

**Executive Summary**  
**Report to the Board of Directors**  
**Being Held on 27 September 2022**

<b>Subject</b>	Healthcare Governance Review – Response to Recommendations
<b>Supporting TEG Member</b>	Jennifer Hill, Medical Director (Operations)
<b>Author</b>	Lisa Howlett, Deputy Head of Patient and Healthcare Governance
<b>Status<sup>1</sup></b>	A

**PURPOSE OF THE REPORT**

The purpose of this report is to provide the Board of Directors with a response to the recommendations made in the Healthcare Governance Review, conducted by the Good Governance Institute.

**KEY POINTS**

Following the Care Quality Commission (CQC) inspection of Maternity Services in March 2021, which suggested that there were some weaknesses in the Trust’s governance systems, a Trust-wide governance review was commissioned to identify good practice and provide a view on areas for improvement. The review was undertaken by the Good Governance Institute (GGI) and focused on a number of CQC well led key lines of enquiry (KLOEs).

The review was undertaken during January to April 2022, and included:

- A review of documentation including governance structures, Board and Healthcare Governance Committee papers, the Integrated Risk and Assurance Report and relevant policies.
- Interviews with key corporate staff including Chair, Chief Executive, Chair of the Quality Committee, relevant Executive Directors and senior corporate staff with roles in healthcare governance.
- Observation of the Healthcare Governance Committee.
- Interviews with the triumvirates of a sample of directorates.

The review identified a number of areas of good practice and included 32 recommendations to support the Trust to strengthen the current arrangements. The headline findings were presented at the Trust Board of Directors development session and recommendations have now been considered, along with links to the CQC findings, by relevant organisational lead(s), who have provided the attached response. Each recommendation has been RAG-rated as follows:

- Green – short-term (within 3 months) action required/action already in progress.
- Amber – medium term (within 3-6 months) action required.
- Red – action may be required in the longer term or action not required.

Following approval of the response it is proposed that progress is monitored by the Quality Committee via a quarterly progress report.

**IMPLICATIONS<sup>2</sup>**

<b>Aim of the STHFT Corporate Strategy</b>		<b>✓ Tick as appropriate</b>
1	Deliver the Best Clinical Outcomes	✓
2	Provide Patient Centred Services	✓
3	Employ Caring and Cared for Staff	
4	Spend Public Money Wisely	
5	Create a Sustainable Organisation	
6	Deliver Excellent Research, Education & Innovation	

**RECOMMENDATIONS**

The Board of Directors are asked to consider the response and approve the actions identified in relation to each of the recommendations and monitoring arrangements via Quality Committee.

## APPROVAL PROCESS

Meeting	Date	Approved Y/N
Trust Executive Group	24/08/22	Y
Trust Board	27/09/22	
Quality Committee	03/10/22	

<sup>1</sup> Status: A = Approval  
A\* = Approval & Requiring Board Approval  
D = Debate  
N = Note

<sup>2</sup> Against the six aims of the STHFT Corporate Strategy 'Making a Difference – The next Chapter 2022-27'

Good Governance Institute – Healthcare Governance Review – Recommendations Review and Response

Recommendation	Link to CQC	Lead	RAG	Response
<b>KLOE 3 – Culture of high-quality sustainable care</b>				
<p><b>Recommendation 1: the effectiveness of leadership and delegation in the Trust should be strengthened by improving processes for delegation and involvement of directorates in corporate decision-taking.</b> Specifically, we recommend agreement on:</p> <ul style="list-style-type: none"> <li>• how directorate leaders can be more formally involved in strategic decision taking.</li> <li>• development of a scheme of delegation that outlines what decisions should be made by directorates and where decisions should be referred to the Trust Executive Group (TEG).</li> <li>• how directorates are involved in presenting items referred to TEG to increase real-time feedback and active participation in decision taking.</li> </ul>	<p>The report identifies concerns “with the management of information and escalation of risks within the devolved leadership model namely ward, directorate and care group management teams and within the unitary board”.</p>	<p>Mark Tuckett, Director of Strategy and Planning</p>		<p>This recommendation will be taken forward in the longer term. The additional time allocation will enable a more robust review of the Trusts governance and delegation arrangements informed by triangulation of feedback following Care Groups attendance at TEG, which are due to begin in October 2022 and the outcome of the Well-led review being undertaken by Audit One in September and October 2022.</p>

