

NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST
BOARD OF DIRECTORS

Meeting Date: 27 April 2016

Title and Author of Paper: Well Led Action Plan
Lisa Quinn, Executive Director of Commissioning and Quality Assurance

Paper for Debate, Decision or Information: Decision

Key Points to Note:

The Trust appointed Deloitte to carry out the independent review of the Trust's governance against the Well-Led Framework and the review was undertaken in October and November 2015.

Deloitte presented their findings and recommendations to the Board at a Board Development Session on the 10 December 2015 and subsequently shared their draft report in early January 2016 for comment/amendment. The final report and recommendations were discussed at the Board on the 27 January 2016.

A draft Action Plan with designated leads and agreed timescales was subsequently developed and some changes to the actions and timescales were made. This paper provides an update on the agreed actions.

The Board are asked to note the progress made.

Outcome required:

The Board are asked to note the progress made.

GOVERNANCE REVIEW WELL-LED FRAMEWORK RECOMMENDATIONS

PROGRESS REPORT APRIL 2016

Domain 1: Strategy and Planning					
1A.Does the Board have a credible strategy to provide high quality, sustainable services to patients and is there a robust plan to deliver?					
Action		Lead	Time scale	Evidence of achievement	Update on Progress
1. In line with the refreshed Trust strategy, review the suite of supporting strategies to ensure alignment with the revised strategic priorities. Detailed implementation plans should also be put in place to support their successful delivery.		DOF	Sept 2016	Supporting Strategies, including implementation plans approved by CDT and the Board in September 2016.	On Track- Process for review/alignment of Supporting Strategies to the emerging Group Strategies and Trust Strategy being discussed.
	Update Estates Strategy	DOEF		Strategy approved by CDT and the Board in September 2016	
	Update Marketing Strategy	FBL		Strategy approved by CDT and the Board in September 2016	

	Update Informatics Strategy	DIMT		Strategy approved by CDT and the Board in September 2016	
	Update Comms Strategy	DDCC		Strategy approved by CDT and the Board in September 2016	
	Update Risk Management Strategy	DCQA		Strategy approved by CDT and the Board in September 2016	
	Check alignment of R and D Strategy	DoRIC		Strategy approved by CDT and the Board in September 2016	
	Check alignment of Workforce and OD Strategy	DOW		Strategy approved by CDT and the Board in September 2016	
	Check alignment of Clinical Effectiveness Strategy	DoRIC		Strategy approved by CDT and the Board in September 2016	
	Check alignment of Nursing Strategy	DON		Strategy approved by CDT and the Board in September 2016	
	Consider Professional Strategies eg Medical, Psychology and Allied Health Professions	MD/ DON		Consideration of Professional Strategies eg Medical, Psychology and Allied Health Professions and ,if required Strategies approved by CDT and the Board in September 2016	
	Service Development Strategy-Big Ticket Templates	DON/ DOF		Strategy approved by CDT and the Board in September 2016	
	2.Strategy Committee to consider the introduction of a strategy dashboard to include ;a summary of the vision and values; an outline of the key objectives and associated KPIs which are aligned to Executive Leads and a RAG rated dashboard to highlight progress against KPIs, flagging areas where expected performance is not being met and outlining actions to be undertaken.	CEO	May 2016	This recommendation is not to be implemented as it has been agreed that the role of the new Strategy Working Group is to support the Board, overseeing the development of the Trust's Integrated Business Plan/Strategy by acting as a sounding board, providing a strategic forum for environmental and horizon scanning and a review of intelligence.	Terms of Reference for Strategy Working Group drafted to be presented to the Board in April 2016.

