

DATE OF MEETING	28 August 2018
REPORT FOR	Trust Board of Directors – Public
REPORT FROM	Wendy Booth, Director of Governance & Assurance and Trust Secretary
CONTACT OFFICER	As above
SUBJECT	Trust Response to the Well Led Review
BACKGROUND DOCUMENT (IF ANY)	Well Led Review Report (GGI and ELHT, October 2017)
PURPOSE OF THE REPORT:	For Assurance
EXECUTIVE SUMMARY (PLEASE INCLUDE: A SUMMARY OF THE REPORT, KEY POINTS & / OR ANY RISKS WHICH NEED TO BE BROUGHT TO THE ATTENTION OF THE TRUST BOARD AND ANY MITIGATING ACTIONS, WHERE APPROPRIATE)	<p>The report provides a high level overview of progress with the implementation of the recommendations arising from the Well Led Review undertaken in October 2018</p> <p>(Where relevant the detailed actions are captured within the Improving Together Programme)</p> <p>There are no risk issues to escalate to the Trust Board</p>
TRUST BOARD ACTION REQUIRED	The Board is asked to note the report and progress with the implementation of the agreed actions

Trust response to the recommendations within the report from the Good Governance Institute (GGI) and East Lancashire Hospital NHS Trust (ELHT) following the recent Well Led Review

Inevitably following a review of this nature and given the extent of the challenges facing the Trust, the report provided following the Well Led Review makes a number of recommendations.

Many of the findings from the review had already been identified and through the Trust's improvement programme – Improving Together – work had commenced to make the required improvements. The Improving Together Programme was first launched in January 2017 and provides a more holistic approach to improvement than has previously been the case. In order to ensure it remains 'fit for purpose, the programme was reviewed and strengthened in August 2017, with support from Ernst & Young, including some re-alignment of the projects which sit beneath the five workstreams and the establishment of a Project Management Office, which will provide hands on, delivery support to the clinical care groups to make and sustain the required improvements. [The structure of the Trust's Improving Together Programme is attached at **Appendix C.**]

Whilst there is clearly overlap between the work already underway within the Trust and the recommendations within the Well Led report, the analysis of the Trust does reinforce both the need for pace with this work and sustained improvement and this is recognised by the Trust's Board.

The following table provides details of the Trust's response to the report's recommendations including and importantly those actions which are already underway as part of Improving Together (or other initiative), and where relevant, details of the support already in place or the additional support which is required. This includes but is not restricted to the buddying arrangement in place with East Lancashire Hospital Trust (ELHT) and, where agreed, the specific elements of the support offer recently received.

[**Note:** Some timescales may be subject to change as part of that discussion and as external discussions in respect of support requirements are progressed.]

Leadership & Sustainability								
No.	Recommendation	Trust Response	Improving Together Workstream	Executive Lead	Operational Lead	Timescale	Additional Support Required	Update as at August 2018
1.	Whole organisation clinical and leadership strategy: The organisation needs to develop a leadership strategy that is holistic in its approach, and picks up all aspects of leadership development from	Agreed The Trust Board has commenced discussions to develop a longer term clinical service and organisational strategy, although this will be a sub-set of a geographically	Improving Together - Service Strategy Workstream: Acute Model Project	Peter Reading Chief Executive	Pam Clipson, Director of Strategy & Planning	31 March 2018	From ELHT: 1. Sharing of the methodology on the production of a Clinical (Organisational) Strategy* 2. Executive Director peer to peer	Ongoing – the strategy is being developed with support from external bodies including the Nuffield to help shape clinical thinking and ensure best practice is

