

RATING SCALE	
G	On track and expected to deliver on time.
A	Expected to deliver within 1 month after deadline date
R	Expected to deliver over 1 month after deadline date

WELL-LED IMPROVEMENT PLAN 2021

Version: 2
 Last Updated: 03 August 2021
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No.	Description	Associated Recommendations	Lead	Due Date	RAG	Comments/Updates
		L1 - Review the Board business and consider what items need to be in the private section of the Board. This would be considered a positive step to strengthen the views that the organisation is building and developing a more open culture.	RH	30-Sep-21	G	We currently give consideration in Agenda Planning meetings. Extra focus will be given going forward. Important to note that the move to virtual public meetings has significantly reduced the running time for public Board meetings compared to pre-Covid-19 meetings. Therefore, the shift will take time to embed so that all key elements are covered in the shorter public meeting. However, the Trust has already made progress on this including with the revised structure and approach on the Integrated Performance Report which has reduced the time spent on presenting it.
		G1 - It is advised that there is a discussion between senior leaders and Board members to agree the top risks for the organisation. The operational risks were referred to in the interviews but there was no consistency of opinion based on the evidence received. Whilst we acknowledge a strategic risk register was recently introduced, the top strategic risks were not clear and the distinction between operational and strategic risks was inconsistent.	JB/TG	30-Apr-21	Closed	Discussed and agreed as part of the Board's Strategic Risk workshop. Top 3 risks are now clearly identified in the Board report as part of the strategic risk register.
		G2 - The backlog of risks on the risk register should be reviewed with challenge to the risks that have been sitting on the register for a number of years with no effective mitigation plans, actions or closure of risks. We know this is currently a focus area for the Trust. The Trust should develop a more systematic structure to reviewing risk, developing actions and continual oversight of the risk until they can be downgraded.	JB/TG	30/06/2021 31-Dec-21	A	The Trust has made significant progress on aged risks added to the risk register prior to April 2017. As of July we had one high level risk and 4 significant risks that were aged. The risks are reviewed regularly and reported to the relevant committees. We have now started work on reviewing all moderate and low level risks that fall into this category. In addition, we have now identified those risks that fall into the 'high impact/low likelihood' category. This was defined as a likelihood score of 1 or 2 and a consequence score of 4 or 5. A total of 32 risks were identified (19 low and 13 moderate)
		G3 - Review how the BAF works in practice so it becomes an active tool for developing the agenda of the Boards both at corporate and divisional level. Divisions play a key role in identifying and managing risks at a local level. An audit / review of how the escalation processes are working is advised. Developing a more integrated approach would improve Board and committee working and have a line of sight from divisions to the Board.	TG	30/09/2021 31-Dec-21	G	The Chief Executive's Report now includes a section on BAF and Strategic Risks. This sets out at the beginning of the meeting how the agenda focusses on discussions relating to the Trust's BAF priorities and key strategic risks. In addition, the revised standard template has a section for linking papers presented to Board to the relevant strategic and operational risks. The Audit Committee now regular oversight of risk management alongside regular oversight by relevant Board committees. The Trust is working with the Good Governance Institute on Shared Governance to improve joint decision making, team working and engagement using systems focused improvement and learning. The deadline has been revised to tie in with the GGI work.

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P1	Governance and Assurance	<p>G4 - Board papers could be further developed, making better use of executive summaries and giving clarity on what is for information and decision, to steer the Board to the right action (i.e. consideration, approval decision, information).</p>	TG	31/03/2021-31-Dec-21	G	The standard templated for Board reports has been revised to provide more clarity on why papers are being presented with clear definitions for each category. A sample of how to complete the template has been developed and is available on the intranet. In addition, guidance has been developed on how to write a good Executive Summary. We are no monitoring embedness and therefore the deadline has been extended.
		<p>G5 - Committee papers should be restructured to make it clear why such papers are on the agenda. A typical Committee agenda might be split into four key areas:</p> <ul style="list-style-type: none"> i. Items for Committee assurance ii. Items for Committee information and discussion iii. Core governance (e.g. BAF and Risk Register relevant to that committee) iv. Items for Ratification <p>Where items are in the agenda for Committee assurance, best practice would be for the Committee chair to agree and formally report to the Board on the level of assurance that the committee had received in relation to each item, on a range of full, significant, moderate, limited or no assurance received. A possible template is attached in Appendix 5.</p>	TG	30-Jun-21	Closed	Committee reporting currently being reviewed including Board Assurance Reports template. The Executive has commenced discussions on how this recommendation can be implemented. The Company will present proposals for the Board to consider and agree Trust approach.
		<p>2019/R18 - To introduce an Annual Estates & Facilities report based on the NHS Premises Assurance Model including a statement of compliance with relevant legal and regulatory requirements.</p>	PW/TG	30-Sep-21	G	Facilities Assurance Committee Chaired by Chief Operating Officer now in place reporting into the new Performance and Estates Committee. The Chief Nurse also attends the Facilities Assurance Committee to provide additional Executive oversight. The Performance and Estates Committee receives a key issues report from the Facilities Assurance Committee. In addition, the Trust has now completed a refreshed Premises Assurance Model and the PAM Action plan is regular presented to the committee.

