Board of Directors – Public

| Date: | 10 March 2021 | | Item Ref: | 08a |

TITLE OF PAPER	**Well-led Development Plan**
TO BE PRESENTED BY	David Walsh, Director of Corporate Governance
ACTION REQUIRED	To receive an update on progress against the actions within the Well-Led Development Plan (WLDP)

OUTCOME	To ensure Board members are aware of progress to date, actions which have been completed and those which remain in progress.
TIMETABLE FOR DECISION	Trust Board – 10 March 2021
LINKS TO OTHER KEY REPORTS / DECISIONS	CQC Inspection Report 2020 Assurance reports to the Quality Assurance Committee
STRATEGIC AIM STRATEGIC OBJECTIVE **BAF RISK NUMBER & DESCRIPTION**	Getting Back to Good BAF0002 – Well Led
LINKS TO NHS CONSTITUTION /OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	Health and Social Care Act 2008 (Regulated Activities) Care Quality Commission's Fundamental Standards Care Quality Commission's Enforcement Policy Mental Health Act 1983
IMPLICATIONS FOR SERVICE DELIVERY & FINANCIAL IMPACT	Failure to comply with CQC Regulatory Standards could affect the Trust's registration, negatively affect care delivery and require additional funding to address.
CONSIDERATION OF LEGAL ISSUES	Failure to comply with the Health and Social Care Act 2008 (Regulated Activities) and in particular the recent enforcement notice issued could leave the Trust open to further action by the CQC, with a potential financial and reputational impact.

Author of Report	David Walsh
Designation	Director of Corporate Governance
Date of Report	3 March 2021

1. Purpose

For approval	For assurance	For collective decision	To seek Input	To report progress	For information	Other (Please state)
				X	X	

To update the Committee on the actions required to respond to the CQC assessment of well-led at trust-wide level and to consider further actions to prepare for a well-led developmental assessment.

2. Summary

The number of actions forming the Well-Led Development Plan is proposed to reduce to 58 due to the amalgamation of three digital strategy-related actions into a single action requiring review of strategy requirements in this work area. This is detailed in paragraph 3.3 of this report.

Of the 58 actions, 16 were 'complete' at the last consideration of this report by Board. That has now increased to 38 (65.5%) at the time of writing this report. A further eight (13.8%) are anticipated to be completed by the end of this month, meaning 79.3% of actions will have been completed by the close of the 2020/21 year.

Of the remaining 12 actions, it is anticipated that five will be complete by the end of April, three by the end of May and the remaining four later in 2021.

It is not considered that any of the actions which will not be completed need to cause concern as Board has either been sighted on these or the reasons are due to external influences:
- Four of these relate to the strategy development work which Board has been heavily engaged with in recent months;
- Three are delayed due to the timing of committee meetings, with Audit and Risk Committee due to consider these matters in April which would bring them to a close;
- One relates to the Freedom to Speak Up work for which there was an opening presentation at a Board Development session this month to be followed up in the coming weeks;
- One relates to the Quality Improvement work which Board has been briefed on previously and which will be brought back to a session in the coming weeks for further discussion;
- One relates to a Safe Staffing Plan with a delayed completion arising due to NHSE recommendations on how to progress;
- Two are matters that are being reviewed by recently appointed senior colleagues (the Chief Digital Information Officer and Director of Quality).

The additional 21 items which have moved to green are discussed in section 3.2 of this report. Those which are on track for completion by the end of March are discussed in section 3.4, and those which are described in the bullet point list above are detailed more in section 3.5

3 Detailed analysis

3.1 Background

Audit and Risk Committee approved the Well-Led Development Plan (WLDP) in May 2020, and this was subsequently approved by Trust Board in June 2020. A partner to support delivery of the WLDP was contracted in July 2020 and work got underway in relation to the various actions from August

2020.

The WLDP is divided into 12 recommendations to prepare the organisation for a Well-Led self-assessment, with each broken down into a number for delivery. Each of the 12 areas has an Executive sponsor. There is some crossover between Well-Led actions and those arising from the Back to Good improvement programme..

3.2 <u>Items moved to 'green'</u>

Design an 18-month Board development programme to develop greater skills of scrutiny and challenge and build cohesion – the design phase was completed on time and the programme is well underway. The delivery element, by definition, will not close until Spring 2022.

