



**Confidential Well-led Governance Review for  
Bridgewater Community NHS Foundation Trust**

**May 2023**

## Document Information

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## Acknowledgements

Facere Melius would like to thank all of those who made themselves available to be interviewed and the staff who supported the information gathering, the meeting observations and the scheduling of those interviews.

## Governance review summary of findings and recommendations

A review was undertaken against each of the eight CQC well-led key questions.

### 1. Is there the leadership capacity and capability to deliver high-quality, sustainable care?

#### Summary

- Board, a full complement of non-executive and executives in post
- A stable board with executive directors in post for at least two and a half years
- Board, board committees, executive team meetings and council meetings well led and effective
- Robust frameworks and secretariat support
- Board and individual director development in place

#### Recommendations

1. The trust develops succession -planning for its senior leaders.

### 2. Is there a clear vision and a credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?

#### Summary

- The trust has a newly refreshed strategy aligned with ICB/IPC and placed based partners.
- The trust is currently developing its engagement approach and plan.
- The trust has a good data platform to support emerging methodologies – treat, prevent and create.

#### Recommendations

2. The board agrees its new strategy and delivers its engagement plan.
3. The board agrees on how best to assure itself that its new strategy is being delivered and engaged with, within the trust and externally.
4. Following the agreement of the new strategy, the trust examines the opportunity to align its headings to reports at the board, board assurance framework and the integrated quality and performance report.

### 3. Is there a culture of high-quality, sustainable care?

#### Summary

- The board and the senior leadership team demonstrate evidence of a culture of high-quality, sustainable care.

- Strong evidence of trust investment into improving its culture
- Number of HR and OD initiatives in place

#### **Recommendations**

5. The board continue to focus on improving its mandatory compliance and PPDR performance.

#### **4. Are there clear responsibilities, roles and systems of accountability to support good governance and management?**

##### **Summary**

- The board and executive understand their roles and responsibilities.
- Robust governance frameworks are in place to support the discharge of accountabilities and responsibilities at the board and executive level.
- A newly developed accountability performance framework will help the sub-executive level.
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##### **Recommendations**

6. When the trust implements the accountability performance framework, a support programme is developed for the sub-executive cohort.

#### **5. Are there clear and effective processes for managing risks, issues and performance?**

##### **Summary**

- The trust provided evidence of clear and effective processes for managing risks, issues and performance.
- Evidence of strong engagement within the trust at all levels
- Good understanding of risk management at the board, board committee and council levels.
- Performance well managed across the trust with effective reporting.

##### **Recommendations**

7. The trust should develop a corporate risk register report that themes risks so an overview of the trust's top risks can be presented to the executive for review and then shared with the board and board committees.

**6. Is appropriate and accurate information being effectively processed, challenged and acted on?**

**Summary**

- The trust has appropriate and accurate information which is being effectively processed, challenged and acted on.
- All staff interviewed stated they had the correct information promptly to support them, and their teams manage the services for which they were accountable.
- Evidence of effective management of information and its governance.

**7. Are the people who use services, the public, staff and external partners engaged and involved to support high-quality, sustainable services?**

**Summary**

- The trust has reviewed and refreshed its strategy for 2023-26. It has engaged with a large group of stakeholders.
- The trust is developing its further engagement approach and plan to support the delivery of its strategy.
- Strong evidence of staff engagement managed by HR & OD

**Recommendations**

8. The trust delivers on its engagement plan and ensures that measures of engagement are built into the trust's performance reporting.

**8. Are there robust systems and processes for learning, continuous improvement and innovation?**

**Summary**

- The trust has developed an effective improvement methodology and has used it to support service improvement (Boost).
- There are several initiatives embedded to improve trust services and celebrate staff achievements.

**Recommendations**

9. The trust builds on the work carried out by HR & OD to pull together all the achievements of staff, teams and services so this can be highlighted both internally and externally.

## 1. Background

Bridgwater Community NHS Foundation Trust commissioned Facere Melius to carry out a governance review during 2020. FM carried out this review during the height of the Covid-19 pandemic, and FM shared the findings and recommendations with the trust board in December 2020. The board subsequently developed an action plan and has worked hard to implement the actions contained within it. Two and a half years later, the trust commissioned Facere Melius to carry out another governance review, with the engagement and fieldwork commencing in January 2023.

This report is strictly private and confidential to the chair and chief executive; it should not be shared without their express agreement. The scope was agreed with the chair and chief executive.

## 2. Facere Melius

Facere Melius (FM) means to make better. We are a healthcare improvement consultancy which offers unique combination of insight, innovation and experience. experts in corporate, quality, and safety governance we bespoke our support to client need, evolving our delivery plans as we understand the heart of the problem.

We are an approved NHS framework provider for NHS independent investigations, well-led governance reviews and governance improvement. We work with organisations that want to achieve excellence or for those in challenging situations.

We specialise in:

- Patient safety training
- Improvement and review work
- Investigation work

## 3. Review Process

The trust's chair and chief executive agreed to the scope of the review. The review team was led by Howard Scott, senior associate, and the report was reviewed by Darren Thorne, Facere Melius managing director.

### Document review

The review team had access to and examined a range of documents ranging from and including trust board papers (public and private), board committee reports and papers, executive team meeting reports and papers, several trust council meeting papers and papers supporting DIGIT and the transformation process (see appendix one).

Some documents were provided for reference, whilst others have been considered in more detail. The review team has not assessed compliance of policies against national legislation or guidance.

