

Board of Directors - Open

Date: 11 November 2020

Item Ref: 10

TITLE OF PAPER	Well-Led Developmental 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 11 November 2020
LINKS TO OTHER KEY REPORTS / DECISIONS	CQC Inspection Report 2020 Assurance reports to the Quality Assurance Committee
STRATEGIC AIM STRATEGIC OBJECTIVE	Getting Back to Good
BAF RISK NUMBER & DESCRIPTION	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	4 November 2020

Summary Report

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

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.

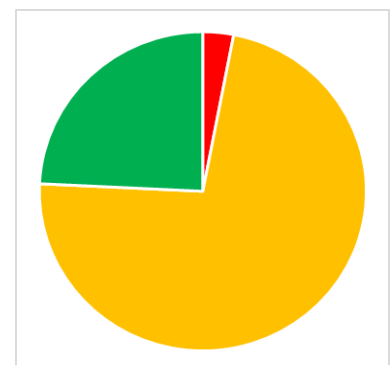
The WLDP is divided into 12 recommendations to prepare the organisation for a Well-Led self assessment, with each broken down into a number for delivery. Each of the 12 areas has an Executive sponsor. There is some crossover between Well-Led actions and those arising from the Back to Good improvement programme. These are cited as appropriate within Appendices 1 and 2.

Headline progress to date

Meetings have taken place in advance of this report between the Director of Corporate Governance and each of the Executive Directors who are sponsors of the work areas.

In total there are 59 actions arising from the 12 work areas.

Of these, 16 (27.1%) have been completed, 41 are underway (69.5%) and two (3.4%) have not yet been started. This is shown in the chart to the right, where **Red** is 'not started', **Amber** is 'underway' and **Green** is 'complete'.



Of those areas 'not started' – one cannot be commenced until we approach year end (in relation to the Annual Governance Statement content), and one (in relation to Remuneration and Nomination Committee arrangements) has not yet been prioritised.

The vast majority of actions are targeted for completion by the end of March 2021 or sooner (with the 18-month Board development programme and other development programmes among exceptions to that).

One work area is completed (WL8), two are majority completed (WL3 and WL12) and the others are at different stages as shown in the appendices.

Appendices

Appendix 1 provides a graphic snapshot of progress made in each of the 12 areas, with a short narrative summary of progress and detail of specific areas worthy of highlight (either due to completion or delay)

Appendix 2 provides more detail on progress against each of the actions and where they tie into other improvement work which is ongoing.

3 Next Steps

The Director of Corporate Governance will continue to meet periodically with Executive Director sponsors and action owners to monitor progress and report to Board as required.

4 Required Actions

Receive the progress report including the information within this covering report and the detail within the appendices.

5 Monitoring Arrangements

Through reporting to Board and Audit and Risk Committee.

6 Contact Details

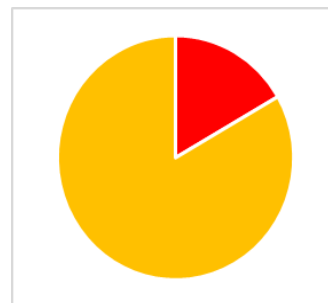
David Walsh
Director of Corporate Governance
david.walsh@shsc.nhs.uk

Appendix 1

WL1. Leadership understanding of priorities supported by a cohesive, visible board to implement improvements and hold executives to account.

6 actions, 5 underway, 1 not started, none yet complete

All commenced actions detailed in Appendix 2 considered to be on track. Single not-started action (relating to review of Remuneration and Nomination Committees) not subject to delay but not yet prioritised.



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

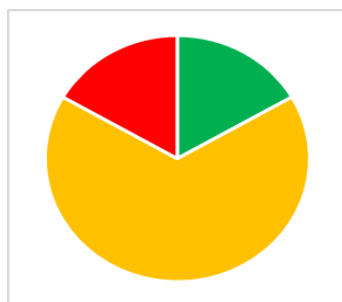
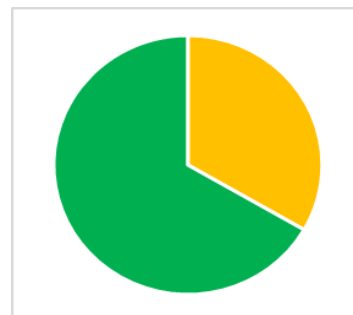
7 actions, all underway, none yet complete

Co-dependency on Trust Strategy and Operational Plan, all targeted for year-end in order to commence from 1 April 2021.

