

**Deloitte Development Review of Leadership and Governance Using the Well-led Framework
Recommendations and Action Plan**

No.	Recommendation	Trust's response	Responsible and end date	Progress Updated October 2018
1	Assess whether the anomalies between Executive Director portfolios (compared to common practice) will present an issue to the future effectiveness of the Board.	Current portfolios (separate ED for High Secure Services) are as a result of recommendations from the report for NHS London "Independent Inquiry into the Care and Treatment of Peter Bryan and Richard Loudwell" June 2009 and the need for balanced portfolios. The current structure supports the Trust to achieve its business. No immediate plans to change although review regularly takes place at PDRS and when vacancies arise.	Chief Executive Business as usual	Portfolios have been reviewed and JDs will all be updated by 15 th October. ¼ reviews of responsibilities have taken place as part of PDR cycle. HSS reauthorisation went well. CQC noted progress and commended the 2 COOs.
2	Re-invigorate the programme of NED service visits and develop to include EDs wherever possible. The programme should include clinical and non-clinical areas and be publicised.	Re-establishment of NED visits to be finalised by July 2018 with key areas of interest. EDs visit via Listening Events. Non-clinical areas are included in Listening Events. Refresh programme.	Director of Communications & Engagement/Board Secretary July 2018	Programme of service visits in place and the programme for 18/19 is being established. This includes preparations for CQC inspections.

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3	Develop succession plans for all Board, Clinical Service Unit and Service Leadership roles, focusing on the skills and capacity required to ensure delivery of the Trust's strategic objectives and also to promote greater diversity at Board level.	<p>Recruiting and Retaining talent programme in place includes specific roles for talent management succession.</p> <p>All executive roles to be considered via PDR process. All clinical directors and clinical service unit managers to be considered via PDR process. A standard template has been made available.</p> <p>BME leadership development programme in place.</p>	<p>Director of Workforce</p> <p>Directors of CSUs & Executive Directors</p> <p>September 2018</p>	<p>Immediate succession and deputising plan to be completed by 15th October.</p> <p>BME leadership programme won HPMA award.</p>
4	Design and implement a Board and Executive team development programme, focusing on dynamics, roles and responsibilities, shared priorities and reflecting the outcomes of the Board effectiveness reviews.	This describes what is already in place. Board development programme already in place including Board awayday in October 2018. Executive awayday programme and informal dinners already in place. All Executives undertake personal development. Board effectiveness feedback generally positive about how the Board conducts itself. Review of development programme content to take place.	<p>Chairman/Chief Executive</p> <p>August 2018</p>	<p>Board away day due to take place in October. Chairman has annual 1:1s with executives.</p> <p>There will be an externally facilitated session at away day focusing on Board effectiveness and best practice in Board governance.</p>
5	Develop a 'strategy on a page' for engaging and communicating the Trust's strategic objectives and encourage leadership teams to replicate this at Service level.	<p>The Trust has a 'strategy on a page' which was created last July, disseminated in the Trust and as part of the consultation, and a copy provided to the Deloitte team.</p> <p>Consideration of further communication of strategy on a page to take place.</p> <p>Clinical strategy being prepared.</p>	<p>Director of Communications & Engagement/ Director of Strategy & Business</p> <p>September 2018</p>	<p>On track.</p> <p>To be reported to Board away day.</p>

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6	Review the support strategies in place or in development to ensure that they clearly identify how they will support and enable the delivery of key aims of the corporate strategy. It will also be important to ensure that the arrangements for monitoring and reporting of these supporting strategies are clearly defined.	Work already in place to take this forward.	Director of Strategy & Business June 2018	Executive review of Trust wide objectives such as being a trauma informed organisation takes place regularly in executive meetings.
7	Improve processes for dealing with poor performance and behaviours at all levels within the organisation, including delivering a programme of training to equip managers at all levels with the skills and support to undertake this.	Lead by Example programme in place and evaluated annually. 2 Hours 2 Learn and coaching programmes in place. Review of process for managing conduct in place.	Director of Workforce July 2018	Development of framework to be complete by October 2018 supported by case studies for implementation on a pilot basis in Forensic Services.
8	Strengthen the mechanisms for providing feedback and closing the loop where concerns are raised.	It is understood this recommendation relates to staff feedback. Listening Events are in place and the outcomes are on the Exchange. A Board level Speak Up Guardian is in place. Associate Speak Up Guardians are being recruited.	Director of Workforce August 2018	Staff survey being communicated. Four speak up champions have been appointed. The workforce strategy has been amended to include FTSUG role.
9	Promote a range of health and well-being activities and ensure that, as much as possible, members of staff have the capacity to access these initiatives, particularly those in clinical roles.	The Trust is undertaking a self-diagnosis of the wellbeing support provided via the DH wellbeing self-diagnostic tool. Above average in staff survey. Improved staff survey results over last two years.	Director of Workforce July 2018	Staff handbook, which includes details of all benefits, is now made available to all new starters and is available on the exchange system. Monthly Training Matters advertises wellbeing activities e.g. massage.

