Board Governance Assurance Framework for Aspirant Foundation Trusts

Quality Governance Module (Development Module)

DH INFORMATION READER BOX

Policy	Clinical	Estates
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Management	Provider Development	Finance
Planning / Performance	Improvement and Efficiency	Social Care / Partnership

Document Purpose	Procedure - new
Gateway Reference	
Title	Board Governance Assurance Framework - Development Module: Quality Governance
Author	Department of Health
Publication Date	22 December 2011
Target Audience	NHS Trust CEs, NHS Trust Board Chairs
Circulation List	SHA Cluster CEs, Directors of Provider Development - SHA Clusters
Description	This document sets out the structure, content and process for undertaking a development module which focuses on Quality Governance for aspiring Foundation Trust Boards. This module is one of three of modules as set out in the Board Governance Assurance Framework.
Cross Ref	Board Governance Assurance Framework - Board Governance Memorandum
Superseded Docs	N/A
Action Required	Aspirant Foundation Trusts should be aware of the contents of the Quality Governance Development Module as part of the Board Governance Assurance Framework
Timing	**N/A**
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For Recipient's Use	

Contents

Executive Summary

Good governance is a hallmark of high performing organisations. We need NHS Boards that are primarily focused on care quality and excellent patient experience, are effective at understanding their business, can articulate and oversee the delivery of a strong strategic vision, and are able to demonstrate robust financial control.

The best Boards know how much quality matters to their patients, public and staff. They recognise that patients will choose services, and providers will compete on this basis. They understand how patients need healthcare services that are clinically and financially sustainable now and in the future.

To deliver this we will require strong leadership from NHS Boards. Boards who are prepared to ask probing questions and challenge mindsets. Boards who can take difficult decisions, working collaboratively across care pathways and beyond organisational boundaries. Boards who can radically challenge traditional models to deliver truly integrated services that patients tell us they want.

NHS Foundation Trust (FT) Boards are in the best shape to take up these challenges. This is because they have faced rigorous assessment of their capability and capacity by Monitor, the FT regulator. FT Boards also benefit from increased accountability for their decisions through the involvement of locally elected governors. This combination gives FT Boards the confidence and mandate to set the compass for a sustainable future, rooted in the needs of the local communities they serve.

For this reason, FTs remain at the heart of the Government's plans to modernise the NHS. At least 140 NHS bodies have now been authorised as FTs. The strong expectation is that remaining NHS trusts will achieve FT status by 2014, either on their own, as part of an existing FT, or in another organisational form under new management arrangements.

Each NHS Trust Board has made an explicit public commitment to achieve this by signing and publishing a Tripartite Formal Agreement (TFA). This sets out their trajectory towards becoming a FT, and the key milestones along the way.

Becoming a FT is not just a destination. The process of authorisation as an FT helps equip NHS Trust Boards more effectively to meet future challenges, by testing both clinical quality and financial viability.

Not all Boards pass these tests. Half of all aspirant NHS Trusts whose FT application is deferred during the authorisation process do so due to a failure of governance. More expressly, it means that there have been issues with capacity and capability of the Board.

In the past, to prepare for assessment by Monitor, many Trusts have undertaken Board development work. This work has varied in both cost and quality across the country. It has not always focused on the real governance challenges facing NHS Boards today.

Executive Summary (cont.)

In response, the Department of Health has commissioned the development of a **Board Governance Assurance Framework (BGAF)**, which will assist Boards through a combination of self and independent assessment processes to ensure that they are appropriately skilled, and prepared to achieve FT authorisation.

Using the Board Governance Assurance Framework means patients and the public can have confidence that their Trusts are undergoing a standardised, high quality process to help the Board build on their strengths and address any weaknesses.

All aspirant FTs are required to use the Board Governance Assurance Framework prior to submitting their FT application to the Department of Health. This is an important aspect of a Trust's application.

It is crucial to note that like other aspects of the TFAs, NHS Trusts must locally own the issues and solutions arising from the use of the framework. National support from the DH will only be available where needed.

Boards will therefore want to consider carefully the questions raised by the Board Assurance Framework, and the steps that they will take locally to address them.

The **BGAF** is structured on two key stages:

- **The Board Governance Memorandum** – where Boards self assess their current capacity and capability, which is supported by appropriate evidence and then externally validated by an independent supplier;
- **Development Modules** – where Boards can opt to gain a deeper level of assurance into the specific areas of Strategy, Quality and Finance.

This framework allows for flexibility in use and concentrates on the key elements of effective functioning for all board members. The delivery of the framework will be through a range of quality assured suppliers, at a nationally determined fixed price and met by the NHS Trust.

Co-design and Approach to development

The Department of Health (DH) commissioned Deloitte LLP to develop the Assurance Framework with key partners and stakeholders from across the NHS. The approach to co-design has consisted of:

▪ Forming a 'Network of Experts' from the NHS, academia, policy think tanks and beyond to provide insights and expertise and peer review the draft iterations of the Assurance Framework;

▪ A review of key Board effectiveness and governance good practice publications, including the *Intelligent Board* series, the *Healthy NHS Board,* and Monitor's *Governance Code;*

▪ Consultation and focus groups with Monitor, the Foundation Trust Network and Appointments Commission;

▪ Consultation with SHA Directors of Provider Development; and

▪ Working in partnership with six Foundation Trust Test Sites:

1. Central Manchester University Hospitals NHS FT
2. Chelsea and Westminster Hospitals NHS FT;
3. Derbyshire Mental Health NHS FT;
4. Northumberland, Tyne and Wear NHS FT;
5. South East Coast Ambulance Service NHS FT; and
6. The Royal Marsden NHS FT.

Introduction

The Development Modules (Stage 2) of the Board Governance Assurance Framework comprises 3 key modules which seek deeper levels of assurance and supporting AFTs with key development points in each across:

- Financial Governance
- Organisational Strategy and Values
- Quality Governance

How to use this module

This module has been designed to be developmental and help you as an aspirant FT identify how you can improve in and across core elements of Quality Governance**,** and is consistent with Monitor's framework.

Within the Module, similar to the Board Governance Module (BGM), there are a number of key areas to assess and identify core strength and areas for development. For the **Quality Governance Module**, these are:

- Leadership
- Controls
- Impact

Each of these is further broken down into more detailed sections. For example Leadership is broken down into:

- Direction
- Purpose

If the aspirant FT Board undertakes this modules, they should RAG rate each section based on the criteria outlined overleaf. In addition, the Board should then identify the key actions / areas for development which the Module has raised.

Introduction

Completion of the checklist and scoring criteria

It is recommended that each section is completed and recorded using the Quality Governance Module Checklist attached (page 63). In addition, for consistency, the scoring criteria used for the main Board Governance Memorandum (BGM) is also used for this module.

