

Status (May 2019)										Assurance Programme			
Rec	Ref	Recommendation	Implemented by	BoD Lead	Committee Approval	Static	Progressing	Implemented	Assured	Assurance method and evidence relied on	Operational lead	Assured by	Outcome
1	1A	As part of the planned refresh of the Trust strategy, there will need to be a clear communications and engagement plan to define arrangements for communicating and embedding the values and priorities into divisional and service level plans and the monitoring and into individual objectives.	October 2017	DoS&I	EMT					Concordance Review of divisional and service level plans Semi-structured interviews with Divisional management and service leads	Assurance Team	September 2018	Confidence
2	1A	Following completion of the refreshed Trust strategy in May 2017, ensure that key enabling and supporting strategies are reviewed to ensure their alignment.	December 2017	DoS&I	EMT					Concordance Strategic mapping (content, consistency, alignment) Monitoring arrangements (Review) Board Assurance Framework (Review)	Assurance Team	December 2018	Confidence
3	1A	Review and refresh the annual business planning process to ensure that a clear forward calendar of annual planning activities is communicated at the start of the financial year, and that plans are developed in explicit alignment to the refreshed strategic priorities of the Trust.	December 2017	DoS&I	EMT					Presence Evidence of development of the Annual Plan, associated communication and effectiveness monitored	Assurance Team	June 2018	Confidence
4	1B	Ensure that the refresh of the risk management strategy aims to bring the same degree of rigour to specialty and divisional risk management as is now being applied at corporate level.	January 2018	DoG&CA	EMT					Compliance Internal audit of risk management strategy	Internal Audit	September 2018	Confidence
5	1B	Restate the role of the Board and committees in relation to the BAF. Accompany this with development work to support committee chairs in their understanding of the BAF and its use in committee, to consider the extent and coverage of assurances being received in the context of the Trust's strategic risks.	July 2017	DoG&CA	BoD					Compliance Internal audit of the extent and coverage of the BAF in relation to the strategic objectives and its utilization within the Committee governance internal audit	Internal Audit	April 2018	Confidence
6	1B	Introduce routine assurance reporting on the quality impact of CIPs to the Quality Committee, both pre and post- implementation of schemes.	July 2017	MD	QC					Compliance Review governance associated with CIP including QIA reporting through governance infrastructure	Internal Audit	September 2018	Confidence
7	2A	There is significant scope to improve Board debate, with a focus on: – Ensuring an appropriate degree of NED challenge, centered around the organisation's key areas of risk and opportunity; – Holding EDs to account for delivery of agreed objectives; and – Helping to shape the Board's ongoing strategic thinking. We recommend that alongside other improvements, that the appraisal and development process for Board members is used to promote and develop the level of value adding challenge at Board and Committee meetings.	September 2017	CEO & Chair	BoD					Concordance Review quality and content of Board debate through a Committee Self Review process and make recommendations (all recommendations to be completed by January 2019)	DoHR DoG&CA	January 2019	Confidence
8	2A	Review ED portfolios to ensure that their size and complexity is appropriately matched with sufficient capacity to enable successful delivery of individual accountabilities.	September 2017	CEO	N&R								
9	2A	As already stated, the Trust has worked hard to get to a position of having a fully substantive Executive team in post. It is important now that this is the case, that more formalised succession planning for Board positions is undertaken to ensure continuity of delivery should any turnover in key roles take place. As part of this a more systematic consideration of future skills needs, aligned to the refreshed strategic priorities should be undertaken by the	October 2017	CEO & Chair	N&R					Concordance Review of formalized succession planning process and the support that is being provided to ensure continuity of key roles	DoHR	January 2019	

