Well-led review action plan – completion in date order

#	Recommendation	Action	Lead Director	Timescale	Progress
2.	As the new governance structures for the executive and senior leadership team start to embed, the Executive need to continue to ensure that appropriate time is allocated to debating key papers prior to Board. In addition, executives need to ensure that there is greater cohesion when presenting papers, and to ensure that they contribute more fully across different portfolios throughout the meeting.	Monthly EMT meetings in place to review Board papers.	BK & PH	February 2019	Completed. Monthly EMT now in place to review Board papers.
3.	Board papers would benefit from being presented by the relevant executive, with a focus on drawing the Board's attention to key areas of potential risk for debate. This should then be supported by input from the relevant Committee Chair for that item in order to bring to the Boards attention a summary of debate which has already been undertaken along with any areas where assurances were not received.	Chair will allocate agenda items under new arrangements via usual his email.	MS & BK	February 2019	Completed. Papers now presented by Executive Management Team.
5.	There is a need to ensure that there is a swifter response and communication around the planned timeline and approach for the transition to the Care Group structure.	Information cascaded to staff on 22 January. Embedding of further messages regarding structures will be 'business as usual'.	PS, DG & DS	February 2019	Completed. SLG paper approved revised operation structure on 13 May 2019.
4.	There remains a need for the Board to collectively reflect on the learning from the previous CQC inspection and to have opportunities to further reflect on the self-assessment for the forthcoming review.	Discussion at Board workshop in February 2019; review whether further discussion is required in March 2019.	BK & DG	February 2019	Completed. Further Board development session held on 28 March 2019.
18.	There is scope to improve the quality of incident reporting to ensure themes and trends are more clearly articulate, learning identified and to support greater dissemination of learning and innovation across the Trust.	Two reports are being presented to Trust Board (on SI capacity/themed analysis; and the external review into inpatient SIs).	DG	Actioned in February & March 2019	Completed. Further follow up discussion scheduled for June Board.
6.	Acknowledging the positive feedback around the various new initiatives which are ongoing at the Trust (including the breadth of engagement in the development of the strategy and the transition to Care Groups), there is a need for the Board to be ensure that the feedback raised by staff throughout our review is addressed as plans become more fully implemented. In addition, there is a need for the Board to be clearer	EMT Strategy Deployment workshop arranged for 19-20 March 2019. Outputs to feed into operational plan and cascaded to SLG and wider workforce.	BK	March & April 2019	Completed. The Strategy Deployment workshop took place on 19-20 March and identified a number of breakthrough strategic programmes linked to the delivery of our Strategic Goals. There was also a review of 185 other projects and programmes that have been logged with PMO. 100 of these were either stood

	about how the various initiatives all fit together into a clear forward plan for the organisation. This should then be shared with the SLG and disseminated accordingly.				down, adopted a business as usual items or identified as being smaller scale local projects. The remaining 85 are being reviewed through the PMO. The programme of strategic priorities for 2019/20 has been agreed been allocated to Executive Directors. Operational plan approved by Board in March 2019.
15.	Using Model Hospital and other relevant benchmarking data, confirm that the Trust has the levels of corporate support it requires to ensure successful delivery of its strategic objectives (particularly in workforce and OD).	Further paper on corporate benchmarking for discussion at Committee.	LR & RV	March 2019	Completed. 25 March 2019 Corporate Benchmarking (Well Led Response) Paper. Benchmarking suggests Trust is an outlier with additional/appropriate value rather than under investment.
30.	The expectation that all teams should be meeting monthly as a minimum needs to be underlined. The awareness of safety huddles in mental health teams also needs to be increased and encouraged, building on the positive experience many community-based staff reported in this area.	To be undertaken as part of the review of operational governance (new Care Groups).	PS	Initial review March 2019 (then July 2019)	Completed. All teams across both care groups now have monthly team meetings. Safety huddles are in place within all services of the Mental Health Care group and being introduced within Adult and Children's Care Group.
29.	Consider and clarify with staff how the new QI approach will synergise with existing work and resource in this area, including the various PMO work streams and iCare.	Consider through establishment of KPO	PS & DG	March 2019	Completed. Board development session on the Care Trust Way held on 30 May. Review of PMO completed and new KPO now established. Care Trust Way training programmes developed and now underway. Programme of RPIWs underway with 30, 60 and 90 follow up reports scheduled. Launch of Care Trust Way corporate material (video and graphic identifier) to be formally launched in September 2019.
1.	Given the changes to the Board composition, the Board would benefit from development time to focus on the areas outlined within this report, including Board impact and refining the effectiveness of Board debate and challenge. Aligned to this, there is also scope to revisit the format and frequency of Board meetings to ensure that the Board has sufficient time to debate strategic matters (including organisational culture, integrated care and business development) in sufficient depth.	Map out options for how Board programme aligns to 2-monthly meetings with alternative Board development sessions.	MS, BK & PH	March 2019	Completed. Board discussed frequency of Board meetings and development sessions at meeting on 28 March. Bi-monthly public Board meetings commence from May 2019 onwards. Board walkabouts agreed to take place on 'fallow' months where no public Board meeting is held. New Chair is reviewing format of Board development sessions.
14.	Introduce the changes recommended to each committee more specifically in section 4.3 of the report.	1. Audit Committee – review reporting on data quality and clinical audit; consider removing Committee Chair reports and move to process of	LR & DB	Paper in April 2019	1. Completed. Paper presented at Audit Committee on 15 April and Terms of Reference amended (and approved at Board meeting on 30 May).