1B. Is the Board sufficiently aware of potential risks to quality, sustainability and delivery of current and future services?				
<p>3. Review the BAF to ensure that :</p> <ul style="list-style-type: none"> All risks are linked to the strategy, aligned to Committees, and discussed at detailed intervals. There is a trajectory of risk scoring; and All appropriate fields are completed and actions are assigned to gaps in controls 	DCQA	Feb 2016	Revised BAF in new format presented to February Board and schedule of reporting agreed.	Achieved
		April 2016	BAF revised to reflect any changes as a result of Operational Plan risks presented to April Board.	On Board Agenda April 2016
		Sept 2016	New BAF in line with new Strategy to Board September 2016.	On Track
4. Red rated corporate and Group risks should be reviewed by the Board at least biannually.	DCQA	April 2016 & Oct 2016	Linked to 3 above Revised BAF in new format presented to February Board.	Revised timetable for this action agreed. Revised BAF and Corporate Risk Register ,reflecting the risks highlighted in the Trust's Operational Plan 2016/17 and Group red risks on Board Agenda April 2016
5. Consider establishing an Executive led Risk Group (which could be part of CDT) to ensure consistent articulation, calibration and appropriate mitigations of all service, Group and corporate risks. Aligned to this, modify risk registers to allow identification of the movement in risk rating.	DCQA	March 2016	Draft Terms of Reference to CDT for review.	Revised timetable agreed for this action (April 2016)
		April 2016	Terms of Reference agreed by CDT.	Terms of Reference agreed by Risk Management Sub Group April -to CDT May
		April 2016	Executive led Risk Group established. Revised BAF (as 3 above) to include modification of risk registers.	Achieved-first meeting of Group 7 th March 2016 Revised BAF and Corporate Risk Register ,reflecting the risks highlighted in the Trust's Operational Plan 2016/17 on Board Agenda April 2016

<p>6. Consider, as a Board, the risk resourcing and ownership requirements of the Trust to ensure appropriate oversight and co-ordination of organisational risk management and associated training.</p>	<p>DCQA</p>	<p>Feb 2016</p>	<p>Include post in Phase 2 Corporate Services Consultation</p>	<p>Achieved-post included in Phase 2 Corporate Services Consultation. The post will support the Groups and Corporate Directorates in the development of their risk associated systems and processes.</p>
		<p>April 2016</p>	<p>Appointment to post and agreed work plan for 2016/17</p>	<p>Timing of appointment subject to the phasing of Phase 2 Corporate Services implementation.</p>
		<p>Sept 2016</p>	<p>Revised Risk Management Procedure and Policy approved by CDT to include oversight and co-ordination of organisational risk management and associated training.</p>	<p>On Track-Review of Risk Management Strategy and Policy part of Risk Sub Group Work Plan.</p>
<p>7. Formalise the process for quality impact assessments (pre and post implementation) and ensure that the impact of initiatives on quality and finance are monitored on an ongoing basis with mitigating actions taken when necessary. Committee monitoring arrangements need to be confirmed.</p>	<p>DOF</p>	<p>April 2016</p>	<p>Quality impact assessments related to FDP schemes to be signed off, as a part of final Operational Plan, by CDT, FIBD and Board.</p>	<p>Revised actions and timetable agreed</p>
		<p>April 2016</p>	<p>New Resource and Business Assurance Committee to oversee and assure arrangements for quality impact assessments (pre and post implementation) in respect of Financial Delivery Plans and Business Developments.</p>	<p>Final Operational Plan on Board Agenda April 2016</p> <p>Terms of Reference for Resource and Business Assurance Committee on CDT, FIBD and Board Agenda April 2016.</p>

