

## Northumberland Tyne and Wear NHS Foundation Trust

### Board of Directors Meeting

**Meeting Date:** 23 November 2016

**Title and Author of Paper:** Well Led Review Action Plan –Update November 2016  
Lisa Quinn: Executive Director of Commissioning and Quality Assurance

**Executive Lead:** Lisa Quinn: Executive Director of Commissioning and Quality Assurance

**Paper for Debate, Decision or Information:** Information

**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. The final report and recommendations were discussed at the Board on the 27<sup>th</sup> January 2016.
- An Action Plan with designated leads and agreed timescales was subsequently developed and this paper provides an update on the agreed actions. The Board of Directors are asked to note the progress made in respect of the Action Plan.
- Work going forward will focus on completion of the outstanding actions with a view to the Action Plan, as a whole, being signed off in January 2017. Based upon the three year cycle for Well Led Reviews the Trust's next Review will be due in 2018.

**Risks Highlighted to Board:** None- work going forward to focus on completion of the outstanding actions with a view to the Action Plan, as a whole, being signed off in January 2017.

**Does this affect any Board Assurance Framework/Corporate Risks?:**  
**Please state Yes or No** Yes - Supports good governance

**Equal Opportunities, Legal and Other Implications:** Supports good governance

**Outcome Required:** The Board of Directors to note progress. Work going forward will focus on completion of the outstanding actions with a view to the Action Plan, as a whole, being signed off in January 2017.

**Link to Policies and Strategies:** Integrated Governance arrangements

**GOVERNANCE REVIEW WELL-LED FRAMEWORK  
RECOMMENDATIONS  
PROGRESS REPORT- NOVEMBER 2016**

<b>Domain 1: Strategy and Planning</b>				
<b>1A.Does the Board have a credible strategy to provide high quality, sustainable services to patients and is there a robust plan to deliver?</b>				
<b>Action</b>	<b>Lead</b>	<b>Time scale</b>	<b>Evidence of achievement</b>	<b>Update on Progress</b>
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.	New 5 Year Strategy deferred to November 2016, to align with NTWD STP and timetable for 2 Year Operational Plan. A rolling programme for the review of supporting strategies by the Board (commencing January 2017) to be presented to the Board at its meeting in November.
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 agreed by Board in April 2016.  <b>Action Closed</b>

**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"> <li>• All risks are linked to the strategy, aligned to Committees, and discussed at detailed intervals.</li> <li>• There is a trajectory of risk scoring; and</li> <li>• All appropriate fields are completed and actions are assigned to gaps in controls</li> </ul>	DCQA	Feb 2016	Revised BAF in new format presented to February Board and schedule of reporting agreed.	Revised BAF in new format presented to Board in February 2016. Risks have been mapped to Committees and are to be discussed with the Chairs of the Committees and Executive Leads.
		April 2016	BAF revised to reflect any changes as a result of Operational Plan 2016/17 risks presented to April Board.	<b>Action Closed</b>
		Sept 2016	New BAF in line with new Strategy to Board September 2016.	New 5 Year Strategy deferred to November 2016, to align with NTWD STP and timetable for 2 Year Operational Plan. New 5 Year Strategy to be presented to the Board 23 <sup>rd</sup> November 2016 alongside draft 2 Year Operational Plan. Risks associated with the 5 Year Strategy and 2 Year Operational Plan to be identified and updated BAF presented to Board Quarter 4 2016/17.
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 BAF and Corporate Risk Register ,reflecting the risks highlighted in the Trust's Operational Plan 2016/17 and Group red risks presented to Board April 2016 and September 2016. <b>Action Closed</b>