		reviewing Committee effectiveness reports and terms of reference. 2. FBIC – consider further reporting on SystmOne and post implementation reviews at Committee. 3. Q&SC – introduce thematic reporting and clearer reporting from sub-groups. MHLC – No actions required.	LR & RV DG & GA	Paper in April 2019 Paper in March 2019; linked to June IPR action.	2. Post Project Evaluation for SystmOne added to Committee work programme (October 2019 to agree scope & Quarter 4 2019/20 to complete). FBIC discusses work plan and post implementation reviews at each meeting and in Sept 2019 agreed CCtH and Functional Medical Model would be added to forward work plan. (Separately a Board paper of SystmOne Reporting/Progress was provided in July 2019, highlighted reporting and training issues/priorities to address before benefits will be optimised). 3. Completed. Paper presented at Q&SC on 2 May.
17.	The Trust should take steps to improve both the format of the BAF and its use in practice. This should include for example, greater use of the BAF at the committee level both to oversee actions being undertaken, and to ensure that the BAF remains a live document which helps to drive the focus of debate.	Board/SLG Workshop already scheduled for 26 March 2019; refreshed BAF to be presented to Board following workshop.	PH	April 2019	Completed. New BAF format for 2019/20 approved at July Board meeting, including specific elements of BAF presented to relevant Committees.
21.	Conduct a training needs analysis for additional training on the new EPR to address staff anxieties about clinical record keeping, data quality of reporting and the risk of an adverse impact on patient care.	SLG reviewed reporting arrangements for SystmOne on 18 February. Further discussion on governance framework required; standing item at Q&SC.	TR	April 2019	Partially completed. A SystmOne reporting paper was presented at Board in July, highlighting factors which are contributing to poor data quality in some areas. The following actions have been identified to mitigate the issues; a) redesign of the training documentation for CAMHS (Referral) b) a training schedule for CAMHS staff c) a training quality assurance process; by September 2019 d) The establishment of Clinical Systems Design Authority; by September 2019 e) a wider design workshop to address the standardisation of the core process, referral, appointments and discharge, potential RPIW (November).
13.	To varying degrees, all of the Board's key assurances committees should be improved, with a particular focus on: ensuring that agendas are aligned to their relevant strategy; ensuring a quarterly review of the relevant	(i) One-page escalation reports from Committee Chairs to be standing agenda items rather than in IPR.	(i) Committee Chairs (ii) PH & DG	Immediate April 2019	(i) Completed. Written reports are now a standing agenda item at Board. (ii) Completed. BAF allocations agreed for Committees.