	<p>board, through management and clinical leaders. Specific board and leadership development programmes will flow from this, but should not be delayed whilst the strategy is developed. This recommendation goes beyond the organisation's board. The development of a holistic and strong clinical and leadership strategy should involve input from NHSE, NHSI and neighbouring organisations.</p>	<p>larger service strategy for acute services</p> <p>Work has commenced to strengthen the Trust's clinical leadership as part of the Improving Together Programme (Leadership & Management: 'Clinicians into Leadership' Project); the first step being for the Associate Medical Directors to lead the Triumvirates</p>	<p>Improving Together - OD & Culture Workstream: Leadership & Management Project</p>	<p>Kate Wood, Acting Medical Director / Jayne Adamson, Director of People & Organisational Effectiveness</p>	<p>Shaun Stacey, Chief Operating Officer</p>	<p>30 November 2017 (approval of AMD proposal) / 31 March 2018 (implementation & embedding)</p>	<p>working and sharing in respect of the development of a Clinical (Organisational) Strategy</p> <ol style="list-style-type: none"> 3. Sharing of the history of ELHT and dual site working 4. Sharing of operational structures & job descriptions. (The Trust is also reviewing the operational structures in place in other similar organisations) 5. Sharing of Nursing Leadership Improvement Strategy & Programme <ul style="list-style-type: none"> • Chief Nurse and senior team to visit ELHT for a three day programme of development and learning • Quality Matrons visit also to be arranged 6. Chair to Chair networking and peer support 	<p>incorporated. There have also been a number of detailed discussions at the Trust's private board meeting around various elements that will form part of the strategy. The development of the Trust's overall strategy is dependent to a large extent on the reconfiguration of services which is also dependent on public consultation. Advice on lessons learned from the ELHT approach will be sought as required.</p> <p>Work has been completed to reconfigure the Divisional Triumvirates to place clinicians at the centre of decision making with the appointment of new Divisional Clinical Directors to lead each of the five clinical divisions with new</p>
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		<p>Work has commenced on the development of a wider Leadership Development Programme as part of the Improving Together Programme. This will be a key enabler to the success of the 'Relaunching Divisions' Project – see also 3. below</p> <p>As part of the above work, the Senior Leadership Community ('Top 100 Leaders') was launched and events held in October and November 2017</p>		<p>Peter Reading, Chief Executive</p> <p>Peter Reading, Chief Executive</p>	<p>Jayne Adamson, Director of People & organisational Effectiveness</p> <p>Jayne Adamson, Director of People & organisational Effectiveness</p>	<p>1 April 2018</p> <p>October 2017 & Ongoing</p>	<p>7. NED to NED networking and peer support including observation of Board and Board sub-committee meetings</p> <p>8. Executive Director peer to peer working and support across the Executive Team</p> <p>9. Team to team meetings as required</p> <p>* The Trust has also made contact with other organisations / Trusts, to learn from the wide range of both practical experience and evidence based research to support the teams in shaping the clinical strategy appropriate for NLG. For example, the Nuffield Trust will be supporting the thinking around acute medical and acute surgical pathways commencing with a workshop in January/February 2018.</p>	<p>Divisional General Managers and Divisional Heads of Nursing reporting to them. This represents a shift to give greater strength to the divisions and put clinicians firmly in charge of how the Trust plans and delivers clinical services. The Divisional Directors will have authority and responsibility for quality, the use of resources (including staffing & finance), performance and governance.</p> <p>Leadership development programmes continue to be developed for all staff particularly clinicians.</p> <p>Senior Leadership Community meetings continue on a monthly basis and invites have now been extended to all Band 7's within the organisation.</p>
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2.	<p>Board development: We have found references to and were told of board development activity. However, in our view, the board will benefit from a comprehensive, holistic and carefully designed board development programme that takes a development by doing approach. In the support package already signed off with NHSI this has been identified and accepted. The aim of the board development programme should be to move the board's maturity up to at least level 3. on the previously mentioned GGI board governance maturity matrix within the year.</p>	<p>Agreed</p> <p>Whilst the Trust Board has agreed the need for a Board Development Programme and this work has been brought within the Improving Together Programme, the Trust has also recognised the need for external support and expertise in order to move this to the next level.</p>	<p>Improving Together - OD & Culture Workstream</p>	<p>Anne Shaw, Chair</p>	<p>Jayne Adamson, Director of People & organisational Effectiveness</p>	<p>1 April 2018</p>	<p>Strengthened Board Development Programme being scoped to include the use of Insights. As part of this work, proposals from PWC and Deloittes for an early session covering the role of the NEDs in respect of assurance and the unitary board are being considered. This event (and a similar event for Executive Directors) will be held during January 2018</p> <p>Once the wider Board Development Programme is scoped the further additional external support will be agreed and commissioned</p>	<p>The board development programme commenced with some early diagnostic work including the completion of Barratts Values and Insights and a session for executive and non-executive directors on the role and functioning of the unitary board. Now that the early diagnostic work has now been concluded a board development programme for the next 12-18 months is being developed in conjunction with Deloittes – initial draft to be considered by the Trust Board at its August 2018 meeting. The development of the 12-18 month programme will also include the completion of a formal skills matrix for the Trust Board.</p>
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3.	<p>Leadership and group development: The trust can again point to various iterations of leadership development. However, prior programmes have clearly had little obvious impact and this opportunity should be taken to design and implement a trust-wide leadership development plan, and specific focus on group-level management development. The plan should focus on both the leadership cadre as a group, and on individuals. It needs to encompass executives, assistant directors and the triumvirates. It should leverage the ELHT-NLAG collaborative improvement programme and make sure that it exposes NLAG leaders to challenge and inspiration from outside the local system. Individual coaching is one way of achieving this that has already started. The plan for</p>	<p>Agreed</p> <p>Work has commenced on a wider Leadership Development Programme as part of the Improving Together Programme. This will be a key enabler to the success of the 'Relaunching Divisions' Project – see also 1. above</p>	<p>Improving Together - OD & Culture Workstream</p>	<p>Peter Reading, Chief Executive</p>	<p>Jayne Adamson, Director of People & organisational Effectiveness (Leadership Development) / Shaun Stacey, Chief Operating Officer ('Relaunching Divisions' Project)</p>	<p>1 April 2018</p>	<p>See 1. above</p>	<p>As above, the first phase of the 'Relaunch of Divisions Project' has been completed with the appointment of new Divisional Clinical Directors. Work is ongoing to finalise the wider Operations structure.</p> <p>Part of the retention strategy includes identifying systems for recognising talent and talent management within the Organisation – linked into workforce planning.</p>
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	leadership development should also include arrangements for identifying and nurturing a pipeline of future leaders, who as part of their development could also be used as champions for change.							
4.	Board skills: The skills, experience and impact required of all board members is described in the GGI NHS Director Competency Matrix. We recommend that the board is reviewed against these and uses this to inform both the board development programme and to develop a succession plan for both executive and non-executive director development and recruitment.	Agreed Some changes have already been made to the composition of the Board. This recommendation will be progressed alongside recommendation 2. above and with appropriate external support and expertise	Improving Together - OD & Culture Workstream	Anne Shaw, Chair	Jayne Adamson, Director of People & Organisational Effectiveness / Wendy Booth, Director of Governance & Assurance and Trust Secretary	31 March 2018 & Ongoing	See 2. above	As referred to in 2. above, a formal skills matrix for the Trust Board will be completed as part of the development of the 12-18 board development programme.
5.	Management capacity building The trust is in a geographically-isolated area and in a very real sense needs to 'grow-its-own' talent. We and others have identified a cultural deficit	Agreed This recommendation and the various issues covered within it are being progressed through several of the projects within the	Improving Together - OD & Culture Workstream	Peter Reading, Chief Executive	Jayne Adamson, Director of People & Organisational Effectiveness	31 March 2018	From ELHT: 1. Executive Director peer to peer working and support 2. Team to team meetings as required	Work continues as part of the development and embedding of the Trust's Retention Strategy and as part of ongoing work utilising the apprenticeship levy.

