

Board Training and Development Programme

Source	Issue	Action	Lead	Timing	Summary Status
DOMAIN 1 – BUILDING BOARD CAPACITY AND COMMITMENT (BGAF – Board composition and commitment)					
BGAF 1.1 and 1.2	Succession Planning The Board has experienced a high turnover of Board members within the last two years. All voting positions are now filled substantively except for one NED vacancy for which the Trust has started the TDA process to recruit.	<ul style="list-style-type: none"> Progress the TDA recruitment process for NED vacancy. Remuneration committee to consider Succession Planning approach for NEDs. CEO to review talent management and succession planning arrangements for Directors as part of the planned work by the Director Development. 	Chair	Nov 13	NED recruited – November 2013 To be concluded as part of the 'Enabling Excellence Programme'.. To be concluded as part of the 'Enabling Excellence Programme'..
			Chair/CoSec	April 14	
			CEO/DD	April 14	
BGAF 2.1	Effective Board Level Evaluation Good practice elements in relation to the Independent Evaluation of the Board relating to considering staff and stakeholder perspectives have not yet been completed, but the Trust has robust plans in place.	<ul style="list-style-type: none"> Complete the Independent Evaluation of the Board. 	CoSec	Nov 13	Completed November 2013 and reported to Board – January 2014
BGAF 2.1	Board Committee Evaluation Improvements are required to the Board Committee process of self-evaluation of their performance. An independent review was completed as part of the Independent Review of the Board, but this good	<ul style="list-style-type: none"> Introduce a more effective process of Board Committee self-evaluation aligned with the Board Development Plan and Healthy NHS Board 2013 domains. The process will be rolled out for 2014/15 and onwards. 	CoSec	Nov 13	Complete - to be rolled out in 2014/15.

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	work needs to be applied by each Committee moving on and workplanned for 2014.				
BGAF 2.4	<p>Board member appraisal and personal development</p> <p>The Board has a process of appraisal but recognises that it needs to do more to demonstrate best practice and evidence of how improvement is measured following appraisal.</p>	<ul style="list-style-type: none"> Further refine the appraisal process to ensure that it meets best practice requirements. Introduce an effective system of measuring progress against objectives on a regular basis via supervision and record. 	<p>Chair</p> <p>Chair</p>	Sep 13	<p>Current round of appraisals has been refined to ensure each Director has robust objectives which are measurable.</p> <p>Work is in hand to establish a regular quarterly supervision process and record.</p>
BGAF 3.3	<p>Reviewing the Strategy</p> <p>The Board has now finalised its strategy and its priorities, and corporate objectives. The Board needs to develop milestones to help it monitor progress against implementing the corporate objectives and report progress to the Board quarterly.</p> <p>The Board plans that the strategic priorities will be aligned with appraisal and business planning processes for 2014/15.</p>	<ul style="list-style-type: none"> Finalise a forward work programme which sets aside time for the Board to specifically consider performance against corporate objectives on quarterly basis. Directors to present their own Directorate strategies, and achievement against strategic priorities to the Board on a regular basis. Develop milestones monitoring progress against corporate objectives and report to Board. Report quarterly to Board. Apply to appraisal and objective setting process. The Trusts enabling strategies are also reported to the board and contain SMART objectives that relate to the delivery of 	<p>CoSec</p> <p>Executive Directors</p> <p>CoSec</p>	<p>Oct-13</p> <p>Jan 14</p> <p>April 14</p> <p>Jul 14</p> <p>Oct 13 onwards</p> <p>Nov 13</p>	<p>Now included in updated Trust Board forward work programme.</p> <p>Complete</p> <p>On track to deliver.</p>