WL3. Board leadership and ownership of a culture of high quality sustainable care that relies on effective governance and embeds trust values

6 actions, all underway, 4 complete

Appendix 2 details work completed to date, all areas making good progress, OD Strategy and FTSU Policy areas still to be completed.



WL4. The trust must ensure that effective governance systems are in place to assess, monitor and improve the quality and safety of services.

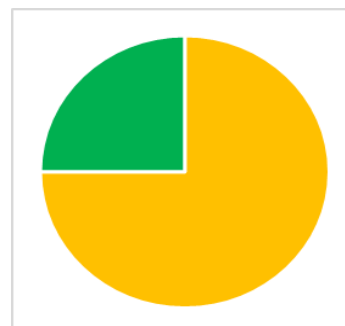
6 actions, 5 underway, 1 complete, 1 not started

Two areas (policy updates, arrangements below committees) due for imminent completion, all commenced areas on track, not started area cannot commence until nearer year end due to dependency on AGS timing.

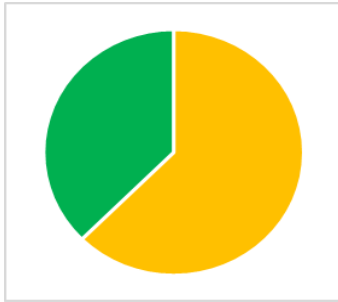
WL5. Quality assurance reporting through Board, board committees and governance below committees addressing safeguarding referrals, MCA compliance, mandatory training, supervision and appraisal compliance, safe staffing, medicines management, restraint & tranquilisation, incident reporting, care plans, mental health assessments, privacy and dignity, physical health monitoring, patient care records, s12 doctor delays, decision documentation

4 actions, all underway, 1 complete

Heavily linked to Back to Good action plans monitored separately, Well-Led actions on track as detailed in Appendix 2.



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)

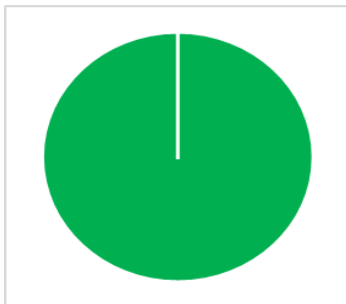
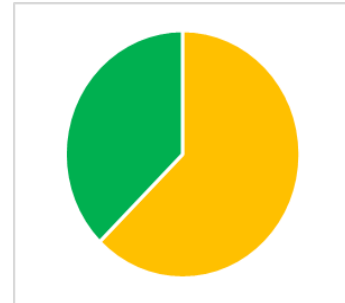
8 actions, all underway, 3 complete

Some risk of delay in relation to Digital Systems Strategy, to be informed and led by new IT Director

WL7. Workforce/OD reporting through Board, board committees and governance below committees

8 actions, all underway, 3 complete

As detailed in Appendix 2 – one live action due imminent completion (relating to professional registrations), all considered to be on track.



WL8. The trust must ensure that accurate and contemporaneous records are kept in line with the fit and proper persons regulation

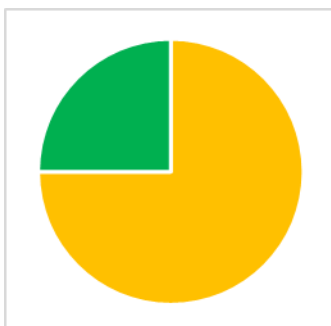
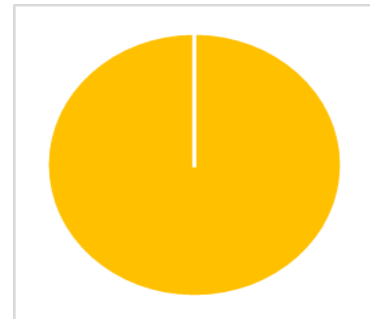
1 action, completed

Process/policy changes approved by Board in June following compliance confirmation by end of May.

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

4 actions, all underway

Linked to Board Development Programme, BAF-related actions due for completion in early 2021, risk register actions/policy updates by end of March 2021.



