Agenda Item No.13a

NHS
The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS (PUBLIC)

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Caroline Shaw; Chief Executive Officer	Decision	✓	High	Med	Low
	Consideration		✓		
	Information				
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
Louise Notley; Associate Director of Quality Improvement	Strategic	✓			
	Operational				
	Governance				
	IMPLICATIONS:		**RELATED WORK: (PREVIOUS PAPERS TO BOARD/COMMITTEE)**		
	Patient Care/Safety/ Experience	✓			
	Finance	✓			
	Workforce	✓			
	Policy	✓			
PEER ASSIST (inc. clinical engagement):	**PEER REVIEW:**				
CQC Domain: (safe, caring, effective, responsive, well-led, use of resources)	All Five Domains				

Meeting Date: Tuesday 29th November 2019

Report Title: Leadership & Management Strategic Priorities: Completion of Must and Should Do Actions

PURPOSE:

The paper is to inform the Board of:

- The rational and evidence for closure of six CQC Must Do actions that form components within the Leadership and Management workstream

SUMMARY:

This report summarises the rational and evidence for closure of six CQC Must Do actions which fall under the responsibility of the Trust Board and span the 2018 and 2019 CQC inspection reports. These six actions are components within the Leadership and Management workstream of the Integrated Qualtiy Improvement Plan (IQIP), led by the Chief Executive Officer.

The Trust Board are asked to review this evidence and approve the closure of these actions and refer the outcome of this review to the IQIP Evidence Assurance Group in December for formal ratification and closure.

This report also details the improvement work and actions underway to address the remaining two CQC actions within the Leadership and Management workstream, which are due for completion in June 2020.

Implications : Financial / Quality / Workforce / Policy:

Strategic / External	Operational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience	Workforce
✓	✓	✓	✓	✓	✓	✓

RECOMMENDATION/S:

- To review and approve the closure the 6 Must Do Actions within the Strategic Priority of Leadership and Management

REPORT

1. Overview

Leadership and Management forms one of the eight Strategic Priorities within the Integrated Quality Improvement Plan (IQIP), under the Executive Lead of Caroline Shaw: Chief Executive Officer (CEO). Whilst there are six specific outcome measures aligned to this strategic priority, there are 8 Must and Should do Actions from both the 2018 and 2019 CQC Inspection reports that are directly linked to Leadership and Management and have been progressed as part of this workstream.

Six of these Must and Should Do Actions have now been completed and are ready to be reviewed and approved for closure by the Trust Board. This paper details both the rational and supporting evidence for each action, which the Trust Board is asked to consider and approve for closure.

2. Leadership and Management – Must and Should Do Actions

Of the six Must and Should Do Actions to be considered for closure, two are duplicates identified within the 2018 and 2019 CQC reports. Each action has a unique identifier which has been included within this report to ensure there is a clear audit trail for each action and allow the cross referencing of evidence within the Integrated Quality Improvement Plan.

Must and Should Do Action Evidence Table	
IQIP Unique Identifier	**Must / Should Do Statement**
M10	We must improve the functionality of the board and ensure formalised processes are in place for the development and support of both current and new executive directors
M95 2019	We must improve the functionality of the board and ensure formalised processes are in place for the development and support of current and new executive directors and non-executive directors

The Board's Development Programme has been reviewed, developed and prioritised. The review has taken into account the following key drivers:

- 2018 and 2019 CQC 'Well-Led' ratings of 'Inadequate' and adverse findings, reported in the CQC's reports, concerning Board capability and capacity
- The findings and recommendations of the PwC Board review (December 2018)
- The IQIP Strategic Improvement Priority outcome measure - 'Board Development Programme completed by February 2020'

The Board Development Programme has also been aligned with related 2019 CQC Inspection 'Must' Do actions:

1. *The trust must improve the functionality of the board and ensure formalised processes are in place for the development and support of current and new executive directors and non-executive directors.*
2. *The trust must review, define and implement a corporate strategy aligned to clear strategic priorities. Process for assurance including risk and governance process, accountability frameworks and the board assurance framework need to be revised, aligned and implemented and effectively monitored.*
3. *The trust must review, simplify and provide clarity to the governance, risk and quality performance processes. To improve oversight at board and provide adequate measures for assurance that quality improvement progress is being made, with robust evidence of appropriate check and challenge.*
4. *The trust must ensure that the information used to monitor, manage and report on quality and performance is accurate, valid, reliable, timely and relevant.*
5. *The trust must ensure there is effective communication and multidisciplinary working with external providers and stakeholders.*