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		2019/R15 - To clarify escalation framework for risks to ensure that the Board is not duplicating the work done by committees on high and significant risks, but the process continues to be robust and the Board is sighted on all the risks it needs to see.	JB/TG	30-Apr-21	Closed	The revised Risk Management Policy has been approved by the Board setting out clearly the responsibilities for the board and its subcommittees. The Committees have responsibility for relevant High and significant risks. The Board has responsibility for Strategic Risks and any high and significant risks escalated from the committees.
		2019/R9 - Each committee to consider the reports presented to it and recommend to the Board where the committee should be empowered to approve matters on behalf of the Board.	TG	31-Dec-21	G	New Committee Structure now in place from 1 January 2021. next step is to work with relevant Executive to ensure the subgroups that sit below the committees and systems of reporting into each committee are clear and effective. Work has begun on Estates and Quality assurance Committee.
		2019/R6 - Each committee to consider the reports presented to it and recommend to the Board where the committee should be empowered to approve matters on behalf of the Board.	TG	31-Dec-21	G	Work is ongoing on the key governance groups that exist in the Trust and where they report to. This will include consideration of whether some groups should be formal subgroups of Board subcommittees.
P2	Oganisational Culture	L5 - Build on executive development support with a focus on effective team working and the development of distributed leadership to divisions.	CW	31-Dec-21	G	The Executive Team has regular away days facilitated by an external Executive Coach. The most recent one was held in April 2021. The Trust recognises the pressures presented by Covid and recent changes to the Executive Team. Therefore, there is a need for ongoing work with the Executive Team.
			PW/LT	31-Mar-22	G	The Trust has assessed areas where additional OD support is required and has provided dedicated OD support for maternity and FISS divisions as well as support for Critical Care. General workforce and OD support available for all other areas. The Trust has restructured and increased capacity in Workforce and OD to enhance the support offering.
		L6 - Alongside this, focussed development and improvement support should be provided to the divisional leadership teams so the wider leadership community are clear about roles, responsibilities and accountabilities, and how assurance works from ward to Board.	PW/LT	31-Mar-22	G	
		C1 - The Trust needs to take steps to address any sense that reporting errors, omissions or near misses will result in blame, fault or punishment. This is a priority for the Trust in order to build a safety culture. Exploring the use of human factors to support an open culture is advised.	JB/KR	31-Mar-22	G	The Trust is working with the Good Governance Institute on Shared Governance to improve joint decision making, team working and engagement using systems focused improvement and learning. The deadline has been revised to tie in with the GGI work. 5.2 The FTSU Guardian is also currently undertaking work with the Chief Medical Officer to understand if there is a perceived blame culture in the organisation with regards to serious incidents.
		C2 - The 'Good to Outstanding' programme should be refreshed and relaunched with a focus on creating an empowered organisation, where performance and quality management is driven from the bottom up, not imposed on front line staff. In turn, this means management must provide a clear sense of priorities – so that focus is directed at specific areas, and not spread too widely that it becomes blurred. The communications strategy being developed should include a plan to focus on embedding 'Good to Outstanding' into organisational culture at all levels. To support the delivery of a new organisational approach, the Trust should build capacity and capability in key HR and OD roles and teams, learning from the success of the recent development of the F2SU and EDI teams.	CW/LT	30/06/2021 30/06/22	G	A dedicated Programme Lead for Good to Outstanding has been appointed. Work continues on the Communications Review led by BakerBaird which will help inform the Communications and Engagement Strategy. Deadline extended to allow the new Programme Lead to be embedded and the Board to monitor sustainability of progress. This will include a review of staff survey results for 2021.

