Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 24th January 2018

Title and Author of Paper: Well Led External Review Action Plan Update and Planning for External Review 2018.
Julie Robson, Corporate and Quality Governance Manager

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

Paper for Debate, Decision or Information: Decision

Key Points to Note:

- The action plan from the external Well Led Review which was undertaken by Deloitte in 2015 is now complete and is being presented to Trust Board for final sign off. This is attached as appendix 1.

- Trust Board are asked to note that it is an NHS Improvement requirement that the Trust undertake an external well led review every three years, this process commences with a Trust self-assessment against the CQC Key Lines of Enquiry for the Well-Led Domain, this process will commence in February 2018 with a view to the external review taking place in September 2018 which is within the three year timescale for this work to be carried out.

Risks Highlighted to Board :

No significant risks.

Does this affect any Board Assurance Framework/Corporate Risks?
Please state **Yes** or **No: NO**
If Yes please outline

Equal Opportunities, Legal and Other Implications:
Supports Equal Opportunities

Outcome Required:
Trust Board to formally sign off the External Well Led Review Action Plan from 2015

Link to Policies and Strategies:
Strategic Objective-To provide high quality evidence based and safe services supported by effective integrated governance.

**GOVERNANCE REVIEW WELL-LED FRAMEWORK
RECOMMENDATIONS
PROGRESS REPORT - January 2018**

Action	Lead	Time scale	Evidence of achievement	Update on Progress
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?				
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.	Trust Board Development session on the Trust's 5 year strategy and 2 year operational plan was undertaken in December 2016. The Trust's 5 year strategy and Service Development Strategy 2017-2022 were approved at Trust Board in January 2017. Supporting strategies were presented to the Trust Board in a staggered timetable during 2017. **Action Closed**
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	Terms of Reference for Strategy Working Group agreed by Board in April 2016. **Action Closed**

Action	Lead	Time scale	Evidence of achievement	Update on Progress
			of intelligence.	
1B. Is the Board sufficiently aware of potential risks to quality, sustainability and delivery of current and future services?				
3. Review the BAF to ensure that : • 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.	Revised BAF in new format presented to Board in February 2016. Risks have been mapped to Committees have been discussed with the Chairs of the Committees and Executive Leads. **Action Closed**
		April 2016	BAF revised to reflect any changes as a result of Operational Plan 2016/17 risks presented to April Board.	**Action Closed**
		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 was presented to the Board 23rd November 2016 alongside draft 2 Year Operational Plan. Trust Board Development session on the 5 year strategy and 2 year operational plan was undertaken in December 2016. The Trust's 5 year strategy and Service Development Strategy 2017-2022 were approved at Trust Board in January 2017. Supporting strategies were presented to the Trust Board in a staggered

Action	Lead	Time scale	Evidence of achievement	Update on Progress
				timetable during 2017. Risks associated with the 5 Year Strategy and 2 Year Operational Plan identified and updated BAF presented was to Trust Board in May 2017. **Action Closed**
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 were presented to Board April 2016 and September 2016. **Action Closed**
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	April 2016	Terms of Reference agreed by CDT.	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.
		April 2016	Executive led Risk Group established.	Achieved-first meeting of Group 7th March 2016 **Action Closed**
		April 2016	Revised BAF (as 3 above) to include modification of risk registers.	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. **Action Closed**
6. Consider, as a Board, the risk resourcing and ownership requirements of the Trust to ensure appropriate oversight and co-ordination of	DCQA	Feb 2016	Include post in Phase 2 Corporate Services Consultation	Achieved **Action Closed**
		April	Appointment to post and agreed	Achieved

Action	Lead	Time scale	Evidence of achievement	Update on Progress
organisational risk management and associated training.		2016	work plan for 2016/17	**Action Closed**
		Sept 2016	Revised Risk Management Procedure and Policy approved by CDT to include oversight and co-ordination of organisational risk management and associated training.	The Trust's Risk Management Strategy was reviewed and approved by Trust Board in May 2017 and the Risk Management Policy has been reviewed and approved by Business Delivery Group in September 2017. **Action Closed**
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. **Action Closed**
		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. **Action Closed** 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 in place. **Action Closed**
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	Chair CEO	April 2016	Updated Board Development Programme agreed for 2016/17 including "buddying" between NEDs and EDs, and opportunities to learn	Ongoing Board Development Programme provided including "buddying" between NEDs and EDs.

