

Report to the Board of Directors 2017/18

Date of meeting	23 March 2018			
Subject	Well-led Governance Review			
Report of	Head of Communications and Corporate Affairs			
Prepared by	Ann Filby, Head of Communications and Corporate Affairs			
Purpose of report	To provide the final report to the Board of Directors on the improvements made following the external review of the Trust's governance processes in 2016			
Previously considered by (Committee/Date)	N/A			
Board Action Required	Approval	X		Discussion
	Decision			Information

Executive Summary and recommendation(s)

In 2016 the Trust instructed the Capsticks governance team to undertake a governance review. This was in line with regulatory requirements to commission an external review every three years. The outcome was reported to the Board of Directors on 16 December 2016. Whilst the report was positive there was work undertaken to further enhance Trust processes with Board members agreeing the action plan following discussion at two Board Seminars in early 2017. A report was presented to the Board of Directors in April and October 2017 with the Trust Secretary ensuring progress on the actions in-year. This is the final report to close the action plan.

In early 2018 the Board structure and effectiveness was further considered to reduce duplication and enable more effective use of Board resource for the new financial year 2018/19. Ensuring a structured approach to managing Board time, optimising efficiency and enabling sufficient assurance to be provided, remains a priority. To enable this a change to the current meeting structure has been agreed following benchmarking against trusts rated as Outstanding by the Care Quality Commission. From 1 April 2018 Board meetings will be held in public on a bi-monthly basis, in May, July, September, November, January and March representing a reduction of four per year. This will allow for additional opportunities to engage with the staff providing services and the patients receiving them. A programme of enhanced engagement visits will be implemented from April 2018 with individual services also meeting with the Board as part of a rolling programme, enabling Divisional and corporate management teams to present their service, what they are proud of and to seek support or discuss any blocks to the innovations or developments they would like to take forward. In the intervening months performance reports will continue to be published on the Trust's website – Board meetings section - and circulated by email to Board members and the Council of Governors.

The Board is asked to:

- **confirm** that sufficient action has been taken to respond to the Capsticks review and enable closure of this action plan
- identify any priority areas for engagement visits as the 2018/19 programme is prepared.

Strategic Ambition and Board Assurance Framework (BAF) links		
Strategic Ambitions	1. Deliver safe and effective personal care	X
	2. Provide the right care at the right time in the right place for all patients	X
	3. Use our financial resources effectively	X
	4. Demonstrate outstanding leadership at all levels	X
	5. Improve services for our patients and deliver success for our Trust through effective partnerships	X
	6. Maximise the benefit of innovation, research and education for our patients and our Trust	X
	7. Make the best use of our estate and infrastructure	X
BAF reference(s)	N/A	

This paper provides assurance against the Trust objective(s) identified	X
This paper is to close a gap in control/assurance in relation to the objective(s)	

Legal/regulatory (regulatory/legislation requirement with specific reference where appropriate)	NHS Improvement requirement for an external governance review every three years			
Equality Impact/risks (Equality Delivery System 2 – EDS2 Nov 2013)	Nil	Impact		
		Positive	Negative	Neutral
Assurance process and frequency of monitoring	Reporting through existing governance processes. Board annual review of structure and Terms of Reference scheduled for October			

Definitions:

Information: Update to ensure Board has sufficient knowledge on subject matter and to provide assurance on progress

Discussion: Seeking Board members' views, potentially ahead of final course of action being agreed

Decision: When being asked to choose between alternative courses of action

Approval: Positive resolution, to confirm paper is sufficient to assure the Board in its ongoing monitoring role, or to address a gap in control

1. Review outcome

Board members considered the full report in detail in late 2016 and early 2017 to confirm the actions to be taken. The outcome was largely very positive, with some elements for improvement agreed focused on the two main areas of staff and stakeholder engagement and Divisional governance. As a reminder, these are some of the comments made in the report:

- “There was a really positive feel about the organisation – you don’t always see that”
- “#Proudofthepaget really meant something to all those we spoke to”
- “A clear Trust vision, values and behaviours”
- “Driven by quality & safety” – “lifeblood of the Trust”
- “An experienced and unitary Board and strong Board dynamics”
- “The Board has the skills and capability to lead the organisation”
- “Relationship with Council of Governors amongst the best we have seen”
- “Ambitious site strategy which has had very good engagement”.

2. Action planning

Significant progress has been made to refine Trust processes and ensure continuous improvement. The report to the Board in October 2017 provided a detailed update on progress, a summary of which is re-presented, together with the actions taken in recent months and future plans.