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10	Review the Board agenda to ensure that Committee assurance reports, focusing on providing assurance against the risks to the achievement of the strategic objectives, are presented and discussed alongside the relevant Executive-led report.	Minor amendment to agenda order to be implemented.	Acting Trust Secretary July 2018	BAF has been updated and level 2 risks remitted to reporting committees.
11	Review the Committee terms of reference in light of good practice enhancements that have been identified.	Committee terms of reference are reviewed annually. Business as usual.	Acting Trust Secretary with Committee Chairs October 2018	In place. Committee Chairs' reports to the Board in place. Board agendas have been restructured following review.
12	Amend the membership of the Board (<i>sub?</i>) Committee terms of reference to reflect attendance of the Trust Chair on a rolling basis only as part of their governance oversight role.	This action is understood to refer to the Board sub committees. Terms of reference are reviewed regularly. Subcommittee chairs adamant to continue to include Trust Chair input.	Acting Trust Secretary with Committee Chairs October 2018	Reviewed 2018 and will be reviewed annually going forward.
13	Review the purpose and effectiveness of the Trust Management Team (<i>meeting?</i>) and improve the ways of working to ensure that it is able to appropriately discharge its responsibilities and has a positive impact on the operational management of the Trust.	Decision made to reduce number of meetings to quarterly. To introduce performance management meetings for each service line on a quarterly basis. Revised Terms of Reference for TMT agreed by Board.	Chief Executive May 2018	Complete.

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14	Clarify the accountability between the corporate teams and the Clinical Service Unit and Service Leadership teams to ensure that governance arrangements are robust. This should form part of the Performance Management and Accountability Framework.	<p>Agreed to introduce a performance management framework with effect from May 2018.</p> <p>Clarification of relationships between Clinical Governance teams and between Finance and Business Intelligence Teams and the CSUs to be undertaken.</p>	<p>Chief Executive May 2018</p> <p>Director of Finance & Business and Director of Nursing July 2018</p>	Performance meetings have been reviewed and CSU Directors to take the lead focusing on red risks and areas of limited assurance.
15	Strengthen the Board horizon scanning processes, in order to ensure that emerging external risks are appropriately captured and considered.	<p>Horizon scanning sessions to be included in regular Executive away day sessions and build into risk register at organisational level.</p> <p>Improved organisational communications.</p>	<p>Director of Strategy & Business</p> <p>Director of Communications</p> <p>Quarterly as of August 18</p>	Board away days and executive away days to include items on horizon scanning. Proposal update to Board away day (October 2018).
16	Introduce an Executive led risk assessment management forum to consider and moderate corporate and operational level 2 risks identified, creating an opportunity to corporately oversee risk across the Trust. This forum should undertake a complete thematic analysis, determine which services have or have not identified or reviewed their risks, and identify those single low scoring risks that may be across several services and therefore require escalation.	<p>Level 3 risks review to be undertaken by Directors of Local Services and Forensic and High Secure Services in existing fora.</p> <p>To be included in monthly performance management sessions.</p>	<p>Chief Executive</p> <p>Quarterly</p>	<p>Health and Safety and Risk Manager is reviewing the systems for managing level 2 and 3 risks.</p> <p>Standing agenda item on TMT agenda and to be included in performance meetings.</p> <p>Level 3 risks as part of Performance Management reviews.</p>