This should help your Board identify areas of strength, areas of development and from the best practice guidance - areas for improvement to be made.

The scoring criteria for each section is as follows:

Green if the following applies:

•All good practices are in place unless the Board is able to explain why it is unable or has chosen not to adopt a particular good practice.

•No Red Flags identified.

Amber/ Green if the following applies:

•Some elements of good practice in place.

•Where good practice is currently not being achieved, there are either:

- robust Action Plans in place that are on track to achieve good practice; or
- the Board is able to explain why it is unable or has chosen not to adopt a good practice and is controlling the risks created by non-compliance.

•One Red Flag identified but a robust Action Plan is in place and is on track to remove the Red Flag or mitigate it.

Amber/ Red if the following applies:

•Some elements of good practice in place.

•Where good practice is currently not being achieved:

- Action Plans are not in place, not robust or not on track;
- the Board is not able to explain why it is unable or has chosen not to adopt a good practice; or
- the Board is not controlling the risks created by non-compliance.

•Two or more Red Flags identified but robust Action Plans are in place to remove the Red Flags or mitigate them.

Red if the following applies:

•Action Plans to remove or mitigate the risk(s) presented by one or more Red Flags are either not in place, not robust or not on track

Leadership

1. Leadership

Overview

This section focuses on the Leadership role in quality, and specifically the following areas:

1. Direction
    - Chair
    - Board Leadership
    - Board insight, challenge and decision making
    - Accountability for delivery of actions
    - Executive Team ownership
    - NED assurance sources
    - Board links to the memory of organisation
    - On-going self-assessment and development of the Board

2. Purpose
    - Vision, values and strategy for Quality
    - Local, regional and national context
    - Strategic goals
    - Board Assurance Framework

1. Leadership

1.1 Direction – Chair

Red Flag	Good Practice
1. Significant quality issues are not raised or there is not sufficient time given for discussions of quality.	1. The Chair ensures a candid and open approach to quality: • The Chair ensures that Board meetings are primarily focussed on the delivery of quality. • There is a relentless drive to ensure full Board ownership, involvement and full-board challenge. • The Chair ensures that sufficient time is set for appraisal considerations.
Examples of evidence to support the RAG rating.	• Trust Board and Sub-Committee papers and minutes

1. Leadership

1.1 Direction – Board Leadership

Red Flag	Good Practice
1. There is not sufficient knowledge of the quality agenda and NEDs cannot provide sufficient challenge.	1. The Board is competent ,engaged, has insight and delivers capable leadership on quality: • Board members are well inducted, trained and supported and there are ongoing opportunities to develop and increase knowledge of quality issues. • All Executives are held to account for the delivery of quality outcomes. • Board members have clear insight into the quality agenda. • Awareness of Quality Governance Framework (QGF).
Examples of evidence to support the RAG rating.	• Board induction programme. • Board development programme. • Executive job/role descriptions. • Performance reviews.

1. Leadership

1.1 Direction – Board insight, planning and decision making

Red Flag	Good Practice
1. Quality issues are either not highlighted, not resolved or decisive action is not taken. 2. The board does not ensure that agreed actions are resolved.	1. The Board has sufficient insight, challenge and decision making on quality issues: • The Board received good aggregated current, historical and benchmarked intelligence and insight on quality which informs good debate and decision making. • There is a good interface with the Sub-Committees e.g. with reporting of key issues and exceptions to the Board. • There is use of standardised templates to ensure that papers, reports and minutes have a clearly stated origin, purpose and objectives. • There are clear efforts to demonstrate at an overarching level organisation wide 'hot-spots' and to assess the relationship between quality, finance, performance and workforce.
Examples of evidence to support the RAG rating.	• Trust Board and Sub-Committee papers and minutes • Assurance and Escalation Framework. • Integrated Performance Reports.

1. Leadership

1.1 Direction – Accountability for delivery of actions

Red Flag	Good Practice
1. There is no in-committee action log, or a poor quality action log.	1. The Board ensures accountability for the timely delivery of actions: • Executives are held to account for the delivery of actions. • A clear and intelligent action log is completed and this is closely monitored and progressed. This enables individuals to be held to account against delivery of appropriate timescales. • Action logs are standardised across the organisation and there is consistent use of RAG rating scales.
Examples of evidence to support the RAG rating.	• Trust Board and Sub-Committee papers and minutes • Quality action -log which demonstrates timely progress against actions. • A yearly assessment of the effectiveness of the Board and sub-committees of the Board. • Assurance and escalation framework which details how the Board can assurance on the completion of actions.

1. Leadership

1.1 Direction – Executive Team ownership

Red Flag	Good Practice
1. Executives do not fully own the information presented to the Board and there is a lack of cascade. 2. Members of the Board are sometimes 'surprised' by the presentation of information relevant to their own areas.	1. The Executive team have clear ownership of their portfolios and work plans, and how they fit with the quality agenda: • All Executives have clear ownership of the quality agenda. • All Executives and services are held to account for the delivery of quality.
Examples of evidence to support the RAG rating.	• Trust Board and Sub-Committee papers and minutes • Multi-tiered organisation charts. • Sub-Committee Charts. • Assurance and Escalation Framework.

1. Leadership

1.1 Direction – NED Assurance sources

Red Flag	Good Practice
1. NEDs do not undertake service line visits or speak to front-line staff.	1. The Non-Executive Directors seek quality assurance from a number of different areas: • NEDs regularly undertake structured walk-rounds to speak to staff and patients. • There is a clearly described purpose and objective to undertaking service visits, these are done in a safe and controlled way. • NEDs are mindful to avoid getting involved in 'managing the system' and instead use visits as an additional means of seeking assurance. • Feedback is systematic and learning provides further challenge on issues.
Examples of evidence to support the RAG rating.	• Evidence of visits being discussed at Board. • Service Line Visit Programme/Plan and/or record of visit, issues raised and actions implemented. • Assurance and Escalation Framework.

1. Leadership

1.1 Direction – Board links to the memory of the organisation

Red Flag	Good Practice
1. The Board is relatively new or has a high turnover of members 2. The Board does not receive historically benchmarked information.	1. This Board retains strong links to the memory of the organisation: • The Board retains a perspective on previous quality performance (for example previous SUIs). • New Board Members are linked up with long-standing others to support induction.
Examples of evidence to support the RAG rating.	• Board Composition / Profile. • Good Integrated Performance Reports with year on year benchmarking. • Good use of paper based NED and Executive induction information. • A yearly assessment of the effectiveness of the Board and sub-committees of the Board. • Continued downward trajectory of same causal factor serious incidents , complaints and resolved issues of performance remain relatively stable.

