

**Trust Board
30 November 2017**

AGENDA ITEM NUMBER	15.3	
TITLE OF PAPER	Well Led Review Action Plan	
Confidential	NO	
Suitable for public access	YES	
PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN VIEWED		
Update paper submitted to Quality and Performance Committee on 16 November 2017.		
STRATEGIC OBJECTIVE(S):		
Best outcomes	Y	
Excellent experience	Y	
Skilled & motivated teams	Y	
Top productivity	Y	
EXECUTIVE SUMMARY		
	<p>This paper provides a summary of the key deliverables required to complete the actions to meet Deloitte's recommendations from the 2016 Well Led Review. The original completion date for October 2017 has been extended to April 2018 to accommodate more complex actions, dependent upon the Trust Strategy refresh including refreshing the governance and risk models.</p> <p>The original recommendations have been reported against in 5 areas of strategy setting, governance and risk management, performance framework and accountability, workforce organisation and development, and other areas. Because many actions are cross-cutting action leads are not included in the action table and the re-grouping of recommendations means action numbering within a category is not sequenced numerically as per the original external review report.</p> <p>The action plan is being monitored through Quality and Performance Committee.</p>	
RECOMMENDATION:	None made.	
SPECIFIC ISSUES CHECKLIST:		
Quality and safety	Y	
Patient impact	Y	

Employee	Y
Other stakeholder	Y
Equality & diversity	Y
Finance	Y
Legal	Y
Link to Board Assurance Framework Principle Risk	Y
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PRESENTED BY	Sue Tranka, Chief Nurse
DATE	23 November 2017
COMMITTEE ACTION	For noting.

1.0 Well Led Review action plan update 31 October 2017

		Key Deliverables
Strategy setting		
1.1 1.2 1.3	<p>Trust Workforce Strategy - <i>develop a comprehensive Trust Workforce Strategy which aligns with the Corporate Strategy.</i> This multi-professional strategy will incorporate recommendations on revising nursing and medical workforce strategies as a key component along with a strategic workforce plan within it. The Strategy will go to Trust Executive Committee (TEC) before Board.</p>	Workforce Strategy is on track to be submitted to Board in January 2018.
2 4	<p>Trust Strategy - <i>develop the current strategic objectives to ensure they are SMART and cascade to Divisions.</i></p> <p>Strategic planning resource - <i>consider whether further dedicated resource is required to support this exceptional strategic planning round.</i></p> <p>A refreshed organisational strategy has been developed following a Board Masterclass facilitated by McKinsey, and other developmental pieces have been Board-led resulting in a revised Board Strategy brought to October Board which was approved. Further development of the refreshed strategy including marketing and engagement to be undertaken by Verve Communications by end January 2018. Trustwide rollout to be completed by end April 2018.</p>	External work completed by January 2018 with rollout by end April 2018.
5	<p>Role of Surrey Heartlands Sustainability and Transformation Plan (STP) in Trust Strategy. <i>STP to play important but not overbearing role in the Trust's new strategy.</i> Trust Strategy refresh was informed by the STP direction, such as the Accountable Care System, balancing organisational independence alongside STP interdependency. Non-executive Directors (NEDs) participate with STP colleagues via a NED forum.</p>	Completed
6	<p>Strategic objective alignment with Divisions - <i>commission a benchmark review, by internal audit or otherwise, to establish the level of understanding and alignment of local objectives and corporate objectives. Undertake a follow-up review measuring process against baseline at an appropriate interval.</i> This objective is being achieved in a slightly different way. Strategic deployment will be supported by the engagement described above and is integral to our new business planning template.</p>	Closed

		Key Deliverables
Governance and risk management		
9	Risk Scrutiny Committee (RSC) Review - Review the purpose and frequency of the Risk Scrutiny Committee to ensure that its effectiveness is optimised as part of the refreshed Quality and Risk Management Strategy. The Committee's role is being considered as part of the wider redesign of governance which is in part being guided by the external consultancy 2020 who are working with the Trust on a re-design of our governance model, along with internal audit.	Due by end March 2018
10	Risk management oversight across Committees - ensure that there is appropriate oversight of risk management at Committee level with relevant Committee agendas to include the Trust Risk Register and the Board Assurance Framework as standing agenda items with increased frequency. Discussions around risk and mitigation plans should be comprehensively minuted by Committees. This is being addressed as part of action 9 above and also through the review of corporate governance model (including committees) underway at present. The internal audit report reviewing risk management will also inform future direction.	Due by end March 2018
3 8	Board Assurance Framework (BAF) - engage the Board in a refreshed approach to using the BAF and incorporate into strategy processes going forward. Consider further development of the BAF to bring in line with sector best practice. The integrated approach will be Trust Strategy final ratification, matching governance to this so the highest level of risk captures non-delivery against the Trust Strategy, finalising an integrated risk framework, rolling out the framework, and ensuring risk appetite per action 7 is aligned.	Jan 2018 deliverables as per action 7
7	Board risk appetite - Board to discuss and agree its current appetite to risk for inclusion in the refreshed Quality, Safety and Risk Management Strategy. 2 complementary strategic models describing risk and quality will be formulated by January 2018 (final drafts), with input from the Board risk appetite masterclass scheduled for January. When the final ratified Trust Strategy is available, the risk and quality models will be submitted for approval.	Final draft quality and risk strategic models formulated by end January 2018, submit for approval after Trust Strategy issued.
15	Divisional Director reports to Quality and Performance Committee (QPC) – introduce short, focussed written reports on key quality or performance issues from the Divisional Directors (DDs) for discussion by QPC. The format of divisional reports will be set once the QPC terms of reference and membership review is finalised in the new governance model.	January 2018