Recommendation	Link to CQC	Lead	RAG	Response
<p><b>Recommendation 2: a detailed review of the Trust’s Freedom to Speak Up (FTSU) arrangements should be taken forward using the self-review tool published by NHSE/I and other available guidance.</b></p> <p>Specifically, we recommend the following actions:</p> <ul style="list-style-type: none"> <li>• a specification for a FTSU guardian who is not a staff governor and can be dedicated to the specific role should be appointed.</li> <li>• a regular reporting cycle by the FTSU guardian should be set by the Board, including identifying learning from concerns raised and suggested actions which result. Reports should be presented by the guardian to the Board in person.</li> <li>• a strategy and action plan to improve the FTSU culture and profile of the guardian in the Trust should be commissioned on behalf of the Board.</li> <li>• revising the policy to reflect the new arrangements.</li> </ul>	<p>“Should do” recommendation</p>	<p>Mark Gwilliam, Director of HR</p>	<p style="background-color: yellow;"></p>	<p>There is a commitment to review the FTSU Guardian model at STH. The Director of HR and Staff Development, HR Operations Director, Head of Operational HR, HR Business Partner Lead and the three current Guardians are meeting to discuss an alternative approach for the FTSU Guardian role. Information on the role/approach taken by other Trust’s has been collated to support this discussion and support is being provided by NHS England.</p> <p>In the meantime:</p> <ul style="list-style-type: none"> <li>• It was agreed on 5 July 2022 that the Guardians would present the FTSU quarterly and annual report at the relevant meeting of the HR &amp; OD Committee from September 2022 onwards. The report includes information on outcomes, learning and actions from closed cases.</li> <li>• A Communication strategy has been agreed for 2022/2023 and an overarching FTSU strategy will be developed.</li> </ul> <p>In addition, a review of the Freedom to Speak Up Policy will take place in line with the national guidance issued in June 2022 for all Trusts to review and update their Policies to reflect the new national FTSU Policy template by the end of January 2024. The current STH Policy was revised and reissued in February 2022 and is not due for review until November 2024. The review will therefore be brought forward.</p>

Recommendation	Link to CQC	Lead	RAG	Response
<p><b>Recommendation 3: A succinct report from the Safety and Risk Forum to the Safety and Risk Committee setting out key matters that require alerting, assurance and advice should become part of the regular reporting cycle to the Committee.</b> Consideration should be given to the “3As” report approach and template set out in Appendix C of the report.</p>	<p>Links to general theme related to escalation</p>	<p>Sue Butler, Head of Patient and Healthcare Governance</p>		<p>Matters which require alerting to the Safety and Risk Committee will be highlighted in the Safety and Risk Forum minutes under the agenda item ‘Items to bring to the attention of the SRC’ from September 2022.</p>
<p><b>Recommendation 4: The responsibility for each care group representative on the Safety and Risk Forum to share cross-cutting learning and good practice within their respective directorate governance meetings should be reinforced and reviewed on a regular basis.</b></p>	<p>Link to “must do” recommendations relating to learning following incidents</p>	<p>Sue Butler, Head of Patient and Healthcare Governance</p>		<p>The audit, planned for September 2022, of Directorate Governance meeting minutes against the requirements of the Quality Governance Framework will include assessment of whether cross cutting learning and good practice from Safety and Risk Forum this been shared.</p> <p>In addition the Terms of Reference for Safety and Risk Forum will be reviewed to emphasise responsibility of members to share learning. This will be completed by December 2022.</p>
<p><b>Recommendation 5: In order to further enhance the information relating to incidents currently presented to the Board, the agenda should include a scheduled item which allows regular deep dive discussion around incidents and related performance against key metrics, learning, themes and national policy updates.</b></p>	<p>Links to theme related to board receiving relevant information to enable discussion, challenge and understanding of risks</p>	<p>Sue Butler, Head of Patient and Healthcare Governance</p>		<p>In line with the transition to the Patient Safety Incident Response Framework, the Board will be required to approve the Patient Safety Incident Response Plan and thereafter, the Board will agree the annual review of the plan. This process will ensure that the Board is sighted on information regarding incident themes, trends and performance and will inform a programme of regular deep dive discussions.</p> <p>It is expected that the Trust will publish its first Patient Safety Incident Response Plan in September 2023.</p>