1. Leadership

1.1 Direction – On-going self-assessment and development of the Board

Red Flag	Good Practice
1. The Board does not seek to understand or assess their own performance.	1. There is on-going self-assessment and development of the Board: • The Board has known improvement areas and procures external or peer support to ensure it is high-performing. • The Board routinely measures and is aware of their effectiveness. • The Board assesses performance at the end of each meeting. • In respect of impact, the Board considers the value it brings/adds. • There is action taken where the Board is known to have issues with for example; culture, behaviours or effectiveness. • The positive culture of the Board resonates throughout sub-committees and working groups.
Examples of evidence to support the RAG rating.	• Board self-assessment programme / Board observation and reviews • Board development programme. • Board self-assessment.

1. Leadership

1.2 Purpose – Vision, Values and Strategy for Quality

Red Flag	Good Practice
1. The Trust has no clearly articulated values, vision and goals.	1. The Board has a clearly articulated vision, values and strategy for quality: • There is a clear quality strategy which is “brought to life”. This is backed by well publicised vision and values. • Most staff can articulate the vision and values of the organisation. • Goals are well described both internally and externally to the organisation through a variety of media for example, quality accounts, annual plans, poster and leaflet campaigns. • Staff generally know how the organisation is performing against strategic goals.
Examples of evidence to support the RAG rating.	• Trust Quality Strategy. • Quality Accounts and Annual Plans. • A well executed branding and awareness raising campaign.

1. Leadership

1.2 Purpose – Local, Regional and National context

Red Flag	Good Practice
1. There are no attempts to justify the selection of goals.	1. This strategy is based upon the local, regional and national context: • The strategy clearly takes into account national quality strategies and local healthcare needs and aims to look to the best. • Staff have assisted with the development of the values and vision of the Trust and this reflects local needs, local services and national objectives. • The strategy is aligned to national strategies and local healthcare needs (repeat) • The justification of the selection of goals is clearly described in key documents such as the Quality Account and the Annual Plan. • Goals are also based upon historical performance and set suitably ambitious aims where targets have previously been met.
Examples of evidence to support the RAG rating.	• Trust Quality Strategy and supporting documentation. • Evidence of consultation with key stakeholders. • Key documents such as Annual Plan and Quality Account.

1. Leadership

1.2 Purpose – Strategic goals

Red Flag	Good Practice
1. If goals are stated, they are not ambitious or measurable and they tend towards basic compliance.	1. The strategic goals are SMART, provide “reach” and are performance linked: • This Board can clearly articulate how they are performing against strategic goals through well devised performance reports. • Sub-Committees monitor the same goals at a more granular level. • All proposed goals are ‘tested’ by the Board to ensure that they are SMART. • There is evidence that there is quality improvement resulting from monitoring strategic goals. • Where goals have been met, the organisation continues to set ‘stretch’ targets to be the best.
Examples of evidence to support the RAG rating.	• Trust Board and Sub-Committee papers and minutes • Board and Divisional objective setting sessions. • Integrated Performance Reports. • A well devised set of SMART objectives which resonate at more granular levels from the Board to the ward , station or service-line.

1. Leadership

1.2 Purpose – Board Assurance Framework

Red Flag	Good Practice
1. There is a Board Assurance Framework (BAF) but this does not reflect key strategic risks. 2. The BAF is not reviewed every quarter.	1. The Board reviews a monitored, dynamic BAF: • The BAF is reviewed at least once a quarter by the Board. In addition, the BAF is monitored through key sub-committees. • The BAF is linked to a well-functioning cascade of Board or Corporate Risk Registers, Divisional or Unit Risk-Registers and Service-Line Risk Registers; the Board is aware of all high-scoring risks. • The BAF is a dynamic document which can be used to evidence risk reduction and actions to mitigate risks. • The BAF is linked to an overarching Assurance and Escalation Framework.
Examples of evidence to support the RAG rating.	• Board Assurance Framework • Trust Board and Sub-Committee Papers and Minutes • Assurance and Escalation Framework. • A well-functioning, cohesive risk-management framework.

Controls

2. Controls

Overview

This section focuses on Controls, and specifically the following areas:

1.Governance Frameworks

- Policy Framework
- Sub-Committees
- Performance Management Framework
- Reporting Framework
- Cost Improvement Framework
- Data Quality Framework
- Audit Framework

2.Identifying Risks

- Reporting Interface
- Incident Reporting
- Severe-harm incidents
- Avoidable harm
- Monitoring
- Complaints, claims, incidents and audits

3.External Focus Perspective

- Local landscape
- Whole Health Economy working
- Benchmarking
- Assimilation of external guidance
- External or Peer Support
- New Practice

4.Staff

- Clinical and managerial leadership
- Service Line Reporting
- Staff Innovation
- Raising of concerns
- Recruitment, training and retention
- Individual errors

2. Controls

2.1 Governance Frameworks – Policy Framework

Red Flag	Good Practice
1. There is no centrally controlled well-functioning policy framework at the Trust. 2. The Trust has not-met an NHSLA assessment or has been assessed at a lower level of compliance with standards than the Trust's own self-assessment..	1. There is a clear and well managed policy framework at the Trust: • Policies are managed centrally in a systematic manner. • Policies are regularly updated and the board are assured of dissemination to all relevant staff groups. • Policies are easily accessed by all staff. • This is an NHSLA level 2 or 3 Trust.
Examples of evidence to support the RAG rating.	• Trust Policy Framework • Trust NHSLA rating and feedback. • NHSLA Action Plans. • Intranet access to policies and procedural documents. • Audits of policy framework effectiveness.

2. Controls

2.1 Governance Frameworks – Sub-Committee Framework

Red Flag	Good Practice
1. There is no clear quality assurance sub-committee of the Board. 2. There is no clear TOR for the assurance committee.	1. There is a clear quality sub-committee which functions well within a governance framework: • There is a high functioning quality assurance sub-committee, which is NED chaired and interfaces well with other committees. • There is clear demarcation between the quality assurance sub-committee and quality working groups and committees. • The quality assurance sub-committee is also a strategic committee with a focus on innovation and ensuring the sharing of best-practice. • The assurance committee assesses its own performance against its TOR annually. • There is good attendance at the quality sub-committee which is attended by most of the NEDs.
Examples of evidence to support the RAG rating.	• Quality Assurance Sub-Committee Terms of Reference. • Quality Assurance Sub-Committee Papers and Minutes. • Quality Assurance Sub-Committee annual report to the Board.