Develop and communicate to Board a demonstration of the Trust leaders engagement with system leadership – this is now fully embedded and included in the Chair's reports to Board and Council of Governors, and the Chief Executive's report to Board. The Board Development Session in January 2021 where Board heard from system leaders was initiated by the Chief Executive and Chair.

Regular meetings of NED Chairs to share best practice, common issues - this has been superseded by the monthly meetings where these discussions are now taking place. Charis support for these meetings will end from the end of March 2021 but it is felt that the meeting is sufficiently well established that the development of these discussions will continue.

Formalised programme of Board visits and feedback to Trust Board – although further refinements to process and feedback may be necessary, it is felt that the principle, programme and process is now fully established.

Ensure Board discussion around system plans and development – a Board Development Session was held in January prompting further engagement of Board members with system developments.

Streamline and improve effectiveness of the Board and board committees – this is linked to the NED Development Programme which has been ongoing, the later item in relation to governance below Board (for which there is a paper on the agenda today), future changes proposed in terms of risk management, the introduction of a suite of new meeting templates including minutes, actions logs, agenda and report templates with effect from 1 April 2021, and training sessions that have been undertaken with report writers and equivalent briefings for Executive Directors.

Review governance arrangements below Board Committees – there is a report on today's agenda which, if approved, will close this matter with exception of minor details to be confirmed over subsequent rounds of committee meetings (such as some outstanding group terms of references) as explained in that report.

Review all trust policies to ensure they are up to date and in line with current best practice – the Policy Framework was agreed by Audit and Risk Committee and the policy governance processes are now well established, and due for review by Internal Audit during 2021/22. A situation where no policies were beyond their review date was achieved by December 2020 and has been sustained in January and February. The agreed Policy Framework requires evidence that best practice requirements have been considered, and assurance of how this is tested is undertaken at Board Committees.

Review and improve quality of incident reporting for Board Committees link through to Quality Report and performance indices – daily huddles implemented to ensure improved local working. IPQR now includes details about the numbers of outstanding incidents as well as fuller details on any catastrophic incidents.

Review and refresh Performance Management Framework – following approval of the framework by Board, the first round of performance management reviews were undertaken in February 2021.

Develop a Data Quality Report for the Board to consider – this ongoing piece of work alongside

the Integrated Performance and Quality Report is now considered to be established. It is anticipated that data quality/assurance indicators and will develop further into kitemarks as they the IPQR develops.

Review and develop the role of the People Committee and its underpinning governance and accountability structures – completed as part of work relating to governance structures detailed above; refreshed ToRs of all committees to follow in May.

Relationship with staffside to be further developed - Included in People Plan, the Chief Executive now chairs JCF to improve engagement, positive feedback received and minuted, partnership event now being planned to further embed this relationship.

Action plans in place and submitted to CQC for prof registration and DBS – this links directly to the completed Back to Good action TW6.

Performance management of actions resulting from staff survey - process for local ownership and actions has been established with limited success for 2019 staff survey. Learning from this resulting in proactive work to engage leaders – focused support provided. Model will be used for future staff survey for full implementation to ensure improved take-up.

Review and articulate the Board's attitude to risk and associated BAF and corporate risk register – considered as a Board Development Session in February and outcomes will be incorporated in the refreshed Risk Management Strategy for approval by Board in May.

Review and refresh the current structure of the corporate governance team to ensure there is sufficient capacity to address the workload relating to risk – recruitment complete in relation to management of Corporate Assurance and Corporate Affairs. Staff engagement underway in relation to wider restructure; financial impact approved as part of Business Case for 2021/22.

Improve effectiveness of relationship between Council of Governors (CoG) and the Board – Governors Development Programme nearing its conclusion but evident improvements at meetings and programme to further engage Governors in Board activity (including attending visits and committee meetings) approved at February CoG meeting.

Develop trust-wide approach to lessons learnt – Quality Assurance Committee considered a report in February detailing new approach to learning lessons. Further embedding to take place and reviewed accordingly but approach is confirmed.

Reorder capacity in Complaints Team including recruitment of Band 7 Complaints and Claims Manager – addressed as part of refreshed Corporate Governance structure detailed above. Complaints and Claims Manager recruited and commenced in post on Monday 22 February 2021.

