

Board of Directors

26 November 2020

Paper title:	Well-led Update	Agenda item 22.0
Presented by:	Paul Hogg, Director of Corporate Affairs	
Prepared by:	Paul Hogg, Director of Corporate Affairs Bev Fearnley, Head of Quality Governance/Patient Safety Fran Limbert, Deputy Trust Secretary	

Purpose of the report		
To update the Board of Directors on arrangements for the next phase of preparations for the Trust's well-led inspection by the Care Quality Commission (CQC).	For approval	X
	For discussion	X
	For information	

Executive summary		
<p>This paper outlines the work completed to date in the Trust's journey in meeting the CQC well-led framework and readiness for a future CQC well-led inspection; the last inspection was in February 2019 with the report published in June 2019. It summarises the actions that are expected to be completed by the end of December 2020, following work with MIH Solutions and a further paper will be presented to Board in January 2021 to conclude this phase of the well-led work. To note, the 'Go See' visits framework included at Appendix 1 provides additional evidence in developing the Trust's well-led infrastructure.</p>		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<p>State below 'Yes' or 'No'</p> <p>No</p>	If yes please set out what action has been taken to address this in your paper

Recommendations
<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> Consider the progress against the well-led action plan as outlined in the paper;

- Note that the evidence and gap analysis against the 8 well-led Key Lines of Enquiry (KLOEs) is expected to be completed in early December 2020 and available to Board members following a QA exercise by the Executive Management Team (EMT);
- Note that this work will be presented as a draft to private Trust Board in December 2020 with a final version to the public Board meeting in January 2021 to complete this stage of our well-led work;
- Note the outline Board briefing pack will be available early December 2020;
- Note the work to be undertaken by the Finance, Business and Investment Committee on Use of Resources will be presented to Committee in February 2021;
- Consider this paper in conjunction with the paper relating to key governance meetings and the revised terms of reference for the Senior Leadership Team (SLT); and
- Approve the 'Go See' visits framework at Appendix 1 to be implemented this month, with meetings starting in December.

Strategic vision

Please mark those that apply with an X

Providing excellent quality services and seamless access	Creating the best place to work	Supporting people to live to their fullest potential	Financial sustainability growth and innovation	Governance and well-led
				X

Care Quality Commission domains

Please mark those that apply with an X

Safe	Effective	Responsive	Caring	Well Led
				X

Relationship to the Board Assurance Framework (BAF)	The work contained with this report links to the following strategic risk(s) as identified in the BAF: <ul style="list-style-type: none"> • N/A.
Links to the Corporate Risk Register (CRR)	The work contained with this report links to the following corporate risk(s) as identified in the CRR: <ul style="list-style-type: none"> • N/A.

Compliance and regulatory implications	<p>The following compliance and regulatory implications have been identified as a result of the work outlined in this report:</p> <ul style="list-style-type: none"> • CQC Well-led domain • Foundation Trust Code of Governance
---	--

Well-led Update

Background

The Board has asked to receive regular updates on the Trust’s preparations in developing its well-led infrastructure, meeting the CQC framework. The Trust’s last inspection against the well-led domain was as part of the wider core inspection which took place between February and April 2019, with the CQC report published in June 2019. Since then the Board has undertaken various development work, both before and during the COVID-19 pandemic, in readiness for any next inspection. This paper should be read in conjunction with the papers presented by the Director of Nursing, Professions and Care Standards around other CQC related work.

Completion of work with MIH Solutions

On 2 November, the Board completed its work with MIH Solutions with a final development session to receive feedback from the check and challenge sessions with members of the Board and the SLT, identified the next set of priority actions for the coming months and considered which other developments could be presented to Trust Board to help triangulate additional governance improvements made during COVID-19. To complement this, the Board’s training and development planner introduced in January 2020 and revised in July 2020 is being revisited this month, taking on board MIH Solutions’ feedback, and the revised version is available in the Chair’s Report.

Board briefing pack

In order to brief Board members on our current status against the well-led framework, a high level briefing pack on key issues as an aide memoire was presented to the Board in September 2020, including a first draft of some heading topics (top three risks, key achievements and areas for further development). This was further reviewed and extended at SLT and EMT meetings resulting in four proposed areas in each category as follows:

Top risks (referenced in Board Assurance Framework (BAF) and Corporate Risk Register (CRR))

- Demand and capacity (BAF Risks 1.1 and 2.2; CRR 2197 and 2393);
- Delivery of quality services / risk of regulatory intervention (BAF Risk 2.1; CRR Risks 2102, 2266, 2342 and 2197);

- Delivery of financial objectives (BAF risk 5.1; CRR Risks 1821, 1825, 1826 and 2383); and
- Impact of COVID-19 on the Trust's ability to operate and maintain safe, high quality services during the pandemic period (BAF Risk 6.1; CRR Risk 2370 and 2383) due to the unpredictable nature of the pandemic and pace of change affecting services.

Please refer to the BAF and CRR reports in the Board pack for further details on the risk scores, mitigations and risk actions.