2. Controls

2.1 Governance Frameworks – Assurance and Escalation Framework

Red Flag	Good Practice
1. There is little or no evidence of a cohesive quality assurance and escalation framework which is understood by all members of the Board.	1. There is a clear assurance and escalation framework for the Trust (AEF): • The framework describes assurances on controls for most aspects of running the 'system' (e.g. data quality, cost improvements, audit effectiveness, HR and training etc.). • The AEF describes a range of both internal and external sources of assurance. • The Board are all conversant with the details of the AEF. • The AEF contains innovative ways of seeking assurance (back to the floor, quality walks etc). • The AEF is brought to life through a robust service line management and reporting framework.. • There is an emphasis on real-time performance management for real-time assurance.
Examples of evidence to support the RAG rating.	• Assurance and Escalation Framework. • Assurance and Escalation Framework Audit of effectiveness. • Quality Performance Management Framework. • Service Line Reporting and/or Management.

2. Controls

2.1 Governance Frameworks – Reporting Framework

Red Flag	Good Practice
1. All reports have different formats with no clear aims or ownership.	1. There is a clear reporting framework at the Trust: • Reports are clear and where possible consistent in approach and streamlined methodology. • All reports have a clear purpose. • All reports have a clear source. • All reports have a clearly stated set of objectives. • Reports are succinct where possible, and highlight exceptions. • Reports aim to link to strategic goals or risks.
Examples of evidence to support the RAG rating.	• Trust Reporting Framework and examples of reports. • Templates for reports. • Examples of reports leading to decisions and actions taken. • Examples of reports being challenged.

2. Controls

2.1 Governance Frameworks – Cost Improvement Framework

Red Flag	Good Practice
1. There is no clear method for identifying, approving, assessing or monitoring CIPs or the impact of CIPs.	1. There is a clear cost improvement framework at the Trust: • There is a clear framework for identifying, approving, assessing and monitoring CIPs with quality risk frameworks undertaken (as articulated in the Assurance and Escalation Framework). • The Board have awareness of the impact of CIPs upon quality. • There is robust local monitoring of quality which could highlight any areas of quality concerns as the result of reductions. • Cost reduction work is inextricably linked with efficiency work streams. • CIPs and efficiencies are proposed by staff, for their own areas. • There is shared learning from CIPs that have been well (and poorly) undertaken.
Examples of evidence to support the RAG rating.	• Cost Improvement Programme / Plans and Framework • Individual CIP Project Plans. • Assurance and Escalation Framework reference. • A documented and clearly described process map.

2. Controls

2.1 Governance Frameworks – Data Quality Framework

Red Flag	Good Practice
1. Data quality is given little regard and the Board do not monitor metrics for data quality.	1. There is a clear data quality framework at the Trust: • Data quality is a key priority areas at the Trust. • The Board regularly monitor validation outcomes. • Use of internal and clinical audit to check controls over key quality information. • Staff understand the impact of poor data quality. • There is a right first time, every time ethos. • The Board makes every effort to ensure that margins for error are reduced.
Examples of evidence to support the RAG rating.	• Trust Data Quality Framework. • Trust Board Papers and Minutes • Assurance and Escalation Framework.

2. Controls

2.1 Governance Frameworks – Audit Framework

Red Flag	Good Practice
1. Audit is primarily focussed on finance with a non-mature quality audit function.	1. There is a clear audit framework at the Trust: • There is an enhanced audit function at the Trust and clearly defined plans, actions and performance, which are linked to the Board Assurance Framework (BAF) and high-level operational risks. • Re-audits show that improvement have been made. • There is broad representation for quality governance on the Audit Committee. • Both internal audits and national audits are included in forward plans. • Outcomes of audits are clearly described. • There is clear evidence of audits leading to improvements.
Examples of evidence to support the RAG rating.	• Trust Audit Framework • Board Assurance Framework • Assurance and Escalation Framework. • Minutes of Audit Committee • Audit forward plans.

2. Controls

2.2 Identifying Risks – Reporting Interface

Red Flag	Good Practice
1. The Trust does not use a web-based, functional incident and risk management system or, the Trust still uses paper-based reporting.	1. There is a good risk reporting interface which is accessible to all staff: • There is a highly functional web-based reporting system which staff have good access to. • This system is set-up to ensure automated alerts, escalation, risk prioritisation and hot-spot identification. • There is a focus on ensuring real-time monitoring of the reporting of risks and incidents. • The Trust exploits the electronic system to its full functionality i.e. sending out automated reports to service-lines. • The system is used as a key escalation / early alert route.
Examples of evidence to support the RAG rating.	• Trust Reporting Interface / Reporting System • Automatically generated reports. • Evidence of prompt action on alerts. • Audit of system effectiveness. • NHSLA Scores.

2. Controls

2.2 Identifying Risks – Incident Reporting

Red Flag	Good Practice
1. Low levels of incidents reported for the size and type of organisation. 2. Comparatively high levels of serious harm incidents for the size or organisation. 3. Increasing levels of harm with increasing levels of severity. 4. Low levels of near misses reported. 5. Incident reporting numbers reduce.	1. There is a high level of incident reporting but not high harm at the Trust: • This is a high reporting Trust which has an open culture and a good understanding of which incidents represent defects. • The Trust can demonstrate a low level of same causal factor incidents. • Reporting numbers increase year on year for near-miss, low or no harm incidents.
Examples of evidence to support the RAG rating.	• Trust Incident Reports • Trust Incident Reporting system. • Minutes from incident analysis forums. • Evidence of the triangulation of outcome data. • Evidence of the triangulation of outcome and experience data. • NHSLA scores.

2. Controls

2.2 Identifying Risks – Severe-harm incidents

Red Flag	Good Practice
1. A high-level of severe harm incidents with the same or similar causal factors. 2. The Trust cannot demonstrate an aggregated understanding of similar causal factor incidents by service line and individual.	1. There is a low level of severe-harm incidents: • Of the incidents reported, there are few which are severe harm incidents. • Of these, there is swift and sustained resultant learning. • Severe harm incidents reduce year on year.
Examples of evidence to support the RAG rating.	• Trust severe-harm incident reports / records • Trust and Sub-Committee papers and minutes • Minutes from incident analysis forums. • Evidence of the triangulation of outcome data. • Evidence of the triangulation of outcome and experience data. • NHSLA scores.

2. Controls

2.2 Identifying Risks – Avoidable harm

Red Flag	Good Practice
1. There are no standard methods for assessing risks. 2. There are limited service line and divisional level risk registers. 3. There are many repeated incidents by type / area and individual.	1. There is a clear framework for protecting people from avoidable harm: • There is a clearly articulated framework and strategy for ensuring robust risk assessments, environmental management, safety initiatives, reporting, monitoring and learning from defects. • There is a campaign to support harm reduction which includes on the job training. • The Trust undertakes additional innovative measures to reduce harm for example, global trigger tool, aseptic non-touch technique (ANTT) etc. • There is a shared learning framework / forum across the organisation.
Examples of evidence to support the RAG rating.	• Trust Risk Management and Reducing Harm Framework • Trust Avoidable Harm Records / Reports • Evidence of initiatives to reduce harm. • Harm reduction / risk management / learning forums. • Evidence of the dissemination of shared learning. • NHSLA scores.