Action	Lead	Time scale	Evidence of achievement	Update on Progress
organisations.			from other organisations.	**Action Closed**
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.	CEO	April 2016	Discussions at Board Away Day regarding agreement on actions in response to the recommendations	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 **Action Closed**
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.	DON/ DOW OD	July 2016	Formalised succession plans documented and agreed for each Group Director role.	The collective leadership restructure has strengthened career development opportunities/preparation for succession planning with the introduction of a Deputy Chief Operating Officer and Deputy Director of Nursing level post (Group Director for Safer Care). The second round of collective leadership programmes is currently underway and will culminate in a summit style event and a series of masterclasses for senior staff all of which underpins succession planning. **Action Closed**

Action	Lead	Time scale	Evidence of achievement	Update on Progress
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.	Revised actions agreed New style Quality/Safety Report introduced - Achieved **Action Closed**
			Documented methods for cascading learning and action points locally and corporately via GBM and Q and P.	Business Delivery Group (Safety) have responsibility for overview of all incidents etc, information is also taken through CDT prior to being taken for discussion at Trust Board. Trust Board routinely receives the new style Trust Safer Care Report. For cascading of learning the Trust operates CAS which is supported by Central Alerting System Policy NTW(O)17. Quality and Performance Committee have approved the establishment of a Learning and Improving from Practice Group which will become a formal sub group of Q&P. **Action Closed**
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.	Business Delivery Group (Safety) have responsibility for overview of all incidents etc, information is also taken through CDT prior to being taken for discussion at Trust Board. Trust Board routinely receives the new style Trust Safer Care Report. For cascading of learning the Trust operates CAS which

Action	Lead	Time scale	Evidence of achievement	Update on Progress
				is supported by Central Alerting System Policy NTW(O)17. **Action Closed** Quality and Performance Committee have approved the establishment of a Learning and Improving from Practice Group which will become a formal sub group of Q&P. **Action Closed**
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 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. **Action Closed** Assurance based reporting, use of the new cover sheets and Action Sheets to be embedded. Board and Committee cover sheets amended to highlight risks to better support strategic risk discussions. Amended front cover sheet and action sheet rolled out and in use by Board and Sub Committees. **Action Closed**
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.	DCQA	April 2016	As above (12)	Membership of Committees reviewed April 2016. **Action Closed**

Action	Lead	Time scale	Evidence of achievement	Update on Progress
Chairs of Committees should meet at defined 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. **Action Closed**
14. A review of the Q and P Committee is required and specifically in regard to: • 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 • The role of the Committee in relation to risk.	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 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. **Action Closed**
			Standard agreed for presentation of information and papers to Q and P ensure focus on assurance agreed.	Board and Committee cover sheets amended to highlight risks to better support strategic risk discussions. Amended front cover sheet and action sheet rolled out and in use by Board and Sub Committees. **Action Closed**
			Sub groups of Q and P agreed by Q and P including Terms of Reference and agendas and forward plans.	Terms of Reference, agendas and forward plans for Sub Groups to Q and P to be pulled together and aligned. **Action Closed**
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.

9

Action	Lead	Time scale	Evidence of achievement	Update on Progress
				Action Closed
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. **Action Closed** Terms of Reference for Group Business Meeting reviewed and Business Delivery Group established. **Action Closed**
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. **Action Closed** Assurance based reporting, use of the new cover sheets and action logs to be embedded. Board and Committee cover sheets amended to highlight risks to better support strategic risk discussions. Amended front cover sheet and action sheet rolled out and in use by Board and Sub Committees. **Action Closed**
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	CEO/ DOWOD	On going	Work ongoing as an integral part of OD Strategy and revised Communications Strategy.	Achieved **Action Closed**

10

Action	Lead	Time scale	Evidence of achievement	Update on Progress
mechanisms (potentially using worked examples for illustration)				
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. **Action Closed** Board and Committee cover sheets amended to highlight risks to better support strategic risk discussions. Amended front cover sheet and action sheet rolled out and in use by Board and Sub Committees. **Action Closed**
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.	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. **Action Closed**
			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.	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. The agreed action plan has been implemented and closed down. **Action Closed**

Action	Lead	Time scale	Evidence of achievement	Update on Progress
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 agreed by Board in April 2016. **Action Closed**
		Oct 2016	Review sample of cover sheets.	Board and Committee cover sheets amended to highlight risks to better support strategic risk discussions. Amended front cover sheet and action sheet rolled out and in use by Board and Sub Committees. **Action Closed**
22. The Integrated Assurance Performance Report should be updated to include: • 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 May 2016 June 2016	Revise Integrated Assurance Performance Report (Month 1 reporting) for review by the Groups and CDT. Revised Integrated Assurance Performance Report (Month 1) refined and shared with Board. Revised Integrated Assurance Performance Report introduced.	Revised Integrated Assurance Performance Report introduced. **Actions Closed**
4B. Is the board assured on the robustness of information?				

Action	Lead	Time scale	Evidence of achievement	Update on Progress
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. A methodology for utilising Data Quality Kite Marks has been incorporated into the Data Quality Policy, and kite marks have been introduced into the monthly Commissioning & Quality Assurance Report. **Actions Closed**