## Observations

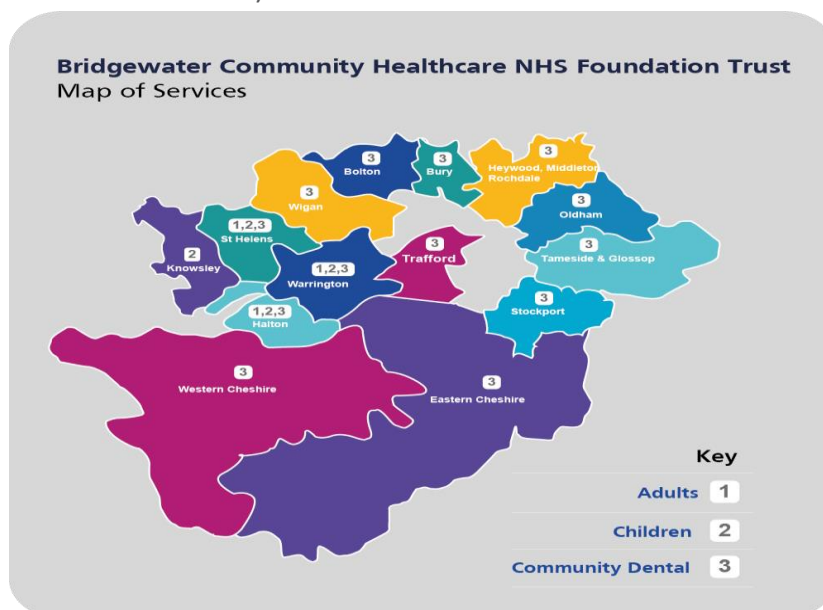
The review team completed 14 board, board committee and other meeting observations, which include the strategy session, board, board committees, operational and management groups (see appendix two). This aimed to assess and evaluate meeting preparedness, discipline, effectiveness, the maturity of discussions and decision-making processes, and the robustness of assurance. Observations were undertaken during January and February 2023.

## Interviews

Thirty-one face-to-face and video conference interviews were completed throughout the review. Interviews were conducted with the chair, chief executive, governors, non-executive directors, executive directors, directors, deputy, assistant / associate directors, and senior partner officers from other NHS organisations, local authorities and place (see appendix three). FM arranged these interviews to understand current practices and gather views on the maturity and effectiveness of the trust's current governance and engagement arrangements.

## 4. Background and context

Bridgewater Community Healthcare NHS Trust (Bridgewater) was established in April 2011 when community service providers from PCTs in Warrington, Halton, St Helens, Trafford plus community dental services transferred into a single trust (formerly Ashton, Leigh and Wigan Community Healthcare NHS Trust). The trust achieved 'Foundation Trust' status in 2014.



The trust provides community and specialist services to people living in:

- Halton
- St. Helens
- Warrington

Community Dental Network. Services in all the above areas plus Bolton, Bury, Heywood, Middleton, Rochdale, Tameside, Trafford, Glossop, Stockport and Western Cheshire.

The trust aims to deliver its services closer to patients home and most of its services are delivered in patients' homes or at locations close to where they live. Such as:

- clinics
- health centres
- GP practices
- community centres
- and schools.

The trust is a provider of both mainstream and specialist care, and its role is to focus on providing cost effective NHS care. It attempts to do this by keeping people out of hospital and supporting vulnerable people throughout their lives.

The trust aims to keep people healthier for longer by developing more specialist services to support people to live independently at home.

The trust has relationships with other providers that are key to enable them to effectively meet the needs of the people in those communities it serves. The trust works closely with Warrington and Halton Hospitals NHS Foundation Trust in both a strategic and operational capacity to support the delivery of joined-up care.

The trust has a large geographical footprint and works closely with acute hospitals and other healthcare providers in its different localities. The trust is part of the Cheshire & Merseyside Health & Care Partnership which has 9 Places. It works with the newly created [July 2022] Integrated Care Board (ICB) and Integrated Care Partnership.

In each place, there are programmes of work at the system or place level that focus on addressing health inequalities across the population and joining up health and care systems to provide the right care at the right time at the right place. The trust originally developed its 'Our Quality and Place strategy' 2018 and set out its strategic plans for 2018 – 2023. This was further updated and refreshed in 2021-23. The new strategy 'Communities Matter - Creating stronger, healthier, happier communities', has been developed to cover the period 2023 – 2026.



The trust’s primary NHS commissioners are NHS Cheshire and Merseyside Integrated Care Board.


## 5. Opening statement

The purpose of good governance is to promote the best long-term interests of the organisation. It requires an effective board of directors, with an appropriate balance of skills and experience and well-motivated individuals as directors. The composition of the board, its functions and responsibilities, and effectiveness are, therefore, core issues in governance [ref: ICSA health service handbook].

A sound and effective framework of governance is essential; it provides a safe and supportive environment within which high-quality healthcare can be delivered and gives an assurance that public money is being used well and for its intended purpose. [ref: HFMA NHS Governance]

## 6. Key findings

The well-led framework is structured around eight key lines of enquiry (KLOEs):

The updated well-led framework: Key Lines of Enquiry		
Does the <b>leadership</b> have <b>capacity and capability</b> to deliver high quality, sustainable care?	Is there a <b>culture</b> of high quality, sustainable care?	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?
Are there clear responsibilities, <b>roles</b> and systems of accountability to support good governance and management?	<b>Are services well-led?</b>	Are there clear and effective processes for managing <b>risks</b> , issues and <b>performance</b> ?
Is robust and appropriate <b>information</b> being analysed and challenged?	Are the <b>people</b> who use services, the public, <b>staff</b> and <b>external partners</b> <b>engaged</b> and involved to ensure high quality sustainable services?	Are there robust systems, processes for <b>learning</b> , continuous <b>improvement</b> and <b>innovation</b> ?

## **6.1 Does the leadership have capacity and capability to deliver high quality, sustainable care.**

### **Background**

When Facere Melius carried out the trust's well-led governance review in 2020, the board had gone through a period of instability over the previous few years regarding appointments. During our current review (2023), the chair, chief executive, many of the non-executive directors and all the executive directors were the same as when we presented our last report. This has provided a strong foundation and stability for the trust in the intervening years.