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17	Review and communicate the quality impact assessment processes to ensure that staff can engage and influence the assessments.	Recommendation undertaken by QCIP panel, already in place.	Chair of QCIP panel July 2018	Report due to go to Quality Committee in July. Closed.
18	Implement an Executive Director-led performance review cycle with Service leadership teams and corporate teams, supported by a clear Performance Management and Accountability framework, based upon a model of 'earned autonomy'.	<p>Agreed to introduce a performance management framework with effect from May 2018. Further work will be required to develop an Accountability Framework and examples of any successfully in place in other trusts would be welcome.</p> <p>Recruitment Board including CSU representation to be implemented.</p>	<p>Chief Executive May 2018 September 2018</p> <p>Director of Workforce May 2018</p>	<p>In place.</p> <p>IPR revamped with input from sub-committees.</p> <p>Deep dives at Quality Committee and Finance & Performance etc.</p>
19	Develop Board performance reporting, with Board members actively discussing and influencing its content to ensure that it is an Integrated Performance Report, incorporating KPIs across finance, quality, workforce and performance. The report should be aligned to the Trust's strategic priorities and should be supported by a pyramid of detailed reporting to committees.	<p>The Board performance report includes KPIs for workforce and performance and some quality measures. Further work is taking place to update all of the KPIs annually in the context of the Trust having achieved much of its performance KPIs. It has already been agreed that the report needs to include quality measures. The sub-Committees review different and more detailed reports than are presented to the main Board.</p> <p>Review links between KPI's and strategic plan in hand.</p>	<p>Director of Finance & Business July 2018</p>	IPR in place. Includes narrative and running commentary from committees.
20	Introduce a Data Quality Group with oversight of the quality of information being used internally and externally and membership from operational and corporate teams.	There is a Statutory Submissions Review Group in place which monitors data quality impacting performance and statutory submissions. Areas that require intervention are co-ordinated with data quality leads and Service managers.	<p>Director of Finance & Business October 2018</p>	TOR to be broadened to include all returns.

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21	Develop and implement a rolling programme of data quality testing and audit focused on key internally and externally reported indicators. Consideration should be given to kite marking Board KPIs based upon the outcome of this activity.	<p>Internally and externally reported indicators developed within West London Business Intelligence (WLBI) are going through a process of data validation and testing before publication. The development of data quality dashboards within WLBI will identify data quality issues and therefore the focus of testing and audit.</p> <p>Data quality will form part of the annual, rolling internal audit programme.</p> <p>Consideration will be given to Kitemarking KPIs as this development progresses.</p>	<p>Director of Finance & Business</p> <p>October 2018</p>	<p>Engagement with the use of WLBI. Presented at Leadership Forum and SMT's.</p>
22	Identify suitable methodologies for replicating and sharing areas of good practice in patient, service user and carer engagement activities across the Trust. This should include improving communication about engagement to non-clinical staff.	<p>Communications regarding patient, service user and carer engagement already in place in multiple forums. Coproduction strategy under review with significant output. Director of Communications and Engagement reviewing all communications. A QI microsite is in development.</p>	<p>Director of Communications & Engagement with Director of Nursing and Medical Director input</p> <p>August 2018</p>	<p>Co-production partnership strategy plan to go to Quality Committee in September.</p> <p>QI Manager recruited.</p> <p>Review of internal communications planned.</p>

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23	Improve the communications of actions taken to address staff feedback, such as 'You said, we did'.	Significant volume of feedback available via the Exchange including a staff survey video. Non-electronic forms of communication to be developed.	Director of Communications and Engagement/ Director of Workforce August 2018	Review of communications function taking place. Quality improvement manager now in place. Communication plan for staff survey in development. CQC/Leadership Forum feedback in place.
24	Review the external stakeholders' communications approach to ensure that external stakeholders are proactively managed at the right level and a consistent story is told.	Stakeholder management to be included in regular Executive Director away day discussions. Board to consider at regular intervals and address any gaps.	Chief Executive Board Secretary and Director of communications & Engagement Quarterly	In plan as part of horizon scanning work (see 15).
25	Identify opportunities to share good practice and learning across the Clinical Service Units.	Clinical Improvement groups discussing learning. Board meetings start with learning from SI's and service users. Accessible vignettes of SI's are used as part of discussion based learning in clinical improvement groups.	Director of Nursing June 2018	Learning lessons conference in place 30 th October. Wider remit of AGM etc. Quality Improvement conference to be agreed.
26	Commission an independent review to assess the progress of the recommendations within this report within the next nine months.	Report and recommendations will be considered during CQC visit anticipated for final quarter 2018.	Board	Noted.

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