	<p>around accountability. Investment in management training which is designed to address the triad of responsibility, accountability and authority will have beneficial impact on both organisational culture and staff retention. This should be supplemented by clear management processes, designed with staff side, that are consistently implemented in all sites, teams and departments regardless of discipline or seniority. Quality management training will be an essential part of this work.</p>	<p>Improving Together Programme. NB. This is a longer term piece of work, outline plan to be complete by 31 March 2018</p>					<p>ELHT/NLAG HROD team to team meeting held on Wednesday, 29 November 2017. From this an initial HROD Action Plan will be produced covering a range of issues</p>	
7.	<p>Authentic board control will flow from a strategy being agreed. The strategy will need to be informed by the STP context, a strategic work on clinical services, and describe the role that the organisation plays in the health economy locally as well as its relationship with other public-sector</p>	<p>Agreed</p> <p>The Trust Board has commenced discussions to develop a longer term clinical service and organisational strategy, although this will be a sub-set of a geographically larger service strategy for acute services and involving a number of stakeholders</p>	<p>Improving Together – Service Strategy: Acute Model Project</p>	<p>Peter Reading Chief Executive</p>	<p>Pam Clipson, Director of Strategy & Planning</p>	<p>31 March 2018</p>	<p>From ELHT:</p> <p>1. Sharing of the methodology on the production of a Clinical (Organisational) Strategy</p> <p>(see also 1. above)</p>	<p>Please refer to 1. above.</p>

	bodies, with involvement from NHSE, NHSI and the various neighbouring organisations. There is an immediate opportunity to leverage the arrival of the new chief executive and the support from ELHT in strategic discussions, and this opportunity should not be missed.							
8.	The work on strategy commenced by the new chief executive needs to encompass a clear way forward for clinical services. This can act to support and strengthens clinical leadership and engagement, as well as ensuring the development of sustainable services. The opportunity for peer-to-peer challenge and groundwork already done by ELHT can help accelerate strategic work at the clinical services level. ELHT have	Agreed. As above.	Improving Together – Service Strategy: Acute Model Project	Peter Reading Chief Executive	Pam Clipson, Director of Strategy & Planning	31 March 2018	See 7. above	Please refer to 1. above.