	BAF risks; introducing thematic reporting to more provide greater insight into potential hot spots and causal factors; and introducing one page escalation reporting to the Board, clearly summarising positive and negative exceptions arising from committee debate.	(ii) process of BAF reporting into Committees to be introduced after March workshop. (iii) thematic review of Committee agendas against work programmes.	(iii) Committee Chairs & Lead Directors	June 2019	(iii) Partially completed. Discussions with Committee Chairs still underway reflecting new dashboards.
23.	Review the format and content of the Performance Report in line with the commentary under section 6.3.	(i) Set out key principles for revised IPR (ii) New IPR presented at Board	LR & PS	(i) April 2019 (ii) June 2019	Completed. Board development discussion held on 25 April to receive feedback on new IPR format. New IPR presented to July Board.
25.	The Board needs to increase its profile among staff across the Trust. A number of mechanisms can be used to do this, including 1. Inviting leaders and staff to Board development days 2. Establishing leadership forums for the Board to engage with staff in key leadership positions 3. Introducing staff stories within Board meetings 4. Using Board champions of particular services 5. Facilitating informal 'drop in clinics' for any member of staff to speak to the Board informally 6. Ensuring people know who Board members are and their role in the Trust (such as via intranet and poster profiles, podcasts and blogs). 7. The most important thing is that actions taken as a result of staff feedback are clearly communicated back to staff via a "you said, we did" approach to ensure that staff see the value in these activities and uptake is increased.	A number of actions planned to address the seven recommendations. Board development days have been opened up to SLG; F2E sessions continue in diaries Staff stories will be incorporated into Board programme; Promotion of Chat2Brent email address and FTSUG roles of Board members picks up informal engagement with staff. Data for quality and safety walkabouts will be reviewed to make them less informal; Allocation of Board champions has already been completed; Further 'Board on the Road' meetings planned for 2019/20; Visibility of Board members being addressed through internal communications updates; Further work planned on 'you said, we did' mechanism with staff as part of QI methodology.	BK & PH	Completed April 2019 April & May 2019 Completed April 2019 April 2019 June 2019	1. Completed. Board development discussions now include senior managers 2. Completed. F2E sessions continue to be scheduled in diaries for 'Top 60' leaders 3. Partially completed. Staff stories will be considered as part of Board meetings. 4. Completed. List of Board champion roles agreed by Trust Board. 5. Recommendation not accepted. Considered at SLT and previous experience of diarised 'drop in' clinics had not resulted in much staff uptake. Access to Board members would continue with EMT briefings, Chat2Brent emails, individual shadowing and FTSUG channels. 6. Completed. Organigram of Board members produced, presented at main Trust sites and regularly updated. Integrated Governance guide produced and includes Board information to be launched in October 2019. The CEO weekly blog now has Executive Directors and Champion roles periodically as guest blogs. 7. Completed. Crowdsourcing campaign around 'Best Place to Work' completed, feedback analysed, priority actions identified and reported back to staff.
8.	Define the process by which, as the ICS becomes increasingly established, the Trust Board will receive	Regular reporting of ICS issues in Chief Executive's report; Board development	MS & BK	April – June 2019	Completed. A new style CEO report for both public and private board has been

	assurance regarding programmes which impact (positively or otherwise) the Trust strategy. This should include the agreement for any authorities which will be delegated to the ICS Board.	discussion on ICS required in early 2019/20.			introduced. The private Board papers includes an item on ICS matters (this can be extended to public report for appropriate items). Following agreement at March Board to a new frequency of Board meetings and development sessions a specific ICS and mental health collaborative session scheduled for September 2019.
19.	The Trust needs to ensure that where CIP targets are identified, the relevant staff are bought into the schemes and that these are signed-off jointly to ensure their achievability. The impact of significant cost improvement schemes should be kept under review throughout the life of the scheme. In addition, the Trust should increase the number of post implementation reviews undertaken to ensure that the potential impact on quality is kept under review and any learnings identified and shared.	QIA review to Q&SC is currently 6 monthly; consider further at Committee. For post implementation reviews see recommendation 20 below.	DG	May 2019	Partially completed. A QIA review took place on 5 September and a report back to Q&SC will follow by January 2020.
16.	Once the restructure has been implemented, undertake an information flow mapping exercise to ensure that there are effective escalation routes in place from ward or team to Board.	Chief Executive now includes reportable issues log in his Board report. Flow mapping exercise will be completed as part of new 'Report-Out' boards relating to QI/lean methodology/new Care Group structure.	LR & PS	June 2019	Partially completed. Board agreed to revise scope of this action linked to CQC Section 29A and core inspection reports to ensure comprehensive response – report out boards still being rolled out. Performance Management Framework drafted and Board have agreed to receive final iteration of BIPR by November.
10.	The Executive Team and wider SLG need to build upon the positive momentum brought about by the new CEO to set the new tone in relation to the Trust's culture. The new vision and values brings an opportunity to reset the culture and leadership behaviours by aligning recruitment, induction, leadership development and appraisal processes to this.	Discussion held on increasing visibility of EMT members – communications plan in development.	BK & PH	June 2019	Completed. Programme of Exec blogs arranged. Members of EMT continue to present at corporate induction. Quarterly EMT briefings continue and results discussed at SLT.
		Use of crowdsourcing processes to maintain staff engagement.	SK	July 2019	Completed. Crowdsourcing campaign around 'Best Place to Work' completed and feedback actioned. New People Development Strategy produced and submitted to FBIC in September. Further crowdsourcing campaigns to continue in 2019/20.
7.	Following the forthcoming launch of the strategy, there is a need for a clearer annual planning process to be developed to ensure that clear objectives for Care	Paper to Board setting out Care Group objectives. Linked to recommendation 23 (IPR refresh).	LR & PS	June 2019	Partially completed. Board agreed to revise scope of this action linked to CQC Section 29A and Core inspection reports