2. Controls

2.2 Identifying Risks – Monitoring

Red Flag	Good Practice
1. There are no service level scorecards or dashboards which detail performance against articulated goals.	1. There are service level mechanisms for monitoring quality: • There are developed and aligned service level risk registers. • There are developed and aligned service level dashboards or scorecards. • There is an emphasis on real-time reporting and alerting. • There is evidence of quality dashboards being used as a key mechanism for monitoring quality. • Staff know how performance against local goals relates to the performance against trust wide goals. • Local goals are visible in ward areas along with clear improvement plans.
Examples of evidence to support the RAG rating.	• Service Level Scorecards / Dashboards • Service Level Registers • Board performance reports. • Quality Committee Minutes.

2. Controls

2.2 Identifying Risks – Complaints, claims, incidents and audits

Red Flag	Good Practice
1. There is a failure to understand the root causes of complaints and claims. 2. There are only minimal systems in place to register issues. 3. The complaints process exists in isolation to other key learning loops.	1. There is an aggregated understanding of complaints, claims, incidents and audits: • There is a full and aggregated understanding of whether complaints represent quality defects and in which service lines. • There is a clear understanding of where and when these defects have arisen before being backed by audit. • Consultant level information on complaints and claims is available. • The Trust learns from experience and can evidence how improvements have been sustained over time. • The complaints team has good access to key managers within divisions, they are an integral part of governance in all areas of the Trust.
Examples of evidence to support the RAG rating.	• Trust Complaints System and Records • Trust claims and incident records • Audit reports and action plans • NHSLA scores. • Board reports and annual reports.

2. Controls

2.3 External Focus Perspective – Local landscape

Red Flag	Good Practice
1. The Board is insular and does not use demographic information to predict, for example: demand, competition. 2. There is a history of insufficient planning, or plans causing performance exceptions.	1. The Board understands the local demographic, stakeholder and provider landscape: • The Board uses intelligence to understand and predict demand, to understand competitive threats or new opportunities and to understand the impact of the organisation within the locality. • Plans take into account some element of target re-basing, assumptions are robust enough to withstand externally prompted change. • The Board ensures that key information is assimilated into key aspects of strategy.
Examples of evidence to support the RAG rating.	• Market Analysis and Competitor Assessment • Board reports, performance and results. • Plans and assumption modelling.

2. Controls

2.3 External Focus Perspective – Whole health economy working

Red Flag	Good Practice
1. There are fractured links between local providers and no collaborative attempts to ensure quality improvements.	1. The Board ensures whole health economy working to improve the quality of care: • The Trust works closely with the GP Clinical Commissioning Groups, social services, external stakeholders and other local healthcare providers to ensure better pathways and seamless care.
Examples of evidence to support the RAG rating.	• Trust Stakeholder Engagement and Management Plan • Whole Health Economy patient care indicators / measures • Innovative drives to develop co-working.

2. Controls

2.3 External Focus Perspective – Benchmarking

Red Flag	Good Practice
1. This Trust does not usually recognise or look to the best and therefore has a limited "line of sight".	1. The Board ensures benchmarking to the best (regional, national, international): • Benchmarks are evident at many levels. • Service lines benchmark with each other and best practice is shared. • The Trust benchmarks with peers. • Performance reports benchmark with the best. • Staff generally know how their Trust performs compared to other organisations in the local health economy. • Peer arrangements with other Trusts out of locality.
Examples of evidence to support the RAG rating.	• Trust Performance Reports • Trust Benchmarking Data • Evidence of understanding how high-performing Trusts get results. • Evidence of incorporation into strategy.

2. Controls

2.3 External Focus Perspective – Assimilation of external guidance

Red Flag	Good Practice
1. External information on quality does not automatically feed in through the governance framework.	1. There is assimilation of NICE guidance, external reviews and enquiries, rule 43 etc.: • This Board ensures that key regulatory and outcome information feeds systematically into Trust-wide and divisional governance systems. • External sources of assurance are largely covered in the Assurance and Escalation Framework. • There is a timetable of the production of external reports or there is advanced warning to the Board that external reports are due for publication (i.e. Ombudsman reports) this will assist with NED challenge. • External reports are summarised and communicated throughout the Trust where relevant.
Examples of evidence to support the RAG rating.	• Trust Governance Framework • Assurance and Escalation Framework.

2. Controls

2.3 External Focus Perspective – External or peer support

Red Flag	Good Practice
1. This Board is insular and does not recognise the need to improve. 2. The Board is defensive when development needs are identified.	1. This Board is willing to enlist external or peer support or aid improvement: • This Board recognises clear improvement areas and is aware of who to enlist to provide support and development, including peers. • This Board provides implementation support for service lines in the shape of a focussed team or additional training support.
Examples of evidence to support the RAG rating.	• Commissioning of external or peer support / reviews • Service improvement teams or training in service improvement methodology.

2. Controls

2.3 External Focus Perspective – New practice

Red Flag	Good Practice
1. There is little evidence of innovation at the Trust.	1. The Board drives research, innovation and the development of new practice: • The Board has a clear drive to lead an innovative organisation and has a focus on research and collaboration with academic health sciences etc. • The Board makes efforts to engage patients and the public in research through initiatives such as 'citizen scientist' etc. • The Board encourages clinical teams to innovate and ensures that new innovations receive high profile at the Trust. • Innovation is firmly linked to safety, effectiveness and efficiency.
Examples of evidence to support the RAG rating.	• Any publications in respect of Trust innovations • Any awards won demonstrating innovative practice

2. Controls

2.4 Staff – Clinical and managerial leadership

Red Flag	Good Practice
1. There is a lack of a collegiate or triumvirate approach between managers, nurses clinicians / paramedics.	1. There is cohesive clinical and managerial leadership at the Trust that is working together to deliver high quality care: • Clinicians and managers have an equal hand in devising and approving new processes, CIPs etc. and are consistently improving the delivery of safe and cost-effective care. • Clinical Directors come and present to the Board at the Trust Board meetings. • The Medical Director and Director of Nursing have an equal, collegiate relationship.
Examples of evidence to support the RAG rating.	• Organisational structure and evidence of multidisciplinary forum with good representation from clinical and managerial staff • Job descriptions. • Assurance and Escalation Framework • Minutes from key forums and committees.