2.1 Priority Theme: Staff and Stakeholder Engagement

- 2.1.1 The Trust’s stakeholder list was reconsidered in full with six monthly review through the Board Seminar. This is supported by significant partnership working across Norfolk and Waveney as part of the Sustainability and Transformation Plan monthly discussions at Chair and Executive level and regular meetings with HealthWatch (Norfolk and Suffolk) and local MPs
- 2.1.2 Improvements were seen in the Staff Survey 2016 following targeted engagement with our staff with more to do following publication of this year’s results. The Board now considers the detailed survey results prior to publication to enable a full overview and input into action planning, whilst monitoring is undertaken through the Board’s Workforce, Education and Research Committee.
- 2.1.3 In relation to junior doctor exit surveys, whilst further information has not been presented to Board, the Education Programme Director assesses where any improvements are required following surveys undertaken by the GMC. These are discussed in the clinical tutors’ committee and educational supervisors forums. The Programme Director is a member of the Workforce, Education and Wellbeing Committee with any concern escalated to the Board’s Workforce, Education and Research Committee and to the Medical Director. Action plans are drawn up with PGME monitoring the improvement in the training programme. Whilst there are no formal exit surveys in place through the Workforce Department there is strong participation from junior doctors in this process through the junior doctors training committee. A Junior Doctor forum is in operation with the Chief Executive, Medical Director and Workforce lead in attendance. There are also scheduled monthly meetings with a senior Workforce manager and the British Medical Association representative.

New activity and future plans:

- 2.1.4 Board to Ward monthly visits are being enhanced. The Board will in future meet in public on a bi-monthly basis with a programme of enhanced engagement visits to be implemented from April 2018. There will also be the opportunity for individual services to meet with the Board as part of a rolling programme, enabling Divisional and corporate management teams to present their service, what they are proud of and to seek support or discuss any blocks to the innovations or service developments they would like to take forward.
- 2.1.5 Non Executive unannounced visits continue to take place as time allows. A programme of Executive visits to team meetings is underway to support staff during the financial recovery and to hear any ideas for changes that save money. These visits will also enable discussion on other elements, such as the annual Care Quality Commission assessment process and ensuring that staff are fully aware of the Freedom to Speak Up processes.
- 2.1.6 There are plans to repeat the Chief Executive short 'breakfast meetings' in our staff restaurant over the next three months with the aim of increasing participation from last year. This provides the opportunity for an informal chat and for staff members to raise any issues/concerns or make suggestions for improvements. Effectiveness will be reviewed in July.
- 2.1.7 The new Paget Brief was launched in January 2018, with a different format, use of video and audio clips and members of staff talking about their service developments. The brief is now open to all staff rather than only the identified leaders. This change has been well received with attendance increasing in February.
- 2.1.8 A staff engagement strategy is being developed to provide a range of opportunities to our staff to engage with managers.
- 2.1.9 The Speak Up Guardians have been re-launched, with training provided to the new Guardians, our staff governors, elected in August 2017. We have also taken the opportunity to include the new Trust Chaplain, The Reverend Alan Palmer, as an additional Guardian. Posters have been circulated with staff reminded of all the processes available to them to raise concerns about patient safety. We are continuing to develop this and have discussed a Trust-wide staff survey with our staff governor guardians to enable us to appropriately focus the communications that are still required.
- 2.1.10 A new Medical Director, Dr Hazel Stuart, is taking up the role following Mr Oligbo's five years on the Board. Dr Stuart is currently reviewing the clinical leadership structure to optimise the effective management of services and the cohesiveness of medical leadership. Attendance at Board meetings to see how the decision making happens will form part of any development programme for lead clinicians to inform their leadership role.
- 2.1.11 The weekly communications email has been revised as part of the year 2 Communications Strategy actions – the Friday Notices – with the format improved and links to information provided, with an undertaking not to repeat notices unless this is deemed to be essential. Positive feedback has been received on this change.
- 2.1.12 Further awareness raising of Board meetings is in progress with new staff development programmes underway and additional staff members attending in recent months, with more to do on the revised 2018/19 programme/meeting dates.

2.2 Priority Theme: Divisional

- 2.2.1 The Risk and Governance Team is providing enhanced support to the Divisions to enable them to continue to improve their governance processes.
- 2.2.2 With regard to Divisional leadership and particularly enhanced medical engagement at Divisional Clinical Board meetings there remains more work to do. With some senior management changes in the Division of Surgery and Women's and Children's Services mid-year the scheduling of these monthly meetings has been reconsidered. In 2017 one did not go ahead due to operational pressures, one due to the cyber attack and one for annual leave. Regular attendance by Clinical Directors and Clinical Leads for specific parts of the meeting is still sought. The meeting has now been moved to a Divisional Audit day but with significant operational pressures this year no meetings have taken place to date, with the next due in April. For the Division of Medicine, Diagnostics and Clinical Support, these meetings have been scheduled less frequently with four of the five meetings going ahead and some medical attendance.
- 2.2.3 Whilst Divisional teams have attended the Board's Finance and Performance Committee in the same way as they have previously attended the Safety and Quality Governance Committee, this is currently under review and links with the changes to the Board structure. The aim is to make best use of Divisional time and to limit duplication of reporting.