	developed models and an understanding around the future at a speciality level which could be very useful to NLAG.							
9.	The strategic objectives agreed in June are a start. Further work should be done on these involving staff, patients and partners. The refinement to the objectives will help underpin the ongoing development of the BAF as well as providing a framework for development programmes throughout the organisation.	Agreed. Further Board session on Strategy being arranged for January 2018	N/A	Peter Reading, Chief Executive / Trust Board	Pam Clipson, Director of Strategy & Planning	28 February 2018	See 7. above	The Trust Board is due to review the Strategic Objectives at a BAF & Strategic Risk Register Board Briefing session scheduled for 28 August 2018.
Governance								
6.	Clarity around executive portfolios: The new chief executive is working through director-level responsibilities. Completing this process and any changes to the director level portfolios and issuing new job descriptions, objectives and lines	Agreed Some changes have already been made to executive director portfolios. Further minor changes are proposed – once agreed, full details of the executive director portfolios will be widely communicated	N/A	Peter Reading, Chief Executive	Jayne Adamson, Director of People & Organisational Effectiveness	31 December 2017 (initial changes) 1 April 2018 (final changes to structures and job descriptions)	Structures from other similar Trusts have been used to inform these changes	Changes have been made to Executive Director portfolios. Job descriptions have been updated.

	of accountability is critical. Given the churn in leadership and direction in recent years the final shape and portfolio responsibilities of the executive team should be communicated effectively to all staff, emphasising that this round of changes will be sustained.	including via the Senior Leadership Community sessions. Job Descriptions will also be amended, as appropriate							
13.	There needs to be a reorganisation of board sub-committees, and we would recommend focusing on getting a smaller number of board sub-committees working well. As a starting point and at this stage, we would suggest the board limited itself to aiming for a reduction to audit, remuneration and appointments, quality and safety and charitable funds. Given the special measures regime the trust is in we believe the board would benefit from finance and workforce sub-committees at this stage, but recommend the board scrutinises this	<p>Agreed</p> <p>The Board currently has the following sub-committees in place:</p> <ul style="list-style-type: none"> • Quality & Safety • Finance & Performance • Audit, Risk & Governance • Remuneration • Workforce • Charitable Funds • Mortality <p>Work has commenced to further strengthen these arrangements including a review of these existing committees and their scope and membership and a review of the sub-groups which report</p>	Improving Together - OD & Culture Workstream	Peter Reading, Chief Executive / Anne Shaw, Chair	Wendy Booth, Director of Governance & Assurance and Trust Secretary	<p>31 December 2017 (revised arrangements to be agreed)</p> <p>31 March 2018 (implementation & embedding of revised arrangements)</p>	From ELHT:	<p>1. Sharing of (management & assurance) meeting structures and Terms of Reference</p>	<p>Complete – review of changes to occur during August 2018.</p> <p>The Trust Board has taken the decision to reinstate the Workforce Transformation Committee as a sub-committee of the Trust Board.</p>

	carefully to be sure that the existence of sub-committees is not parking board responsibilities with a sub-committee.	to these committees						
14.	The trust should implement a systematic cycle of business for board and committees with each month being fed by agreed routine data sets. The cycle of business should match the assurances described in the BAF.	Agreed Each sub-committee has a cycle of business however; these will be reviewed as part of the work which is underway as outlined in recommendation 13. above	Improving Together - OD & Culture Workstream	Peter Reading, Chief Executive / Anne Shaw, Chair	Wendy Booth, Director of Governance & Assurance and Trust Secretary	As above	From ELHT: 1. Sharing of cycle of business for the Board and sub-committees 2. Sharing of the BAF (complete)	The cycle of business of each sub-committee has been updated as part of the above changes but will be refreshed as appropriate following the August review.
15.	Alongside reducing the number of board sub-committees, there needs to be a wholesale reorganisation of the structures around quality management and we recommend the implementation of a simple, lean quality management structure along the lines we have described above. The governance of quality by the board needs to be unpicked from the executive responsibility to operate a quality management system. Quality improvement forums need to be created where shared	Agreed This recommendation will be addressed as part of the work which has commenced to re-organise the organisation's governance structures and arrangements and is closely linked to recommendations 13, 14 & 17. Options have been drafted	Improving Together - OD & Culture Workstream	Peter Reading, Chief Executive	Wendy Booth, Director of Governance & Assurance and Trust Secretary / Tara Filby, Chief Nurse	31 March 2018	From ELHT: 1. Sharing of (management & assurance) meeting structures and Terms of Reference See also 13, 14 & 17	A review of the wider management meetings structure is also underway and is due to be completed by the end of September 2018.

