

**Bridgewater Board
Date**

1 April 2021

Board Part

Public

Agenda item

Title	Well Led Governance Review
Sponsoring Director	Colin Scales, Chief Executive Officer
Authors	Jan McCartney, Trust Secretary
Presented by	Colin Scales, Chief Executive Officer
Exec Summary/Purpose	To outline the process and findings of the Well Led Governance review and describe the next steps.
Previously considered at	Executive Management Team
Related Trust Objective/ Intentions <i>Delete as applicable</i>	<p>Quality – to deliver high quality, safe and effective care which meets both individual and community needs</p> <p>Innovation and collaboration – to deliver innovative and integrated care closer to home which supports and improves health, wellbeing and independent living</p> <p>Sustainability – to deliver value for money, ensure that the Trust is financially sustainable and contributes to system sustainability.</p> <p>People – to be a highly effective organisation with empowered, highly skilled and competent staff</p> <p>Equality, Diversity and Inclusion – to actively promote equality, diversity and inclusion by creating the conditions that enable compassion and inclusivity to thrive.</p>
Which CQC domains are supported by this report? <i>Delete as applicable</i>	Well-led

Which BAF risks are addressed in this report?	BAF 1 - Failure to implement and maintain sound systems of Corporate Governance
Other risks highlighted/addressed in this paper? (e.g. financial, quality, regulatory, other)	N/A
Equality Impact assessment	N/A
Explanation of any acronyms in the report	CAG – Covid 19 Assurance Group CQC – Care Quality Commission BAF – Board Assurance Framework IQPR – Integrated Quality Performance Report NED – Non executive director
Next steps	An improvement plan will be developed and owned the Executive Management Team. The plan will be monitored by the Audit Committee who will report to Board on its implementation and progress
Recommendations	To note the review and next steps. For assurance.
<p>Why has the paper been presented to the Board? (Please tick):</p> <p>For Approval by the Board <input type="checkbox"/></p> <p>To provide assurance to the Board <input checked="" type="checkbox"/></p> <p>For the Board's information / to note <input type="checkbox"/></p>	

Bridgewater Board

Title	Well Led Governance Review
Author	Jan McCartney – Trust Secretary
Date	1 April 2021
Purpose	To outline the process and findings of the Well Led Governance review and describe the next steps
Audience	Board

1.0 EXECUTIVE SUMMARY

1.1 In 2018 the trust was subject to a CQC inspection, this resulted in a 'requires improvement' rating for the domain of well led. The Trust was due for a re-inspection in 2020 however due to the Covid-19 pandemic all CQC inspections were suspended. As a result of this the Trust commissioned Facere Melius to conduct an independent Well-led Governance Review. This review concentrated on nine key questions/areas which were reviewed at all management levels;

1. Is there the **leadership capacity and capability** to deliver high quality, sustainable care?
2. Is there a **clear vision and credible strategy** to deliver high quality sustainable care to people, and robust plans to deliver?
3. Is there a **culture** of high quality, sustainable care?
4. Are there clear **responsibilities**, roles and systems of **accountability** to support good **governance** and management?
5. Are there clear and effective processes for **managing risks and performance**?
6. Is appropriate and accurate **information** being effectively processed, challenged and acted on?
7. Are the **people** who use services, the **public**, **staff** and external **partners engaged** and involved to support high quality sustainable services?
8. Are there robust systems and processes for **learning, continuous improvement and innovation**?
9. Are there clear and effective processes for **managing Covid-19**?

The review is now complete and this paper outlines the process involved, findings and next steps.

2.0 PROCESS

2.1 Facere Melius was commissioned to conduct the review. The review was conducted during the Covid pandemic in late 2020 and, as such, it was also an opportunity for the command and control processes for COVID-19 be examined.