Key achievements

- Care Trust Way and iCare (embedding of QI training, impact of RPIWs, coaching methodologies, Daily Lean Management, process of escalating concerns through cells, and celebration of innovation);
- Use of technology (MS Teams for Board and Committee meetings, virtual service visits, Crowd sourcing, Executive Broadcasts, Pulse Survey, Learning Week events);
- Involvement and engagement agenda with both service users, carers and staff (areas like our Your Voice Matters involvement strategy, Best Place to Work programme, wellbeing agenda, Staff Networks and EDI work); and
- Quality of specific services such as Palliative Care (linked to its CQC Outstanding rating), MH Inpatients (most recent Good rating) and IAPT (linked to our VCS model).

Area for further development

- Risk management (clarity on risk management strategy, use of risk assessments, reporting of BAF and CRR);
- 2 strategic programmes (Children's and Young People pathway; and Adult and Older People MH pathway) linked to identified areas requiring development/resources;
- Development and standardisation of data quality and use of metrics across both BDCFT (performance management framework) and system-wide programmes (Act as One); and
- Workforce development issues linked to the enabling strategic programme (covering recruitment and retention, talent management, promoting inclusive, just learning culture, and rostering priorities).

A one-page briefing on each topic is being produced summarising key issues, background information, impact and references back to relevant Board papers. To supplement this, other Directors are producing additional information that emerged from the check and challenge sessions with MIH Solutions on issues such as IMT developments, an anti-ligature timeline and serious incident reporting. The outline briefing pack will be available in early December 2020.

Progress on actions within the well-led action plan

The action plan was last presented to the Board in September 2020. A summary of progress, with new dates brought forward for any outstanding actions are summarised below:

Ref	Action and progress	Date
1	Development of the specialist corporate governance service; to be presented to EMT as part of the wider EST structure proposals.	16 December 2020 , with roll-out of new structure by February 2021.
2	Refresh of the Care Trust Integrated Governance Guide (CTIGG) (describing COVID-19 updates and embedding of DLM); Corporate Governance team making revisions as a result of recent Board papers/decisions.	December 2020.
3	Development of corporate governance case study with KPO Team; in development with a task and finish group managing process.	Update in January 2021.
4	Further development of Performance Management Framework and Board / Committee dashboards with alignment of 2021 Committee dates to data reporting; Revised IPR being presented at November Board. A full review of the Performance Management Framework is already scheduled.	November 2020. December 2020 through to January 2021 , then approval by Audit Committee in February 2021.
5	Introduction of Board 'reading room' for minutes and papers (Board Portal); now part of work to produce an options paper for introduction of external Board portal.	To be presented to EMT in January 2021.
6	Approval of refreshed Risk Management Strategy;	Approved at Trust Board in September 2020 – complete.
7	Refreshed reporting of BAF and CRR at Board and Committee meetings; Board development session with internal audit being arranged to develop best practice and use of the BAF that can populate a revised version for 2020/21.	Development session scheduled for 17 December 2020.
8	Further development of 'blended' approach to corporate governance meetings (subject to COVID-19) and further population of Board development programme; existing 2021 dates will be confirmed once performance reporting has been approved and discussions finalised	December 2020.

	about frequency of Quality and Safety Committee meetings, linked to 'Go See' Visits Framework.	
9	Completion of teleconferencing hubs at key Trust sites; CPIG has approved the commencement of the works (at risk, subject to confirmation on our COVID-19 capital position). The work is currently with Suppliers who are engaging with potential suppliers to complete the work.	Completion date has yet to be confirmed.
10	Introduction of Board meeting Vlogs to share information / strategic decision making with staff;	Commenced by the Trust Chair via an all-staff vlog from September 2020 .
11	Complete 'check and challenge' sessions for Board and SLT members;	Completed in October 2020
12	Arrange Board 'wash-up' with MIH Solutions on well-led follow up;	Completed on 2 November 2020.
13	Populate MIH Solution CQC check list against must do's and should do's from previous CQC report;	Paper at November 2020 Board – completed.
14	Prepare high level briefing pack on key well-led issues (Key achievements, risks areas of improvement);	See above - action to be completed by December 2020 .
15	Wider communication with staff prior to formal inspection; Triumvirate has commenced briefing with Care Group and clinical leaders – complete.	Meetings taking place weekly – ongoing but could be regarded as actioned/complete.
16	Further review of 'outstanding' organisations and benchmarking of our services; to be done as part of the quality improvement work.	December 2020.
17	Review internal and external audit programmes to support CQC planning; KPMG Value for Money assessment to be undertaken as part of the ISO260 external opinion against three criteria: financial sustainability, governance; and improving economy, efficiency and effectiveness. Common factors include risk management, risk approach and partnership working.	To be presented to Audit Committee in May 2021 .
18	Commission video footage and case studies to support CTW and CTIGG.	Deferred until January 2021 when task and finish group has concluded.

It is proposed that of the remaining 12 actions, five are deemed essential to be in place before then (items 1, 7, 8, 14, and 16), and the remaining actions will be reported at the January Board meeting.

Working with Advancing Quality Alliance (AQuA)

The Trust is now working with the NHS related development organisation, AQuA, during the next stage of its CQC preparations, building on the independent review work with MIH Solutions. The Board will receive a presentation at its November 2020 meeting from Cath Hill, Director of AQuA, about: the evolving approach taken by the CQC on its inspection process; the CQC future strategy recently out to consultation that is built on four central and interdependent themes (People, Smart, Safe and Improve) that will determine the changes to future regulation; and an overview of the well-led guidance. A copy of the AQuA slides is included in the Board pack.