Review and refresh assurance provided by Business Continuity Plans in light of the Covid-19 pandemic – a review has been undertaken which identified issues specifically in relation to the BCPs focusing on short-term issues rather than long-term ones such as the pandemic. Assurance provided as to the identification of issues although further work required to remedy this in the longer term.

Develop increasing engagement with external stakeholders – Board considered stakeholders at the Board Development sessions in February alongside proposals for future mapping. Board members are active in various partner bodies and the Clinical and Social Care Strategy is due to be considered by partner Boards as part of ongoing and developing engagement.

3.3   Items proposed to vary

In addition to the above, it is proposed that the following three items all be closed and replaced with a new single consolidated item:
- Review and refresh Business Information Strategy
- Review and refresh Data Quality Strategy
- Review and refresh Digital Systems Strategy

Following appointment of a new Chief Digital Information Officer, it is proposed that the above three items be replaced with a single action: ***Review existing digital and information governance documents and identify strategy requirements and revise accordingly by September 2021***.

3.4   <u>On track items due for completion by end of March 2021</u>

Review, relaunch and develop training support for NED Champions – the work to identify NED Champions and develop roles has been completed, along with the NED skills audit. The relaunch of the NED Champions will now follow.

Review and enhance role of Remuneration and Nomination Committees – this is a piece of work that it was agreed would be undertaken by Charis, and is on track for completion by the end of the month.

Develop an overarching Trust strategy on a page – this work has been developed at various Executive and Board Development sessions in recent months and is anticipated for imminent completion.

Develop and refresh OD Strategy – this is being prepared for consideration by the People Committee on 25 March 2021.

Review and launch the Corporate Governance Handbook – this work has largely been completed as the suite of meeting documents have been prepared and shared with the corporate administration team, and workshops have taken place. Consolidation into a single document is awaited but on track.

Mental capacity act compliance assurance for Board and relevant board committees – one outstanding internal audit action due for completion by the end of March 2021 is anticipated to be closed on time. There are remaining actions due for completion later in the year but these are also reported to be on track.

Alignment of staff survey results with People Strategy, OD Strategy and links with staff engagement - OD aspects to be incorporated in former OD Strategy (to be presented for approval to People Committee on 25 March) which will now be included in People Strategy. Staff Experience and Engagement Framework approved by People Committee in January.

3.5   <u>Items anticipated to be completed beyond 31 March 2021</u>

It approved, the new replacement action ***Review existing digital and information governance documents and identify strategy requirements and revise accordingly*** is proposed for completion by September 2021.

Other actions which will not be completed by the end of this month are:

Develop a strategy on a page for all enabling strategies – this work will be completed in line with the other related areas around strategy development and is expected to be <u>ready for approval by the end of August 2021</u>.

Demonstrate integration of strategy with wider system plans – this demonstration will be completed upon consideration of the strategy <u>by Board in May 2021</u>.

Ensure Board ownership of the Operational Plan – the Operational Plan is being developed alongside the strategy work and will be <u>presented to Finance and Performance Committee followed by Board in April 2021</u>.

Progress on delivery of strategic aims and priorities to be regularly reported to Board and Committees and their workplans aligned accordingly – this is linked directly to the above items and again depends on the approvals in the coming weeks. The monitoring tool for reviewing progress will be reviewed monthly and reported upwards. <u>Monthly reporting will be in place by the end of May 2021</u>.

Review and refresh Freedom to Speak Up Policy and implementation – following the Board Development session in February, the Board self-assessment is being planned and the refreshed approach <u>will be considered by end of April 2021</u>.

Align Annual Governance Statement with the internal control framework and corporate risk register – in accordance with statutory timescales, this document will be prepared for completion in May 2021 <u>with consideration by Audit and Risk Committee in April 2021</u>.

Review and refresh of GDPR compliance and escalation of non-compliance or breaches – on track to be <u>considered by Audit and Risk Committee in April 2021</u>.

Review and refresh the Risk Management Strategy, Policy & Procedure – introduced at Board Development Strategy in February, to be presented to Audit and Risk Committee in April and <u>approval by Board in April 2021</u>.

Review and re-launch Trust strategy for quality improvement – the work being undertaken by the National Collaborating Centre for Mental Health was introduced to Board last year and the study was undertaken up to January this year. A report back is due to be presented to Board in the coming weeks. This will prompt development of co-designed workstreams which it is proposed <u>to report back to Board by June 2021</u>.