WL10. Board assurance on engagement mechanisms in care planning, across staff groups and development of an effective working relationship with the Council of Governors

4 actions, all underway, 1 complete

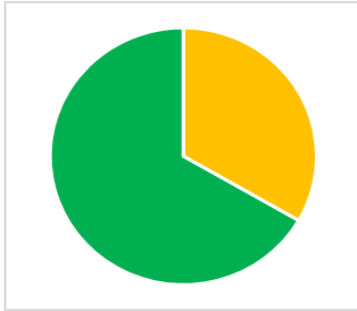
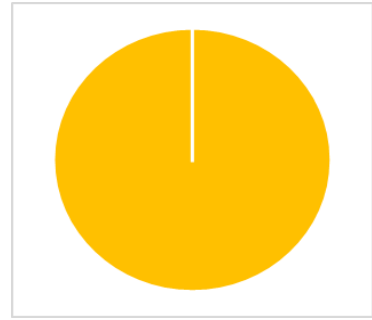
Close links throughout to items in WL1 (see Appendix 2 for details)

Appendix 1

WL11. Greater awareness and embedding of trust methodology for continuous improvement, learning and innovation

2 actions, both underway

See detail in Appendix 2.



WL12. The trust must ensure that all complaints are monitored and responded to in a timely manner and in line with their own policy.

3 actions, all underway, 2 complete

Directly linked to Back to Good Action TW11 – completed and signed off by Back to Good Board in October 2020. Remaining issue relates to recruitment as detailed in Appendix 2.

Appendix 2

<p>WL1.</p> <p>Leadership understanding of priorities supported by a cohesive, visible board to implement improvements and hold executives to account</p>	<p>Review, relaunch and develop training support for NED Champions</p>	<p>Focused NED development commenced in September 2020, supported by Julie Houlder. Work programme to included identification of gaps, development of clear description of roles and implementation of support/training needs for NEDs.</p>	<p>Underway</p>
	<p>Design and deliver an 18-month Board development programme to develop greater skills of scrutiny and challenge and build cohesion</p>	<p>Programme developed in August/September and initial session took place in October 2020. Increasing work around supporting understanding of role of unitary board, greater understanding of assurance and triangulation.</p> <p>COG Development programme approved by COG in October after resolution of previously agreed programme. Supporting work with governors to understand roles/relationships and opportunities.</p>	<p>Underway</p>
	<p>Develop and communicate to Board a demonstration of the Trust leaders engagement with system leadership</p>	<p>Included within Board Development programme</p>	<p>Underway</p>
	<p>Quarterly meeting of Board Committee chairs to share best practice, issues, ensure cross communication is effective etc</p>	<p>To be established through NED development work</p>	<p>Underway</p>
	<p>Review and enhance role of Rem and Noms Committees</p>	<p>Will tie into development of Board/COG.</p> <p>To include annual 360 degree appraisal and 1:1 arrangements fully established.</p>	<p>Not started</p>
	<p>Enhance programme of board visits and formalise feedback and resulting action taken</p>	<p>Well progressed, process for visits and reporting to Board now in place, System of feedback, lessons learned and 'You said, we did' to be further established.</p>	<p>Underway</p>

Appendix 2

<p>WL2.</p> <p>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</p>	<p>Develop an overarching Trust strategy on a page</p>	<p>Progress paper for Board in future meeting, targeting implementation of new strategy to be in place by 1 April. Timescale to be developed.</p>	<p>Underway</p>
	<p>Develop a strategy on a page for all enabling strategies</p>		<p>Underway</p>
	<p>Review and refresh planning processes to ensure plans developed in collaboration with staff, partners and those that use services</p>	<p>Processes re-drawn and agreed by BPG. Resultant bottom-up team level planning underway – team/service level business planning objectives were completed by 31 October 2010. Business plans being developed from BPG and on track for implementation by 2020/21.</p>	<p>Underway</p>
	<p>Demonstrate integration of strategy with wider system plans</p>	<p>Transformation Board up and running. Portfolio report considered by Finance and Performance Committee for the first time and due to be considered by Board in November. Performance Framework also approved by FPC in October and due for Board consideration.</p>	<p>Underway</p>
	<p>Ensure Board discussion has a focus on System Plans</p>	<p>To be incorporated into Board development programme</p>	<p>Underway</p>
	<p>Ensure Board ownership of the Operational Plan</p>	<p>Revised operational plan considered and agreed at Board session in October. Revised planning timescales being developed. Consideration of Board ownership to be included alongside BAF development work</p>	<p>Underway</p>
	<p>Progress on delivery of strategic aims and priorities to be regularly reported to Board and Committees and their workplans aligned accordingly</p>	<p>Priorities updated in October Board as part of future development of the plan. Two of three 20-21 priorities regularly reported to Board (Covid, Back to Good), third leg added with transformation agenda now included. Regular reporting to Board against full operational plan will be in place for 2021-22.</p>	<p>Underway</p>

