

Board of Directors – Public

Date: 26 May 2021

Item Ref: 8b

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), and activity relating to how this work is carried forward in 2021-22.

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 – 26 May 2021
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 (2020-21 BAF Risks – 2021-22 risks remain subject to approval)
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	19 May 2021

Well-led Development Plan

1. Purpose

For approval	For assurance	For collective decision	To seek Input	To report progress	For information	Other (Please state)
				X	X	
To update Board on progress against the Well-Led Development Plan and future direction.						

2. Summary

There are 58 actions relating to the Well-Led Development Plan. These have been managed through a variety of processes including those which have formed part of the Back to Good programme, reported separately on this agenda, those which have been developed and monitored through the People Plan, as well as the overall reporting to Board over the last 12 months.

38 actions (65.5%) were complete at the last consideration of this report by Board. That has now increased to 50 actions (86.2%). Of the remaining 8 actions, five had been previously reported to Board and are not yet due, while three are in exception. These are:

- **Review role of Remuneration and Nomination Committees** – this will be undertaken alongside other committee annual ToR reviews in June;
- **Review and launch the Corporate Governance Handbook** – the new template for reports has now been agreed alongside the various changes arising from the governance structure review. The content of the handbook is therefore complete but its consolidation into a single document will follow in June;
- **Review and refresh Freedom to Speak Up Policy** – this work has progressed well with the Board having undertaken its self assessment to help inform future developments. However, the timescale for the development of the action plan arising from this was reported to Audit and Risk Committee and agreed to come before Board in July.

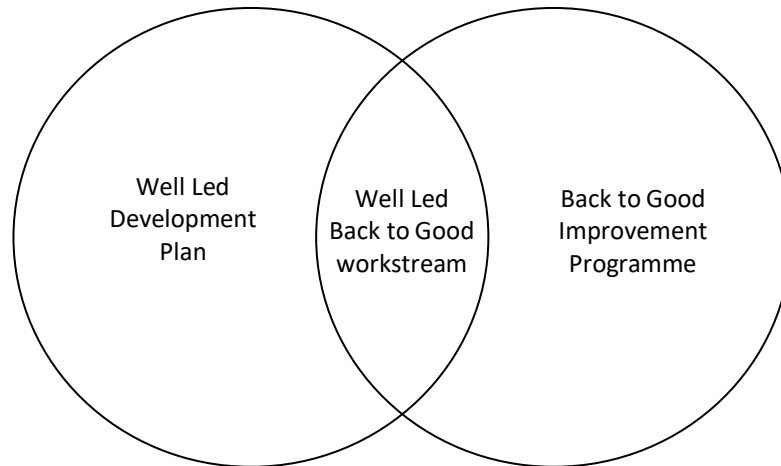
For completeness, the actions which were previously agreed as not yet due for completion are as follows:

Action	Due Date
Review and re-launch Trust strategy for quality improvement	On agenda today
Develop a strategy on a page for all enabling strategies	August 2021
Review existing digital and information governance documents and identify strategy requirements and revise accordingly	September 2021
Review and refresh Patient Experience Strategy to include clear reporting to Board on engagement and involvement of service users/staff/public	November 2021
Completion of the Safe Staffing CQC action plan	December 2021

3 Activity and triangulation

Links to Back to Good programme

Elsewhere on this agenda, Board will receive an update on the Back to Good programme, which it is fully intended to roll into Year 2 as we continue to seek improvements. The Well-Led workstream is a key part of this, with some crossover between actions which have been previously reported to Board.



Of the seven remaining actions on the Well-Led Development Plan, one also features separately on the Back to Good programme (in relation to safer staffing). It is proposed to continue monitoring the Well-Led Development Plan through Board, though any additional actions that may arise following the inspection currently being undertaken will obviously need to be taken into account across both programmes of work.

Links to Organisational Development

There are clear links between Well-Led and the Organisational Development work being undertaken, both in terms of that which is directly led from within the People Directorate, but more closely linked with that which is being shaped through our work on culture via leaders across the whole organisation.

Board gave consideration to this activity at the most recent Board Development Session. This took into account the focus that this area of work has received (refreshing our vision, values, aims and priorities), the Board-level leadership activity that has become embedded (board stories, visits, executive visits, leadership calls, our 'show and tell' approach) and the systems and processes that have been developed to support this (including Performance Framework, People Strategy and Plan, microsystems and governance restructure).

The Board Assurance Framework report on the agenda for this meeting draws a link between the previous BAF risk that was specifically focused on the risk of failing to make improvements within the Well-Led domain, and the new BAF risks relating to culture and leadership. Subject to approval, these risks will be monitored through the People Committee and reported to Board during 2021/22.

4 Next Steps

Board will receive a further update on progress against the Well-Led Development Plan at its meeting in July, by which point it is anticipated at least 53 of the 58 actions will be complete (91.4%) with the remaining actions anticipated to be on schedule and no actions in exception.

Board will have an understanding of the outcome of the inspection currently being undertaken by that stage, and will be better placed to consider any additional actions that may be required, and the appropriate vehicle for monitoring them as we move forward.

5 Required Actions

To receive the progress report, paying particular attention to the revised deadlines of the three items which are in exception, as highlighted in Section 2.

6 Monitoring Arrangements

Through reporting to Board

7 Contact Details

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