In addition, AQuA is currently undertaking a desktop review of the Trust's most recent Board papers and corporate governance reports to produce an evidence and gap analysis against the 8 well-led KLOEs. This is expected to be completed in early December 2020 and available to Board members following a QA exercise by the Executive Management Team (EMT), which will be presented to private Trust Board in December 2020 and public Trust Board in January 2021 to complete this stage of our well-led work;

Final Governance structures and reporting arrangements

At the October 2020 Board meeting a paper was presented on governance arrangements and performance management issues, with draft proposals on how to strengthen risk management, performance reporting and a 'line of sight' from Trust Board and Committees, to the strategic, tactical and operational meetings managed by EMT and SLT. As a result of the Board discussions, further minor revisions have been made to the reporting structure, which was discussed and supported by SLT on 18 November. The terms of reference of SLT is presented under a separate agenda item, for approval, which will then form part of the refreshed Integrated Governance Guide that will be cascaded to staff.

Use of Resources

The NHS Improvement/CQC Use of Resources assessment aims to help patients, providers and regulators understand how effectively trusts are using their resources to provide high quality, efficient and sustainable care in line with the recommendations of the Lord Carter review. The Interim Director of Finance is undertaking a piece of work in relation to the Trust's own assessment which will be presented to the Finance, Business and Investment Committee in February 2021.

'Go See' Visits Framework

Building on the already established virtual service visits for Board members that have been operational since March 2020 and throughout COVID-19, the KPO, corporate governance and quality governance teams have developed this 'Go See' Care Trust Way initiative based upon the concept of a quality improvement Gemba walk. The approach provides opportunities for Board members to use different virtual and in

person visits (when allowed) as a vehicle for the Trust to '*Know its Business, Run its Business and Improve its Business*' at both an operational and a strategic level. During the pandemic this particularly continues to ensure the Board's visibility virtually across services and with teams, though within COVID-19 guidance. To note, our developing Board virtual visit practice during the pandemic has been adapted by some other NHS trusts via informal exchanges of practice and was recently noted as welcomed practice during our MIH Solutions independent review.

The full 'Go See' paper is presented at Appendix 1, which will help provide strong evidence around the well-led KLOEs.

Appendix 1: 'Go See' Visits Framework

Know Your Business, Run Your Business, Improve Your Business

The Bradford District Care NHS Foundation Trust (BDCFT) approach to continuous, lean, improvement is described within the principles and techniques of the Care Trust Way. There are a number of key philosophies that underpin the lean approach to continuous improvement, one of which is 'Go See'.

'Go See' is based on the concept of a Gemba walk, which was developed by Taiichi Ohno, one of the leading pioneers in the development of lean management. The Go See visit offers an opportunity for Executives to leave their daily routine, see where the real work happens and build relationships with staff based on mutual trust. Go See visits are an opportunity to get an overview of what is going on in the workplace, offering the ability to gain insights into potential improvement opportunities. As such, the Care Trust Way embraces the principle of Go See not just for Executives, but for all leaders across the Trust including Non-Executive Board members.

'Go See' visits are a vehicle for the Trust to '*Know its Business, Run its Business and Improve its Business*' at both an operational and a strategic level.

Know your Business – leaders will have a first-hand knowledge of the work being done, there will be strong relationships built on trust. Executives and Non-Executives are able to gain knowledge and assurance to underpin the conversations they are having and experience further opportunities for triangulation across a variety of different platforms.

Run your Business – leaders are better able to understand the opportunities for improvement, have increased visibility of what is going on in each place and are able to make better decisions because of this. Executives and Non-Executives can make better strategic decisions underpinned by an in-depth knowledge of the business and first-hand views from Trust experts on what it feels, looks, and sounds like to them and their colleagues within the service.

Improve your Business – leaders are able to support local improvement opportunities based on the first-hand knowledge and experiences they have of services. Trends and themes identified as part of Go See are collated and triangulated with other sources of learning to help Executives and Non-Executives identify systemic issues and receive assurance as to the embeddedness of improvements to further support sustainability.

This framework seeks to set out the types of 'Go See' visits that happen across BDCFT, the leaders standard work that is involved when conducting the visits, the expectations of the services being visited and the mechanisms for identifying, analysing and reporting on the opportunities for learning identified.

1. Types of Go See visits

The types of Go See visit that leaders across the Trust engage in are described in the table below.

Type of visit	Purpose	Membership	Process
1. Quality & Safety Visits	Pre-scheduled visits using the Care Quality Commission Key Lines of Enquiries as a core framework for testing the quality and safety of service delivery across operational teams	Run by the Compliance Lead	Sat within the Nursing Directorate – local process
2. Senior leader walk arounds*	Regular (routine) visits by senior leaders to their areas of responsibility. Visits build on Daily Lean Management conversations and check / assure against these, looking at people / performance (including quality and sustainability), and improvement (including opportunities for learning)	Senior leaders (Executive and Associate Directors, General managers / Deputy Directors)	Standard leaders work – outcome fed back into DLM processes
3. Strategic Programme Executive Sponsor visits	Planned visits relating to Strategic Programme delivery. The visits are used to provide assurance against the exception reports being received at the Accountability and Guiding Group for the programme.	Executive and Associate Directors and process owners	Standard leaders work – report back into STAG as part of the assurance process
4. Executive/Associate Director ad hoc visits	Responsive visits to probe issues / celebrate successes. The visits allow Executive/Associate Directors to support in unblocking local issues where necessary, share learning, gain additional assurance and help teams feel both supported and recognised	Executive Directors	Standard leaders work – report back into intelligence collection process
5. Committee planned visits	Planned visits relating to specific themes under discussion at the Board Committee. Liaison with central intelligence collection process will highlight any additional trends/themes to be discussed further / actions which need testing for embeddedness and opportunities for sharing learning	Non-Executive Directors with Executive Directors Observed by Governors to provide an opportunity for NED assurance	Standard leaders work – report back to Committee and into intelligence collection process Escalation and Assurance process to the public Board meeting Overview of engagement opportunities to public Council of Governors meetings