Appendix 2

<p>WL3.</p> <p>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</p>	Input to board development programme on culture and OD development	Programme developed and roll-out has commenced.	Complete
	Carry out an organisational diagnostic to support organisational change	Undertaken and reported to Board Development Session in August; will inform future developments in line with agreed programme as appropriate.	Complete
	Develop and refresh OD Strategy	Work underway; due to be considered by People Committee in advance of Board	Underway
	Develop and launch a Well-Being Strategy and associated action plans	Incorporated into People Plan (see WL7). Well-being activity has commenced in line with action plans	Complete
	Review and refresh Freedom to Speak Up Policy and implementation	Changes underway to improve access and roll-out of FTSU Champions. Policy to reflect developing changes	Underway
	Review and refresh Inclusion and Diversity Strategy	Completed and reported in August 2020	Complete
<p>WL4.</p> <p>The trust must ensure that effective governance systems are in place to assess, monitor and improve the quality and safety of services.</p>	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.	Programme developed in May 2020, delivery partner contracted in early July 2020, roll-out commenced in August 2020	Complete
	Streamline and improve effectiveness of the Board and board committees	<p>Templates reviewed and being revised and work on consistency with support staff has commenced. Meeting software being procured to improve access to Board papers and functionality to support Board/committee members.</p> <p>Link to work on assurance/triangulation in Board</p>	Underway

Appendix 2

		Development programme (see WL1)	
	Review and launch the Corporate Governance Handbook	Review undertaken, further development work with support staff ahead of launch	Underway
	Align Annual Governance Statement with the internal control framework and corporate risk register	Linked to WL9. Cannot be delivered until AGS preparation commences towards 2020/21 year end	Not started
	Review governance arrangements below Board Committees to ensure effective working across all regulatory areas	Work undertaken for groups below committee in relation to FPC and ARC, work underway in relation to those below QAC and PC.	Underway
	Review all trust policies to ensure they are up to date and in line with current best practice.	Significant progress made on augmenting policy process improvements. Policy Framework agreed by ARC in October 2020 in 2020. Review of SOs and SFIs outstanding.	Underway

<p>WL5.</p> <p>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</p>	Review and improve quality of Incident reporting for Board Committees link through to Quality Report and performance indices	<p>Closely linked to Back to Good completed action TW9.</p> <p>Quality improved overall, reporting now captured and detailed provided in Integrated Performance and Quality Report. CQC noted general improvement following recent visit, though not yet fully embedded.</p>	Underway
	Completion of the Safe Staffing CQC action plan	Staffing reported and monitored weekly at Executive Director level. Significant improvements. Full safe staffing report to be considered	Underway
	Monthly Board Quality Report established and revised Performance Report (from April) to support Ward to Board reporting	Received at non-public session in October and at Board public session in November	Complete
	Mental capacity act compliance assurance	Closely linked to Back to Good action TW3.	Underway

Appendix 2

care records, s12 doctor delays, decision documentation	for Board and relevant board committees	Consent and capacity forms updated and awaiting clinical sign-off. IMST work completed in relation to changes to CAT form to ensure compliance. Audit timetable being developed. Issues raised in recent internal audit report being incorporated for next Back to Good consideration of TW3.	
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<p>WL6.</p> <p>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)</p>	Review and refresh Performance Management Framework	Framework has been to Board committees and is due for approval at November Board. Further refinements to be picked up separately through 20/21. Subject to annual review	Complete
	Develop effectiveness of performance reporting and information flows to the Board and committees.	Directly linked to development of IPQR. Ongoing development plan. Floor-to-Board outline plans also in place and being addressed separately.	Complete
	Review and refresh Data Quality Strategy	Plans in place to implement actions regarding data quality framework including data quality as a standing item on DIGG from November 2020 and assurance through ARC	Underway
	Develop a Data Quality Report for the Board to consider		Underway
	Review and refresh of GDPR compliance and escalation of non-compliance or breaches	Action plan in place, full assurance expected for year end, monitored through CIGG and ARC and as part of annual SIRO report	Underway
	Review and refresh cyber security policies and procedures	Completed and agreed by DIGG and ARC. Changes to security policies made	Complete
	Compliance check and refresh action plan in relation to the Data Security Protection Toolkit	Completed and agreed by DIGG and ARC. Initial limited assurance, working towards full compliance and assurance and awaiting toolkit requirements for next	Underway

Appendix 2

		year.	
	Review and refresh Digital Systems Strategy	To be further developed as part of overall organisational refresh, with input from newly appointed IT director	Underway