Completion of the Safe Staffing CQC action plan – working with NHSE to develop a robust approach. Updates provided to Chairs of People and Finance and Performance Committees. Under recommendations from NHSE, <u>action plan completion anticipated to be in December 2021.</u>

Review and refresh Patient Experience Strategy to include clear reporting to Board on engagement and involvement of service users/staff/public – initial improvements documented at January 2021 meeting of Quality Assurance Committee with improved Patient Experience report noted. Director of Quality now working on developing an Engagement Strategy which will replaced the proposed Patient Experience Strategy described in the action, <u>by November 2021</u>

4   Next Steps

If the current analysis of timescales by Executive Directors remains the same, the timescales for completion of the Well-Led Development Plan will be as follows:

Today – 38 actions completed, 20 outstanding – 65.5%
31 March 2021 – 46 actions completed, 12 outstanding – 79.3%
30 April 2021 – 51 actions completed, 7 outstanding – 87.9%
31 May 2021 - 54 actions completed, 4 outstanding – 93.1%

It is recommended that Board considers a further update report at its workshop in June 2021, which will be one year after the Well-Led Development Plan was designed and 10 months after implementation commenced.

4   Required Actions

Receive the progress report and appendices.

5   Monitoring Arrangements

Through reporting to Board

6   Contact Details
David Walsh, Director of Corporate Governance
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WL1. Leadership understanding of priorities supported by a cohesive, visible board to implement improvements and hold executives to account	Review, relaunch and develop training support for NED Champions	Expected to be completed by end of March 2021	On track
	Design an 18-month Board development programme to develop greater skills of scrutiny and challenge and build cohesion	Complete	
	Develop and communicate to Board a demonstration of the Trust leaders engagement with system leadership	Complete	
	Quarterly meeting of Board Committee chairs to share best practice, issues, ensure cross communication is effective etc	Complete	
	Review and enhance role of Rem and Noms Committees	Expected to be completed by end of March 2021	On track
	Enhance programme of board visits and formalise feedback and resulting action taken	Complete	

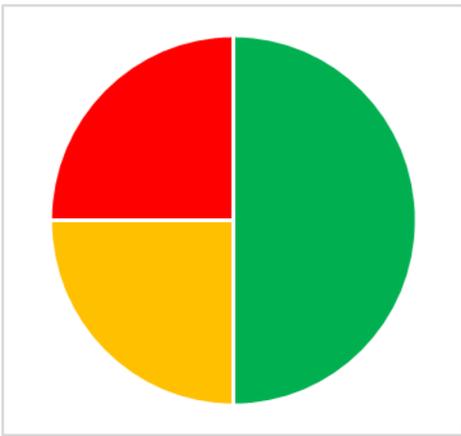| WL2. Alignment of Trust's strategy with underlying enabling strategies (quality, clinical, estates, IT (IT systems, telephony, patient record system), HR/OD) backed up with monitoring of strategic delivery	Develop an overarching Trust strategy on a page	Expected to be completed by end of March 2021	On track
	Develop a strategy on a page for all enabling strategies	Expected to be completed by end of August 2021	Delayed
	Review and refresh planning processes to ensure plans developed in collaboration with staff, partners and those that use services	Expected to be completed by end of March 2021	On track
	Demonstrate integration of strategy with wider system plans	Expected to be completed by end of May 2021	Delayed
	Ensure Board discussion has a focus on System Plans	Complete	
	Ensure Board ownership of the Operational Plan	Expected to be completed by end of April 2021	Delayed
	Progress on delivery of strategic aims and priorities to be regularly reported to Board and Committees and their workplans aligned accordingly	Expected to be completed by end of May 2021	Delayed

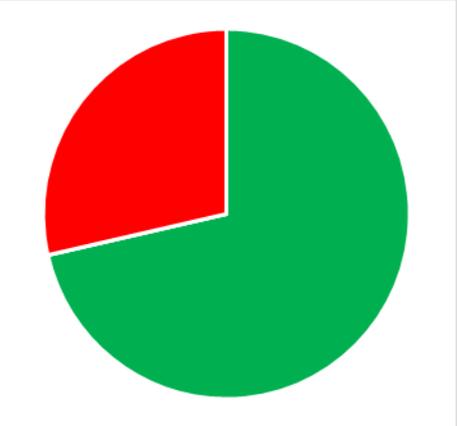| WL3. Board leadership and ownership of a culture of high quality sustainable care that relies on effective governance and embeds trust values from board to ward 	Input to board development programme on culture and OD development	Complete	
	Carry out an organisational diagnostic to support organisational change	Complete	
	Develop and refresh OD Strategy	Expected to be completed by end of March 2021	On track
	Develop and launch a Well-Being Strategy and associated action plans	Complete	
	Review and refresh Freedom to Speak Up Policy and implementation	Expected to be completed by end of April 2021	Delayed
	Review and refresh Inclusion and Diversity Strategy	Complete	