### **Leaders have the experience, capacity, capability and integrity to ensure that the strategy can be delivered and risks to performance addressed.**

As a part of our well-led review, we interviewed all appointed board members except one unavailable executive. The chair, chief executive, non-executive and executive directors could clearly explain their roles and accountabilities and the collective responsibilities of the board, board committees and the executive team.

The senior leaders within the trust could describe and evidence how at both operational and strategic levels, quality, safety, performance and finance was managed. We saw evidence of effective leadership through the chairing and engagement at various boards, board committees, executive team meetings and councils. Where appropriate, the board and board committees asked for deep dives or more detailed reports, and there is evidence that areas for further consideration were escalated.

As well as being clear about their roles, the senior leadership within the trust could describe the roles of their colleagues in the leadership team. The board worked in a respectful atmosphere where challenge was understood to be the norm, and the focus was on the effective leadership of the trust. Senior leaders had reflected on whether the stability of the board could at any point make it less challenging and complacent, which is good practice, however, this was not evident in any of our observations or reviews of the papers.

During our review, there was evidence of high-quality papers being presented at all the meetings we reviewed and observed. There was evidence of appropriate challenge not just from non-executives at board and board committees but at executive team and council meetings.

The trust has developed a template for the board committee chairs to report back to the board on the work being undertaken at their committees and this has been effectively implemented and supports a consistent approach to governance.

The trust's strategy was kept alive dynamically through numerous strategy meetings and update reports. The board assurance framework (BAF) was reviewed and updated regularly

at the appropriate meetings. Senior leaders regularly engaged in discussions on how the current strategy was being implemented across their catchment area and with their partners and stakeholders. Board members were also fully involved in the recent refresh of the trust's existing strategy.

When FM carried out the governance review in 2020, it was recommended that the trust consider board development in the future, and there is evidence that this has occurred. The board have developed a good balance of formal meetings and development days. At the time of this review, the board and executive team were stable, and there was evidence of good induction for new non-executive directors joining the trust.

The board recently agreed to a new board development programme for 2022-24. This programme is well balanced and includes strategy, strategic objectives and risk and risk appetites, finance, new national standards, such as patient Safety Incident Response Framework (PSIRF), anti-fraud, safeguarding and freedom to speak up. The trust has commissioned external support from The Good Governance Institute and MIAA to support this work.

**The leadership is knowledgeable about issues and priorities for the quality and sustainability of services, understands the challenges, and takes action to address them.**

The trust has developed good governance around managing key areas such as quality and safety, risk, finance and performance. At an operational level, 'council' meetings have been established and are chaired by a director. Standard templates have been set for reports to maintain the consistency of reported information.

In interviews, non-executive directors informed the review team that they had attended some of the council meetings to understand the work that was undertaken prior to it being shared at board committees. It was evident from interviews with senior leaders and review of meeting agendas, minutes and papers that any issues or strategic/operational challenges that were discussed at the trusts' council meetings were escalated to the executive team, board committees and board.

The review team saw evidence of issues and reports being presented and discussed not only from a trust perspective but also on an Integrated Care System (ICS), Integrated Care Board (ICB) and Integrated Care Partnership (ICP) basis. Senior leaders within the trust provided regular reports and updates on the trust's broader challenges aligned to the wider system and the place-based partnerships they were involved with.

The chair and non-executives were actively engaged through board meetings in strategic and operational discussions with effective challenge and discussions around the trust's priorities. A good example was discussions and challenges in the public board meeting in February 2023.

The trust has expertise available through its council, executive, board committee and board processes to manage the diversity of its operational and strategic responsibilities. The level of discussion we observed at all levels of meetings was appropriate in detail and scrutiny. Executive directors demonstrated a grasp of their portfolios and an ability to report effectively and respond to challenges.

The senior leaders in the trust engage dynamically with the board assurance framework (BAF) in several forums. This is used effectively as an assurance tool, alongside the integrated quality and performance report, as to how well the trust's strategy is being implemented.

**Compassionate, inclusive and effective leadership is sustained through a leadership strategy and development programme and effective selection, development, deployment, support processes, and succession-planning.**

During our review the trust's board was fully recruited with a cohort of well-established non-executives and executive directors. The trust has engaged in NHS providers facilitated board development programme to support the growth of the board. The Chief Executive has encouraged executive directors to find coaches to help with their personal development.

Non-executive and executive colleagues have developed a 'buddy' relationship with the opportunity to work outside the usual 'committee' networks. Part of this initiative includes both non-executive and executive director visiting teams (clinical and corporate) to hear feedback as part of the 'time to talk process.

As mentioned previously, the board has agreed on its 2023/24 board development plan, which has already started.

Over the last few years, the structure below the executive team has been reviewed and a new operational structure has been developed and recruited to. During our review, the chief operating officer had developed an accountability performance framework; this was part of the more comprehensive work connected with the integrated quality and performance report. However, the board were aware of capacity challenges around the implementation of the new framework, and there were ongoing discussions about the best time to implement the framework.

The trust has also developed an operational manager leadership development programme which contains key governance elements.

At a senior level, the trust acknowledges it has further work to do around succession-planning. Whilst it has had a very stable few years at a senior leadership level, this work must be developed.

### Leaders at every level are visible and approachable.

A programme of visits across the trust has been developed for non-executive directors and this is described as working well together with non-executives engaging with the trust's 'time to talk' sessions. Operational staff interviewed describe the executive team as visible and approachable. Senior leaders are described as responsive and eager to meet with staff.