	Groups and services are established, with performance routinely tracked.				to ensure comprehensive response – report out boards still being rolled out. Performance Management Framework drafted and Board have agreed to receive final iteration of BIPR by November.
22.	Provide training to those responsible for writing Board and committee reports regarding effective report writing. This should include as a minimum how to write effective executive summaries and use of data versus narrative in reporting.	Attend bespoke Board writing course (in April); change Board report format and cascade learning to Board authors.	PH	June 2019	Partially completed. Board/Committee templates revised as part of Integrated Governance Guide to be launched after September Board meeting. Minute course already delivered and report writing course being offered as part of Governance Guide roll-out from October onwards.
24.	The QSC needs to introduce a much stronger focus on thematic reporting. An integrated report which analyses the themes arising from complaints, litigation, incidents and staffing should be reviewed on a quarterly basis, with key findings included in the Board level performance report.	See recommendation 14. First paper discussed at February meeting;	DG & GA	June 2019	Completed. Paper presented at Q&SC on 2 May. Further work being undertaken on Q&SC dashboard as part of wider IPR reporting.
9.	Implement 'hot spot reporting' at SLG level, with exceptions reported to the Board, which should help to identify distressed teams or services. This reporting should triangulate data relating to: staffing, grievances, staff engagement, patient experience and incidents. Higher levels of senior support, alongside targeted OD interventions, should be provided to teams identified through this process, as well as with teams about to undertake significant changes to the way their services are delivered.	New reporting process to SLT and Board. Triangulation of data and targeted support to teams to be discussed as part of QI programme.	BK PS, DG	Completed July 2019	Initial 'hot spot' reporting introduced at SLG meetings; Chief Executive now includes reportable issues log in his Board report. Monthly triangulation meetings take place with HR and weekly combined operational and Nursing and Governance 'report outs' also allow consideration of hotspots. Quality and Safety meetings provide an additional level of scrutiny/understanding at Care Group level.
11.	Alongside service level responses to the Staff Survey, Trust-wide analysis of the key themes and priorities needs to be cascaded via the SLG throughout the Trust. This is so that staff understand how their feedback has been used and are aware of any new tools or initiatives which can be accessed as a result.	Discussion on 2018 results occurred at January Board meeting; benchmarked results published March 2019; further Board discussion in 6 months' time.	SK	July 2019	Completed. Communication of Trust wide results had been successful. Discussions have taken place at SLT and July FBIC on the local cascade process of service level results, which had been inconsistently approached across localities. The subsuming of some services within broader localities provided by Clever Together and operational services restructuring had led to some confusion along with different methods of engagement and prioritisation of the results across services. For 2019, Picker

