

Capsticks: Well-led Review: November 2015

Recommendation	Accept	Partially Accept	Reject	Comments
1. We recommend that the Chairman and Chief Executive, in consultation with the Board, consider the findings outlined within this report and support the Assistant Chief Executive to develop an implementation plan to address the points raised. The implementation plan should clearly outline how the Board proposes to implement our recommendations and set out how the Board will monitor progress.	✓			Paper to January TEG and Board of Directors
2. Ensure that there are dedicated sessions allocated in the Board Development programme to strategic, big picture thinking about the next ten years for the Trust.		✓		The 'how' to be addressed in phase 2 of the well-led review looking at Strategy and Planning capability and culture.
3. Review the risk around Board stability and continuity and establish a clear succession plan for Board roles, particularly in relation to Executive Director positions. Ensure this succession plan considers the diversity required to ensure the Board comprises a richness of talent, skills and experience pertinent to a large community based public sector organisation.	✓			2015/16 Appraisals to feed into Nomination and Remuneration Committee on 17 May 2016.
4. Review the Executive Director and Non-Executive Director membership of each of	✓			Review to be completed prior to start of 2016/17 financial year.

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<p>the Board Committees with a view to releasing Board member time to facilitate better engagement with staff and patients within the Trust and enhance Board visibility. Within this review, give consideration to the Trust Chairman relinquishing formal membership of the Committees to facilitate his arm's length independent assessment of Committee effectiveness. This would enable the Chairman to test that effectiveness by attending Committee meetings periodically. There should also be consideration within this review to ensuring that there is one Non-Executive Director who is both a member of the Finance, Performance & Workforce Committee and Healthcare Governance Committee, to strengthen the connection between these two Committees.</p>				<p>'Welcome to my world' programme for all Board members to be further developed for implementation in 2016/17.</p>
<p>5. Implement a series of changes to Board and Board Committee business to further enhance its current strong position and ensure it is consistent with current best practice. This should include using action logs alongside the minutes of all Committees to improve tracking of progress against agreed actions and updating of terms of reference of Board Committees to reflect their current membership.</p>	✓			<p>Action logs to commence from April 2016 for Board and all its Committees.</p>
<p>6. Update and review the Terms of Reference of the Healthcare Governance Committee to ensure there are explicit links and close</p>	✓			<p>To be completed prior to the start of 2016/17 financial year.</p>

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<p>working with the Audit Committee and the Finance, Performance & Workforce Committee; that it references the need to influence the work of Internal Audit; and approve the Terms of Reference of sub-committees that report into it. Ensure the Healthcare Governance Committee agenda focuses on fewer items, perhaps by using its sub-committees to undertake some of its work.</p>				
<p>7. Update and review the Terms of Reference of the Audit Committee to ensure there are explicit links and close working with Healthcare Governance Committee and that it references the need to oversee staff raising concerns and whistleblowing.</p>	✓			<p>Board to agree in January 2016 where responsibility for overseeing 'raising concerns at work' sits.</p>
<p>8. Update and review the Terms of Reference of the Finance, Performance & Workforce Committee to ensure there are explicit links and close working with Healthcare Governance Committee.</p>	✓			<p>To be completed prior to start of 2016/17 financial year.</p>
<p>9. Undertake at the Audit Committee deep dive sessions into emerging risks within Executive Director portfolios.</p>	✓			<p>To link with introduction of Integrated Risk and Assurance Report (IRAR) from April 2016 onwards.</p>
<p>10. Review the Corporate Strategy, five-year Directorate Strategies and Quality Strategy to ensure they are consistent with one another and clearly aligned around the Trust vision, values and strategic objectives and goals.</p>		✓		<p>To be preceded by Board clarity about thinking and acting strategically / further refresh of strategy post-CQC and Deloitte's work.</p>

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11. Strengthen the Board oversight of directorate performance by introducing a rolling programme where each directorate senior leadership team presents to the Board on its main challenges, risks and successes.			✓	Too onerous and better done by exception at Finance, Performance and Workforce Committee.
12. Review the annual Clinical Audit and Internal Audit programmes alongside one another to identify and eliminate any duplication or gaps. Ensure that the design and development of both these annual programmes engage effectively with directorate clinical staff.	✓			A joint task for Healthcare Governance Committee and Audit Committee.
13. Consider the use of patient stories and staff stories at public Board meetings to enhance the Board's current strong focus on quality.		✓		Existing Board agenda items appropriately address this recommendation
14. Consider embedding the current staff engagement initiatives such as Listening into Action into a broader Staff Engagement and Communication Strategy. This is recommended within the context of the broader review of the Well-Led Framework, specifically the Strategy and Planning, and the Capability and Culture domains. The Trust should evidence a clear focus on staff experience and provide granular information wherever possible. For example, provide the Board with the free text comments from the annual NHS Staff Survey.		✓		The Trust already has a Staff Engagement and Communication Strategy. The next step is a refreshed OD Strategy with underpinning management arrangements.

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15. Consider establishing a development programme for the Council of Governors.	✓			Build on annual Governor's Time-out and current induction programme.
16. Prioritise Board member visits to clinical and staff areas so that there is regular contact with and understanding of staff and patient concerns and issues. This would include the 'Welcome to my World' visits, unannounced visits by individual Board members and 'Back to the Floor' style visits. Ensure the Board is able to reflect and discuss staff, patient and visitor issues thus highlighted, by considering the best way to capture this intelligence formally on Board and Committee agendas. Further enhance Board visibility by ensuring more regular Non-Executive Director attendance at Council of Governor meetings.	✓			Need to agree what Board members will stop doing to create the time for these important activities.
17. Ensure the Board completes the review of 'Freedom to Speak Up' including the revision and update of the Trust Raising Concerns at Work Policy. Ensure the policy is fit for purpose and accessible.	✓			Completed.
18. Ensure each of the four Board Committees presents a short summary report after each of its meetings to present to the next public Board meeting, concisely highlighting the key risks, issues and level of assurance provided.		✓		How to integrate this with the current 'issues for the Board' in an efficient manner.
19. Ensure a consistent and robust approach to tackling directorate underperformance by ensuring lessons learned from	✓			An area of focus for the Service Improvement Director.

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underperformance in one directorate is transferred to others.				
20. Ensure the Internal Audit Data Quality Action Plan is fully implemented and tested for effectiveness. Use the Internal audit programme to undertake data quality audits in specific service and directorate areas.	✓			
21. Consider additional and appropriate ways of providing more benchmarking data in both the integrated performance report and for Healthcare Governance Committee reporting.	✓			? Develop Shelford benchmarking as an alternative to provincial teaching hospitals.

NR/13/1/16