#### Summary

- Board, a full complement of non-executive and executives in post
- A stable board with executive directors in post for at least two and a half years
- Board, board committees, executive team meetings and council meetings well led and effective
- Robust frameworks and secretariat support
- Board and individual director development in place

#### Recommendations

1. The trust develops succession -planning for its senior leaders.

## 6.2 Is there a clear vision and a credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?

**There is a clear statement of vision and values, driven by quality and sustainability. It has been translated into a robust and realistic strategy and well-defined achievable and relevant objectives.**

The new Bridgewater Quality & Place strategy, 'Communities Matter - Creating stronger, healthier, happier communities', has been developed to cover the period 2023 – 2026. The strategy was discussed at the board in April 2023. The trust has developed its own strategy within the national and regional context. It has a clear mission statement.

***"We will improve health, health equity, wellbeing and prosperity across local communities, by providing person-centred care in collaboration with our partners".***

As part of the trust's strategic review, it has renewed its six strategic objectives.

- **Quality** - We will deliver high quality services in a safe, inclusive environment where our patients, their families, carers and staff work together to continually improve how they are delivered.
- **Health equity** - We will collaborate with partners and communities to improve equity in health outcomes and focus on the needs of those who are vulnerable and at-risk.
- **Staff** - We will ensure the trust is a great place to work by creating an environment for our staff to develop, grow and thrive.

- **Resources** - We will ensure that we use our resources in a sustainable and effective way.
- **Equity, Diversity and Inclusion** - We will ensure that equity, diversity and inclusion are at the heart of what we do, and we will create compassionate and inclusive conditions for patients and staff.
- **Partnerships** - We will work in close collaboration with partners and their staff in place, and across the system to deliver the best possible care and positive impact in local communities.

To support these six strategic objectives, the trust has created four aims, and these are intended to be embedded into the trust's impact and measurement approach to ensure the trust is:

- Improving the health and wellbeing of local people and communities (including equity in that health and wellbeing)
- Improving the health and wellbeing of our staff (including equity in that health and wellbeing)
- Improving the quality of services provided (including equity in benefits from those services)
- Improving the sustainable and efficient use of resources.

Each of the objectives has its own set of deliverables in place.

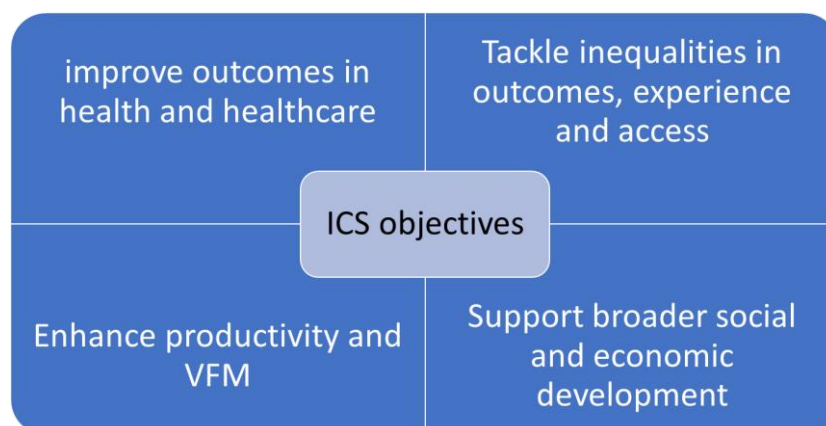
During our review, work was ongoing with directorate leadership teams and services to develop annual delivery plans aligning with these corporate objectives and deliverables. Once created, the review team understand that the intention is to embed them in the trusts' new performance assurance framework.

The trust recognises the importance of values, and this was evidenced in interviews with senior leaders. The trust had recently reviewed and updated its values with its staff and was continuing to embed them across all its services.



The strategy is aligned to local plans in the wider health and social care economy and services are planned to meet the needs of the relevant population.

During our review, the trust was developing its Quality & Place Strategy 2023-2026 – ‘Communities Matter’. The trust strategy development builds on the national context of the recent Health and Social Care Act 2022 and the four ICS objectives.



The trust has aligned its strategic direction with the missions/visions from four of its key partners:



## Cheshire & Merseyside Health Care Partnership

*We want everyone in C&M to have a great start in life and get the support they need to stay healthy and live longer.*

## Greater Manchester Health & Social Care Partnership

*Our vision is to make Greater Manchester one of the best places in the world to grow up, get on and grow old.*

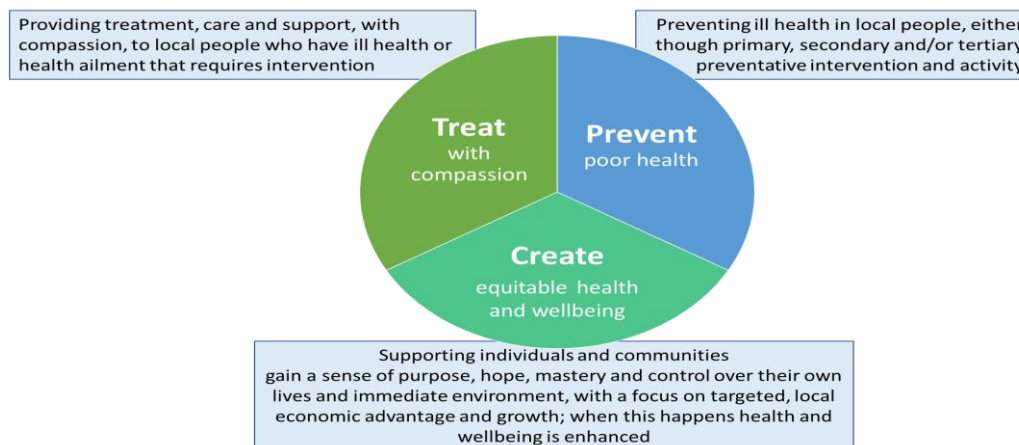
## Warrington Together

*To ensure Warrington is a place where we work together to create stronger neighbourhoods, healthier people and greater equality across our communities.*

## One Halton

*To improve the health and wellbeing of the population of Halton by empowering and supporting local people from the start to the end of their lives by preventing ill health, promoting self-care and independence, arranging local, community-based support and ensuring high quality services for those who need them.*

The trust has aligned its strategy and ambitions with objectives and emerging priorities of the new ICSs and in the places that it delivers care. It's strategy and engagement are aligned with starting well, living well and ageing well principles. There was evidence of the trust developing models to support these principles such as treat, prevent and create.