6. *The trust must ensure that there is an effective and consistent process for governance, quality improvement and risk management in all departments and across divisions to ensure appropriate escalation to the board.*
7. *The trust must ensure that risks are swiftly identified, mitigated and managed. There must be robust, consistent processes in place to ensure that action plans are enacted following audit. mortality reviews, incidents and complaints. There must be clear processes for review, analysis and identification of themes and shared learning.*
8. *The trust must improve staff, patient and public engagement and communication.*
9. *The trust should ensure that effective processes are in place to promote and protect the health and wellbeing of all staff.*

Since the CQC's 2019 Inspection, a number of high calibre Executive and Non-Executive appointments have been made and the Board will be almost fully substantive by January 2020 following the current advertising of the Chief Operating Officer post and the arrival of the Director of Finance.

The Chairman has taken the Non-Executive Director (NED) contingent of the Board to the maximum allowed for by the constitution, which is 7 plus the Chairman with high calibre appointments with experience at a very senior level.

The aim of the new Board Development Programme is to support the assimilation of new Board Directors into a cohesive, high-performing unitary Board, quickly, effectively and sustainably.

The Board's proposed forthcoming Development Programme topics are set out in **Appendix One,** but have been grouped under three headings and are expected to be internally and externally facilitated:

- Board-craft (BC)
- Board responsibilities (BR)
- High-performing Unitary Board (HPB)

Evidence in the form of Board Development Agendas for June, July, September and October 2019, detailing topics covered since the 2019 CQC visit, will be included in the IQIP evidence repository for this Must Do action, but have not been included in this paper.

During his time at the Queen Elizabeth Hospital (QEH), Alan Thorne; NHSI Improvement Director, successfully negotiated further Special Measures money to fund a 12 month Board Development Programme which includes Fiona Reed Associates supporting the Well-Led element of Board Development and Lorna Squires covering risk. The inaugural meeting held on the 21st November will inform what the rest of the programme will focus on. In turn, Sue Holden; National Director of Intensive Support has also agreed to cover elements of the CQC Well-Led preparations with the Board.

IQIP Unique Identifier	Must / Should Do Statement
M16	We must ensure effective processes are in place to meet all the requirements of the fit and proper person's regulation
M104 2019	We must ensure effective processes are in place to meet all the requirements of the fit and proper person's regulation

The CQC initially raised concerns relating to the 'Fit and Proper Person' in their 2018 inspection, prior to the appointment of the current Trust Board and again in 2019. However, during 2019 inspection, the CQC did note progress against this action in their report, noting that the Trust's protocol for the Fit and Proper Person had been updated

since the 2018 inspection and accurately reflected the latest legislative guidance; Regulation 5. They did however identify gaps in the completeness of the Fit and Proper Person test in the personal files of some Board members leaving them poorly assured.

The Trust Secretary has confirmed that since the 2019 Inspection, the protocol has been rigoursly applied to all new Board appointments - Non-Executive Directors and Executive Directors and a review sheet used to ensure completeness.

IQIP Unique Identifier	Must / Should Do Statement
M105 2019	We must ensure formalised processes are in place for leaders, at all levels, across the organisation in relation to engagement, performance, capability, capacity and support and ensure a programme of clinical leadership and management training and development is in place to drive improvement.

The Trust has adopted a number of strategies which include bespoke leadership development programmes to address this CQC concern, the details of which have been summarised below.

Since the CQC's 2019 Inspection, a number of high calibre Executive and Non-Executive appointments have been made and the Board will be almost fully substantive by January 2020. The CEO has used her personal and professional network to attract a high calibre of Executive Directors into these roles and expert/specialist support where required, such as Chief Nurse Advisor (Suzanne Hinchcliffe), which has enhanced the development and working of the team.