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<p><b>Recommendation 6: More structured guidance/training should be developed for directorates on the effective use of available data to identify themes, trends and learning from incidents in their individual governance meetings.</b></p>	<p>Link to “must do” recommendations relating to learning following incidents</p>	<p>Sue Butler, Head of Patient and Healthcare Governance</p>		<p>The Quality, Safety and Risk Dashboard is now in place and continues to be developed to support easy access to, and review of, directorate-level data.</p> <p>The Trust Quality Improvement Matron will be regularly visiting wards and departments and will use this as an opportunity to provide staff with support and guidance regarding the dashboard. In addition, consideration will be given to supporting directorates in effectively using available data, including learning sessions at Safety and Risk Forum and Medical Quality Leads meetings.</p>
<p><b>Recommendation 7: The Mortality Governance Committee should receive a standardised quarterly/six-monthly update report (run as a rolling programme).</b> This should be reported by each directorate’s M&amp;M lead outlining:</p> <ul style="list-style-type: none"> <li>• key themes/learning identified from their mortality review work.</li> <li>• actions being implemented to address any learning, including any overdue actions.</li> <li>• dissemination of learning from deaths across their directorate.</li> </ul>	<p>“Should do” action for UEC relating to frequency of M&amp;M meetings; concerns regarding frequency of meetings in Medical Care (RHH)</p>	<p>Simon Buckley, Deputy Medical Director</p>		<p>This is a key recommendation following the Review of Mortality &amp; Morbidity Meetings undertaken in June 2022. A Mortality and Morbidity (M&amp;M) report template will be produced for all directorates/specialties to complete, and a rolling programme of reports and attendance of M&amp;M Leads at Mortality Governance Committee will be developed. The template report and schedule will be agreed by the end of September 2022.</p>

Recommendation	Link to CQC	Lead	RAG	Response
<p><b>Recommendation 8: The Directorate Healthcare Governance Framework should set out how directorate governance meetings will be expected to have oversight for M&amp;M learning and resulting actions.</b></p>	<p>As above</p>	<p>Sue Butler, Head of Patient and Healthcare Governance</p>	<p style="background-color: #92d050;"></p>	<p>The Quality Governance Framework has been launched and includes responsibilities in relation to M&amp;M. An initial self-assessment process is in progress to check that this has been put in place and a wider audit is planned for September 2022.</p> <p>In addition, the results of the M&amp;M audit completed June 2022 are being considered by Mortality Governance Committee (MGC).</p> <p>The need to add further detail to the Quality Governance Framework will be consider following completion of the self-assessment, governance framework audit and discussion at MGC.</p>
<p><b>Recommendation 9: The Board should adopt a clear engagement and involvement strategy to support the involvement of patient and carers in the design of its services and its decision making processes.</b></p>	<p>The report identifies lack of evidence to support “a commitment from the trust to monitor and improve patient experience”</p>	<p>Mark Tuckett, Director of Strategy and Planning</p>	<p style="background-color: #ffc107;"></p>	<p>An initial meeting will be held on 15<sup>th</sup> August with colleagues from across the Trust to review and scope work to improve our approach to patient engagement.</p>