2. Controls

2.4 Staff – Service line reporting

Red Flag	Good Practice
1. There is no service line management framework. 2. It is difficult to hold individuals to account.	1. There is service line management (SLM) at the Trust and all roles are clearly identified: • The SLM framework at the Trust is well developed and showing some demonstrable positive impact. • SLM functions intuitively and all staff are aware of how to escalate issues. • There is a robust service-line reporting structure.
Examples of evidence to support the RAG rating.	• Service Line Reporting / Management Framework • Organisation charts. • Divisional Governance Minutes. • Board papers. • Key TOR for sub-committees.

2. Controls

2.4 Staff – Staff Innovation

Red Flag	Good Practice
1. There is no evidence on how staff have helped to shape services. 2. Staff felt marginalised and unimportant.	1. There is evidence of the way the organisation encourages staff innovation on quality: • All staff are encouraged to find ways to innovate. • The Board places a high value on innovation and shares best practice between services. • Articulated and promoted in the Trust's values and aspirations. • The Trust operates a 'you said we did' scheme to reinforce a culture of listening.
Examples of evidence to support the RAG rating.	• Quality Innovation Reports/reporting • Trust Board and Sub-Committee papers / minutes • Staff communications • Evidence of shared learning.

2. Controls

2.4 Staff – Raising of Concerns

Red Flag	Good Practice
1. The Trust has a formal whistle-blowing policy in place but this is the only mechanism to raise concerns.	1. The Board ensures staff can raise concerns in a variety of ways, formally and informally: • The Board employs a number of different methods for staff to raise concerns in an open and supported way for example informal / anonymous hotlines or web reporting.
Examples of evidence to support the RAG rating.	• Trust Whistle-blowing policy. • Trust formal and informal means for raising concerns, and logs of all raised with actions taken.

2. Controls

2.4 Staff – Recruitment, Training and Retention

Red Flag	Good Practice
1. There is a weak recruitment process and the HR function is overstretched. 2. Poor results on staff surveys.	1. The Board ensures that all staff are positively recruited, trained and developed: • Staff are recruited not only for competency but also for values. • There is a robust induction process with a focus on visions and values. • The Board makes additional efforts to understand and improve working lives. • Staff feel safe, secure and valued.
Examples of evidence to support the RAG rating.	• Trust Recruitment , Succession and Retention Strategies • Trust HR / Workforce Metrics • Trust Staff Surveys

2. Controls

2.4 Staff – Individual error

Red Flag	Good Practice
1. Some staff appear to be out of reach of the governance framework e.g. Staff working at night, or at distant locations. 2. Where error is identified, individuals are not held to account.	1. The Board ensure there are steps to mitigate, identify, resolve and monitor individual error: • The service line management framework, real time reporting, governance / risk framework and close peer supervision all support good monitoring. • Where issues arise, immediate remedial action is taken. • Staff are encouraged to work in an open and honest environment. • Staff are encouraged to raise concerns about other colleagues. • There is additional effort to hold consultation events at night or in more remote locations. • Clear messages are signalled, that quality will not be compromised.
Examples of evidence to support the RAG rating.	• Trust Service Line Reporting / Management Framework • Trust Governance / Risk Management Framework • Evidence of staff on suspension etc. • Evidence of whistle-blowing.

Impact

3. Impact

Overview

This section focuses on Impact specifically the following areas:

1.Learning

- Quality Audit Plan
- Board Assurance
- Quality Impact of Cost Improvements
- Patient Experience
- Improvement Tools
- Coding, Outcome and Target Reporting

2.Outcomes

- Formal Complaints
- National Patient Survey
- Incidents and Defects
- Improvement
- CQC
- Board delivery

3. Impact

3.1 Learning – Quality Audit Plan

Red Flag	Good Practice
1. There is a minimal and disorganised quality audit plan with unclear ownership at sub-committee and divisional level.	1. The quality audit plan is strategic, collaborative and accessible: • There is a far-reaching audit plan with clear trust-wide ownership. • Plans have high-level links to the Board Assurance Framework (BAF). • This Board can clearly demonstrate that audit plans and actions lead to year on year improvements in the delivery of services. • Audits and re-audits are tracked in a robust manner.
Examples of evidence to support the RAG rating.	• Trust Quality Audit Forward Plan • Audit Annual report • Assurance and Escalation Framework • Trust Board and Sub-Committee Papers / Minutes

3. Impact

3.1 Learning – Board Assurance

Red Flag	Good Practice
1. There is no outline or basic understanding of how the Board seeks assurance on quality. 2. The Board have only a basic understanding of this.	1. There is a clear outline of how the Board seeks assurance on quality: • There is a defined, detailed, dynamic and documented Assurance and Escalation Framework for how the Board seeks assurance on quality, what it should expect to see and how to challenge it. • This Framework is assessed and audited on a yearly basis.
Examples of evidence to support the RAG rating.	• Trust Board and Sub-Committee Papers • Board Assurance Framework • Escalation and Assurance Framework

3. Impact

3.1 Learning – Quality Impact of Cost Improvements

Red Flag	Good Practice
1. There is only a high level description of Cost Improvement Plans (CIPs). 2. The Board do not challenge what the impact of the CIPs are.	1. The Board clearly understands the quality impact of cost improvements: • The Board are highly cognisant of where CIPs are likely to impact upon quality. • There is clear evidence of CIPs being rejected or re-worked because of service line intelligence. • Staff reductions and skill mix are reviewed to assess impact on quality.
Examples of evidence to support the RAG rating.	• Trust Cost Improvement Programme • Detailed CIP Project Plans detailing impact upon quality

3. Impact

3.1 Learning – Patient Experience

Red Flag	Good Practice
1. The Board only uses the national patient survey and complaints categories to understand experience issues.	1. The Board employs many mechanisms to understand patient experience: • The Board uses different methods of capturing pro-active and reactive feedback including real-time reporting to ensure that it is aware how its patients judge their experience and areas for improvement. • There is intelligent analysis of feedback and the Board have ownership of this analysis and take actions to address areas for improvement. • As per the framework, there is active engagement of patients, with Trust demonstrating best practice through holding of regular surveys, focus groups, patient magazines etc. • Patient experience is covered in the Assurance and Escalation Framework.
Examples of evidence to support the RAG rating.	• Patient Surveys • Complaints Annual Report • Quality Account • Board Papers and Reports • Joint Analysis Reports. • Assurance and Escalation Framework

3. Impact

3.1 Learning – Improvement Tools

Red Flag	Good Practice
1. The Trust does not employ different and innovative methodology to improve quality.	1. The Trust uses innovative improvement tools: • The Board is highly aware of different patient safety and quality improvement initiatives and employs these to provide additional assurance on strategic aims. • The Trust is involved in peer collaborative projects. • The Trust looks to overseas healthcare providers. • The Trust understands the latest academic research on quality.
Examples of evidence to support the RAG rating.	• Trust usage of improvement tools • Board performance reports.