16.1	Audit Committee terms of reference (TOR) review - <i>revise the Audit Committee TOR against best practice guidance in order to address the gaps identified in the Well-Led Review Report. Board approved revised TOR in October 2017.</i>	Completed
16.2	Quality and Performance Committee TOR review - <i>revise the QPC TOR against best practice guidance in order to address the gaps identified. Underway.</i>	January 2018
16.3	Financial Management Committee (FMC) TOR review - <i>revise the FMC TOR against best practice guidance in order to address the gaps identified. Progressed at September 2017 FMC and submitted to September Board.</i>	Completed
17	Review NED representation on Board subcommittees <i>in the context of joint Committee membership, together with the framework and format of standing updates to the Board and between Committees, to optimise assurance from NED membership and written updates. Progressing as part of 2020 external review and governance model refresh.</i>	January 2018
24.1	Finance Report - <i>consider providing a separate summary Finance report to supplement the 'at a glance' information the Balanced Scorecard provides. This could be loosely based on the format of the Quality report to include a dashboard and supporting detailed narrative. Not agreed.</i>	Closed
11	Post implementation review of quality and safety impact of Cost Improvement Plans (CIPS) - <i>Introduce a systemised post-implementation review of quality and safety impact on a sample of medium to high risk CIPs. The output from the QSIA process should be reviewed by QPC as the responsible assurance committee. Interactive workshop to commence rollout held in November 2017. Progressing.</i>	Assurance to QPC by January 2018
25	QEWS Dashboard metrics - <i>consider inclusion of additional workforce metrics to the monthly QEWS dashboard and, furthermore, the value of adding the QEWS dashboard to the Board performance report. Further iterations of QEWS to be undertaken by February 2018.</i>	QEWS refresh to QPC by February 2018

		Key Deliverables
Performance framework and accountability		
18 19 20	<p>Performance and accountability framework - develop a performance and accountability framework in partnership with the divisional leadership teams, which clearly sets out the relative roles of key corporate management forums such as TEC, the responsibilities and accountabilities of clinical divisions and corporate teams as well as making clear the delegated authority devolved to divisions.</p> <p>Revise format of performance review meetings (PRMs) - revise the format of the PRMs in conjunction with the divisional leadership teams, so that they are in line with Performance and accountability framework.</p> <p>Report the key outcomes of PRMs to the Board or a NED-chaired committee.</p> <p>This will be incorporated within the 'performance governance' component of the Quality model in action 7.</p>	Quality model by January 2018 per action 7
27	<p>Kite marking system of data quality for performance metrics - consider the introduction of a kite marking system for assurance on the quality of data used for each performance metric. The Trust will pilot the "MerseyCare" system to assess how much assurance this actually adds. Some reservations exist over the subject nature of these kite marking systems. This is now in the Board Balanced Scorecard.</p>	Completed

		Key Deliverables
Workforce organisation and development		
24.2	<p>Workforce report - consider providing a separate summary Workforce report to supplement the 'at a glance' information the Balanced Scorecard provides. This could be loosely based on the format of the Quality report to include a dashboard and supporting detailed narrative. This will be incorporated in the Board template from the Workforce and Organisational Development (WOD) Committee per action 17.</p>	Subcommittee update finalised January 2018
23	<p>Process for raising concerns under Freedom to Speak Up and Whistleblowing policy - ensure the process for raising concerns is communicated to staff as a matter of urgency and the Whistleblowing policy is fully developed and approved as a priority, ideally prior to the national deadline in March 2017.</p>	Complete

12	Board level succession planning - <i>introduce explicit and formal succession planning in relation to Board positions. Internal development programme well developed. Board contingency planning to be formalised in a summary document.</i>	March 2018 for Board contingency plan
13	Structured programme for Board member visits - <i>introduce a structured programme of visits throughout the year for Board members that covers both sites and clinical and non-clinical areas. On track.</i>	December 2017 for programme finalisation
14	Review of posts not substantively filled relating to proposed merger resourcing <i>ensure those roles that have not been substantively filled due to the proposed merger plans (particularly governance roles) are reviewed and, where necessary, substantive recruitment is progressed.</i>	Workforce supported co-design approach by January 2018
22	Staff feedback - <i>consider other methods of gaining staff feedback beyond the Staff Friends and Family Test score and National Staff Survey. This may help to identify hotspots which may be contributing to the Trust's staff retention issues. Initiatives include Sounding Board, Darzi fellowships, walkabouts, Junior Doctors' Forum.</i>	Outcomes shared by end Q4

		Key Deliverables
Other areas		
26	Electronic patient record (EPR) - <i>prioritise the outlining of an indicative timescale for the implementation of an EPR system in line with the Digital Strategy. The timescale has been set as April 2020.</i>	Complete
21	Interim patient experience link person - <i>consider appointing a senior individual as the interim link to liaise with patient representatives until a new Head of Patient Experience and Involvement can be appointed. Closed as new post-holder has been appointed.</i>	Complete