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P3	Continuous Quality Improvement	L7 - Review the effectiveness of the mortality reduction plan and how it's being managed.	KR	30/06/2021 31/12/2021	G	Thematic analysis presented to Board in June 2021 including identified actions for improvement. Will continue to be monitored through Quality Assurance Committee.
		E2 - The Trusts should engage with its established carers group, or with carers who have raised concerns through both formal and informal mechanisms, to better understand and improve on the concerns highlighted above. These carers should be involved not only in a listening process, but also in a redesign process to ensure policies and processes are truly coproduced and that carers can see the outcomes from the feedback they have provided.	JB	30-Jun-21	G	The Trust currently engages with a number of Carers Groups e.g. used group for Hinchingsbrooke A&E development. More clarity is required on the groups the Trust currently engages with and how we have and/or will involve them in service change in the future including with Stamford Redevelopment and Hinchingsbrooke Redevelopment.
		E4 - All staff and service user concerns are legitimate, and it is vital that they feel listened to and are part of the regular feedback loop with staff, leaders and the organisation. Even if the issues raised are not ultimately acted upon the process of listening and responding thoughtfully is crucial. The Trust can build on its reputation for listening well, by improving how changes are fed back through developing a regular feedback loop demonstrating the impact of raising concerns.	CW	30-Jun-21	Closed	There was a specific issue with an SI discussion in a meeting observed which was immediately flagged with the Chief Executive and dealt with by the Chief Medical Officer and the Divisional Director immediately. Arden & GEM were also asked to work with the leadership team in the division to learn lessons from this specific case. The Trust will need to discuss if additional actions need to be taken with the broader leadership team. This will continue to be picked up as part of the ongoing work on QI and Shared Governance.
		Q1 - The Executive lead for QI needs to confirm roles and responsibilities, clarifying individual and collective responsibilities for further developing a QI plan to build on the work to date. There is an opportunity to bring a number of functions together to break down the silo approach and ensure the right resource is used efficiently i.e. data, engagement, outcomes learning. It would be beneficial to map out all improvement projects and share the learning more widely across the organisation.	JB	30-Jun-21 31-Mar-22	R	The Trust continues to progress work to establish a QSIR faculty. Timetable has been impacted by a number of staff leaving the Trust who were initially planned to be QSIR Associates. 5 current staff members are now provisionally booked to complete their QSIR Associate training which will enable the Trust to have a faculty established by December 2021. The Trust QI Strategy has been drafted and continues to progress towards final approval. The Team are now reviewing the draft following additional feedback received.
		Q3 - To ensure all staff from many professional groups buy in to the QI approach the Trust should regularly communicate progress and develop an engagement programme to support the faculty and sharing of learning and outcomes.	JB	30-Mar-21 31-Mar-22	R	This is expected to be discussed at the next TSIB meeting. Deadline revised to reflect revised timetable.
		Q5 - The Trust should undertake a review of data sets and consider how the organisation utilises evidence on improvements, including benchmarking with external peers.	JH/PW	30-Sep-21	G	The Trust already does this in a number of areas including GIRFT, Use of Resources and Model Hospital. Trust to demonstrate examples of using data for improvement including benchmarking data.

No.	Description	Associated Recommendations	Lead	Due Date	RAG	Comments/Updates
P4	Strategy	L2 - The Board should revisit Trust's existing strategies and develop a refreshed overall strategy that has clear priorities underpinned by the vision and values. The process should engage staff, patients and key system partners, and align to the plans of the STP/ ICS and the North Alliance. Involving HMC in discussions about the role of the organisation in the wider system and the role of divisions in delivering the strategy would be helpful.	AK	30-Jun-22	G	The Trust has started a process for reviewing and updating its strategy and supporting strategies. The Board has held a number of sessions focussing on reviewing the existing strategy and thinking about what a future strategy should look like. The most recent session covered Anchor Institutions.
		L3 - Enabling strategies and associated implementation should also be reviewed / developed and aligned to a new overall Trust Strategy. This includes for workforce, estates, organisational development and a quality strategy which sets out the ambition for patient experience, safety and outcomes with engagement and partnership working.	AK	30-Jun-22	G	The Trust has started a process for reviewing and updating its strategy and supporting strategies. The Board has held a number of sessions focussing on reviewing the existing strategy and thinking about what a future strategy should look like. The most recent session covered Anchor Institutions.
		E3 - The Trust is developing a new engagement strategy and we recommend that this should be focussed on an organisational commitment to listen and make change happen. Key points to consider during development of the strategy include its alignment to STP / ICS plans on engagement with populations at greater risk of health inequalities; how feedback from service users informs decision making and service redesign and how staff-side and unions are proactively involved in decision making relating to staff.	TG	30-Dec-21	G	The Trust is undertaking a comprehensive review of its communications and engagement needs which will feed into the development of a new Communications and Engagement Strategy. This work will be facilitated by an independent external provider. The focus is on the future needs of the Trust taking into account the changing local and national environment including ICS.
		E5 - The Trust is developing a new communication strategy which should allow for clear, consistent communication with staff through a variety of channels to ensure broad reach to all individuals and service areas. This should align to the communication stream of the Trust's 'Good to Outstanding' programme which may act as the vehicle for delivery of the strategy.	TG	31-Dec-21	G	
		Q2 - Revisit Quality strategy and refresh Clinical strategy and develop an overall QI plan to support the priorities. Strengthen staff engagement in developing priorities and build on relationships across the system. Build on the work with patients and carers and engage with them on specific improvements and clinical service redesign. The Board should consider how the plans are aligned to the Trust values.	JB/AK	30/06/2021-31-Dec-21	A	The Trust has started a process for reviewing and updating its strategy and supporting strategies including the Quality Strategy. The Trust Strategy is due to be finalised by the Autumn. The draft Quality & Safety Strategy has been circulated to different Trust forums for comment and is now being finalised before being taken through the approval process.
P5	System Working	L4 - Further develop positive relationships with external partners through increased engagement from both Executive and Non-Executive Board members (other than the Chair and Chief Executive). An external partner engagement plan should link to the Trust's overall strategy, linked to the ambition to further develop as a key partner within the North Alliance and across the STP.	RH/CW	31-Mar-22	G	Increased engagement at System level in all key forums. Chairman and Chief executive continue to be engaged in ongoing discussions about system leadership future direction of the ICS. Chief Strategy and Transformation Officer has primary role in supporting the Chief executive with engagement at system level. Chief operating Officer is working with system colleagues on a number of key areas to address pressures in the C & P system. Chief People Officer coordinating process for recruitment of ICS Chair and Accountable Officer. Chief Nurse and Chief Medical Officer regular engage with partners of quality. Chief Finance Officer working through FPPG to agree systemwide finances and approach. Company Secretary working with other governance lead to translate legislation and guidance into an effective governance for the system. Chief Digital Information Officer engage in systemwide digital agenda. Trust in the process of introducing revised Stakeholder Management Approach.