3. Impact

3.1 Learning – Coding, Outcomes and Target Reporting

Red Flag	Good Practice
1. There is little routine validation of key knowledge capturing systems. 2. There are several ad-hoc databases which are used in different departments.	1. The Board ensures the quality of coding, outcome and target reporting: • The Board closely monitors coding accuracy and activity recording. • The Board is assured that this intelligence is accurate. • The Trust is assured that it can act quickly on deteriorating performance. • The Trust has procured robust, safe IT solutions to support good knowledge capturing.
Examples of evidence to support the RAG rating.	• Trust Board and Sub-Committee Papers / Minutes • Assurance and Escalation Framework • Data Quality Framework. • Annual reports and system audits. • Reports from key sub-committees.

3. Impact

3.2 Outcomes – Formal Complaints

Red Flag	Good Practice
1. There is no understanding of whether complaints represent defects. therefore, there is no clear understanding of how or what to remedy. 2. The Board only measures complaints response times as an indicator of quality.	1. There are reducing numbers of upheld formal complaints: • There is a robust system for highlighting complaints of a serious nature. • There is a close link between the complaints and SUI process. • There is an enhanced understanding of the root causes of complaints post investigation. • There is remedial action and overtime complaints which have the same root cause decrease across the Trust. • The Board sees complaints as learning opportunities. • Staff feel supported through the complaints process. • There is a clear process for sharing the learning from complaints.
Examples of evidence to support the RAG rating.	• Trust Complaints Record and action log • Board papers. • Working group and sub-committee papers. • Outcome reports • Audit reports.

3. Impact

3.2 Outcomes – National Patient Survey

Red Flag	Good Practice
1. There are decreasing overall scores in the patient survey. 2. This is often blamed on national deteriorating results.	1. There are consistent improvements in the national patient survey: • The Board can demonstrate that there are sustained improvements in the national patient survey year on year, particularly in areas of below average performance. • The Board acknowledges that outcomes and improvements are within its control and influence. • The Board undertakes focused pieces of work to better understand patient experience issues which arise from the survey.
Examples of evidence to support the RAG rating.	• Trust – annual National Patient Survey results • Board papers • Working group papers and minutes.

3. Impact

3.2 Outcomes – Incidents and Defects

Red Flag	Good Practice
1. There are high levels of incidents, complaints and claims with the same or similar causal factors.	1. There are low levels of incidents and defects with similar causal factors: • The Board has open reporting of incidents and defects and learning gleaned from them. • The Board identifies that incidents with the same or similar causal factors indicates an issue with the effectiveness of learning loops and the Board closely monitors these. • There is a access to granular level information.
Examples of evidence to support the RAG rating.	• Trust Papers on Incidents, complaints, defects • Annual reports • Action plans • Audits and re-audits.

3. Impact

3.2 Outcomes – Improvement

Red Flag	Good Practice
1. Results and outcomes show level or decreasing performance over time.	1. There is demonstrable evidence of improvement at the organisation: • The Board can demonstrate that leadership, strategy, control and learning have an overall impact upon patient outcomes and that outcomes improve over time. • There is robust use of forecasting and planning to ensure that performance will be robust. • There is an understanding of how other high-performing organisations have achieved results. • The Board takes firm and decisive action on underperformance. • The Board develops strategic plans to improve performance in the longer term.
Examples of evidence to support the RAG rating.	• Trust Board Performance Papers • Forward planning cycles • Evidence of action taken and challenge. • Evidence of strategic planning.

3. Impact

3.2 Outcomes – CQC

Red Flag	Good Practice
1. The CQC have issued sanctions on registration. 2. The CQC have expressed concerns as the result of unannounced visits.	1. The CQC have confidence in this organisation: • The Board have ensured that all mandated CQC measures have been met and exceeded over time. • The CQC have had no concerns about registration. • The Trust undertakes its own mock inspections which are fed into the Board. • The Board monitors CQC compliance.
Examples of evidence to support the RAG rating.	• Trust CQC Reports and correspondence. • CQC Quality Risk Profiles. • Mock inspection results.

3. Impact

3.2 Outcomes – Board Delivery

Red Flag	Good Practice
1. There is no sustained record of delivery against contracted activity, Quality, Innovation, Productivity, Prevention (QIPP) and assigned stretch targets. 2. There are consistent red-flags for performance.	1. The Board delivers on contracted activity, services, QIPP, stretch targets: • The Board can demonstrate not only that it meets national compliance targets in a sustained manner. • The Board can demonstrate that it meets local commissioning, QIPP and stretch targets in a sustained manner. • The Board monitors its own performance and knows where it needs to improve effectiveness. • The Board enlists external support to make rapid improvements.
Examples of evidence to support the RAG rating.	• Trust Board Papers / Minutes - especially Performance Papers

4. Quality Governance Module checklist

Coverage

Overview

Applicants completing the Quality Governance Module should use this checklist to ensure that they have:

- responded to each section;
- outlined their key supporting evidence; and
- provided their self-assessment judgement.

Contents **Page**

1. Leadership

1. Leadership

1.1 Summary position

Area	Self Assessment rating	Key Actions / Areas for Development
1.Direction		
2. Purpose		

2. Controls

2. Controls

2.1 Summary position

Area	Self Assessment rating	Key Actions / Areas for Development
1.Frameworks		
2. Risk		
3. Perspective		
4. Staff		

3. Impact

3. Impact

3.1 Summary position

Area	Self Assessment rating	Key Actions / Areas for Development
1.Learning		
2. Outcomes		

6. Summary results

6. Summary results

6.1 Overview – sections 1 to 3 inclusive

Leadership			
Ref	**Area**	**Self-Assessment rating**	**Key Actions / Areas for Development**
1.1	Direction		
1.2	Purpose		
Controls			
2.1	Frameworks		
2.2	Risk		
2.3	Perspective		
2.4	Staff		
Impact			
3.1	Learning		
3.2	Outcomes		

Board Governance Assurance Framework

Quality Governance Development Module

Appendices

Contents

Appendix 1

Glossary

Abbreviation and full term	
AFT	Aspirant Foundation Trust
BAF	Board Assurance Framework
BGM	Board Governance Memorandum
CQC	Care Quality Commission
CIP	Cost Improvement Plan
DH	Department of Health
ED/NED	Executive Director / Non-Executive Director
FT	Foundation Trust
HR	Human Resources
NICE	National Institute of Clinical Excellence
NHS / NHSLA	National Health Service / NHS Litigation Authority
NPSA	National Patient Safety Agency
QGF	Quality Governance Framework
QGM	Quality Governance Module
QIPP	Quality, Innovation, Productivity, Prevention
QRP	Quality and Risk Profile
RAG	Red Amber Green
SLM/R	Service Line Management/Reporting
SMART	Specific, Measurable, Achievable, Relevant, Time-framed
SUI	Serious Untoward Incident

