targets.

Best practice / guidance

NHS England - Greener NHS:

NHS England: Greener NHS

How to produce a green plan: A three-year strategy towards net zero

NHS England: Delivering a 'Net Zero' NHS

NHS England: NHS Net Zero Building Standard

NHS England: Net Zero Supplier Roadmap

NHS England: Carbon reduction plan requirements for the procurement of NHS goods, services and works

NHS England Carbon Literacy for healthcare - elearning for healthcare (e-lfh.org.uk)

National environment policies:

Net Zero Strategy: Build Back Greener

United Nations Sustainable Development Goals: 17 Goals to Transform Our World

DEFRA: Environmental Principles Policy Statement

Link to regulations

Regulation 17: Good governance

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