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		<p>the trusts business plans.</p> <ul style="list-style-type: none"> Regular updates on the status of our IBP will be available and demonstrated through board reports and the strategic risk register which is based on the IBP. 			Complete
DOMAIN 2 – Enabling corporate accountability and good social practice (BGAF - Board engagement and involvement)					
BGAF 4.1	<p>External Stakeholders</p> <p>The Board recognises that it needs to establish a mechanism for local involvement/engagement groups across the Trust.</p> <p>The Board wishes to introduce an engagement dashboard to enable monitoring of engagement activity across the Trust.</p>	<ul style="list-style-type: none"> Introduce a mechanism for local engagement groups trustwide. 	DN&Q	Oct 13	<p>Trustwide Engagement Group now in place. Standard bi-monthly agenda item to Q & S.</p> <p>Engagement Dashboard is in development- agenda item for May 2014 Strategy Session</p>
		<ul style="list-style-type: none"> Introduce an engagement dashboard, which demonstrates the level of engagement taking place across the trust. 	DN&Q	April 14	Engagement Dashboard is in development- agenda item for May 2014 Strategy Session
BGAF 4.2	<p>Internal Stakeholders</p> <ul style="list-style-type: none"> An organisational development programme has recently been commissioned to help improve all staff understanding of the Trust strategy and vision. The programme includes a leadership development 	<ul style="list-style-type: none"> Implement the Development Programme. 	CEO/DD	Sept 13	The programme was introduced in September 2013 and work is planned in the first instance for 12-18 months although the board recognises this is a 3 year programme.

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	<p>programme for local management teams and executives and Will:</p> <ul style="list-style-type: none"> • 1. Build Shared Purpose: Engage staff and build positive commitment around our shared purpose of providing the highest quality care that promotes hope and recovery; • 2. Develop transformational leaders: Leaders capable of communicating, engaging and inspiring staff commitment; 3. Embed our revised strategy: Ensure alignment of systems, structures and processes with strategic priorities 				
<p>BGAF 4.1</p>	<p>External Stakeholders/Internal Stakeholders</p> <p>A Communications Strategy was developed in July 2012 that identified key stakeholders, communication channels and messages to be delivered. The Strategy and associated action plan are now out of date. An engagement plan is</p>	<ul style="list-style-type: none"> • The trust's internal and external communication methods are being reviewed in line with the new locality structure as more local reporting and involvement is required and supported by the trust. • Part of this review, and the discussions taking place with locality leadership teams, is the balance we need to achieve between traditional 	<p>CoSec</p>	<p>April 2014</p>	<p>Work on this has been delayed and will be presented at a Board Committee in Q4.</p>

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	currently being drafted to further engage stakeholders in the Trust's IBP.	<p>hard copy communication and electronic communication channels, including social media and regular local engagement sessions.</p> <ul style="list-style-type: none"> The overarching communication strategy is being revised to reflect this The new strategies will be considered by the Board in December 2013. 			
BGAF 4.4	<p>Governor Engagement</p> <p>The Board recognises that it has more work to do to prepare for the Council of Governors.</p>	<ul style="list-style-type: none"> Develop a session for the October Board Seminar to consider the way in which the Board will work alongside Governors. Develop a Governor Communication and Engagement Plan to become part of the Membership Strategy. Development of a Trust wide engagement approach for all stakeholders (including Governors and members) 	<p>CoSec</p> <p>CoSec</p> <p>Dir Res</p>	<p>Oct 13</p> <p>Mar 14</p> <p>Dec 13</p>	<p>On agenda of October 2013 Board Seminar. Complete</p> <p>To be considered by the Audit and Risk Committee in February 2014 prior to Board approval.</p>
BGAF 4.2	<p>Staff Survey</p> <p>The Trust is aware of its past performance in relation to the staff survey being very poor. The board has recognised that the change to an open and honest culture will take time to permeate throughout the trust. The Trust undertakes regular internal staff surveys to ensure that it is engaging</p>	<ul style="list-style-type: none"> The Development Programme has a significant focus on staff engagement. The Programme will identify an evidence-based approach to staff engagement and develop a staff compact which will enable the Trust to impact upon levels of staff morale and wellbeing and therefore survey results. 	CEO/DD	Sep 13	The programme was introduced in September 2013 and work is planned in the first instance for 12-18 months although the board recognises this is a 3 year programme.