Appendix 2

Individuals contributing to the development of the BGAF Development Modules

Individuals from the following organisations contributed to the development of the BGAF:

- Appointments Commission
- AQuA (Advancing Quality Alliance)
- Deloitte LLP
- Department of Health
- Foundation Trust Network
- Monitor
- North West Leadership Academy
- SHA Provider Development Leads from the 10 former SHAs
- The Leadership Academy
- The National Leadership Council

In addition, contributions were sought from a Network of Experts drawn from across the NHS and leading academics in the field of Board and Leadership Development. These individuals are summarised below and on the next pages:

Name	Position and organisation	Reason for inviting them to be part of the network
Tracey Allen	CEO, Derbyshire Community Services NHS Trust	Provide advice from an aspirant Community FT perspective.
Amanda Rawlings	Director of HR and OD, Derbyshire Community Services NHS Trust	Provide advice from an aspirant Community FT and HR perspective.
Jackie Daniel	CEO, Manchester Mental Health and Social Care Trust	Provide advice from an aspirant Mental Health FT perspective.
Simon Featherstone	CEO, North East Ambulance Service NHS Trust	Provide advice from an Ambulance FT perspective and FTN Board member.
Suzanne Hinchliffe	Chief Operating Officer and Chief Nurse	Provide advice on quality governance and CIPs.
Dr Umesh Patel	Medical Director, Wrightington, Wigan and Leigh NHS FT	Provide advice on quality governance and clinical engagement.

Appendix 2

Individuals contributing to the development of the BGAF Development Modules

Name	Position and organisation	Reason for inviting them to be part of the network
Jane Burns	Trust Secretary, Salford Royal NHS FT	Provide advice from a FT Company Secretary perspective. High-performing FT. Recently won an award for Board effectiveness.
David Dalton	CEO, Salford Royal NHS FT	High-performing FT. Recently won an award for Board effectiveness.
Jim Potter	Chairman, Salford Royal NHS FT	High-performing FT. Recently won an award for Board effectiveness.
Sir Hugh Taylor	Chairman, Guy's and St Thomas' NHS FT	Large acute FT. Previous DH Permanent Secretary.
Phil Morley	CEO, Hull and East Yorkshire NHS FT	Large acute aspirant FT.
Ian Baines	Finance Director, Dudley and Walsall Mental Health Partnership NHS FT	Financial governance advice.
Adrian Roberts	Finance Director, Central Manchester NHS FT	Financial governance advice.
Paul Olive	Audit Chair, Blackpool Teaching Hospitals NHS FT	Financial governance advice.
Simon Barber	CEO, 5 Boroughs Partnership NHS FT	High performing FT providing mental health and learning disability services.
Dr. Gillian Fairfield	CEO, Northumbria, Tyne and Wear NHS FT.	Taken 2 Trusts through to FT status.
Rob Webster	CEO, Leeds Community NHS Trust	Experience of Capability Reviews in Central Government.
Brian Stables	Chairman, Royal University Hospitals Bath	Chairman and Board Member on the FTN.
Steve Wilson	Finance Director, Wirral Community NHS Trust	Provide financial governance advice from aspirant FT.

Appendix 2

Individuals contributing to the development of the BGAF Development Modules

Name	Position and organisation	Reason for inviting them to be part of the network
Dr Tracey Long	Founder, Boardroom review	Established Board development consultant providing services to the FTSE 100 and 250.
Professor Andrew Kakabadse	Cranfield University	Leading academic in the field of corporate governance and effective chairs.
Professor Bob Garrett	Cass Business School	Leading academic in the field of Board effectiveness.
Professor Paul Stanton	Northumbria University	NHS Governance expert.
Professor Stuart Emslie	Birkbeck	NHS Governance expert.
Dame Sue Street	Strategic Advisor to Deloitte LLP.	Significant experience of central government Boards and governance.
Lord Philip Hunt	Chairman, Heart of England NHS FT	Large acute FT. Previous junior health minister.
Peter Mount	Chairman, Central Manchester NHS FT	Large high performing FT. Previous Chairman of the NHS Confederation.
Steve Bundred	Strategic Advisor to Deloitte LLP.	Ex-CEO of the Audit Commission, significant experience of NHS and Local Authority regulation and corporate governance.
Robin Staveley	Partner, Gatenby Sanderson (Recruitment consultants)	Significant experience of recruiting to NHS Board-level positions in both FTs and non-FTs.
Andrew Foster	CEO, Wrightington, Wigan and Leigh NHS FT	Existing FT and previous HR Director for the DH.
Julian Hartley	CEO, University Hospital South Manchester NHS FT	Existing FT with large flow of specialist tertiary services. Chair of NWLA.

Appendix 2

Individuals contributing to the development of the BGAF Development Modules

Name	Position and organisation	Reason for inviting them to be part of the network
Andy Chittenden	Trust Secretary, University Hospital South Manchester NHS FT	Provide advice from a FT Company Secretary perspective.
Gary Graham	CEO, Dudley and Walsall Mental Health Partnership NHS FT	Mental health and learning disabilities aspirant FT.
Glyn Shaw	Chairman, Dudley and Walsall Mental Health Partnership NHS FT	Mental health and learning disabilities aspirant FT.
Professor Naomi Chambers	Head of Health Policy and Management, Strategy Research, Manchester Business School, University of Manchester	Leading health academic.

Steering Group Member	Programme Role	Organisation
Matthew Kershaw	Director of Provider Delivery	Department of Health
Miranda Carter	Monitor Engagement Lead	Monitor
Steve Phoenix	Engagement Lead	NHS South East Coast
Deborah Chafer	Engagement Lead	North West Leadership Academy
Laura Roberts	Programme Sponsor	Department of Health
David Barron	Programme Lead	Department of Health
Dr Jay Bevington	Deloitte Engagement Partner	Deloitte LLP
Claire Heaney	Deloitte Engagement Lead	Deloitte LLP

Appendix 3

Foundation Trusts contributing to the development of the BGAF Development Modules

Ref	Name
1	Central Manchester University Hospitals NHS Foundation Trust
2	Chelsea and Westminster Hospital NHS Foundation Trust
3	Derbyshire Healthcare NHS Foundation Trust
4	Northumberland, Tyne and Wear NHS Foundation Trust
5	South East Coast Ambulance Service NHS Foundation Trust
6	The Royal Marsden NHS Foundation Trust