WL4. The trust must ensure that effective governance systems are in place to assess, monitor and improve the quality and safety of services.	Well Led Development Programme to be developed which addresses governance of risk, addressing CQC findings and building towards a wider review of well-led domains.	Complete	
	Streamline and improve effectiveness of the Board and board committees	Complete	
	Review and launch the Corporate Governance Handbook	Expected to be completed by end of March 2021	On track
	Align Annual Governance Statement with the internal control framework and corporate risk register	Expected to be completed by end of April 2021	Delayed
	Review governance arrangements below Board Committees to ensure effective working across all regulatory areas	Complete	
	Review all trust policies to ensure they are up to date and in line with current best practice.	Complete	

WL5. Quality assurance reporting through Board, board committees and governance below committees addressing safeguarding referrals, MCA compliance, mandatory training, supervision and appraisal compliance, safe staffing, medicines management, restraint & tranquilisation, incident reporting, care plans, mental health assessments, privacy and dignity, physical health monitoring, patient care records, s12 doctor delays, decision documentation 	Review and improve quality of Incident reporting for Board Committees link through to Quality Report and performance indices	Complete	
	Completion of the Safe Staffing CQC action plan	Expected to be completed by end of December 2021	Delayed
	Monthly Board Quality Report established and revised Performance Report (from April) to support Ward to Board reporting	Complete	
	Mental capacity act compliance assurance for Board and relevant board committees	Expected to be completed by end of March 2021 (note there are other Internal Audit actions that are not due until June 2021)	On track

Appendix 1

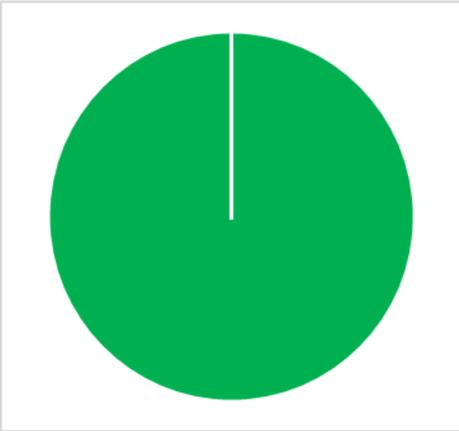| WL6. High levels of data quality and performance reporting are required to support effective challenge and to ensure that timely action is taken to address risks or poor performance (reduce waiting times, provision of psychology services)	Review and refresh Performance Management Framework	Complete	
	Develop effectiveness of performance reporting and information flows to the Board and committees.	Complete	
	Develop a Data Quality Report for the Board to consider	Complete	
	Review and refresh of GDPR compliance and escalation of non-compliance or breaches	Expected to be completed by end of April 2021	Delayed
	Review and refresh cyber security policies and procedures	Complete	
	Compliance check and refresh action plan in relation to the Data Security Protection Toolkit	Complete	
	Review and refresh Digital Information strategy requirements	Expected to be completed by September 2021.	Delayed

Appendix 1

WL7. Workforce/OD reporting through Board, board committees and governance below committees 	Review and refresh People Strategy	Complete	
	Review and develop the role of the People Committee and its underpinning governance and accountability structures	Complete	
	Relationship with staffside to be further developed.	Complete	
	Action plans in place and submitted to CQC for prof registration and DBS.	Complete	
	Refresh and relaunch Dignity at Work Policy	Complete	
	Alignment of staff survey results with People Strategy, OD Strategy and links with staff engagement	Expected to be completed by end of March 2021	On track
	Performance management of actions resulting from staff survey	Complete	
	Programme of staff stories for Board meetings	Complete	