Recommendation	Link to CQC	Lead	RAG	Response
<p><b>Recommendation 10: The Quality Committee should include a regular assurance report from the Patient Experience Committee.</b> We recommend this includes:</p> <ul style="list-style-type: none"> <li>• a Patient story (ideally presented through the voice of the patient/carer themselves).</li> <li>• key themes/learning from patients/carer engagement activities that impact on the Trust’s quality governance agenda and how these are changing over time.</li> <li>• how patient/carer engagement has led to improved healthcare services and how this learning and good practice has been shared across the organisation.</li> </ul>	<p>The CQC report highlights that they “did not see evidence of output or reporting from the patient experience committee to the trust’s healthcare governance committee.” and “the trust board did not regularly hear patient stories from patients themselves and as such we were not assured the board was fully sighted”</p>	<p>Chris Morley, Chief Nurse</p>	<p style="background-color: #92d050;"></p>	<p>The IQSR has been enhanced to include more detailed information on patient experience and in future, it will be made explicit that this information is drawn from the Patient Experience Committee.</p> <p>There is now a programme of presentations to Quality Committee including patient experience to increase visibility of both this work and the patient voice.</p> <p>By September 2022, a new Strategic Patient Experience Committee will be established to implement the Patient Experience Strategy, which will provide assurance to Quality Committee.</p>



Recommendation	Link to CQC	Lead	RAG	Response
<p><b>Recommendation 11: Each care group should present a standardised quarterly/six monthly update report (run as a rolling programme) to the Patient Experience Committee.</b> This should outline:</p> <ul style="list-style-type: none"> <li>• key themes/learning identified from patient experience work.</li> <li>• actions being implemented to address any learning, including resolving any overdue actions.</li> <li>• how they are disseminating learning from patient and carer feedback across their care group.</li> </ul>	Links to above.	Chris Morley, Chief Nurse		A rolling programme of Care Group presentations reports to the Patient Experience Group will commence in October 2022.
<b>KLoE 4 - Roles in good governance</b>				
<p><b>Recommendation 12: The Quality Governance Policy and Framework should be revised to increase clarity on delegation and reporting arrangements.</b> Specifically, to ensure the correct separation between management and assurance functions, it should make clear that the TEG does not report into the Board and its assurance committees in this framework.</p>	CQC highlighted concerns regarding the role of TEG.	Sandi Carman, Assistant Chief Executive/ Sue Butler, Head of Patient and Healthcare Governance		The diagram which demonstrates the reporting routes to TEG and assurance to the Board Committee will be revised to demonstrate the separation between management and assurance functions. Once finalised this will be included in the Quality Governance Policy.

Recommendation	Link to CQC	Lead	RAG	Response
<p><b>Recommendation 13: The quality governance structure should be reviewed to reduce the number of trust-wide and specialist quality governance groups reporting directly to the Trust Executive Group for management purposes and to the Quality Committee for assurance purposes.</b></p>	<p>Not specifically reflected in CQC report.</p>	<p>Jennifer Hill, Medical Director (Operations)</p>	<p>Yellow</p>	<p>The new Quality Director will undertake a review on commencement in post in October 2022.</p>
<p><b>Recommendation 14: Consideration should be given to expanding the role of the Care Groups as part of the quality governance structure, whereby directorates report to Care Groups which in turn are held to account by TEG.</b> This would provide more capacity for accountability and governance and improve reporting and connectivity between the executive and directorate leadership.</p>	<p>As per recommendation 1</p>	<p>Mark Tuckett, Director of Strategy and Planning</p>	<p>Red</p>	<p>This recommendation will be taken forward in line with recommendation 1.</p>
<p><b>Recommendation 15: The Quality Committee should receive a monthly report on the relevant sections of the Integrated Performance Report at both an organisational and directorate level.</b> This should include metrics associated with delivery of the best clinical outcomes and providing patient centred care.</p>	<p>Not specifically reflected in CQC report but links to Board oversight</p>	<p>Sue Butler, Head of Patient and Healthcare Governance</p>	<p>Green</p>	<p>A review has been completed and relevant indicators are now included in the IQSR.</p>