					would be used again providing further granularity of results and responsibility for ensuring cascade and engagement would lie with Service General Managers and Corporate deputies rather than HR who would however continue to support the process.
12.	Where staff feedback has been heard and acted upon, review how this is communicated back to staff. The wider the mechanisms used to undertake this (posters, Team Brief-style cascade, intranet, email, CEO messages), the more effectively the message will disseminate.	Review internal communication processes as part of new strategy/QI methodology.	BK, PS & PH	July 2019	Partially completed. Some internal communication mechanisms have been refreshed (including Shining Bright magazine). Action from Better Place to Work feedback identified a further review of internal communications processes (particularly how staff who do not frequently access emails can receive important messages).
20.	Post-implementation reviews of major programmes (such as the recent EPR implementation) need to be reported to the Board, with arrange of staff groups' feedback clearly incorporated.	Identify classification of major projects and structure/format of post implementation review process for reporting to Board.	BK & DB	July 2019	Yet to be undertaken.
26.	The Trust's relationship with the local council remains important for the whole care system in Bradford in spite of the outcome of the recent tender. A joint session to ensure that learning has been taken from this (for both parties) and that relationships remain effective would support this.	Development of ongoing relationship as part of discussions about 0-19 contract, community partnerships and strategic partnering agreement. Joint session with Chief Executives of CCGs and LA arranged for February Board meeting.	MS & BK	Discussion of SPA at Board in February 2019	Completed – but ongoing. Trust signed up to Strategic Partnering Agreement. New Chair met LA Leader on 6 September. Senior operational staff continue to hold regular informal and contractual meetings with LA officers.
27.	Once the new strategy and leadership has had time to embed in the organisation (and system), there is a need for the Board to more clearly define its appetite for system working and where it wants to focus its contribution in terms of system leadership.	Ongoing development through existing leadership meetings linked to work on community partnerships and strategic partnering agreement. Board development session required in early 2019/20.	MS & BK	Ongoing	Partially completed. Further Board development session on WYMHSC in September; Chair and Chief Executive attending West Yorkshire Partnership Board and are members of Committee-in-Common arrangements.
28.	Through the new QI approach, define the structures or mechanisms for how excellent practice will be shared across the Trust. Trusts who do this well may, for example: 1. Encourage innovation showcases, with mandatory attendance from senior management to consider how good practice can be adopted in their services 2. Present these staff stories to the Board, to identify how excellent practice can become standardised	Embed recommended learning in QI process methodology.	PS		1. The Care Trust Way has a strong focus on sharing, learning and celebrating success as well as accountability and assurance. The Trust amongst other aspects of the Care Trust Way is introducing Friday Report Outs, which is where any teams doing improvement work in the organisation are encouraged to come and share their work. For our RPIW's and Kaizen events is a mandatory

3. Buddy ward managers with lower performing services to ensure learning is networked across the Trust, to promote peer mentoring and support 4. Receive personal thank-you communications from the CEO, to maintain momentum and morale 5. Share stories on the front page of the intranet, to increase awareness and promote internal benchmarking				requirement, the purpose of Report Out is to share work, learning, barriers and to update on progress with 30, 60 and90 day progress reports until improvements are embedded and classed as business as usual. Report Outs are led by the lead Directors and improvement work is also followed up by a final report that becomes a case study. The Trust is working on a central repository where case studies can be accessed by staff. The Care Trust Way Leaders programme also introduces Leaders Standard Work (LSW) to the organisation, designed to embed best practice in our organisation by using Genba Walks, workplace audits and Comms cells to ensure best practices are in place, being shared and understanding how this is impacting the organisation. Genba Walks are cross functional and allow work to spread across teams, departments and our district. 2. As part of Best Place to Work actions, SLT members agreed to send personal notes to staff (also linked to Living Our Values monthly awards to staff). 3. Opportunities for addressing areas of under performance and sharing best practice is central feature of the QI system – further supported by DLM mechanisms and operational clinical huddles. 4. Approach agreed with CEO. 5. As part of Best Place to Work actions, new internal staff publication, Shining Bright, being launched in September 2019, which shares service and staff stories, with hard copy on wards.

Code:

MS – Chair (now CE) RV – Chair of FBIC PS – Chief Operating Officer DG – Director of Nursing
BK – Chief Executive GA – Chair of Q&SC SK – Director of HR/OD TR – Director of Informatics
LR – Director of Finance, Contracting and Facilities DB – Chair of Audit Committee PH – Director of Corporate Affairs
DS – Medical Director CP – Chair of MHLC