Within the strategy, there is a clear narrative on how the trust plans to respond to NHS initiatives on quality, performance and sustainability. It is clear about how the trust will work with partners to meet the needs and improve the health of the population it provides services for.



**Staff in all areas know, understand and support the vision, values and strategic goals and how their role helps in achieving them.**

During the FM governance review, a refreshed trust strategy was discussed at the public board meeting. Non-executive directors and executive directors were involved in the strategy development together with the next tier of trust management. There is evidence that management staff understood how the strategy had been developed and its links with the performance reporting arrangements in the future. Senior staff could also articulate how the strategic objectives were included within the board assurance framework (BAF) and how this was reviewed and updated at the meetings they attended.

It was clear further work was required in engaging with the trust's staff and external partners with their understanding of the trust's refreshed strategy. Interviews with external partners evidenced that there needed to be more discussion around the new strategy. However, this had been identified within the trust's strategy, and a full engagement workstream was being developed for 2023. This engagement included staff, public and partner engagement.

**The vision, values and strategy have been developed through a structured planning process in collaboration with people who use the service, staff and external partners.**

In interviews with senior staff and a review of strategic documentation and the trust's board and executive papers, it is clear there has been a structured approach to reviewing and renewing the trust's strategy. The whole board has taken an active and thorough role in the production of the strategy. The trust has appointed a programme director for collaboration and integration who has led the strategic development work. Over the last six months, a broad range of partners and stakeholders have been involved in conversations, inputs, insights and engagement to help shape and influence the trust's mission and objectives.

The trust's engagement has involved its staff, governors, its partners in place, local people and community/voluntary sector organisations and support services.

**Progress against delivery of the strategy and local plans is monitored and reviewed, and there is evidence of this. Quantifiable and measurable outcomes support strategic objectives, which are cascaded throughout the organisation. The challenges to achieving the strategy, including relevant local health economy factors, are understood, and an action plan is in place.**

The current strategy has five objectives:

- Equality, diversity and inclusion
- Innovation and collaboration

- People
- Quality
- Sustainability

The trust board meeting agenda is aligned under these headings, which is good practice. The trust has developed a BAF with eight strategic risks aligned with the five objectives.

- BAF 1 Failure to implement and maintain sound systems of corporate governance (people & sustainability)
- BAF 2 Failure to deliver safe & effective patient care (quality)
- BAF 3 Managing demand & capacity (people & quality)
- BAF 4 Financial sustainability (sustainability)
- BAF 5 Staff engagement & morale (people & quality)
- BAF 6 Staffing levels (equality, diversity and inclusion, people, quality)
- BAF 7 Strategy & organisational sustainability (innovation and collaboration, sustainability)
- BAF 8 Digital services (innovation and collaboration, people, quality, sustainability, equality, diversity and inclusion)

This BAF was regularly reviewed and updated and was used dynamically across the trust.

The FM review team evaluated the trust's integrated quality and performance report (IQPR), which is presented under the following headings:

- Trust Overview
- Operations – Responsive
- Safe, High-Quality Care (Quality)
- People
- Finance - Making Good Use of Resources

The IQPR is produced monthly and presented at board, committees and executive meetings. Delivery of directorate performance is presented and reviewed at the performance council meeting.

The trust has developed a good framework for delivering its current strategy, which is being implemented effectively. Whilst the frameworks and monitoring are practical, there is an opportunity for the trust to consider greater alignment of how its strategic objectives are monitored through its BAF and IQPR as there needs to be a standardised way this is presented.

### Summary

- The trust has a newly refreshed strategy aligned with ICB/IPC and placed based partners.
- The trust is currently developing its engagement approach and plan.
- The trust has a good data platform to support emerging methodologies – treat, prevent and create.

### Recommendations

2. The board agrees its new strategy and delivers its engagement plan.
3. The board agrees on how best to assure itself that its new strategy is being delivered and engaged with, within the trust and externally.
4. Following the agreement of the new strategy, the trust examines the opportunity to align its headings to reports at the board, board assurance framework (BAF) and the integrated quality and performance report (IQPR).

## 6.3 Is there a culture of high quality, sustainable care?

**Leaders at every level live the vision and embody shared values, prioritise high quality, sustainable and compassionate care, and promote equality and diversity. They encourage pride and positivity in the organisation and focus attention on the needs and experiences of people who use services. Behaviour and performance are inconsistent with the vision and values are acted on regardless of seniority.**

Senior leaders were observed chairing meetings, engaging and contributing to meetings, with a clear focus on understanding the issues and a focus on improvement. All the meetings the FM team observed, whilst focussed and effective, demonstrated respectful and supportive behaviours.

The chairing of meetings was of a high standard and inclusive for all those who attended. Time was given to present, challenge, and discuss issues. The staff below the executive tier explained how responsive they and their executive colleagues were to any staff issue and that the visibility of senior leaders was evident.

The trust has a well-established people committee, and there was evidence provided from reports and observation of discussion on a wide range of areas relating to staff recruitment, retention and ongoing professional development.

The trust has developed People Operational Delivery groups (PODs) which support the delivery of the NHS People Plan and People Promises. The four PODs are:

1. Recruitment and Retention
2. Health and Wellbeing

3. Education and Professional Development and;
4. Culture and Leadership

The trust has established programmes to celebrate staff and their contribution to high quality sustainable care. This includes the annual 'thank you awards', 'time to shine' and the 'leader in me' which are well supported by the board.