Recommendation	Link to CQC	Lead	RAG	Response
<p><b>Recommendation 16: Action trackers should be introduced for directorate performance meetings that show the status of completion against agreed actions and record their impact upon performance.</b></p>	<p>CQC identified concerns about the clarity of actions required following directorate reviews under the PMF</p>	<p>Michael Harper, Chief Operating Officer</p>		<p>Structure of the notes being reviewed to ensure clarity of actions and responsibilities and a running action log is being developed</p>
<p><b>Recommendation 17: A review of resourcing of quality and safety governance across the Trust, including the central team, directorates and care groups, should be undertaken to ensure appropriate resourcing is in place.</b> The review should consider both the numbers of staff and their grades, roles and expertise, with the aim of reducing unwarranted variation and achieving greater consistency.</p>	<p>Not specifically reflected in CQC report.</p>	<p>Jennifer Hill, Medical Director (Operations)</p>		<p>Work is in progress as follows:</p> <ul style="list-style-type: none"> <li>• Job planned time for Medical Quality Leads is being reviewed with an increase in resource to be discussed further at TEG.</li> <li>• A review of central Patient and Healthcare Governance Team has been undertaken and a bid for additional resources will be presented to TEG 24 August 2022.</li> <li>• Details of the resources available across directorate governance teams are being collated and a review is underway with the aim of matching capacity to workload across all care groups.</li> </ul>
<p><b>Recommendation 18: An engagement programme to roll out the Quality Governance Policy and Framework and promote collective working across the Trust should be developed and implemented.</b> This should include a review timeline.</p>	<p>Not specifically reflected in CQC report.</p>	<p>Sue Butler, Head of Patient and Healthcare Governance</p>		<p>The Quality Governance policy and framework has been launched, a self-assessment against the framework is in progress, which will be followed by a wider audit in September. The results of the audits will be discussed, and any actions agreed via Safety and Risk Forum and Medical Quality Leads Forum by January 2023.</p>

Recommendation	Link to CQC	Lead	RAG	Response
<b>KLoE 5 – Processes</b>				
<p><b>Recommendation 19: For 2022/23 the Trust Board should ensure that it is sure that the principal risks are genuinely comprehensive, strategic and used to design and drive the agenda for the Board and its committee meetings.</b> To reinforce the Board’s role, we would recommend developing the Integrated Risk and Assurance Report into a Board Assurance Framework and increasing the focus on the Board’s responsibility in relation to the strategic risks.</p>	<p>The CQC “were not assured the IRAR accurately or adequately reflected the significant operational risks which could impact on the trust.”</p>	<p>Sandi Carman, Assistant Chief Executive</p>		<p>This recommendation links to CQC Action 16: We have effective systems to ensure Board oversight of the management of risk.</p> <p>There is agreement to transition to a Board Assurance Framework. Actions completed to date, are as follows:</p> <ul style="list-style-type: none"> <li>• Strategic Risks approved</li> <li>• Working BAF developed</li> <li>• BAF operating principles agreed</li> </ul>
<p><b>Recommendation 20: The Quality Committee should receive a report each quarter summarising the position of the principal risks that the committee provides oversight for.</b> This should be used to inform the contents of the agenda. The report should be presented early on in the meeting, so that there is a clear linkage between the principal risks and the focus of the meeting, allowing members of the committee to obtain assurance on how the principal risks are being managed.</p>	<p>As above</p>	<p>Sandi Carman, Assistant Chief Executive</p>		<p>Implementation of Strategic Risk Deep Dive Schedule for Quality Committee to be considered as part of Committee level operation of the Board Assurance Framework.</p>