<p>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.</p> <p>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.(continued)</p>	DCQA	<p>April 2016</p> <p>April 2016</p> <p>April 2016</p>	<p>Terms of Reference agreed by CDT.</p> <p>Executive led Risk Group established.</p> <p>Revised BAF (as 3 above) to include modification of risk registers.</p>	<p>Terms of Reference agreed by Risk Management Sub Group April 2016. Terms of Reference for CDT have been the subject of review and the Terms of Reference for the Risk Management Sub Group are to be presented to CDT for formal approval.</p> <p>Achieved-first meeting of Group 7<sup>th</sup> March 2016 <b>Action Closed</b></p> <p>Revised BAF and Corporate Risk Register, reflecting the risks highlighted in the Trust's Operational Plan 2016/17 presented to Board April 2016 and September 2016. <b>Action Closed</b></p>
<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>	DCQA	<p>Feb 2016</p> <p>April 2016</p>	<p>Include post in Phase 2 Corporate Services Consultation</p> <p>Appointment to post and agreed work plan for 2016/17</p>	<p>Achieved <b>Action Closed</b></p> <p>Achieved <b>Action Closed</b></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.(continued)		Sept 2016	Revised Risk Management Procedure and Policy approved by CDT to include oversight and co-ordination of organisational risk management and associated training.	Risk Management Policy currently being reviewed having regard to research into best practice.
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.	DOF	April 2016	Quality impact assessments related to FDP schemes to be signed off, as a part of final Operational Plan, by CDT, FIBD and Board.	CDT Quality Group reviewed Quality Impact Assessments of FDP schemes April 2016.FDP schemes signed off by MD and DONOPS. Final Operational Plan approved by Board April 2016. <b>Action Closed</b>
		April 2016	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.	Terms of Reference for Resource and Business Assurance Committee approved by Board April 2016. <b>Action Closed</b>  Resource and Business Assurance Committee established. Assurance arrangements for quality impact assessments (pre and post implementation) in respect of Financial Delivery Plans and Business Developments to be embedded.
<b>Domain 2: Capability and Culture</b>				
<b>2A. Does the board have the skills and capability to lead the organisation?</b>				
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 Board Development Programme provided including “buddying” between NEDs and EDs.  <b>Action Closed</b>

<p>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.</p>	<p>CEO</p>	<p>April 2016</p>	<p>Discussions at Board Away Day regarding agreement on actions in response to the recommendations</p>	<p>Ongoing Board Development Programme provided. CQC Well Led Assessment(2016)- "Outstanding". 7 out of 8 Non Execs (including Chair) have been in post for less than 4 years. Strong field of applicants with the requisite skills for Non Executive Director vacancies. Career development plans for Executive Directors form part of individual appraisal discussions and the Chief Executive is confident that should any Executive Director decide to move on there would be strong candidates for the roles given the Trust's reputation and first rate Executive and Non Executive Team <b>Action Closed</b></p>
<p>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.</p>	<p>DON/ DOWOD</p>	<p>July 2016</p>	<p>Formalised succession plans documented and agreed for each Group Director role.</p>	<p>A range of actions are underway including Collective and Clinical Leadership Programmes. Work has also started to develop the Trust's Talent Management Approach with discussions at GBM and the OD Group and further actions with regard to succession plans will develop from this.</p>

**2B. Does the board shape an open and transparent and quality focused culture?**

No action required

<b>2C. Does the board help support continuous learning and development across the organisation?</b>				
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 New style Quality/Safety Report introduced-Achieved <b>Action Closed</b>  Work ongoing
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.	Work ongoing
<b>Domain 3: Process and structures</b>				
<b>3A. Are there clear roles and accountabilities in relation to board governance (including quality governance)?</b>				
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 Board Sub Committees and Strategy Working Group agreed by Board in April 2016. New cover sheet for Committees and Board introduced highlighting risks to better support strategic risk discussions. <b>Action Closed</b>  Assurance based reporting, use of the new cover sheets and Action Sheets to be embedded.
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	DCQA	April 2016	As above (12)	Membership of Committees reviewed April 2016. <b>Action Closed</b>