Future plans:

- 2.2.4 Consideration of the internal audit plan to enhance clinical participation took place through the Executive Team in 2017 and was due to be considered by Hospital Management Board this month. This will be taken account of following completion of the current tender process to appoint new internal auditors and preparation of the 2018/19 audit plan.
- 2.2.5 Linked to action 2.1.10, there is further work to do to enhance medical engagement which is being taken forward by the Medical Director and the Divisions.

2.3 Theme: Strategy

- 2.3.1 Whilst there has always been strategic discussion at the Board meetings in private and at the Board Seminar, the Board Committee structure has been amended with strategic planning removed from the Board's Finance and Performance Committee and returned to full Board to ensure full participation and involvement from all Board Directors. The revised Terms of Reference for that Committee will be presented to the next meeting of the Board.
- 2.3.2 The Board Seminar programme for 2017/18 was linked to the strategic ambitions. The seminars became more effective and much more strategic in nature, limiting discussion on operational matters. Effectiveness was considered at a Board Seminar earlier this month which concluded that these 11 sessions a year saw more challenge and debate, with a much better, balanced discussion in this less formal setting. There was good, constructive challenge between both Executive and Non Executive Directors and a sense of common purpose.
- 2.3.3 Refocused strategic ambitions and objectives were considered for the first time at a joint Board/Hospital Management Board workshop.

- 2.3.4 Considerable work has been undertaken in the development of strategies this year. A strategy map has been prepared with the Five Year Strategy at the top and the supporting/ enabling strategies beneath that. The Trust's Five Year and Clinical Strategies are currently being finalised, with our Education and revised IT Strategies in development. The latter will be presented to the Board in April. Progress is being made on the Five Year People Strategy as presented to the Board in February.

Future plans:

- 2.3.5 There were a number of suggestions for the 2018/19 Board Seminar programme which is currently being finalised. It will allow for some flexibility to respond to changing requirements and is likely to include facilitation services from Capsticks as part of the Trust's existing contract
- 2.3.6 Detailed service development plans underpin the clinical strategy which is nearing completion. The action plan following this governance review sought a full consultation exercise on the Five Year Strategy and the Trust's priorities as it was developed to ensure full staff ownership. There will be the opportunity to obtain staff/stakeholder views, with both draft strategies to be presented to the Board Seminar in April before they are approved and published in final form.

2.4 Theme: Board experience, capacity and capability to lead

- 2.4.1 The Board Seminar programme includes Board development and this continues to flex as new requirements become apparent, using external support where additional skills are needed.
- 2.4.2 Talent mapping is working successfully with a number of changes to senior posts in recent months. This includes a six month placement for the previous Deputy Director of Strategy and Transformation who has taken on the role of Director of Strategy and a non-voting place on the Board of Directors. An initial review of effectiveness of Executive portfolio changes will be undertaken during the summer with the appropriate recruitment processes should a permanent change be agreed.
- 2.4.3 We continue to work with the Council of Governors, supporting the new Council with a full induction programme and a further six monthly development day held this month. Additional assurance is being provided at Council meetings with Non Executive Directors presenting on their areas of responsibility.

Future plans:

- 2.4.4 In considering Board diversity, there has been engagement with NHS Improvement on their NExT Director scheme. Following a successful pilot in London this programme, which involves placing an aspiring Non Executive Director with a Trust for a 12 month period, has been widened. We are keen to participate in this programme and will continue to work with NHS Improvement to take this forward. We will also consider other ways of enhancing the diversity of input into Board discussion as we move through the year.
- 2.4.5 Board skills are assessed prior to any new Board Executive appointment and for Non Executive Directors this informs the Council of Governors' process. Capsticks undertook an assessment in 2016, with the skills gaps as identified now filled. Earlier this month the Board agreed to repeat this process in 2018.

2.4.6 Whilst some progress has been made in year in providing Board Development, with individual attendance at events, there has been no formal team building undertaken. Following discussion at the March Board Seminar this will be built into the 2018/19 programme with learning also to be shared from Non Executive attendance at NHS Providers events on constructive Non Executive challenge. Attendance at Building and developing a compassionate unitary board is a priority, with other external sources of support to be reviewed, such as the Good Governance Institute.

