

## Trust Board 24 September 2024

### Outcomes of our external well-led review

#### Purpose of the Report

Earlier this year, in line with guidance from NHS England (NHSE), the Trust conducted an externally facilitated, developmental review of its leadership and governance arrangements using the well-led framework. The outcomes of the review are summarised below together with an outline of actions being taken for consideration by the Board.

#### Analysis of the Issue

##### The well-led framework

The well-led framework<sup>1</sup> is structured around the eight key lines of enquiry (KLOE) shown in the diagram below, which is supplemented by characteristics of good organisations and detailed descriptions of good practice. In harmony with the Care Quality Commission’s (CQC’s) well-led domain, the framework also includes the prompts that the CQC’s inspections teams use to assess each KLOE. The most recent version of the guidance provides strengthened content on leadership, culture, system-working and quality improvement. NB it has not yet been updated to reflect the changes the CQC has introduced with its new strategy and single assessment framework.

<b>1</b> Is there the <b>leadership capacity and capability</b> to deliver high quality, sustainable care?	<b>2</b> Is there a clear <b>vision</b> and credible <b>strategy</b> to deliver high quality, sustainable care to people, and robust plans to deliver?	<b>3</b> Is there a <b>culture</b> of high quality, sustainable care?
<b>4</b> Are there clear responsibilities, <b>roles</b> and systems of accountability to support good governance and management?	Are services well led?	<b>5</b> Are there clear and effective processes for managing <b>risks</b> , issues and <b>performance</b> ?
<b>6</b> Is appropriate and accurate <b>information</b> being effectively processed, challenged and acted on?	<b>7</b> Are the <b>people</b> who use services, the public, <b>staff</b> and <b>external partners engaged</b> and involved to support high quality sustainable services?	<b>8</b> Are there robust systems and processes for <b>learning</b> , continuous <b>improvement</b> and <b>innovation</b> ?

##### Our recent well-led review

In autumn 2023, the Board decided to commission an externally facilitated review of the Trust’s leadership and governance arrangements in conjunction with our Group model partners at Northamptonshire Healthcare NHS Foundation Trust (NHFT). Following a competitive procurement process, the Trusts awarded a contract to Deloitte LLP who facilitated the review earlier this year in line with national guidance. Both Trusts asked Deloitte to consider all eight aspects of the well-led framework for each organisation and to highlight areas for development the Trusts may wish to pursue together as a Group.

Deloitte undertook a range of activities to inform its findings. These included reviewing a range of Trust documents; issuing surveys aligned to the well-led framework; conducting non-attributable interviews; facilitating staff focus

<sup>1</sup> NHS Improvement (June 2017) “Developmental reviews of leadership and governance using the well-led framework: guidance for NHS trusts and NHS foundation trusts”. Available at [https://www.england.nhs.uk/wp-content/uploads/2020/08/Well-led\\_guidance\\_June\\_2017.pdf](https://www.england.nhs.uk/wp-content/uploads/2020/08/Well-led_guidance_June_2017.pdf) (accessed 18 July 2023)

groups; and observing a range of meetings. Adopting the same approach across both Trusts was designed to enable comparison and learning.

## Proposal

### Findings of the review

The Trust commissioned the review as a developmental exercise to support it in identifying opportunities for improvement that it could choose to pursue jointly or severally with its Group Model partner, NHFT. It is therefore unlike other mechanisms designed to assess the organisation against a standard or set of criteria and to prescribe a rating (e.g., a well-led inspection undertaken by the CQC).

Overall, Deloitte found that the Trust is led by a highly regarded Chief Executive and Chair, who leads a unitary board, that is open, transparent and sets the tone for the organisation. The Trust is characterised by a strong culture that is values based, with a positive environment that is clearly a priority for the Trust. Trust leaders are valued system players with good profile and strong influence. The Trust has also made detailed refinements to strengthen and align governance and risk management arrangements at board, executive and directorate level.

These are strong foundations should the Trust aspire to be best in class in these areas at a Trust or Group level. Deloitte observed that the Trust approach to facilitating group working has 'won hearts and minds', and staff interviewed were highly positive regarding the type and style of collaboration.

Alongside areas of corporate governance that follow good practice, Deloitte identified opportunities to consider including for enhanced medical engagement, ongoing board development activities, increased capturing of board connectivity with the organisation, further strengthening of governance and risk arrangements, enhancing compassionate leadership training, and increasing a focus on sustainability.