More recent Executive Director appointments include Laura Skaife-Knight; Deputy CEO, whose portfolio includes Comms and Staff Engagement and an interim appointment to the newly created role of Director of Patient Safety. Both posts will focus and lead on prioritised areas of organisational improvement.

Fiona Reed Associates has been commissioned to deliver bespoke leadership training to the Divisional Leadership Teams (DLT) and further training and development for members of the Obstetrics and Gynaecology medical team. This work commenced in November 2019 and is also in response to the organisational restructuring and move to four Divisions. The training is aimed at supporting the development needs, effective working and capability of the new DLTs.

To address the wider leadership development needs within the organisation and in order to build engagement and leadership capability within teams, a bespoke Band 7 leadership programme, has been commissioned and will be delivered by Practive Company. The 4 day Band 7 programme is due to commence mid-January 2020 and consists of 3 cohorts of 30 staff per cohort and aimed at a cross-section of staff. Work is underway currently to identify staff who will attend this programme.

Whilst the leadership changes and programmes of support described above are initiatives introduced by the new Executive Team since the 2019 inspection, clinical leadership training and developed has been in place within Maternity Services since the 2018 inspection in response to the Section 31 and Section 29A. Notices.
Leadership and culture workshops and programmes of support have included:

- Act workshops – Nov 2018 and Feb 2019
- 360 degree leadership feedback – Autumn 2018
- Emotional intelligence Workshop – April 2019
- Birthrights Training – July 2019

Whilst this work is ongoing and will be further enhanced by the DLT leadership training

described above, the impact of this earlier improvement work has been recognised by NHSE/I in their most recent inspection, confirming Maternity Services no longer require the support of the Maternity Support Programme.

As part of the Trust's longer-term quality improvement work, it identified the importance of developing a culture of quality improvement which will involve and engage staff to drive and sustain improvements. The Trust has adopted QSIR as its improvement methodology and with the support of its Buddy Trust Sherwood Forest, has trained 37 QSIR Practitioners to take forward quality improvement projects within their areas. 6 of the staff who completed this QSIR training will commence the QSIR College training in December to become QSIR Facilitators. With these trainers in place, the Trust will be able to establish its own QSIR training programme from July 2020. Sherwood Forest has agreed to deliver a second QSIR Practitioner training programme in February / March 2020 while the Trust establishes its in-house training resource.

Since the Trust was placed in Special Measures it has received a package of support from its Buddy Trust Sherwood Forest, which has included the secondment of Denise Smith; Chief Operating Officer, Radiology specialist support and QSIR training.

IQIP Unique Identifier	Must / Should Do Statement
M97 2019	We must ensure divisional leadership has the capacity to support significant improvements in the safety and quality of care and that inconsistencies across divisions are reduced.

This **Must Do** action is linked directly with the improvement actions detailed as part of **M105 2019**. The evidence detailed below is therefore in addition to **M105 2019.**

The Trust approved and has fully implemented a new organisational structure to support and develop leadership capacity and capability across the organisation, with the move from two to four Divisions. Following a short period of transition, this was fully implemented in September 2019. Considered high calibre appointments to the DLTs included moving the Divisional Director and Head of Nursing from the Division of Surgery to Medicine, with effective 'backfill' arrangements. Final appointments to the Division of Clinical Support Services (DLT) are in progress with interim arrangements in place.

In addition to the four Divisions, Cancer Services has been moved under the responsibility and portfolio of the Deputy Chief Operating Officer to ensure greater oversight and effective management of this service.

With the support of Special Measures funding, 2020 Consultancy has provided specialist transformational project support to 'patient flow' as part of the emergency care pathway. This programme is in its sustainability phase and includes the secondment and 'backfill' of two QSIR Practitioners to continue quality improvement projects to support and sustain change.

3. Next Steps

With the approval for closure of these six Must Do actions, two actions continue to be progressed as part of the Leadership and Management workstream, although there is a degree of overlap with both the Culture and Engagement and Governance Strategic Priorities. Both actions are on track with completion dates of June 2020.