Other initiatives which we evidenced was the visits made by both governors and the non-executive directors to visit trust services and teams.

The FM team have noted that since the last review in 2020, the trust has won the Nursing Times 'best recruitment experience' award and reached the top three finalists in the 'best employer for staff recognition'.

**Candour, openness, honesty, transparency and challenges to poor practice are the norm. The leadership actively promotes staff empowerment to drive improvement, and raising concerns is encouraged and valued. Staff actively raise concerns, and those who do (including external whistleblowers) are supported. Concerns are investigated sensitively and confidentially, and lessons are shared and acted on. When something goes wrong, people receive a sincere and timely apology and are told about any actions being taken to prevent the same from happening again.**

The trusts' senior leadership effectively described the processes in place for managing incidents, serious incidents and complaints. The trust has established a clear process for managing incidents and serious incidents. The quality and safety committee receives regular incident and patient experience information through the IQPR report and specific serious incident report from the director of quality governance. The trust has established a patient safety group which meets weekly to review all patient safety incidents and escalates appropriately any that meet the requirements for serious incidents. The trust has effective management in place for the review of all incidents, the management of serious incidents and the completion of action plans following sign-off by the ICB.

Learning from incidents and feedback is included within established reports to the quality and safety committee, and when required, deep dives are commissioned by the committee into areas such as waiting lists, harm or specific services (i.e., dermatology services).

The trust has been involved in developing Just Culture, and the principles of its just and learning culture journey continue to be implemented into everyday practice. This is evidenced by the trust's employee relations data, where grievances and disciplinary processes remain very low.

The trust has ensured that the values central to a just and learning culture are integral to those of the trust and are underpinned by the respect charter, which includes a range of equality, diversity and inclusion initiatives and the trust's recently developed civility and respect training.

The FM team noted that the trust had invested significantly in the Restorative Just Culture programme delivered by Merseycare in partnership with Northumbria University, and this had been attended by 40 members of staff, including trust board members and senior management.

The trust has a well-established freedom to speak up (FTSU) process in place, and this is reported on regularly. The trust has appointed a newly appointed lead FTSU guardian.

**There are processes for providing all staff at every level with the development they need, including high-quality appraisal and career development conversations.**

The trust has established a competency framework group. The aim is to support better career progression through staff understanding the competency requirements they need to achieve to move forward.

The trust is working in partnership with the North-West Leadership Academy, and the Mary Seacole local programme continues to be offered within Bridgewater as part of the Mersey and Cheshire Network.

The trust provided evidence of a first-line manager development programme, developed for new and aspiring managers and offered as a rolling programme. The programme commenced in October 2022 with an initial cohort of 31 managers.

Bridgewater, like many other trusts, has struggled to meet its target for PPDR, which was 85%. Senior leaders informed the review team that the pandemic recovery's ongoing impact, including unprecedented sickness levels in clinical and non-clinical staff and increased demands on staff, particularly during winter pressure months, continued to be a challenge. Reminders continue to be communicated to managers in various forums and via the Trust Bulletin to help improve this situation.

The board and executive team were very focused on increasing mandatory training performance, including PPDR.

**Equality and diversity are actively promoted, the causes of any workforce inequality are identified, and action is taken to address these. Staff, including those with protected characteristics under the Equality Act, feel they are treated equitably.**

Senior leaders within the trust could describe the organisation's governance and approach to equality, diversity and inclusion. The people committee receives regular updates from the director of people and organisational development.

In January 2023, the people committee received a report on progress on workforce-related equality objectives and action plans and a report on progress related to staff networks for assurance. At the February 2023 board meeting, the final Gender Pay Gap Report 2022 was presented for assurance.

There was evidence of updates being given on the progress on the new equality delivery system 2022, which included details of both service/patient experience, and workforce experience.

The FM team are aware that the trust was gaining final sign-off by Healthwatch Halton and ICB (Integrated Care Board) Equality Leads and the people committee to enable the trust to meet the deadline for submission to NHS England before 28 February 2023.

The documentation and observations review demonstrated that senior leaders received and reviewed metrics on staff engagement, bullying, harassment, recruitment and promotion among those with protected characteristics and the wider workforce.

**There is a culture of collective responsibility between teams and services. There are positive relationships between staff and teams, where conflicts are resolved quickly and constructively, and responsibility is shared.**

There was a clear demonstration of effective teamworking in all areas of the trust reviewed. Teams at all levels were aligned, respectful and supportive. The board led by example, and there was evidence of positive relationships between the chair and chief executive, the non-executives and executive directors.

The board had carried out a self-assessment of its board committees and received positive feedback on how the meetings were chaired, organised and run.

Senior leaders who spoke to the FM team said executive directors would respond quickly to any operational issues and were highly visible and approachable.

The newly developed performance accountability framework, developed during our review, is planned to support the collective responsibility culture. The executive team were in the process of discussing this with the board and senior leadership colleagues.

Where issues were identified, a supportive process to improve services was undertaken by the senior leaders in the trusts working with the trust's teams and services.

#### **Summary**

- The board and senior leadership team provide evidence of a high-quality, sustainable care culture.
- Strong evidence of trust investment into improving its culture
- Number of HR and OD initiatives in place

#### **Recommendations**

5. The board continue to focus on improving its mandatory compliance and PPDR performance.

## **6.4 Are there clear responsibilities, roles and systems of accountability to support good governance and management?**

**Structures, processes and systems of accountability, including the governance and management of partnerships, joint working arrangements and shared services, are clearly set out, understood and effective.**

The board and executive team have been very stable over the last three years. At the board and executive level, all senior leaders were clear about their responsibilities and roles and how they worked within the trust to support and deliver good governance and management.