	learning and process redesign can be focused on, but not confused with, the important and ongoing task of policing assurance issues.							
17.	Decentralisation, over time, of the current governance directorate is desirable. This needs to be designed with relevant clinical and operational leads in the groups with their clinical teams so that they truly own the new arrangements and identify the relevance of it to their own clinical practice. We advise that there should be a focus on outcomes and outputs with the groups before designing functional roles for individuals and only then should discussion about structures follow. There is a real art to building up divisional capacity around governance whilst decentralising from a central team, with good and poor examples from across the country.	Agreed As above. This work is also closely linked to the 'Relaunching Divisions' Project which will include the need for clear ownership of governance responsibilities	Improving Together - OD & Culture Workstream	Peter Reading, Chief Executive	Wendy Booth, Director of Governance & Assurance and Trust Secretary / Kate Wood, Acting Medical Director / Shaun Stacey, Chief Operating Officer	31 March 2018	From ELHT: 1. Sharing of governance structures, policies and processes (at Trust and operational level) including management and learning from Serious Incidents (SIs), clinical audit, complaints etc. Executive Director peer to peer working 2. Peer to peer and team to team meetings as required Work is underway to determine the future governance structures. External support and expertise will be secured once proposals are clear including from ELHT as appropriate Audit of current processes including	Following the decision of the Director of Governance & Assurance to retire from the role and agreement by the Trust Board of a revised central clinical governance structure, realignment of executive director responsibilities is now complete. A review of the clinical governance arrangements at Divisional level has also been completed by KPMG – please see paper NLG(18)303. The report has identified a number of areas for improvement, where the arrangements in place need to be developed and /

							complaints, SIs and clinical audit will feature as part of the 2018/19 Internal Audit Programme	or strengthened. In particular, the report identifies the need for increased ownership by the clinical divisions of the Trust's clinical governance agenda.
19.	The trust should undertake a whole-trust programme of review of job descriptions to ensure clarity of roles accountability arrangements and authority to act. This should be done with staff, be underpinned by a programme of management development and generate consistency across teams and sites as well as the programme on culture which should include modules on accountability.	Agreed This recommendation and the various issues covered within it are being progressed through several of the projects within the Improving Together Programme – see also 5. above	Improving Together - OD & Culture Workstream	Peter Reading, Chief Executive	Jayne Adamson, Director of People & Organisational Effectiveness	31 March 2018	From ELHT: 1. Executive Director peer to peer working and support 2. Team to team meetings as required ELHT/NLAG HROD team to team meeting held on Wednesday, 29 November 2017. From this an initial HROD Action Plan will be produced covering a range of issues	This is linked to executive review of job descriptions and will also follow on from the operational restructure. The time frame for the completion of this action will need reviewing.
20.	The trust should implement a wholesale review and revision of risk management policy, systems and processes. In addition to the technical aspects, it should be underpinned by the programmes on culture and	Agreed This recommendation will be addressed as part of the work which has commenced to re-organise the organisation's governance structures and	Improving Together – Quality & Safety Workstream	Wendy Booth, Director of Governance & Assurance and Trust Secretary	Kelly Burcham, Head of Risk & Audit	31 March 2018	From ELHT: 1. Sharing of governance structures and processes (at Trust and operational level) Some work has already been undertaken supported by Ernst &	Please refer to 17. above.