Type of visit	Purpose	Membership	Process
6. NED/ED planned visits	Visits to support identification of systemic issues and celebrating success. Standard work would look at high level people (morale / safety), performance (including quality & finance as well as service delivery) and improvement (work undertaken, successes celebrated, areas for improvement work identified and opportunities to share learning).	Non-Executive Directors with Executive / Associate Directors Observed by Governors	Standard leaders work – report back to Board and into intelligence collection process Overview of engagement opportunities to public Council of Governors meetings
7. Chair/CEO visits	Strategic level activity focussing on morale, improvement work and sharing vision and values	Chair / CEO	Standard leaders work - report back to Board and into intelligence collection process Inform communications (eg e-comms) and staff briefings

***to note:** Go See visits are a core part of the leader standard work at all levels of the organisational structure, not just at a senior leadership level. Everyone is a leader and an expert within their field.

Where practical, Go See visits will be supported by coaches from within the organisation in order to further support embedding of Care Trust Way principles within this process.

2. Leaders Standard Work

1. [Quality and Safety Visits](#) and 2. [Senior Leader walk arounds](#) – the standard work for this type of visit sits outside of this framework

Leader Standard Work relating to the following are at [Appendix A](#) and can be printed or used electronically to support visits.

3. [Strategic Programme Executive Sponsor visits](#)
4. [Executive/Associate Director ad hoc visits](#)
5. [Committee planned visits](#)
6. [Non-Executive and Executive / Associate Director planned visits](#)
7. [Chair / Chief Executive Planned visits](#)

3. Process and Expectations

3.1 Notification of services

Except for ad hoc visits, services will be notified in advance of the proposed visit. Notification will include:

- The planned date of the visit and duration
- Whether the visit will be in person or virtual
- Who will be attending the visit
- The purpose of the visit, including (where applicable) any specific topics or areas of focus to be discussed
- Who should be available as a minimum as part of the visit
- How the people involved in the visit will feed back and the timescales for this

The process of notification:

- [3. Strategic Programme Executive Sponsor visits](#) – the strategic programme process owner will make the arrangements for the visits and will notify all meetings / teams involved of the intended visit.
- [4. Executive / Associate Director ad hoc visits](#) – as an ad hoc visit there is no requirement for advance notice, although in some cases this may prove beneficial to guarantee minimum attendance
- [5. Committee Planned Visits](#) – the dates of the visits by Committees will be prescheduled as part of the Committee work plan. The meeting before a planned visit the team/service will be selected and the Corporate Governance Team will be responsible for notifying the team/ service manager, plus the relevant General Manager / Deputy Director by email immediately after the meeting.
- [6. Non-Executive and Executive Director Planned visits](#) – the dates of the visits will be prescheduled as part of the Board work plan. The schedule of visits will be shared annually in advance and made available on Connect. A month prior to the next meeting, the Corporate Governance Team will be responsible for reminding the team/ service manager, plus the relevant General Manager / Deputy Director by email

- **7. Chair / Chief Executive Planned visits** - the dates of the visits will be prescheduled as part of the Board work plan. The schedule of visits will be shared annually in advance and made available on Connect. A month prior to the next meeting, the Corporate Governance Team will be responsible for reminding the team/ service manager, plus the relevant General Manager / Deputy Director by email