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	appropriately.				
		<ul style="list-style-type: none"> Determine the arrangements for communicating the key messages within the Integrated Business Plan (IBP) to external stakeholders. 	CEO DoF	Mar-14	The programme has been introduced in September 2013 and work is planned in the first instance for 12-18 months although the board recognises this is a 3 year programme.
DOMAIN 3 – INSIGHT & FORESIGHT					
BGAF 3.1	<p>Performance Reporting</p> <p>The Board has debated and agreed the metrics which together make up the Information for Quality (IQ) system.</p> <p>Sufficient training to enable Directors to drill down into the supporting performance information has not been provided to enable Board members to understand how individual services are performing.</p> <p>Some benchmarking of performance to comparable organisations is included but this could be improved.</p> <p>Forecasting information is not supplied with the Board performance report, and this needs to be added to enable the</p>	<ul style="list-style-type: none"> Ensure that the Trust Board is sufficiently involved in the 2013/14 business planning process and actively contributes to the agreement of a set of key financial and quality metrics. 	DoF DirRes	Mar-14	Addressed as part of the Business Planning Cycle.

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	board to have foresight. The reporting of Chairs of Committees back to the Board is inconsistent.				
		<ul style="list-style-type: none"> Review the training needs of Directors to ensure they can use IQ via their I pads. 	DirRes	April 2014	Piece of work is ongoing. Review of IPad requirements – January 2014.
		<ul style="list-style-type: none"> Review the availability of benchmarking information and ensure that this is adequately reflected in the performance report to the Trust Board. Seek a forecast performance position from the Clinical Directors for each LDU and ensure the forecast is included in the performance report. Committee Chairs to consistently and regularly use the new Committee Chair template to ensure that their reports are completed and submitted to the Board. 	DirRes DBD/DOps Chairs	Oct 13 Oct 13 Oct 13	Complete Reflected in the Quality and Performance Report to each Board meeting. Complete
Ind Evaluation	Risk Management The Board needs to make time to ensure that it can focus on key risks to the organisation.	<ul style="list-style-type: none"> Board now reviews a trustwide risk in detail at each meeting. The Board will continue to dedicate appropriate time to the risk register, considering the appropriateness of controls and mitigations rather than the efficacy of the process, which the Audit Committee has already assured. The Board will review its 	CoSec Chair CoSec	July 13 July 13 Oct 13	Complete Complete Complete

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		appetite to risk at a further seminar.			
BGAF 3.2	CIPs Quality Impact The Board conducted a limited review of major CIPs in 2012/13 and, as such, had limited assurance on the risks to quality. The Board hasn't yet established a process to monitor retrospectively, the impact on quality of an implemented project.	<ul style="list-style-type: none"> Review the Quality Impact Assessment process to ensure that there is a requirement to retrospectively review quality impact on planned initiatives. 	DN&Q	Sept 13	Already complete.
		<ul style="list-style-type: none"> Ensure Quality and Standards Committee is assured of the efficacy of the process and the outcomes are implemented. 	Chair DN&Q	Oct 13	Added to work plan. Reported quarterly to committee.
BGAF 3.2	CIP Action Plans Action plans to meet CIP targets are not clear.	<ul style="list-style-type: none"> Through the establishment of the Programme Management Office a robust CIP plan and monitoring of individual schemes will be put in place. Each CIP scheme currently has an identified lead who is responsible for the reporting to the PMO of the scheme, Finance provide the evidence that the reduction in spend/saving has been achieved in line with the original plan and this is reported to F&P committee. A summary of the CIPs progress will also be reported to the board from October as this has currently been missing, in detail, from the Finance Report. Each CIP will have SMART 	DirRes	Dec 13	PMO in place (Sept 13) Complete Complete Complete