Domain 2: Capability and Culture				
2A. Does the board have the skills and capability to lead the organisation?				
8. Update the Board development programme to include an ongoing focus on Board cohesion and dynamics, arrangements for “buddying” between NEDs and EDs, and opportunities to learn from other organisations.	Chair CEO	April 2016	Updated Board Development Programme agreed for 2016/17 including “buddying” between NEDs and EDs, and opportunities to learn from other organisations.	Ongoing
9. Formalised succession plans should be documented for each Board role. Plans should take into account the strategic priorities of the Trust, skills retention or transfer, and any risks associated with the current role holder leaving. Formalised succession plans should be documented for each Group Director role. Plans should take into account the strategic priorities of the Trust, skills retention or transfer, and any risks associated with the current role holder leaving.	CEO DON/ DOWOD	April 2016 July 2016	Discussions at Board Away Day and short report to be prepared for April Board Formalised succession plans documented and agreed for each Group Director role.	Revised actions agreed Short report for April Board On Track
2B. Does the board shape an open and transparent and quality focused culture?				
No action required				
2C. Does the board help support continuous learning and development across the organisation?				
10. Introduce aggregated CLIPs reporting which gives an overview of themes and same causal factors. Ensure learning and action points are communicated Trust-wide.	DON	April 2016	Aggregated CLIPs reports introduced for Board, Q and P(and appropriate sub groups) and CDT which gives an overview of themes and same causal factors. Documented methods for cascading learning and action points locally and corporately via GBM and Q and P.	Revised actions agreed Aggregated CLIPs reports to be introduced as a part of Quarter 1 reporting. On Track for end of April

11. Working with Groups, agree a standard operating procedure for capturing and sharing lessons and best practice.	DON	April 2016	Director of Nursing to agree with Groups. Short paper to CDT, Q and P and Board.	On Track for end of April
Domain 3: Process and structures				
3A. Are there clear roles and accountabilities in relation to board governance (including quality governance)?				
12. Introduce assurance based exception reporting from the Committees and present to Board meeting held in public.	DCQA	April 2016	Assurance based reporting to be strengthened including fit for purpose papers highlighting risks to better support strategic risk discussions.	Terms of Reference for Q and P, FIBD and Strategy Working Group reviewed in March 2016 and revised Terms of Reference to CDT, relevant Committees/Groups and Board in April 2016, including new cover sheet for Committees and Board highlighting risks to better support strategic risk discussions.
13. Increase NED membership of MHL Committee to a minimum of 2 NEDs. Also ensure that there is cross representation between Q and P and FIBD. Chairs of Committees should meet at defined intervals to discuss work plans and forward agendas.	DCQA DDCC	April 2016 April 2016	As above (12) Chairs to discuss work plans and forward agendas	Membership of Committees reviewed. Board agreed in March 2016 that the Chairs of Committees would discuss work plans and forward agendas as a part of the regular Board pre-meet.
14. A review of the Q and P Committee is required and specifically in regard to: <ul style="list-style-type: none"> The agenda and forward plan to ensure a balance of standing items; The purpose of papers which should be assurance focussed and contain triangulated and thematic trend analysis; Sub groups should be streamlined with reporting links reviewed; and 	DCQA	May 2016	Linked to 12 and 13 above Revised Terms of Reference for Q and P agreed by the Board including agenda and forward plan and the role of the Committee in terms of risk	Terms of Reference for Q and P reviewed in March 2016 and revised Terms of Reference to CDT, Q and P and Board in April 2016, including new cover sheet for Committee and Board highlighting risks to better support strategic risk discussions.

<ul style="list-style-type: none"> The role of the Committee in relation to risk. 			<p>Standard agreed for presentation of information and papers to Q and P ensure focus on assurance agreed.</p> <p>Sub groups to Q and P agreed by Q and P including Terms of Reference and agendas and forward plans.</p>	<p>As above.</p>
<p>15. Given the dissolution of the Trust Programme Board and the establishment of the Strategy Committee, the role of FIBD in relation to CIPs and transformation needs to be clarified.</p>	<p>CEO DCQA</p>	<p>April 2016</p>	<p>Linked to 12 and 13 above</p> <p>Revised Terms of Reference for FIBD agreed by Board</p>	<p>Terms of Reference for FIBD and Strategy Working Group reviewed in March 2016 and revised Terms of Reference to CDT, relevant Committees/Groups and Board in April 2016.</p>
<p>16. As planned, expedite the full review of CDT with a specific focus on membership, remit and a review of papers which are also received by GBM.</p>	<p>CEO</p>	<p>April 2016</p>	<p>Revised Terms of Reference for CDT, membership, agenda and forward plan agreed.</p>	<p>Work in progress.</p>
<p>17. The Board and Committees need to ensure appropriate challenge and scrutiny on (quality) performance with assurance that robust actions are in place to address areas of non-compliance.</p>	<p>CEO</p>	<p>April 2016</p>	<p>Assurance based reporting to be strengthened including fit for purpose papers highlighting risks to better support strategic risk discussions.</p>	<p>Terms of Reference for Q and P, FIBD and Strategy Working Group reviewed in March 2016 and revised Terms of Reference to CDT, relevant Committees/Groups and Board in April 2016, including new cover sheet for Committees and Board highlighting risks to better support strategic risk discussions.</p>