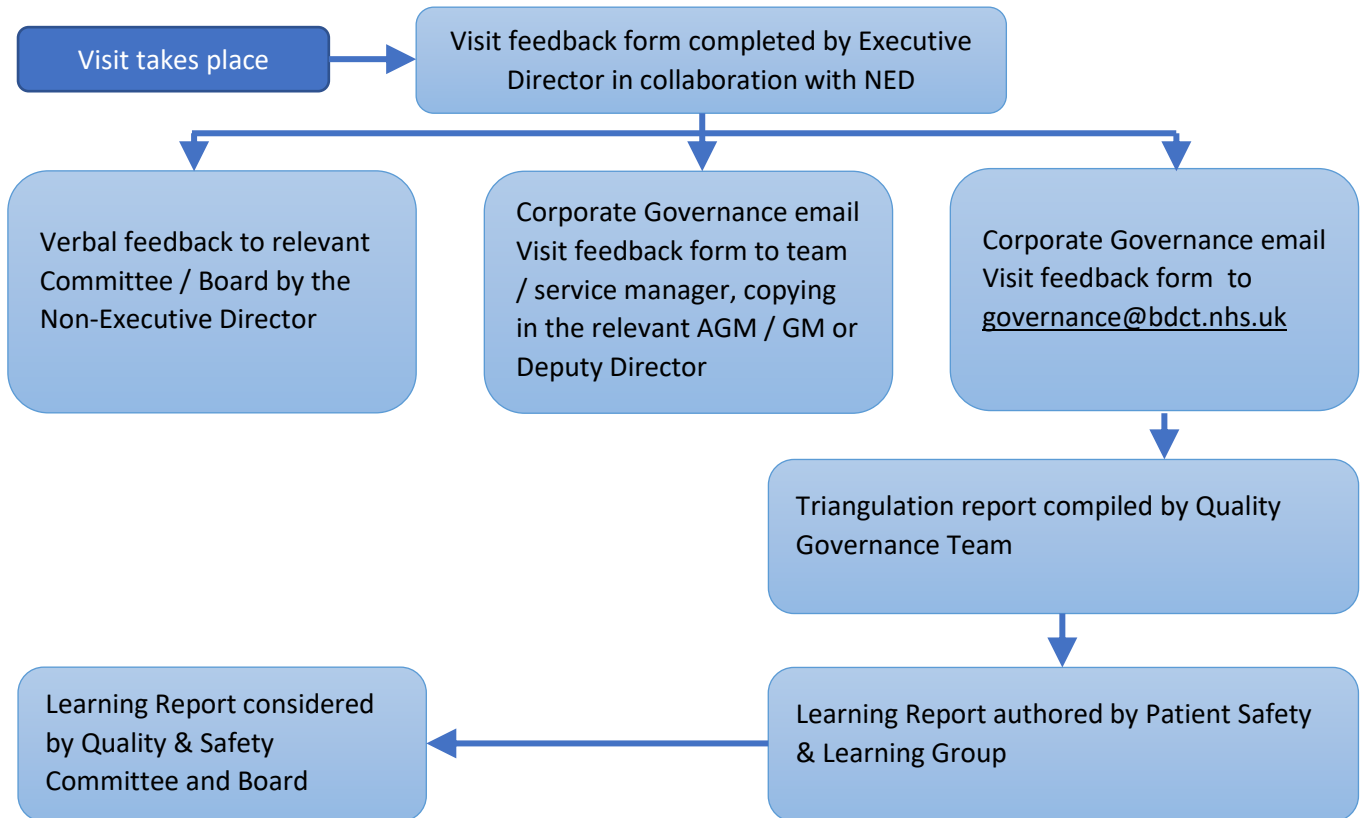
3.2 Preparing for visits

Each type of visit has an element of pre-work associated with it in order for it to be purposeful and impactful.

- **3. Strategic Programme Executive Sponsor visits** – the Executive Sponsor will be expected to have engaged in conversation, check and challenge through the relevant Accountability and Guiding Group (AGG) prior to making a visit. This will allow early identification of areas to explore with teams.
- **4. Executive / Associate Director ad hoc visits** – Directors will liaise with the Quality Governance Team to identify any recurring themes / issues identified relevant to the service Directors will respond to, and take note of, issues escalated via Daily Lean Management routes of escalation.
- **5. Committee Planned visits** – As part of the support provided by the Corporate Governance Team to the Non-Executive Director Chair of the Committee, during the planning process for the upcoming year’s business, a discussion will take place with the Chair and lead Executive to identify the two service visits for the upcoming year. This will be cross referenced against the plans underway for service visits within Quality Governance to avoid duplication, an overview of high-level trends / themes identified and circulated to Committee members by Corporate Governance one week prior to the visit taking place.
- **6. Non-Executive and Executive/ Associate Director Planned visits** - As part of the support provided by the Corporate Governance Team to the Non-Executive Directors, during the planning process for the upcoming year’s business, a discussion will take place with the Chair and Executive Team to identify planned visits across the year aligned to the work plan of the Board. This will be cross referenced against the plans underway for service visits within Quality Governance to avoid duplication, an overview of high-level trends / themes identified and circulated to participants by Corporate Governance one week prior to the visit taking place.
- **7. Chair / Chief Executive Planned visits** – As part of the support provided by the Corporate Governance Team to the Chair of the Board, during the planning process for the upcoming year’s business, a discussion will take place with the Chair and Chief Executive to identify planned visits across the year aligned to the work plan of the Board. This will be cross referenced against the plans underway for service visits within Quality Governance to avoid duplication, an overview of high-level trends / themes identified and circulated to the Chair and Chief Executive by Corporate Governance one week prior to the visit taking place.

3.3 Feeding back to teams / services after visits

Following the visits (with the exception of ad hoc Executive/ Associate Director visits), the Non-Executive Director, lead Executive, and Committee Secretariat will work together to agree the outputs which will be reported back through the governance process as outlined below



The templates for sharing feedback are at [Appendix A](#). Except for ad hoc visits, where the outcome is expected to form part of the Daily Lean Management Process, all Go See visits should be supported by feed back to the teams / services involved. This should take two forms:

- **Immediate feedback on the day** from the Executive Director leading the visit. This should include expressing appreciation for the engagement of teams, reflecting on the key messages heard during the visit and identifying next steps
- **Reflective feedback** – all planned visits should use the template at Appendix A to capture the outcome of a visit and share it back with the team visited. The template should be completed and shared within 5 working days of the visit

Urgent intervention – where there is an immediate risk to safety of staff or service users identified during the visit, the Executive/Associate Director is expected to make an immediate intervention to support mitigation of the issues identified.