Appendix 1

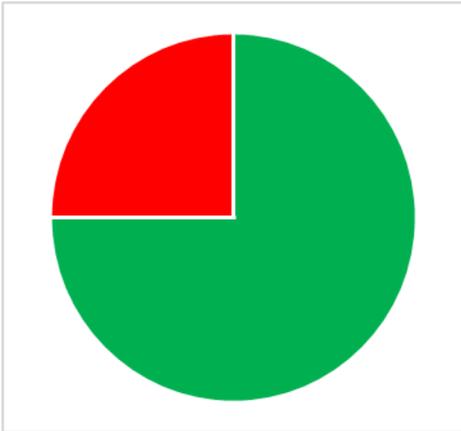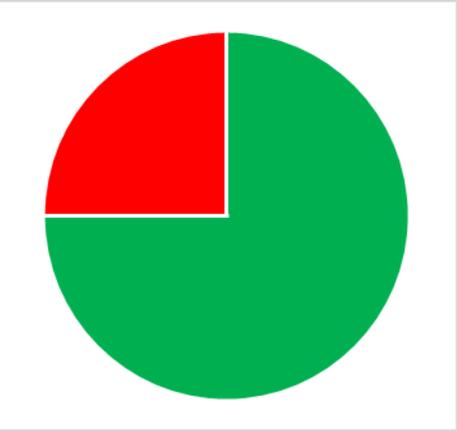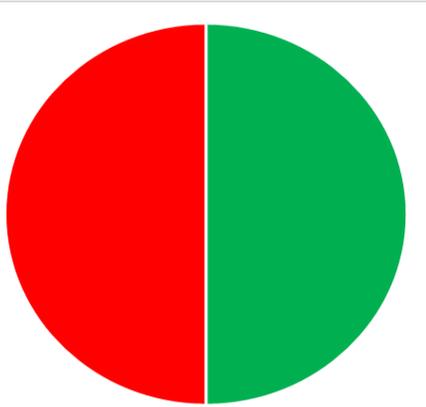| WL8. The trust must ensure that accurate and contemporaneous records are kept in line with the fit and proper persons regulation. 	Action captured in overarching recommendation	Complete

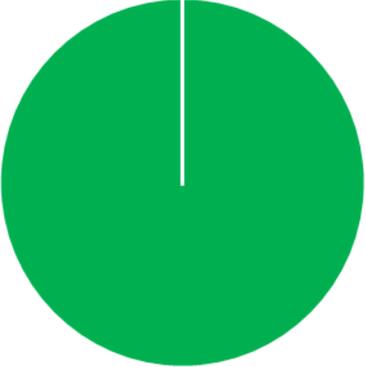| WL9. Review of risk management policy and governance structures to ensure the embedding of risk management processes including risk management plans, escalation of risks and moderation of risk scores (incl. fire risk, seclusion, patient need/suitability, ligature risks, blanket restrictions, estates strategy)	Review and refresh the Risk Management Strategy, Policy & Procedure	Expected to be completed by end of April 2021	Delayed
	Review and articulate the Board's attitude to risk and associated BAF and corporate risk register	Complete	
	Review and refresh the current structure of the corporate governance team to ensure there is sufficient capacity to address the workload relating to risk	Complete	
	Review and refresh assurance provided by Business Continuity Plans in light of the Covid-19 pandemic	Complete	

Appendix 1

WL10. Board assurance on engagement mechanisms in care planning, across staff groups and development of an effective working relationship with the Council of Governors 	Review and refresh Patient Experience Strategy to include clear reporting to Board on engagement and involvement of service users/staff/public etc. Focus Groups	Expected to be completed by end of November 2021	Delayed
	Improve board visibility across staff groups	Complete	
	Develop increasing engagement with external stakeholders	Complete	
	Improve effectiveness of relationship between Council of Governors (CoG) and the Board	Complete	

| WL11.

Greater awareness and embedding of trust methodology for continuous improvement, learning and innovation	Review and re-launch Trust strategy for quality improvement	Expected to be completed by June 2021	Delayed
	Develop trust-wide approach to lessons learnt	Complete	

Appendix 1

WL12. The trust must ensure that all complaints are monitored and responded to in a timely manner and in line with their own policy. 	Reorder capacity in Complaints Team including recruitment of Band 7 Complaints and Claims Manager	Complete
	Revision of Complaints Policy	Complete
	Review effectiveness of Fast-track complaints	Complete