3B. Are there clearly defined, well understood processes for escalating and resolving issues and managing performance?				
18. Further support planned activities for the devolution agenda by increasing time to debate the new structure through existing engagement mechanisms (potentially using worked examples for illustration)	CEO/ DOWOD	On going	Work ongoing as an integral part of OD Strategy and revised Communications Strategy.	Work ongoing
19. Introduce standardised RAG rated action trackers to ensure owners are held to account for delivery. (ie standardise Action Logs for Committees)	DCQA	April 2016	Linked to 12 Existing good practice re Action Logs to be cascaded.	Existing good practice re Action Logs to be cascaded as a part of implementation of revised Terms of Reference for Committees.
20. Group leadership teams need to ensure that clinical audit findings are actioned in a timely manner, with lessons learned shared Trust wide.	DON MD	April 2016	Documented standardised process for ensuring clinical audit findings are actioned in a timely manner and lessons learnt shared Trust wide agreed by GBM. Report presented to Q and P providing evidence that clinical audit findings are being actioned in a timely manner and lessons learnt are being shared Trust wide.	Ongoing Terms of Reference for Q and P reviewed in March 2016 to include assurance regarding clinical audit action plans. Revised Terms of Reference to CDT, Q and P and Board in April 2016.
3C. Does the board actively engage patients, staff, governors and other key stakeholders on quality, operational and financial performance?				
No action required				

Domain 4: Measurement				
4A. Is appropriate information on organisational and operational performance being analysed and challenged?				
21. Amend the Board and Committee cover sheet template to include: link to strategic objectives, potential areas of significant risk and forums at which the report has previously been received.	DCQA	April 2016	Linked to 12 New Board and Committee cover sheet agreed to include: link to strategic objectives, potential areas of significant risk and forums at which the report has previously been received. Supporting guidance to be issued.	New Board and Committee cover sheet highlighting risks to better support strategic risk discussions to be reviewed by Board in April 2016.
	DCQA	Oct 2016	Review sample of cover sheets.	
22. The Integrated Assurance Performance Report should be updated to include: <ul style="list-style-type: none"> Increased focus on exceptions to minimise the volume of the report; Defined thresholds for RAG statuses; Increased use of explanatory narrative for areas of underperformance or negative trend; and Increased oversight of Group performance and financial risk via the finance dashboard. 	DCQA	May 2016	Revise Integrated Assurance Performance Report (Month 1 reporting) for review by the Groups and CDT.	On Track
		May 2016	Revised Integrated Assurance Performance Report (Month 1) refined and shared with Board.	
		June 2016	Revised Integrated Assurance Performance Report introduced.	
4B. Is the board assured on the robustness of information?				
23. Introduce data quality kite marks to Board performance reporting to enable Board Members to have a clear line of sight of the underlying data quality of each indicator being presented.	DCQA	Sept 2016	Data quality kite marks introduced to Board performance reporting.	New timescale required-September 2016 An assessment of the kite mark requirements has enabled the identification of a work plan to support their introduction and Internal Audit are to provide support into this work.