Recommendation	Link to CQC	Lead	RAG	Response
<p><b>Recommendation 21: The Quality Committee should receive a regular report outlining the highest operational risks relating to quality and safety.</b> This should include trends and key actions being taken and identify where any risks require actions that need additional resource or support.</p>	As above	Sandi Carman, Assistant Chief Executive/Sue Butler, Head of Patient and Healthcare Governance		<p>Implementation of Strategic Risk Deep Dive Schedule for Quality Committee (which would include presentation of Corporate Risk Register Report extracts) to be considered as part of Committee level operation of the Board Assurance Framework.</p> <p>Full population of Corporate Risk Register Report (operational risks scored 15) in line with this recommendation is dependent on considerable further work in relation to the current risk improvement plan before comprehensive data can be extracted and routine reports produced.</p>

Recommendation	Link to CQC	Lead	RAG	Response
<p><b>Recommendation 22: A Trust Risk Group, reporting to the Safety and Risk Committee, should be added to the governance structure with responsibility for reviewing and scrutinising the ongoing management of the Trust’s operational risks.</b> The work of this group would inform the report on the Trust’s extreme risks, which we understand is now being produced for the Board. The responsibilities of the group should include reviewing and challenging:</p> <ul style="list-style-type: none"> <li>• risks which are overdue for review.</li> <li>• risks scoring 8 and above where there has been no reduction in the risk score for the past 6 months (3 months for risks scoring 15 and above).</li> <li>• risks where the score has been reduced to below 8.</li> <li>• risks that have been closed.</li> </ul>	Not specifically reflected in CQC report.	Jennifer Hill, Medical Director (Operations)		The Trust’s new Quality Director will undertake a review of quality committee structures on commencement in October. This recommendation will be considered as part of this review.

Recommendation	Link to CQC	Lead	RAG	Response
<p><b>Recommendation 23: All clinical directorate governance meetings should use the model agenda which is included in the Directorate Healthcare Governance Framework to increase the consistency of risk management discussion and action in directorate management meetings.</b> This should be expanded to include:</p> <ul style="list-style-type: none"> <li>• risks due for closure.</li> <li>• identification of additional support or resources needed to manage its risks</li> </ul>	Not specifically reflected in CQC report	Sue Butler, Head of Patient and Healthcare Governance		<p>The recommendation is reflected in the Quality Governance framework as follows:</p> <ul style="list-style-type: none"> <li>• Risks due for closure is on the model agenda.</li> <li>• Items for escalation is on model agenda and this would include any risks which required additional support or resources.</li> </ul> <p>As previously stated, a self-assessment against the framework is in progress, which will be followed by a wider audit in September. The results of the audits will be discussed, and any actions agreed via Safety and Risk Forum and Medical Quality Leads</p>
<p><b>Recommendation 24: Improvements in communication and reporting should be made to create more integrated and effective risk management arrangements.</b> This integrated approach would need to set out clearer reporting and communications across directorates and between directorates and Trust Executive Group and develop ways of engaging with staff to help deliver required improvements. This Recommendation links with other recommendation including Recommendation 14.</p>	As per recommendation 1	Mark Tuckett, Director of Strategy and Planning		This will be considered as part of the current review of the scheme of delegation, as per recommendation 1.