2.5 Theme: Board reporting and processes

- 2.5.1 Board Committees have reported to the Board of Directors in public since April 2017 with a template provided and further developed during the year to ensure effective escalation.
- 2.5.2 The focus remains on presenting reports to the public Board meeting with private meetings reserved for confidential strategic discussion or items where patients could be identified.
- 2.5.3 A full review of current meeting processes has been undertaken with a new Meeting Effectiveness policy prepared for Trust-wide implementation starting in April 2018. This policy provides standard templates, processes and timetables for agendas, minutes, action logs and an annual work programmes. It also clarifies the role of the meeting administrator, chair and attendees to ensure good use of time and effective decision making at any formal meeting. This is currently progressing through the final policy review group process having been considered by a wide readers' panel. The Board largely follows the processes already with all Committees brought into line with the 2018/19 programme for the Board and its Committees currently being finalised for consideration.
- 2.5.4 Enhancement of the Executive Summary for all reports to the Board, to include Executive Director opinion, will enable the pertinent issues to be highlighted more effectively ahead of the meeting for the benefit of Board members, Governors and those reading the papers.
- 2.5.5 With regard to the use of data quality metrics on performance reporting and the potential of a further internal audit review of data quality to test the strength and rigour of the Trust Data Quality Policy, data is audited through:
- Annual quality reporting (external audit and Council of Governors additional indicator)
 - NHS Great Yarmouth & Waveney CCG contract monitoring
 - Clinical data for coding reviewed annually by the CCG as part of the Information Governance toolkit
 - The Information Governance Committee escalates any data quality issues as appropriate to the Board's Safety and Quality Governance Committee.
- 2.5.6 To ensure a consistent and robust approach to tackling underperformance a cross divisional learning forum is now in place share learning.

Future plans

- 2.5.7 Use of the Model Hospital data to benchmark and drive improvements is being enhanced with the Board's Finance and Performance Committee to consider this on a quarterly basis from April 2018. The review of performance indicators will also include reference to this data, recognising the recent Care Quality Commission and NHS Improvement confirmation of its use, with other benchmarking data, in the Use of Resources assessment.
- 2.5.8 The way that the organisation considers performance and the indicators that are used is currently being reviewed, together with the implementation of an Information Centre, led by the Director of Transformation. This will include a revised Board Assurance Framework based on the Trust's strategic objectives, clear Key Performance Indicators and triggers for escalation. Strengthening the way in which information and data is utilised is an area of focus in response to an increased demand for information, for the benefit of staff and our patients.
- 2.5.9 Integrated performance reporting was considered in 2017 and at that time it was agreed that this would not be taken forward. As part of the further discussion on performance metrics it has been agreed that an amalgamated performance/operational report will be presented from 2018/19 month 1 in May 2018, with data presentation standardised across all reports – Quality and Safety and Workforce.
- 2.5.10 Whilst Divisional performance management has been revised in the last year further improvements are still required. The new Information Centre and full review of performance indicators will incorporate a revised process for Divisional performance review, the effectiveness of which will remain under constant review.
- 2.5.11 The Nurse Staffing report will remain, with duplication on nurse recruitment removed from the Workforce report. A new Associate Director of Workforce has now joined the Trust and a further review of the format of the Workforce report will be undertaken
- 2.5.12 Whilst not a mandatory requirement, a Medical Staffing report will be implemented during 2018/19 led by the new Medical Director to ensure sufficient discussion on this important part of the Trust's workforce.
- 2.5.13 The Board has confirmed a change in the way that the Trust's Charitable Fund is managed, with the Board's Committee disbanded to be replaced by a meeting of Trustees (all Board members). The first meeting takes place on 23 March when the terms of reference, future work plan and frequency of meetings are to be considered.
- 2.5.14 Whilst the recommendation to report annually on the requirements of The Modern Slavery Act 2015 was not a mandatory requirement in the annual reporting processes, a statement has been developed. This is presented to the Board for approval at this meeting having been considered by the Board's Workforce, Education and Research Committee.

2.6 Theme: Board Committees

- 2.6.1 Individual reports on Committee effectiveness have been considered with changes made as required and an annual review of Terms of Reference in October 2017. In relation to the new Workforce, Education and Research Committee, the Terms of Reference have been reviewed six months after the Committee's inception and will be presented to the next meeting of the Board for approval.

2.6.2 The Trust Chair continues to meet regularly with the Non Executive Directors, together and individually.

2.6.3 Following the January 2018 Board Seminar and as part of the report to the February Board meeting in private, the Board agreed to the continuing refinements to Committees as required ahead of the October 2018 formal annual review.

3 Recommendation

The Board is asked to:

- **confirm** that sufficient action has been taken to respond to the Capsticks review and enable closure of this action plan
- identify any priority areas for engagement visits as the 2018/19 programme is prepared.