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		Board.											
10	2A	Ensure that the forward Board development programme encompasses both the key findings of this report and also a focus on the key strategic risks identified as a result of the refresh of the Trust's strategy set for completion on May 2017.	October 2017	CEO	BoD					Review of minutes and Board Development programme. Outcome and use of Board Self assessment programme	Corporate Governance team	Reassessed May 2019	Confidence
11	2B	Aligned to R1 that a communications plan accompanies the launch of the refreshed strategy, the refreshed values and priorities of the Trust should be integrated into the staff appraisal process.	October 2017	DoHR	Workforce					Review of outcome of Staff Survey	Corporate Governance team	Reassessed May 2019	Confidence
12	2B	As part of the work to improve the informatics function currently underway, support should be provided to enable visibility and display of performance against key quality indicators at ward and service level.	September 2017	DoI	F&P					Review of performance at available at CBU level, and displayed publicly at ward level	Assurance team	Reassessed May 2019	Confidence
13	2B	The Trust should review its communications methods for keeping staff informed. Acknowledging that we found a number of communications mechanisms were in place, staff felt that there was an overreliance upon email and expressed a preference for a more concise and consistent information cascade.	October 2017	DoS&I	EMT					Review of outcome of Staff Survey	Corporate Governance team	Reassessed May 2019	Confidence
14	2B	Consider means of refreshing communications about 'freedom to speak up' arrangements to improve staff awareness.	September 2017	CN	EMT					Freedom to Speak up self-assessment, action plan and annual reports	Corporate Governance team	Reassessed May 2019	Confidence
15	2C	The arrangements for holding regular local team meetings across the Trust should be reviewed to ensure that these take place and are supported by a standard agenda which includes local quality performance information, patient feedback, incidents and learning from other areas.	September 2017	DoG&CA	EMT					Presence Repeated 2015 review of the consistency and comprehensiveness of clinical divisional quality governance, to support findings an additional internal of divisional risk related governance (due December 2018)	Assurance Team	August 2018	Confidence
16	3A	R16: The Board has recognized the need to refocus its committee structures and agreed revised Board and committee arrangements during April 2017. Whilst these will address a number of the issues we have identified, it will be important to ensure that the new structures; • Align agendas to strategic priorities; • Include a NED chair and 2 other NED members per committee; • Meet on different days as part of a schedule aligned to meetings of the Board; and • Redefine committee escalation arrangements to ensure that Chair's clearly identify each key risk or issue identified by the committee, and then direct the production of a summary to ensure sight and discussion of these where necessary at the Board.	September 2017	CEO	BoD					Compliance Self assessment of the Effectiveness of Committees of the Board and reporting lines	Internal Audit	September 2018	Confidence
17	3A	Refocus the Quality Committee agenda to more clearly align to strategic quality priorities. We recommend rotating the agenda to ensure that a more detailed review of assurances in relation to workforce issues is considered at the start of the meeting, at least quarterly.	September 2017	DoG&CA	BoD					Presence Audit the agenda and minutes for 9 months to ensure alignment to strategic priorities and appropriate agenda rotation to ensure coverage	Assurance Team	December 2018	Confidence
18	3B	Further improve divisional governance meetings by ensuring clearer focus on routine tracking of divisional business plans and ensuring consistent receipt of divisional risk registers in these forums.	August 2017	DoG&CA	EMT					Compliance Internal audit of divisional risk assessment, escalation and management processes	Internal Audit	September 2018	Confidence

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19	3C	Introduce a more integrated approach to assurance reporting on patient experience to the Quality Committee, to triangulate formal and informal patient feedback with claims and litigation, incidents and PALS.	September 2017	DoG&CA	QC					Review of Quality plan and Quality oversight system completed, reported to Quality Committee	Assurance Team	Reassessed May 2019	Confidence
20	3C	Mechanisms to enable governor engagement would be further improved by: <ul style="list-style-type: none">Introducing ‘getting to know you’ presentations from NEDs, outlining their skills and backgrounds;Introduce routine NED presentation to CoG on the work of committees; andFurther formalising the governor induction programme to support the understanding of the Trust context and the statutory role of the Governor.	November 2017	DoG&CA	CoG							To be reassessed August 2019	
21	4A	Further develop the revamped Board performance report to ensure that once completed in May 2017, the metrics captured within it are directly aligned to the refreshed strategic priorities of the Trust.	October 2017	DoI	BoD					Concordance Alignment review of Board performance report to Trust Strategic Priorities	Assurance Team/ Strategy team	August 2018	Confidence
22	4A	Should the Board determine in response to recommendation 18 that it wishes to stand down the Performance Committee, consideration should be given to the introduction of a strategically aligned quality dashboard to the Quality Committee to maintain committee level oversight of key quality metrics.	October 2017	DoI	QC							To be reassessed December 2019	
23	4A	Recognising the work undertaken to strengthen the Trust’s informatics function and capability, there remains a lack of confidence in, and a frustration about the accessibility of data amongst staff at divisional and service level. We recommend that the Trust surveys its management teams to obtain a baseline view of satisfaction with informatics support and provisions, revisiting this as new tools are rolled out to evaluate their impact and effectiveness.	November 2017	DoI	EMT							To be reassessed December 2019	
24	4B	Introduce data quality kite marks to Board performance reporting to enable BMs to have a clear line of sight to the underlying data quality of each metric presented.	September 2017	DoI	BoD					Presence A review of the % Board Performance Indicators with a kite mark A review of the methodology to identify a kite mark	Assurance Team	August 2018	Confidence

CEO – Chief Executive Officer
DoG&CA – Director of Governance & Corporate Affairs
MD – Medical Director
CN – Chief Nurse
DoI – Director of Informatics
DoS&I – Director of Strategy & Integration
DoHR – Director of Human Resources
DoF – Director of Finance
Chair – Chairman of the BoD

EMT – Executive Management Team
BoD – Board of Directors
QC – Quality & Safety Committee
CoG – Council of Governors
F&P – Finance & Performance Committee
N&R – Nominations & Remunerations Committee
IGRC – Integrated Governance & Risk Committee