2.2 This consisted of:

- **20 Interviews** with NEDs/Executive Directors, Senior Leaders, Partners and Commissioners
- **12 key meetings** being observed – Board, Committees, Senior Leadership Team, Executive Management Team, our Covid Management Control and our Time to Shine meetings.
- **Well-Led Maturity Assessment questionnaire** sent to all Board, Executive and Senior Leadership Team members, and
- Over **120 documents** reviewed

3.0 REVIEW FINDINGS

3.1 The following findings were identified:

3.2 The review identified that the leadership in the trust has been evident, especially during the Covid-19 pandemic. The board and executive team have spent a lot of effort keeping staff updated through regular team briefs and the Chief Executive holding regular question and answer sessions with staff. Interviews with staff at a variety of levels within the trust evidenced an understanding of the trusts' values

3.3 From observations of committees and meetings together with individual interviews with staff, it was clear that trust leaders demonstrated an appetite for high-quality, sustainable care. There was a shared approach to delivering the vision and values of the trust and a supportive dynamic direction of travel to get things done. Open and honest discussions were evident, and staff were comfortable escalating concerns and potential risks.

3.4 The trust has developed a new refreshed strategy developed with supporting governance arrangements around the delivery of the strategic objectives. Discussions with staff in the trust and partner agencies identified that further work is required in sharing the refreshed strategy and the future vision for the trust.

3.5 The trust uses information well; the board and board committees were getting high quality and timely information. It allowed them to take an assurance view on the controls in place within the trust, the information executive directors were using to make decisions, and ultimately, the actions taken by the trust leadership. Good quality information is included in key corporate documents such as the BAF, IQPR, and corporate risk register, and these are produced

monthly.

- 3.6 The information contained within these documents was always challenged and acted upon. There were no challenges in any meeting to the accuracy or validity of the data being presented, which suggested people had confidence in the information they were using to manage the service. The trust has implemented a new data warehouse housed in a cloud-based solution, Azure. The warehouse now stores most of the trust data in a single database. Improvements in reporting are now being seen.
- 3.7 Good practice was identified in how the trust engaged people who used their services, the public and external partners. There are good processes in places to support each area of engagement, and they are supported with good strategies with clear accountabilities. Whilst a considerable amount of quality improvement work is currently undertaken within the trust, it has not been part of a standardised improvement approach. During the review, the trust executive agreed to develop a quality improvement group chaired by the Chief Nurse / Deputy Chief Executive, and this group would lead on the development, coordination, and implementation of the trust approach to quality improvement. The reviewers strongly supported this initiative by the trust as it strives to establish a 'Bridgewater' way of making continuous improvement.
- 3.8 After a period of vacancies at board level, the trust has a full complement of non-executive and executive posts in place. There is now in place a mixture of new and experienced board members.
- 3.9 Whilst full capacity has now been achieved; it was noted that five of the existing executive directors are in the first substantive director role. The creation of a board development programme with non-executive and executive director modules and the board collectively should now be progressed.
- 3.10 The structures the board have put in place to ensure it has good governance are now starting to mature, and this is supported by the review and the self-assessment results that was received. The frequency of the finance and performance committee should now be reviewed to reflect the ongoing maturity of the broader governance arrangements within the trust.
- 3.11 There are clear responsibilities and accountabilities in place, and at a board and executive level, there is evidence of extended responsibilities prior to the full recruitment into posts. This was well-managed, and handover of accountabilities to newly appointed NEDs and directors was done very well. Senior leaders are aware of their accountabilities and responsibilities and are supported by a good governance framework.
- 3.12 To further improve the development the governance of the trust and the overall efficiency of meetings, it was suggested that those writing reports for executives and sometimes deputising at meetings are provided with some extra governance support as part of their executive development.
- 3.13 Finally, consideration was given too if there were clear and effective processes in place for managing COVID 19. The trust quickly responded to

the COVID 19 pandemic and established an effective control and command Structure. There were good board arrangements in place for oversight of the trust management of Covid 19 through the BAF and the CAG, which was stood down when high levels of assurance had been achieved.

4.0 NEXT STEPS

- 4.1 An improvement plan based on the findings above will be developed and owned the Executive Management Team.
- 4.2 The plan will be monitored by the Audit Committee who will report to Board on its implementation and progress.
- 4.3 The CQC have been supplied with a copy of the full report and its findings.

5.0 RECOMMENDATIONS

- 5.1 It is recommended that the Board note the review and its findings and agree that the Audit Committee will monitor actions identified from the findings.