	management. A risk and compliance group should be set up within the quality management structure.	arrangements – see 17. above					Young. Further external expertise and support will be sought, as appropriate See also 17 above	
21.	The BAF should be revised in line with best practice and should be based on a set of revised strategic objectives. It should be dramatically simplified, and the process of developing the BAF could be the initial focus of a development by doing board development programme.	Agreed Over recent months and supported by Ernst & Young, the Trust has revamped and strengthened its BAF including the agreement by the Trust Board of a risk appetite	Improving Together – Quality & Safety Workstream	Wendy Booth, Director of Governance & Assurance and Trust Secretary	Jeremy Daws, Head of Quality Assurance	31 January 2018	The BAF is being further simplified using the ELHT model as an example	This has been completed focussing on a composite strategic risk profile for quality, finance, workforce, sustainability and performance.
22.	The management and culture development programmes should include reference to risk management to drive ownership and empowerment to address key risks.	Agreed This recommendation will be addressed as part of the work which has commenced to re-organise the organisation's governance structures and arrangements – see 17 above	Improving Together – OD & Culture Workstream	Jayne Adamson, Director of People & Organisational Effectiveness / Wendy Booth, Director of Governance & Assurance	Kelly Burcham, Head of Risk	31 March 2018	From ELHT: 1. Executive Director peer to peer working and support 2. Team to team meetings as required ELHT/NLAG HROD team to team meeting held on Wednesday, 29 November 2017. From this an initial HROD Action Plan will be produced covering a range of issues	Review of policies and supporting arrangements remain ongoing supported by learning from elsewhere including East Lancs and external training, as appropriate. Please also refer to 17. above.

23.	The trust should continue to develop the approach to integrated reporting in order that reports support the board to understand and manage risk. There should be a differentiation between the integrated report that management needs to see to manage the organisation, and the assurance information the board and the sub-committees see. The report should make use of run-charts to identify genuine trends.	Agreed	N/A	Pam Clipson, Director Strategy & Planning	Chris Evans, Associate Director of Information Systems	31 January 2018 (including completion of work on Improving Together KPIs)	Work is underway, supported by Ernst & Young, to strengthen the Integrated Performance Report and the quality of the data that underpins it	A revised Integrated Performance Report is in place and continues to be refined to meet the needs of the organisation.
24.	The implementation of the aspired “live” monitoring should be prioritised, with further development of processes to improve flow utilising the whole trust with cross-site collaboration.	Agreed	N/A	Pam Clipson, Director Strategy & Planning	Chris Evans, Associate Director of Information Systems	Ongoing (priorities linked to 23. above)	As above	Ongoing and linked to 23. above.
25.	The trust should implement a systematic approach to corporate housekeeping to include a revised approach to: developing agendas, the structure, focus	Agreed This will be addressed (for management and assurance meetings) as part of work outlined under recommendations	Improving Together - OD & Culture Workstream	Peter Reading, Chief Executive / Anne Shaw, Chair	Wendy Booth, Director of Governance & Assurance and Trust Secretary	31 December 2018 (revised arrangements to be agreed) 31 March 2018 (implementation & embedding of revised arrangements)	See 13. & 14. above	Some changes have already been made but further changes are planned.

	and length of papers (including front sheets) and enforced criteria for verbal updates and items for information.	13 & 14 above						
28.	A review should be undertaken to ensure that the business transacted in private (if necessary the frequency of public meetings) is limited to what may not be discussed in public.	Agreed The Trust Board has reverted to monthly meetings in public. The Trust's 'Protocol for Reserving Matters to a Private Meeting' has also recently been reviewed and revised in support of that move. These actions should address this recommendation	N/A	Anne Shaw, Chair	Wendy Booth, Director of Governance & Assurance and Trust Secretary	Complete	Testing to be undertaken as part of the Internal Audit Programme	Complete. Protocol reviewed and approved by the Trust Board. Challenge occurs as a routine part of the Board agenda set.
Quality & Patient Safety								
16.	In this new approach to quality, the trust should take steps to re-focus attention on the purpose of governance rather than on the mechanics of it. We suggest that the trust considers using the terms "quality and safety" to replace "governance" and works with triumvirates in the groups to start to generate ownership	Agreed This recommendation will be addressed as part of the work which has commenced to re-organise the organisation's governance structures and arrangements – see 17 above	Improving Together - OD & Culture Workstream	Peter Reading, Chief Executive	Wendy Booth, Director of Governance & Assurance and Trust Secretary / Tara Filby, Chief Nurse (& Board lead for quality & safety)	31 March 2018	See 17. above.	Role of Board subcommittee for Quality & Safety reviewed and Terms of Reference revised to ensure matters discussed are around assurance rather than management decisions. Work now underway to provide a template for reporting from the revised quality and safety