<p>WL7.</p> <p>Workforce/OD reporting through Board, board committees and governance below committees</p>	Review and refresh People Strategy	Approved by People Committee and Board in September 2020	Complete
	Review and develop the role of the People Committee and its underpinning governance and accountability structures	Changed membership, renamed, TOR updated, reporting groups being done of part of governance work (WL4) - to be reported to committee in November. Risks due to be refreshed before next People Committee meeting in January	Underway
	Relationship with staffside to be further developed.	Included in People Plan, Chief Executive now chairs JCF to improve engagement, positive feedback received, partnership event now being considered	Underway
	Action plans in place and submitted to CQC for prof registration and DBS.	Linked directly to Back to Good Action TW6 – expected to be signed off by Back to Good Board as completed November 2020	Underway
	Refresh and relaunch Dignity at Work Policy	Approved (Equal Opportunities and Dignity at Work Policy) in September 2020.	Complete
	Alignment of staff survey results with People Strategy, OD Strategy and links with staff engagement	Partially completed - alignment reflected in People Strategy and draft OD Strategy; awaiting OD Strategy finalisation to close.	Underway
	Performance management of actions resulting from staff survey	Process for local ownership and actions has been established, although there was not full-take up from all areas and this will be a target for improvement in future	Underway

Appendix 2

		years. Model will be used for future staff survey for full implementation.	
	Programme of staff stories for Board meetings	Included in Board Business Programme	Complete
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	Directly linked to Back to Good Action TW5. Completed by end of May 2020.	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	Reviews of risk management culture focused on team-level working undertaken (initially involved Forest Lodge, Forest Close, ATS, Dovedale, G1). This work will inform future review and refresh of policies by year end	Underway
	Review and articulate the Board's attitude to risk and associated BAF and corporate risk register	Initial discussion at Board Development Session in August, interim revisions to BAF imminent in relation to both Quality and People areas, focused piece of work ongoing with view to integrating the BAF (and CRR) into the consideration of business at committees.	Underway
	Review and refresh the current structure of the corporate governance team to ensure there is sufficient capacity to address the workload relating to risk	Corporate Assurance Manager recruitment underway, interviews scheduled for November 2020. Corporate Governance support role to be included in Business Case for restructure of wider service	Underway
	Review and refresh assurance provided by Business Continuity Plans in light of the	EPRR Core Standards report considered by Board in September identified BCPSs will need to be reviewed	Underway

Appendix 2

	Covid19 pandemic	for long term situations like Covid, as they target short term issues. The review is scheduled to take place in March 2021.	
<p>WL10.</p> <p>Board assurance on engagement mechanisms in care planning, across staff groups and development of an effective working relationship with the Council of Governors</p>	Review and refresh Patient Experience Strategy to include clear reporting to Board on engagement and involvement of service users/staff/public etc. Focus Groups	Regular reporting to Quality Assurance Committee, improvements being developed in relation to the content and breadth of patient experience reporting, strategy under development.	Underway
	Improve board visibility across staff groups	Regular Board visits augmented by Executive Team visits which commenced in October 2020.	Complete
	Develop increasing engagement with external stakeholders - e.g partners, Healthwatch, local authority stakeholder mapping/strategy, stakeholder survey	Initial work commenced – to be included in Board Development Programme (see WL1) to ensure insight from stakeholder engagement can support decision making around future strategic and organisational priorities	Underway
	Improve effectiveness of relationship between Council of Governors (CoG) and the Board	Included in development programmes for both Board and CoG (see WL1)	Underway
<p>WL11.</p> <p>Greater awareness and embedding of trust methodology for continuous improvement, learning and innovation</p>	Review and re-launch Trust strategy for quality improvement	Strategy runs until 2021. New Quality Director (starts December 2020) to work with QI team to revise/review or incorporate within Clinical Strategy. Due to commence work for preparedness assessment to deliver QI at scale – working alongside Royal College of Psychiatrists	Underway
	Develop trust-wide approach to lessons learnt	Learning improvements cited in various Back to Good areas, but absence of trust-wide assurance – to be completed	Underway

Appendix 2

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	Capacity improved with addition of administrative support staff. Complaints and Claims Manager recruitment in October 2020 was unsuccessful and new campaign due to restart. Complaints Officer due to return from maternity leave in January 2021	Underway
	Revision of Complaints Policy	Approved by Policy Governance Group in October 2020	Complete
	Review effectiveness of Fast-track complaints	Review completed. Fast-tracks ceased from 1 October 2020.	Complete