intervals to discuss work plans and forward agendas.	DDCC	April 2016	Chairs to discuss work plans and forward agendas	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.  <b>Action Closed</b>
14. A review of the Q and P Committee is required and specifically in regard to: <ul style="list-style-type: none"> <li>The agenda and forward plan to ensure a balance of standing items;</li> <li>The purpose of papers which should be assurance focussed and contain triangulated and thematic trend analysis;</li> <li>Sub groups should be streamlined with reporting links reviewed; and</li> <li>The role of the Committee in relation to risk.</li> </ul>	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  Standard agreed for presentation of information and papers to Q and P ensure focus on assurance agreed.  Sub groups to Q and P agreed by Q and P including Terms of Reference and agendas and forward plans.	Terms of Reference for Board Sub Committees and Strategy Working Group agreed by Board in April 2016. New cover sheet for Committees and Board introduced highlighting risks to better support strategic risk discussions. <b>Action Closed</b> Assurance based reporting, use of the new cover sheets and Action Logs to be embedded.  Terms of Reference, agendas and forward plans for Sub Groups to Q and P to be pulled together and aligned.
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.	CEO DCQA	April 2016	Linked to 12 and 13 above  Revised Terms of Reference for FIBD agreed by Board	Terms of Reference for Resource and Business Assurance Committee and Strategy Working Group agreed by the Board April 2016. <b>Action Closed</b>
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.	CEO	April 2016	Revised Terms of Reference for CDT, membership, agenda and forward plan agreed.	Revised Terms of Reference for CDT, membership and agenda agreed.  <b>Action Closed</b>



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.(continued)				Terms of Reference for Group Business Meeting reviewed and Business Delivery Group established. <b>Action Closed</b>
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.	CEO	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 Board Sub Committees and Strategy Working Group agreed by Board in April 2016. New cover sheet for Committees and Board introduced highlighting risks to better support strategic risk discussions. <b>Action Closed</b>  Assurance based reporting, use of the new cover sheets and Action Logs to be embedded.
<b>3B. Are there clearly defined, well understood processes for escalating and resolving issues and managing performance?</b>				
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.	Achieved <b>Action Closed</b>
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 cascaded as a part of implementation of revised Terms of Reference for Committees. <b>Action Closed</b> Assurance based reporting, use of the new cover sheets and Action Logs to be embedded.

<p>20. Group leadership teams need to ensure that clinical audit findings are actioned in a timely manner, with lessons learned shared Trust wide.</p>	<p>DON MD</p>	<p>April 2016</p>	<p>Documented standardised process for ensuring clinical audit findings are actioned in a timely manner and lessons learnt shared Trust wide agreed by GBM.</p> <p>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.</p>	<p>RPIW relating to clinical audit carried out. Action Plan in place. The Action Plan includes developing clear structures and processes for reporting, escalation and lessons learnt.</p> <p>The Terms of Reference for Q and P agreed by the Board in April 2016 includes assurance regarding clinical audit action plans. Q and P were updated in September 2016 on the outcome of the RPIW relating to clinical audit. The RPIW Action Plan includes developing clear structures and processes for reporting, escalation and lessons learnt.</p>
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**3C. Does the board actively engage patients, staff, governors and other key stakeholders on quality, operational and financial performance?**

No action required

<b>Domain 4: Measurement</b>				
<b>4A. Is appropriate information on organisational and operational performance being analysed and challenged?</b>				
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 highlighting risks to better support strategic risk discussions agreed by Board in April 2016. <b>Action Closed</b>
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.(continued)	DCQA	Oct 2016	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. Review sample of cover sheets.	Assurance based reporting, use of the new cover sheets and Action Logs to be embedded.
22. The Integrated Assurance Performance Report should be updated to include: <ul style="list-style-type: none"> <li>Increased focus on exceptions to minimise the volume of the report;</li> <li>Defined thresholds for RAG statuses;</li> <li>Increased use of explanatory narrative for areas of underperformance or negative trend; and</li> <li>Increased oversight of Group performance and financial risk via the finance dashboard.</li> </ul>	DCQA	May 2016	Revise Integrated Assurance Performance Report (Month 1 reporting) for review by the Groups and CDT.	Revised Integrated Assurance Performance Report introduced. <b>Actions Closed</b>
		May 2016	Revised Integrated Assurance Performance Report (Month 1) refined and shared with Board.	
		June 2016	Revised Integrated Assurance Performance Report introduced.	
<b>4B. Is the board assured on the robustness of information?</b>				
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.	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. Work ongoing.