	of quality including what happens when things go wrong. Group governance meetings should not be called 'committees'. There should be a standardisation of approach to the groups' new quality and safety assurance forums.							assurance forum to encompass impact of the groups' actions on safety, outcomes and experience
18.	As part of the support programme with ELHT, the trust should undertake a review of quality and safety processes to identify learning and efficiency opportunities. This should include as a minimum, SI investigations, incident reporting, complaints, patient experience, clinical policies and clinical audit.	Agreed This recommendation will be addressed as part of the work which has commenced to re-organise the organisation's governance structures and arrangements and is closely linked to recommendation 17	Improving Together – OD & Culture Workstream	Peter Reading, Chief Executive	Wendy Booth, Director of Governance & Assurance and Trust Secretary / Tara Filby, Chief Nurse (& Board lead for quality & safety)	31 March 2018	See 17. above	Initial work has been completed to bring the output of complaints and patient experience indicators together for thematic analysis to be used within the Divisions and also for assurance and oversight at the Quality & Safety committee. The way lessons are learned and shared across Divisions is part of the Improving Together programme of work. This will remain an ongoing action.

30.	Management to ensure systematic roll out of good practice should be developed locally across all relevant teams in the hospitals.	Agreed This was also a theme from the CQC inspection and is being addressed through the Improving Together Programme	Improving Together – Quality & Safety Workstream	Kate Wood, Acting Medical Director	Jeremy Daws, Head of Quality Assurance	Ongoing	From ELHT: 1. Sharing of relevant policies and procedures e.g. implementation of NICE guidance Audit of arrangements for ensuring compliance with NICE guidance including ownership at operational level will be included in the 2018/19 Internal Audit Programme	The 2018/19 internal Quality & Audit programme features much more prominently audits against NICE guidance. There is an opportunity, as part of the terms of reference for the 'clinical effectiveness' group within the new quality governance arrangements, to focus much more heavily and use NICE Quality Standards in particular as a Quality Improvement / innovation tool instead of simply a performance measure.
31.	The trust should develop systematic mechanisms to learn from elsewhere including the collaborative support programme being developed with ELHT.	Agreed This is being picked up as part of Improving Together (Learning, Candour & Accountability Project). The Trust will also continue to build on the buddy arrangement in place with East	Improving Together – Quality & Safety Workstream	Wendy Booth, Director of Governance & Assurance and Trust Secretary Anne Shaw, Chair / Peter Reading, Chief Executive	Kelly Burcham, Head of Risk Executive Directors	31 March 2018 Ongoing	From ELHT: 1. Executive Director peer to peer working and support Individual Executive Directors also have established links with other organisations	The Trust continues to learn from elsewhere through the relationships which have been established by individual Executive Directors and other Trust staff.

		Lancashire Hospitals NHS Trust both at a corporate level and through individual Executive relationships						
32.	Through the leadership development programmes, equip clinical leaders with the skills and behaviours to drive change within their own practice and to influence change in others.	Agreed See comments at 1. above	Improving Together - OD & Culture Workstream: Leadership & Management Project ('Clinicians into Leadership')	Kate Wood, Acting Medical Director / Jayne Adamson, Director of People & Organisational Effectiveness	Shaun Stacey, Chief Operating Officer	30 November 2017 (approval of AMD proposal) / 31 March 2018 (implementation & embedding)	See 1. above	Please refer to 1. above.
33.	Ensure that behaviours of senior manager clinical leaders begin to model a culture of change and improvement that is owned by all staff, particularly in respect of lessons learned. Review reward and sanction systems to ensure they are aligned to support innovation.	Agreed See comments at 1. above	Improving Together - OD & Culture Workstream: Leadership & Management Project ('Clinicians into Leadership')	Kate Wood, Acting Medical Director / Jayne Adamson, Director of People & Organisational Effectiveness	Shaun Stacey, Chief Operating Officer	30 November 2017 (approval of AMD proposal) / 31 March 2018 (implementation & embedding)	As above	It is proposed to reinstate the CEA award system as well as review the study leave policy to include all medical staff groups; work is commencing within the trust re PPPR which will help raise awareness of culture and how to improve, but also specific to medical staff, the MD office is in the process of developing a behavioural contract to address specific individual issues.