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		Q4 - Explore how a system wide approach / QI network would support building capacity across the system and develop improvement approaches to patient pathways.	AK	31-Mar-22	G	The Trust has explored having a standardised approach to QI across the cambridgeshire & Peterborough System. The main challenge is that some Trusts already have their own embedded QI approaches including QSIR. In working position has been agreed on how this will be taken forward.

Recommendations Key	
L	Leadership
E	Engagement
C	Culture
G	Governance & Assurance
Q	Quality Improvement

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Version: 1
Last Updated: 03 August 2021

Closed Actions

No.	Description	Associated Recommendations	Lead	Date Due	RAG	Comments/Updates	Closure Date
	Governance and Assurance	E1 - Ensure the patient story at the Board has a focus on learning and improvement actions rather than just what has happened. It was acknowledged that the patient story observed was time consuming and the actions would be considered at the next Board. Outstanding organisations ensure that the changes are tracked and shared across the services and then report back to the Board about the impact. Board members to have assurance on actions and improvements that have been put in place as a result of the patient story.	JB	31-Jan-21	Closed	Trust has Patient and Staff stories as standing item on the Agenda and consistently uses these to learn and improve. Led by the Chief Nurse, the Trust has a forward planner on topics to be covered. COVID has impacted on this including the move to virtual meetings. To accommodate a patient's needs, the Board had agreed to hold a separate session where the patient presented a story and this was recorded including questions from members present as well as a presentation from the Trust on the lessons learnt and how these were implemented. However, due to the length, the full video could not be played at the meeting observed during the review. A fuller video is available to evidence this. Going forward, the Trust will continue to have a forward planner for patient and staff stories. We will continue to share lessons learnt and will ensure learning is a key element in all our future discussions on these stories.	12-Mar-21
		G6 - The reporting cycle of the committees should provide enough time to analyse information and report on levels of assurance, reducing the need for verbal reports and updates. Board Committees exist to enable greater scrutiny, assurance gathering and discussion of specific areas pertinent to the wider Board programme of work and governance framework and the papers supporting the discussions tend to be more detailed, potentially with options which may not be appropriate for a public Board meeting. As such, committee need to be able to consider papers, and amend based on their discussions prior to them being issued to the escalating issues where appropriate or providing the required levels of assurance. We understand the Trust is already revising its committee schedules for next year in line with this recommendation.	RH/TG	31-Dec-21	Closed	This is an action that the Trust had identified prior to the review and was in the process of implementing. The Board had agreed to review the timing of its Board and committee meetings to ensure that the most effective approach was in place. This has now been completed with new schedule in place from January 2021. The new structure enables the Board to receive written Board Assurance Reports from the standing committees. Additionally, the Trust has restructure its Board subcommittees to ensure that all key areas of assurance are being covered. This was in fulfilment of the action identified in the Company Secretary's Review in 2019.	12-Mar-21
	Continuous Quality Improvement	C3 - Staff should be encouraged to visit other Trusts to get a feel for what good looks like – not to replicate what others do, but to bring new ideas, innovation and thinking into their teams and adopt / adapt where helpful. This is particularly useful where new structures and processes are being developed, or long-standing problems are being addressed, such as establishing effective divisional management, or building realistic action plans to sort challenging care issues such as sepsis or falls.	CW	31-Mar-21	Closed	The trust already does this. Trust needs to pull together evidence of learning from other Trusts and also how other Trust have been able to learn from NW Anglia FT.	12-Mar-21

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