### Our response to the findings

The review facilitated by Deloitte has provided a valuable opportunity to take stock of our leadership and governance arrangements as a Trust, to compare and contrast our arrangements with NHFT, and to identify the actions we shall take in the next phase of our development as an organisation. Deloitte's findings indicate a positive overall position for the Trust in comparison with its peers. We shall seize the opportunities for improvement identified in each of the eight areas of the review as set out below.

### Leadership

We will refresh our board development programme to equip the board and its members with the skills needed to deliver maximum impact and maintain visibility throughout the organisation, the Group, and the wider system. Such skills will include effective scrutiny and challenge in the boardroom and sharing learning from observations during an enhanced programme of service visits. Having developed the Deputy Chief Executive Officer (DCEO) position into a Managing Director (MD) for LPT over the last financial year, we shall review the opportunity for the DCEO/MD to contribute to the Board via its workplan and agenda. We will continue to focus our engagement with medical leadership and wider directorate leadership teams.

### Strategy

Having embarked on the journey towards a new strategy for the Group, we will ensure there is a clear framework in place to distil ideas from across the two organisations into a Group strategic plan that meets the needs of all stakeholders. It will be important for this framework to clarify how the elements of our strategy, including enabling plans, fit and work together to achieve our shared goals. As the Committee charged with overseeing the delivery of our Group priorities, the Joint Working Group (a Committee in Common with LPT) will continue to play a vital role in our assurance framework as our Group strategy becomes operational in 2025/26 – we shall review its Terms of

Reference accordingly. Through our annual effectiveness review, we shall revisit the forward plans of our Board and its Committees to ensure we retain an optimal balance between operational and strategic items on our agendas.

### *Culture*

We shall take the opportunity to focus on engagement with our middle managers and continuing to provide a leadership development programme. We shall also take the next steps with our health and wellbeing programme for staff ensuring it is fully embedded throughout the organisation. Working together against racism and speaking up will remain two critical areas of our programme over the coming year.

### *Governance*

We shall take the opportunity to increase the dynamic nature of our committee meetings and build on our programme of work to connect with the wider organisation. Changes to our executive leadership team over the last year provide a natural opportunity to revisit how our Strategic Executive Board, Executive Management Board, and directorate leadership and governance structures work together.

### *Risk and performance*

Building on the revised risk management framework we introduced this year, we will make stronger connections between the Board Assurance Framework and the Corporate Risk Register (CRR) for our Executive Team and committees. We will consolidate our plans for delivering a mature approach to managing risk in a risk management strategy and will further explore the application of our open appetite to risk. We will continue to build risk management into our refreshed board development programme to equip all board members with skills and confidence in using our risk management tools to best effect.

### *Digital*

Maintaining the strength of our digital infrastructure and the delivery of our digital plan will support our digital maturity, and the Group presents an opportunity to shared good practice and move towards 'best in class'. This includes exploiting real-time automated performance information at all levels across the organisations. We will set our digital ambition via our Group strategy and ensure there are appropriate governance arrangements in place to enable effective and efficient delivery.

### *Engagement*

Our current strategy makes clear our commitment to developing in partnership with others; this will remain a priority for our Group strategy in which we shall reset our strategic ambition and will outline our approach to integrating community physical health services with acute services. Our revised [framework to capture our](#) programme of service visits involves our non-executive directorates and our directors for enhanced visibility and [to](#) ensuring the quality of the feedback loop. Our work to date on patient engagement means we are well-placed to move towards 'best in class' within the sector and remain on a positive trajectory.

### *Improvement*

Quality improvement and research and innovation continue to have significant prominence in the Trust. We will continue to frame and direct our activity to build greater eminence in these areas. We will build on our leadership training offer and will look to capitalise on the strengthened relationships with local universities we have established through our Group model.

## Decision Required

The Board is asked to receive the outcomes of the externally facilitated review of the Trust's leadership and governance arrangements and the actions being taken in response to the findings.

## Governance Table

For Board and Board Committees:	Trust Board 24 September 2024	
Paper sponsored by:	Kate Dyer, Director of Governance and Risk	
Paper authored by:	Kate Dyer, Director of Governance and Risk	
Date submitted:		
State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s):	Strategic Executive Board	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:	n/a	
State whether this is a 'one off' report or, if not, when an update report will be provided for the purposes of corporate Agenda planning	Routine board report	
STEP up to GREAT strategic alignment*:	Great Outcomes	All
	Great Care	
	Great Place to Work	
	Part of the Community	
Board Assurance Framework considerations:	List risk number and title of risk	
Is the decision required consistent with LPT's risk appetite:	Yes	
False and misleading information (FOMI) considerations:	None	
Positive confirmation that the content does not risk the safety of patients or the public	Confirmed	
Equality considerations:	None	