Recommendation	Link to CQC	Lead	RAG	Response
<b>KLoE 6 – Information</b>				
<p><b>Recommendation 25: A systematic process should be developed and implemented for collecting and sharing examples of good practice on how live dashboard data is being used at ward level to support staff, share learning and identify and act on areas of service improvement.</b> This would allow the Trust to develop a standard guidance note for all key directorate staff outlining how they should be using live dashboard data in practice.</p>	<p>The CQC identified a lack of awareness of dashboard data in some areas</p>	<p>Sue Butler, Head of Patient and Healthcare Governance</p>	<p style="background-color: yellow;"></p>	<p>A proforma will be shared via SRF to collate examples of good practice for sharing with the Forum and these will be built into the dashboard guidance by December 2022.</p>
<p><b>Recommendation 26: An implementation timetable and plan should be agreed for roll out and review of the draft Directorate Healthcare Governance Framework across the organisation, together with the standardised agenda.</b> Implementing a template cycle of business would also support directorates in identifying when they need to discuss less frequent quality governance agenda items. The Trust should consider implementing a system of rolling review to ensure that the framework is being operationalised in practice.</p>	<p>Must do recommendation for Jessops and Beech Hill to ensure effective governance arrangements and issues identified with effectiveness of governance arrangements in a number of other areas.</p>	<p>Sue Butler, Head of Patient and Healthcare Governance</p>	<p style="background-color: lightgreen;"></p>	<p>The Quality Governance policy and framework has been launched, which includes a model agenda. A self-assessment against the framework is in progress, which will be followed by a wider audit in September (which will be undertaken annually).</p> <p>The suggestion of a template workplan to be considered once audit results available.</p>



Recommendation	Link to CQC	Lead	RAG	Response
<p><b>Recommendation 27: The Trust should ensure that regular data quality oversight and assurance reports are provided to TEG and to the Audit Committee and that a forward plan clearly outlining the priorities for data quality is completed and agreed.</b></p>	<p>The CQC found that the “trust did not always collect reliable data”</p>	<p>Sandi Carman, Assistant Chief Executive</p>		<p>Whilst this recommendation is agreed by the Trust, further work is required to develop a plan to address the requirement. The key constraint to delivery relates to sufficient resources to deliver the data quality agenda.</p>
<p><b>Recommendation 28: Reporting between assurance committees and the Board should be strengthened through the provision of a summary report in a consistent format.</b> This should include the key matters discussed, where assurance had been sought by the committee and where additional information/assurance was requested, together with a summary of any issues or risk that require escalating to the Board for its oversight or action.</p>	<p>Not specifically reflected in CQC report</p>	<p>Sandi Carman, Assistant Chief Executive</p>		<p>This recommendation is not supported by TEG at present due to resource concerns. This will be re-considered following completion of the Well-led review.</p>
<p><b>Recommendation 29: Feedback on decisions taken by the Board to its assurance committees should be strengthened on matters escalated for discussion, action or decision.</b></p>	<p>Not specifically reflected in CQC report</p>	<p>Sandi Carman, Assistant Chief Executive</p>		<p>Whilst this recommendation is agreed by the Trust, further work is required to develop a plan to address the requirement.</p>

Recommendation	Link to CQC	Lead	RAG	Response
<p><b>Recommendation 30: The Board should set a clear timeline for further improving the level of qualitative intelligence received by the Board and its assurance committees from staff, patients and its wider stakeholders.</b></p>	<p>Not specifically reflected in CQC report</p>	<p>Sandi Carman, Assistant Chief Executive</p>		<p>Assistant Chief Executive to facilitate discussion with relevant Executive Directorates to agree approach, this approach will be guided by the contents of the new Board Assurance Framework.</p>
<p><b>Recommendation 31: The Board Action Log should be used more proactively and systematically to capture and drive forward specific actions agreed for each agenda item, following discussion and challenge.</b> As well as promoting good governance in action this will improve the audit of progress and provide a firm foundation for review of Board impact and effectiveness over time.</p>	<p>Not specifically reflected in CQC report</p>	<p>Sandi Carman, Assistant Chief Executive</p>		<p>The process for the Board Acton Log is currently under review and will be developed in line with the proposals in the recommendation.</p>
<p><b>Recommendation 32: The Trust should add the requirement to complete an action log for all directorate executive and governance meetings as part of the Directorate Healthcare Governance Framework, together with a standard template.</b></p>	<p>Not specifically reflected in CQC report</p>	<p>Sandi Carman, Assistant Chief Executive/ Sue Butler, Head of Patient and Healthcare Governance</p>		<p>The requirement for action log is on the model agenda for Directorate Governance Groups. The standard template action log will be included in the framework as part of the annual review planned for October 2022.</p>