3.4 Expectations for teams involved in visits

In order to make visits meaningful, the following expectations should be shared with teams taking part in visits:

- **Engagement** – all team members who can be available should be supported to be available to engage in the visit unless urgent operational issues prevent this.
- **Being prepared** – the team/service manager is expected to communicate in advance with the team, sharing the information provided in the notification so that individuals are aware of the purpose of the meeting and prepared for the discussion.
- **Openness and candour** – the purpose of the visit is to share learning, identify opportunities for improvement and demonstrate the successes of the team. To support this, the team should be supported to be open to the conversation and to be willing to share their thoughts and opinions and take advantage of the opportunity to demonstrate their successes and share learning.

In some instances, the visit will need to be virtual. Where this is the case the following expectations, as described within the Working From Home Policy will apply:

- **Video** – individual will be expected to use their videos when engaging in these visits as a default
- **Presentation** – all team members attending a virtual visit should demonstrate a professional standard of dress

3.5 Expectations for Non-Executive and Executive/Associate Directors and Governors involved in visits

All visits will be led by the Executive/Associate Director involved in the visit, supported by the Non-Executive Director, with Governors in attendance to learn more about the Trust services and to provide them with an opportunity to see the Non-Executive Directors fulfil their role and receive assurance on this.

In order to ensure timely and effective outcomes from this meeting, the following expectations will apply:

- **Prioritisation** – reflecting on the capacity constraints within teams, it is an important principle that once a team has been notified that a visit will take place, this occurs as scheduled unless there are exceptional circumstances. Where at all possible deputies should be used as an alternative to cancellation or rearrangement of visits.
- **Timeliness of feedback** – Executive/Associate Directors are responsible for collating the feedback from all members of the visiting team and ensuring that the feedback template is completed and sent back to the team / service within 5 working days, copied to the Corporate Governance Team.
- **Reporting back to Committee / Board** – the Non-Executive Director is responsible for ensuring key learning is shared with Committees / Board for those visits they attend. An assurance report will be presented on Non-Executive Director engagement to the Council of Governor meetings held in public.

4. Identifying opportunities for learning

One of the main reasons for conducting Go See visits is to identify opportunities for learning. Immediate learning is shared on the day as part of the immediate feedback, and as part of the reflective feedback using the template in Appendix A.

As well as this immediate learning, the Trust also uses these visits to triangulate with intelligence from other sources to support wider identification of systemic issues and therefore putting in place mitigations to address these.

The Trust is committed to continuous learning and actively encourages feedback opportunities. Go See visits further strengthen our learning framework by providing additional opportunities for triangulation, and rich feedback opportunities. The intelligence that is gathered within this framework is analysed as part of the Trust's wider approach to learning and supports internal and external discussion that ultimately drives enhanced decision making and oversight. It also supports all colleagues to become leaders and embrace the Care Trust Way methodology.

The trends and themes identified in these visits, the opportunities for sharing good practice and the understanding of the context within which teams are delivering their activity will be recorded by the Quality Governance Team and used to inform the Quality and Safety Triangulation Report along with information collated from near misses, incidents, serious incidents, complaints, concerns, clinical audit activity and quality and safety visits. The Triangulation Report will be considered by the Patient Safety and Learning Group, who will in turn author a Learning Report to inform the work of committees and the Board.



Leader standard work

ensuring leaders
go see, ask why and
show respect.

Executive Sponsor visits

Purpose: These visits are used to provide assurance against the exception reports being received at the Accountability and Guiding Group (AGG) for the programme.

Frequency: At least monthly to enable reporting back into the AGG

Mechanism: Attending workstream task & finish groups, attending improvement events, visiting teams where changes have been implemented

Pre work / data collected prior to the visit

Reported position through AGG and review of tactical escalation report

How to identify where to visit: Attendance will be agreed at the Accountability and Guiding Group (AGG) meeting prior to the visit taking place

Key Lines of Enquiry / agenda:

<p style="text-align: center;">People</p> <ul style="list-style-type: none"> • Stakeholder engagement • Capacity to deliver • Morale / welfare • Celebration of success 	<p style="text-align: center;">High quality questions</p> <p><i>How are you? Really?</i> <i>What improvement work is your team is involved in?</i> <i>Can you tell us how it contributes to Better Lives Together?</i> <i>How are you able to contribute to the improvement work?</i> <i>Do you feel like you're given time/space to think about improvements?</i> <i>What is working well/making a difference?</i></p>
<p style="text-align: center;">Performance</p> <ul style="list-style-type: none"> • Delivery of milestones • Delivery of metric changes • Impact on quality of services (SU/carer and staff perspective) 	<p style="text-align: center;">High quality question</p> <p><i>Do you have visibility of your current improvement work?</i> <i>Do you know what you're trying to achieve?</i> <i>What is on track? What is off track?</i> <i>Do you know why?</i> <i>Do you know what your service users/carers think?</i> <i>What is your biggest challenge?</i> <i>What is your biggest concern?</i></p>
<p style="text-align: center;">Improvement</p> <ul style="list-style-type: none"> • Progress of planned improvement activities • Identification of potential areas of improvement 	<p style="text-align: center;">High quality questions</p> <p><i>What are you and the team working on?</i> <i>What problem are you trying to solve?</i> <i>What is today's priority?</i> <i>What help do you need to prioritise/remove barriers?</i> <i>What have you learnt this week?</i> <i>What is not working so well?</i> <i>What would you like to share with the wider organisation?</i></p>