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		<p>objectives and these will be reported to F&P in the form of a summary dashboard with detail of schemes that are at risk.</p> <ul style="list-style-type: none"> • There are no shared national benchmarked CIP figures as nationally the tariff reduction is the set % that we have to make but each trust will then have additional cost pressures that will be managed. • Through the networks we have and traditionally the SHA Directors of Finance we share good practice around types of schemes • As part of the 14/15 Business Planning Process workshops are planned with localities to help them to think about efficiency schemes for 14/15 and beyond earlier so that by the time we start the next financial year the schemes are in place and the risk of slippage is reduced. We will take a much longer view of CIPs so that they are well planned and truly recurrent. 			<p>Complete</p> <p>CIP Programme also considers the trust's deficit</p> <p>Complete</p> <p>Included in Business Plan Process for 14/15. Work in hand for detailed planning for this year and next.</p>
<p>BGAF 3.2</p>	<p>CIP performance</p> <p>Trust has strengthened its CIP process to ensure from September 2013 delivery of post implementation reviews and the monitoring of ongoing risks to care quality for each scheme once implemented.</p> <p>Given the risk to CIP</p>	<ul style="list-style-type: none"> • We plan to strengthen its CIP process to ensure from September 2013 delivery of post implementation reviews and the monitoring of ongoing risks to care quality for each scheme once implemented. • Given the risk to CIP performance highlighted, The Trust Board (either directly or 	<p>DoF</p>	<p>Jan-13</p>	<p>Each scheme has been quality impact assessed as part of the organisations review process.</p> <p>Complete</p>

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	performance highlighted, The Trust Board (either directly or via F&P committee reporting) should receive more granular information regarding key CIP schemes, their progress and full year expected outturn.	<p>via F&P committee reporting) will receive more granular information regarding key CIP schemes, their progress and full year expected outturn.</p> <ul style="list-style-type: none"> Where gaps are identified, the Board will have clear visibility of the key actions and ownership to close the gap (e.g. 2014/15 schemes that can be accelerated). The Trust Board will develop plans for approval for the next two years .i.e. to 31 March 2016. 			Included in CIP reporting within Finance report to the Board.
DOMAIN 4 – Prioritising People					
BGAF 2.2	Development The current board development programme is not sufficiently robust.	<ul style="list-style-type: none"> Further refine the Board Development Plan, taking in the Board Development actions arising out of the Independent Evaluation, the KPMG assessment and review against latest best practice. 	CoSec	Sep 13	<p>Approved at September 2013 Board</p> <p>Further refinements to be presented to January 2014 Board.</p>
DOMAIN 5 – Embedded board disciplines and appropriate delegations (Board evaluation, development and learning)					
Ind Evaluation	Committee membership The terms of reference for Committees require further refinement to align memberships and purpose, alongside new strategic priorities.	<ul style="list-style-type: none"> Review attendance at Board meetings to ensure that roles and responsibilities are clear and the number attending is conducive to an effective Board. Review memberships Redraft ToR to align with strategic priorities Ensure F&P and Audit overlap in membership (NEDS, Execs and Chair) Update for H&SC Act Common purpose and common relationship with 	Chair CoSec	Sep 13	<p>.Complete</p> <p>Annual review – march 2014.</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p>

Source	Issue	Action	Lead	Timing	Summary Status
		Board <ul style="list-style-type: none"> Specify Horizontal Links between Committees 			Complete
Ind Evaluation	Committee governance Ensure that the rules relating to Committee mechanics are clear and systems are improved to enable the Committee to operate more effectively.	<ul style="list-style-type: none"> Revisit attendance requirements for staff in or at Committee meetings Remove the high degree of detail within Committee reports Refine reports so they are less formulaic Ensure minutes are clear about attendance, membership and participations Ensure consistency of use of dashboards, and alignment with strategic priorities. 	Chair CoSec	Sept 13	Complete Complete Complete Complete Complete
Ind Evaluation	Board and Committee working practices	<ul style="list-style-type: none"> Ensure Agenda/Papers are clear about status (e.g. draft/final) Board minutes to accurately record Committee Chair summaries Board minutes to be produced within 72 hours of a meeting. Chair to approve minutes for circulation within 24 hours after issue. Clear Language and Use of Jargon Consistency of terminology Board to Committee and Committee to Committee co-ordination needs to be improved via the use of work 	Co Sec	Sept 13	Complete Complete Complete Complete Complete