Every member of the trust that spoke to the FM team could describe their role and purpose within the organisation, how their individual area was managed, how the trusts governance framework from board to senior leadership teams operated, and where decisions were made. Assurance was understood and so was the need to provide assurance through the governance framework to board committees and the board.

The trust has developed effective board [public and private] meetings, board committees, executive meetings and directorate meetings. The agendas of each team were appropriate and well-balanced to support a robust system of internal control. There is a clear focus on quality and safety, performance and financial management, information management and

technology and estates and facilities. There was a demonstration of close working between quality and safety, clinical, operational and corporate teams in managing the trusts' services.

Concerns, issues and risks were escalated appropriately through the trusts' governance frameworks. Waiting times, harm and service-specific deep dives and reports evidenced review and escalation of concerns and issues within the trust's governance framework.

Senior leaders within the trust have developed effective working relationships with partner organisations and this was evidenced through the recent covid-19 pandemic. The trust is part of the Cheshire & Merseyside Health & Care Partnership which has 9 Places. It works with the newly created (July 2022) Integrated Care Board (ICB) and Integrated Care Partnership (ICP).

As the ICB/ICP have been developing their governance frameworks, senior leaders from the trust have been working with colleagues to help shape and support the development and implementation. Work has also been ongoing with place-based partners on their governance frameworks and accountabilities, and responsibilities.

There was evidence of feedback into the trust at several meetings, including the board, board committees, and councils, from senior leaders about ongoing partnership working and initiatives. As part of its strategic review, the trust had collated detailed information on its services, which was being shared with partners.

### **The board and other levels of governance in the organisation function effectively and interact with each other appropriately.**

The board is operating as an effective unitary board. There was clarity about its role, and there was an agreed work plan together with the board committees. There is appropriate focus and discussions at the board, board committee and executive levels. The chair and trust secretary met ahead of each board meeting to agree on the agenda for both public and private meetings. In terms of transparency, there is an apparent aim to ensure as much of the agenda was in the public meetings as possible.

There is clear evidence of effective information flows from within the trust at the council level to the executive, board committees and the board.

### **Staff are clear on their roles and accountabilities.**

It was clear from interviews with senior leaders that staff members understood the trusts' key quality, operational and financial priorities. And in turn, how their goals and objectives contribute to the organisation's overall performance and how this was measured. Staff



members understood that they were accountable for delivering high-quality, sustainable care and optimising the use of the trust's resources.

Once fully agreed, the new accountability performance framework will further support the clarity of staff roles and accountabilities.

#### **Summary**

- The board and executive understand their roles and responsibilities.
- Robust governance frameworks are in place to support the discharge of accountabilities and responsibilities at the board and executive levels.
- A newly developed accountability performance framework will help the sub-executive level.
- 

#### **Recommendations**

6. When the trust implements the accountability performance framework, a support programme is developed for the sub-executive cohort.

## **6.5 Are there clear and effective processes for managing risks, issues and performance?**

**There is an effective and comprehensive process to identify, understand, monitor and address current and future risks.**

Senior leaders were able to describe the process by which risks were managed within the trust and how they were escalated and de-escalated. The trust has developed a detailed BAF that aligns with the organisation's strategic objectives, which is used dynamically at all senior levels. The BAF contains details of the individual eight strategic risks and their alignments to the trust's strategic objectives, risk ratings and risk appetite. Prevent and detect controls are also included together with assurances. Aligned risks from the corporate risk register with a current risk score of 15 or above are also included.

The risk council was observed twice so the FM team could track risk discussions. The risk council is well attended by operational teams, and it was clear that risks were being discussed and escalated appropriately. It was observed that the trust had very few risks scoring 15 or more, and it was noted that certain risks were not being scored at 5 (certain) for likelihood when the risk had materialised. This is perhaps a minor point, as all appropriate risks were discussed at the correct meetings.

All directorates submitted their risk reports in good time for the risk council, which were then presented and discussed. Whilst there is an Excel corporate risk register containing all risk scoring over 12 and above, this information is not compiled into a corporate risk register (CRR) report. The trust should review its current scoring of risks, and once completed, develop a corporate risk register report and align its risks into themes where appropriate. This report should include the top 3-5 risks the trust is challenged with.

It is noted that the board is currently reviewing its risk appetite, and the outcome of this work should be reflected in the trusts BAF and CRR.

**Financial pressures are managed to maintain the quality of care. Service developments and efficiency changes are developed and assessed with input from clinicians so that their impact on the quality of care is understood.**

The trust has a well-established financial governance framework for managing finance and performance. The performance council has been developed to scrutinise the trust's performance concerning finance, operational delivery, people and quality in all the trusts' boroughs/directorates and to triangulate each element to enable the performance of services to be fully understood. The performance council makes recommendations to the relevant committee(s), where the performance of a service needs to be escalated due to over or underperformance.

The trust has a well-established finance and performance committee which supports the work of the board. All the finance and performance meetings were chaired well and focussed effectively on their terms of reference.

**The organisation has the processes to manage current and future performance.**

The trust has developed and implemented an integrated quality and performance report (IQPR), and which is produced monthly. It covers:

- Trust Overview
- Operations – Responsive
- Safe, High-Quality Care
- People
- Finance - Making Good Use of Resources

Senior leaders could describe the frameworks and processes in place to manage performance across the trust. Leaders articulated that the measures in place were correct and that they had information in time to manage their services effectively. The trust also developed a CIP council to focus on the delivery of CIP across the trust. This council meeting

was observed, and whilst challenging in terms of delivery of CIP it was a focused supportive meeting to enable the best outcomes for teams and colleagues.

The finance director gives frequent updates in relevant meetings and reports regularly to board colleagues. These updates include the finance report and the 2023/24 plan.

### **Clear structures and processes escalate performance issues to the appropriate committees and the board.**

All performance issues are escalated through the finance and performance governance framework. This includes alignment with the BAF and CRR, once agreed actions are tracked through each appropriate committee or meeting.