Response to teams and services following a visit

Visit to		Visit Date	
Visit by		In attendance	
<p>Dear Colleagues Thank you for taking the time to meet with us recently. Below is a summary of what we heard during our visit and what actions were agreed in response to this.</p>			
What we heard		Actions that we agreed with you	
People		By the Trust	
Performance		By Senior Leaders within the Care Group / Department	
Improvement		By you	

Executive /Associate Director Ad Hoc visits

Purpose: The visits allow Executive / Associate Directors to support in unblocking local issues where necessary, gain additional assurance and help teams feel both supported and recognised.

Frequency: As and when required – identified through escalation from DLM / significant events / key strategic/tactical risks

Mechanism: Visiting teams - in person, virtual visits where this is not possible

Pre work / data collected prior to the visit: Intelligence from quality and performance governance (quality directorate / DLM escalation) – Current performance, systemic issues, local issues, areas of improvement / learning and successes. Last ED visit notes

How to identify where to visit: Visits will be agreed as an outcome of escalation

Key Lines of Enquiry / agenda:

People	High quality questions
<ul style="list-style-type: none"> • Morale / welfare • Current position • Issues relating to trigger for the visit • Celebration of success • Partnerships and engagement 	<p><i>How are you? Really?</i></p> <p><i>How does it feel working here at the moment?</i></p> <p><i>How well do you think you're performing as a team?</i></p> <p><i>Do you feel supported?</i></p> <p><i>What are you most proud of this week?</i></p> <p><i>Do you feel well connected to the external partners that support this service's delivery?</i></p>

Performance	High quality question
<ul style="list-style-type: none"> • Current position • Issues relating to trigger for the visit 	<p><i>Do you have visibility of your current position?</i></p> <p><i>What is on track? What is off track?</i></p> <p><i>Do you know why?</i></p> <p><i>What is your biggest challenge?</i></p> <p><i>What is your biggest concern?</i></p>

Improvement	High quality questions
<ul style="list-style-type: none"> • Identification of potential areas of improvement • Understanding local learning and making links to share learning 	<p><i>What are you and the team working on?</i></p> <p><i>What problem are you trying to solve?</i></p> <p><i>What is today's priority?</i></p> <p><i>What help do you need to prioritise/remove barriers?</i></p> <p><i>What have you learnt this week?</i></p> <p><i>What would you like to share with the wider organisation?</i></p>

Response to teams and services following a visit

Visit to		Visit Date	
Visit by		In attendance	
<p>Dear Colleagues Thank you for taking the time to meet with us recently. Below is a summary of what we heard during our visit and what actions were agreed in response to this.</p>			
What we heard		Actions that we agreed with you	
People		By the Trust	
Performance		By Senior Leaders within the Care Group / Department	
Improvement		By you	

Committee Planned Visits

Purpose: Planned visits relating to specific themes under discussion at the Board Committee.

Frequency: 2 x per year for each Committee – to be scheduled so that only one visit per month maximum from a Committee

Mechanism: Visiting teams - in person, virtual visits where this is not possible

Pre work / data collected prior to the visit: Single topic from business of Committee for further exploration and Intelligence from quality governance (quality directorate) – previous visits, systemic issues, local issues, areas of improvement / learning and successes

How to identify where to visit: Attendance will be pre-scheduled across a 12 month period as part of the Board cycle of events, linked to the annual work plan for the Committee, with guidance from the Executive Management Team on key areas of strategic focus for that year.

Key Lines of Enquiry / agenda:

People	High quality questions
<ul style="list-style-type: none"> • Morale / welfare • Current position • Celebration of success • Partnerships and engagement 	<p><i>How are you? Really?</i></p> <p><i>How does it feel working here at the moment?</i></p> <p><i>How well do you think you're performing as a team?</i></p> <p><i>Do you feel supported?</i></p> <p><i>What are you most proud of this week?</i></p> <p><i>Do you feel well connected to the external partners that support this service's delivery?</i></p>

Performance	High quality question
<ul style="list-style-type: none"> • Current position • Issues relating to areas of importance identified at Committee 	<p><i>Do you have visibility of your current position?</i></p> <p><i>What is on track? What is off track?</i></p> <p><i>Do you know why?</i></p> <p><i>What is your biggest challenge?</i></p> <p><i>What is your biggest concern?</i></p>

Improvement	High quality questions
<ul style="list-style-type: none"> • Identification of potential areas of improvement • Understanding local learning and making links to share learning 	<p><i>What are you and the team working on?</i></p> <p><i>What problem are you trying to solve?</i></p> <p><i>What is today's priority?</i></p> <p><i>What help do you need to prioritise/remove barriers?</i></p> <p><i>What have you learnt this week?</i></p> <p><i>What would you like to share with the wider organisation?</i></p>

Response to teams and services following a visit

Visit to		Visit Date	
Visit by		In attendance	
<p>Dear Colleagues Thank you for taking the time to meet with us recently. Below is a summary of what we heard during our visit and what actions were agreed in response to this.</p>			
What we heard		Actions that we agreed with you	
People		By the Trust	
Performance		By Senior Leaders within the Care Group / Department	
Improvement		By you	

Non-Executive and Executive/Associate Director Planned Visits

Purpose: Visits to support identification of systemic issues and celebrating success.