IQIP Unique Identifier	Must / Should Do Statement
S86	We should ensure that there is an effective process for quality improvement and risk management

This is a **Should Do** action, and straddles the improvement work underway within the Governance Strategic priority workstream, which includes the governance restructure and current review of incident reporting and the effective management serious incidents. Specific actions have been progressed in relation to quality improvement with the introduction of QSIR into the organisation and the training of 37 staff, as detailed within **M105 2019.** However, this work needs to be form part of a wider quality improvement framework and strategy which is being progressed and will also form part of a Norfolk and Waveney QI Academy. Improvement work to ensure effective risk management processes forms part of the governance restructures, approved by the Trust Board and due for implementation in January 2020.	
IQIP Unique Identifier	**Must / Should Do Statement**
M105	We must improve the culture and accountability of clinicians at all levels across the organisation to empower and effect change within their working specialities and areas
The work that underpins this **Must Do** action largely forms part of the wider staff culture and engagement work which is led by the Deputy Chief Executive Officer; Laura Skaife-Knight. However, the delivery of this improvement is directly supported by the introduction of the Accountability Framework earlier this year, the Trust's Health Education England action plan and the Governance restructure which has been approved by the Trust Board and will be launched in January 2020.	

4. Recommendations

- To review and approve the closure the 6 Must Do Actions within the Strategic Priority of Leadership and Management that fall under the responsibility of the Trust Board

Appendix One

Board Development Topics – to be programmed									
Topic	**Dev. Type**	**Fac.**	**Priority**	**'Must'**	**Topic**	**Dev. Type**	**Fac.**	**Priority**	**'Must'**
High Performing Unitary Board – Team Development (externally facilitated NHSE/I)	HPB	Ext.	Hi. Pri.	1	Executive Team Development – ongoing events (externally facilitated NHSE/I)	HPB	Ext.	Hi. Pri.	1
Safeguarding – Adults and Children	BR	Int.		3, 6 & 7	Board:Board (with WNCCG) Next meeting programmed – 18/12/19	BR	Int.	19/09/19	5
Dr Foster (Mortality) (combined workshop with Governors)	BR	Int.		3, 6 & 7	Model Hospital, Reference Costs, GIRFT – efficiency and productivity	BC	Int.		3, 4, 6 & 7
Corporate Manslaughter (combined workshop with Governors)	BR	Int.		3,6 & 7	Understanding the respective role of NEDs and the Governors (combined workshop with Governors)	HPB	Int.		1
Risk Management (Level 4) / Risk Appetite Statement and the Risk Register	BR	Ext.	Hi. Pri.	3, 4, 6 & 7	Clinical Strategy Development	BR	Int.		2 & 5
Allied Health Sciences Network – maximising the potential	BR	Ext.		5	Values and Behaviours Framework – leading for cultural change	BR/ HPB	Int.		2, 8 & 9
Fire Safety	BR	Int.		3, 6 & 7	Finance (facilitated by the Interim DoF)	HPB	Int.	12/09/19	1, 4 & 7
Health & Safety (combined workshop with Governors)	BR	Ext.		6, 7, 8 & 9	Assurance v. Reassurance / Effective Governance	HPB	Int.	Hi. Pri.	1
STP / Organisational Form / ACOs / Integration – developing strategic partnerships	BR	Ext.		5	Well-Led Framework and Compliance (Improvement Director facilitated)	HPB	Ext.	Hi. Pri.	1
Key Strategies (Corporate, Leadership, Quality, Nursing and Midwifery, People, Organisational Development, Estates)	BR	Int.	10/10/19	2 & 8	QSIR QI Methodology / 'Leadership for Improvement'	HPB	Ext.	Hi. Pri.	3, 4, 6 & 7
Staff Survey	BR	Int.		8	Developing plans for the Estate	BR	Int.		1, 2, 5 & 7
Equality & Diversity / Culture Programme (combined workshop with Governors)	BR	Ext.	Hi. Pri.	8 & 9	Board:Board with Sherwood (Buddy Trust)	HPB	Ext.		1
Cyber Crime awareness (facilitated / hosted by STP)	BR	Ext.	Hi. Pri.	7	Handling Data (facilitated by NHSE/I)	BC	Ext.	10/10/19	4
EPR and Digital Enablement (facilitated by STP CIO)	BR	Ext	Hi. Pri.	5 & 7					