Engagement								
10.	The transformation programme must specifically include a focus on changing the organisational culture and beliefs. It should be measured against success in breaking down silo thinking and working, imbuing a positive attitude to working at the trust, build confidence in (indeed require) raising concerns, sharing of improvement ideas and above all developing a culture of accountability. Work at divisional level will be especially critical.	Agreed This work is being progressed as part of the Improving Together Programme which includes QSIR / improvement skills development. Progress will continue to be assessed through the Barratts Culture work and through regular Pulse Checks	Improving Together - OD & Culture Workstream	Peter Reading, Chief Executive	Jayne Adamson, Director of People & Organisational Effectiveness	31 March 2018	From ELHT: 1. Executive Director peer to peer working and support 2. Team to team meetings as required ELHT/NLAG HROD team to team meeting held on Wednesday, 29 November 2017. From this an initial HROD Action Plan will be produced covering a range of issues	The Pride and Respect project was launched throughout the Trust in March 2018 involving over 100 staff to develop behavioural standards and develop leadership. Train the trainer for the volunteers commences in August 2018 and mediation training happened in June 2018.
11.	The communication strategy is due for review. This opportunity should be taken to put in place a step change to how communication is managed and delivered. Almost all our recommendations depend on a highly functioning communications function that is delivering a robust communications plan. The plan should	Agreed The Trust's communication strategy was recently revised to more closely align it with the Improving Together Programme and was approved by the Trust Board and re-issued Work is also underway to further strengthen the	Improving Together - OD & Culture Workstream	Peter Reading, Chief Executive	Marcus Duffield, Head of Communications	Ongoing	From ELHT: 1. Sharing of communication strategy to assist in the creation of the compelling narrative 2. Sharing of strategies and sharing of what ELHT did to achieve and be successful	New Associate Director of Communications commenced in post on 23 April 2018.

	achieve against some hard metrics for success, and at this stage be combined with a staff engagement programme.	Trust's communication arrangements including the recruitment of an Associate Director of Communications reporting directly to the Trust's Chief Executive						
12.	Develop a retention and recruitment strategy and policy. This needs to specify at both strategic and tactical levels actions to be taken, including ensuring the routine application of good human resource management practice such as exit interviews.	Agreed This work is underway as part of the Improving Together Programme: Quality & Safety Workstream	Improving Together – Quality & Safety Workstream	Tara Filby, Chief Nurse (Nursing & Midwifery) / Kate Wood, Acting Medical Director (Doctors & Dentists) / David Broomhead, AMD for Community & Therapies (AHPs)	Paul Bunyan, Head of Recruitment & Employment Services / Simon Dunn, Head of ID & Quality Improvement	31 December 2017 (recruitment strategy) / 28 February 2018 (retention strategy)	From ELHT: 1. Executive Director peer to peer working and support 2. Team to team meetings as required ELHT/NLAG HROD team to team meeting held on Wednesday, 29 November 2017. From this an initial HROD Action Plan will be produced covering a range of issues	Retention Strategy approved and in place.
26.	The board should continue to increase its visibility with staff and consider additional tactics used elsewhere such as displaying photographs of the board members in entrances and “meet the board” articles in regular communications.	Agreed A Board walk round is arranged for every Board day. Director announced and unannounced visits are in place Photographs of Board members were until recently displayed in the main entrances to	Improving Together - OD & Culture Workstream	Anne Shaw, Chair	Adrian Beddow, Associate Director of Communications	31 December 2017	-	Board walk rounds continue and executive director presence is regular. Board photos in place.

		each site however given recent Board changes, these need updating						
27.	The work on communication strategy and plans should include revision of access to documents on the intranet so that all documents available to the public are shared with all staff and should also include update of the publication scheme.	<p>Agreed</p> <p>This recommendation will be addressed as part of the work which has commenced to re-organise the organisation's governance structures and arrangements including the review of meetings structures and arrangements</p> <p>Review and strengthening and ongoing maintenance of the Trust's publication scheme has been included in the job description of the new Associate Director of Communications</p>	Improving Together - OD & Culture Workstream	Wendy Booth, Director of Governance & Assurance and Trust Secretary	Adrian Beddow, Associate Director of Communications / Jeremy Daws, Head of Quality Assurance	31 December 2017	Testing of the accessibility of documents and the adequacy of the Trust's publication scheme will be included in the Internal Audit Programme	These arrangements continue to be tested and issues are addressed as they arise.
29.	The trust should build on good relationships with Staff Side as it develops work on staff engagement and communication.	<p>Agreed</p> <p>Ongoing</p> <p>Partnership Agreement almost finalised</p>	N/A	Jayne Adamson, Director of People & Organisational Effectiveness	Mano Jamieson, Assistant Director of People & Organisational Development	31 December 2017 & Ongoing	-	Trade Union members will be invited to join the Steering group for the Pride and Respect project. Work continues with the Policy Sub Committee joint working and

									the Partnership agreement principles that are being adhered to.
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Other information and support offered and / or being accessed from ELHT but not directly linked to the Well Led Review:

- Benchmarking in respect of Endoscopy
- Tendering & Procurement Processes