Frequency: 12 visits per year in total (1 per month)

Mechanism: Visiting teams - in person, virtual visits where this is not possible

Pre work / data collected prior to the visit: Intelligence from quality governance (quality directorate) – previous visits, systemic issues, local issues, areas of improvement / learning and successes

How to identify where to visit: Attendance will be pre-scheduled across a 12 month period as part of the board cycle of events, linked to the annual work plan for Board Development, and the Board Assurance Framework, with guidance from the Executive Management Team on key areas of strategic focus for that year. Underlying focus linked to the delivery of the Better Lives, Together strategy and key upcoming milestones.

Key Lines of Enquiry / agenda:

People	High quality questions
<ul style="list-style-type: none"> • Morale / welfare • Current position • Celebration of success • Partnerships and engagement 	<p><i>How are you? Really?</i></p> <p><i>How does it feel working here at the moment?</i></p> <p><i>How well do you think you're performing as a team?</i></p> <p><i>Do you feel supported?</i></p> <p><i>What are you most proud of this week?</i></p> <p><i>Do you feel well connected to the external partners that support this service's delivery?</i></p>

Performance	High quality question
<ul style="list-style-type: none"> • Current position • Issues relating to areas of importance identified at Committee 	<p><i>Do you have visibility of your current position?</i></p> <p><i>What is on track? What is off track?</i></p> <p><i>Do you know why?</i></p> <p><i>What is your biggest challenge?</i></p> <p><i>What is your biggest concern?</i></p>

Improvement	High quality questions
<ul style="list-style-type: none"> • Identification of potential areas of improvement • Understanding local learning and making links with other areas to share learning with 	<p><i>What are you and the team working on?</i></p> <p><i>What problem are you trying to solve?</i></p> <p><i>What help do you need to prioritise/remove barriers?</i></p> <p><i>What have you learnt this week?</i></p> <p><i>What would you like to share with the wider organisation?</i></p>

Response to teams and services following a visit

Visit to		Visit Date	
Visit by		In attendance	
<p>Dear Colleagues Thank you for taking the time to meet with us recently. Below is a summary of what we heard during our visit and what actions were agreed in response to this.</p>			
What we heard		Actions that we agreed with you	
People		By the Trust	
Performance		By Senior Leaders within the Care Group / Department	
Improvement		By you	

Chair / Chief Executive Planned Visits

Purpose: Focussing on morale, improvement work and sharing vision and values.

Frequency: 12 visits per year in total (1 per month)

Mechanism: Visiting teams - in person, virtual visits where this is not possible

Pre work / data collected prior to the visit: Intelligence from quality governance (quality directorate) – previous visits, systemic issues, local issues, areas of improvement / learning and successes

How to identify where to visit: Attendance will be pre-scheduled across a 12 month period as part of the board cycle of events linked to the annual work plan for Board Development, and the Board Assurance Framework, with guidance from the Executive Management Team on key areas of strategic focus for that year. Underlying focus linked to the delivery of the Better Lives, Together strategy and key upcoming milestones.

Key Lines of Enquiry / agenda:

People	High quality questions
<ul style="list-style-type: none"> • Morale / welfare • Current position • Celebration of success • Partnerships and engagement 	<p><i>How are you? Really?</i></p> <p><i>How does it feel working here at the moment?</i></p> <p><i>How well do you think you're performing as a team?</i></p> <p><i>Do you feel supported?</i></p> <p><i>What are you most proud of this week?</i></p> <p><i>Do you feel well connected to the external partners that support this services delivery?</i></p>

Performance	High quality question
<ul style="list-style-type: none"> • Sharing vision and values • Sharing key messages of importance to the Trust • Asking for feedback on issues of importance to the Trust 	<p><i>Do you know what the trust priorities are?</i></p> <p><i>Do you know how you/your team are supporting the delivery of these?</i></p> <p><i>Do you know how this connects to Better Lives Together?</i></p> <p><i>What is your biggest challenge?</i></p> <p><i>What is your biggest concern?</i></p>

Improvement	High quality questions
<ul style="list-style-type: none"> • Identification of potential areas of improvement • Understanding local learning and making links with other areas to share learning with 	<p><i>What are you and the team working on?</i></p> <p><i>What problem are you trying to solve?</i></p> <p><i>What help do you need to prioritise/remove barriers?</i></p> <p><i>What have you learnt this week?</i></p> <p><i>What would you like to share with the wider organisation?</i></p> <p><i>What else do you think we should be focused on?</i></p>

Response to teams and services following a visit

Visit to		Visit Date	
Visit by		In attendance	
<p>Dear Colleagues Thank you for taking the time to meet with us recently. Below is a summary of what we heard during our visit and what actions were agreed in response to this.</p>			
What we heard		Actions that we agreed with you	
People		By the Trust	
Performance		By Senior Leaders within the Care Group / Department	
Improvement		By you	