### **Clinical and internal audit processes function well and positively impact quality governance, with clear evidence of action to resolve concerns.**

The quality and safety committee receives reports and updates, including MIAA reports and clinical audits. During this review (February 2023), the trust did not have any audits with limited or moderate assurance.

The trusts' draft clinical audit plan 2023-24 was approved at the quality council meeting in March 2023. The trust's clinical audit plan is refreshed and updated on an annual basis. The draft plan for 2023-24 is based on priorities agreed upon by the directors of nursing, the medical director and the trust dental network. It includes re-audits of audits conducted in 2022-23 as well as any clinical interest audits. Topics for inclusion in the audit plan were also sought from clinical services, the medicines management team and quality matrons.

Progress with the clinical audit plan is reported on a quarterly basis to the borough quality meetings, dental governance meetings, the clinical audit and research steering group and the quality council.

#### **Summary**

- The trust provided evidence of clear and effective processes for managing risks, issues and performance.
- Evidence of strong engagement within the trust at all levels
- Good understanding of risk management at the board, board committee and council levels.
- Performance well managed across the trust with effective reporting.

#### **Recommendations**

- |   |
|---|
| <p>7. The trust should develop a corporate risk register report that themes risks so an overview of the trust's top risks can be presented to the executive for review and then shared with the board and board committees.</p> |
|---|

## **6.6 Is appropriate and accurate information being effectively processed, challenged and acted on?**

**Quality and sustainability both receive sufficient coverage in relevant meetings at all levels. Staff receive valuable data daily, which supports them to adjust and improve performance as necessary.**

Following the observations of meetings and discussions with senior leaders, it was clear that at each tier, the meetings received and discussed appropriate information covering quality, operations and finance. The information supplied to each meeting that was observed supported their terms of reference and informed and supported members of the meeting to make informed judgements. There was evidence of a robust challenge of information and its interpretation by senior leaders in meetings at all levels.

All senior leaders reported that they had the information required to effectively manage their services. Managers outlined that from the information provided, they could offer whatever assurance when required.

**Integrated reporting supports effective decision-making. There is a holistic understanding of performance, which sufficiently covers and integrates the views of people with quality, operational and financial information.**

The trust has developed its IQPR, which is presented and discussed at board, board committees and executive meetings. There were no issues identified in the supporting information used to generate the IQPR. Exception reporting was included within the report to identify any areas of good or poor performance.

The trust is working with directorate teams to develop a dashboard approach to support the broader IQPR process, linking this with the strategic development work.

**Performance information is used to hold management and staff to account.**

The finance and performance council and committee provide the governance framework for monitoring and management across the trust, with the board having overall responsibility. Links to other councils and committees about performance issues are well managed. Key

strategic and operational risks are identified and escalated appropriately, with staff being held to account for the management of the trust's controls and performance.

The newly developed assurance performance framework is aimed at supporting staff in understanding their roles and responsibilities.

**The information used in reporting, performance management and delivering quality care is usually accurate, valid, reliable, timely and relevant, with plans to address weaknesses.**

During the review, the FM team saw a mix of qualitative and quantitative intelligence included within reports to the board, board committees and councils. Information was challenged robustly and if any uncertainties were highlighted the information was reviewed once more for assurance and updated if required.

There was a clear understanding of how information flowed at all levels and what information was required by each trust tier.

**Information technology systems are used effectively to monitor and improve the quality of care.**

The trust had recently established a Digital Information Governance and Information Technology meeting (DIGIT) chaired by the medical director. The trust had developed both terms of reference and a business cycle for the group. The usual items discussed at this meeting include the digital strategy review and plan, information technology and information governance. It receives reports from the head of IT, and any MIAA IT reports, such as IT cyber security. The digital programme group also provides an update on its activities. Appropriate policies are presented at the digital group for review and consideration.

**Data or notifications are consistently submitted to external organisations as required.**

The trust through regular reporting to councils and committees provides evidence that directorate and services understand the routine and exceptional data requirements of external bodies. Evidence was provided in relation to EDI, SIs and finance.

**There are robust arrangements for the availability, integrity and confidentiality of patient-identifiable data, records and data management systems.**

Through its DIGIT meeting, the trust receives a regular information governance update, including any breaches. The report includes any serious incidents, risks, activity reports for freedom of information requests, data security training and subject access requests.

Senior leaders outlined to the FM team that they had confidence in the systems and processes they used and the systems' ability to flag problems and issues.

The trust had also commissioned an internal audit on cyber security.

#### Summary

- The trust has appropriate and accurate information which is being effectively processed, challenged and acted on.
- All staff interviewed stated they had the correct information promptly to support them, and their teams manage the services for which they were accountable.
- Evidence of effective management of information and its governance.

## 6.7 Are the people who use services, the public, staff and external partners engaged and involved to support high-quality sustainable services?

**A full and diverse range of people's views and concerns is encouraged, heard and acted on to shape services and culture.**

Following the launch of 42 Integrated Care Systems (ICSs) as statutory bodies on 1 July 2022, the various elements of the new systems continue to evolve and embed. Within Cheshire and Merseyside, work continues on developing the Integrated Care Partnership (ICP) Interim Strategy, with input and feedback being co-ordinated via the nine place-based teams.

The trust has worked across all portfolios of the ICS to develop and embed new and evolving arrangements, with the trust's teams and leads involved and influencing directly, as well as via the place-based partnership.

The trust is prominent in the Cheshire and Merseyside provider collaborative with the chief executive chairing the Cheshire and Merseyside people board. At a national level, the trust's chief operating officer is a national intermediate care board member.

The trust has engaged with One Halton and Warrington Together in developing integrated neighbourhood delivery models.

In Warrington, there is evidence that the trust is actively participating in the work of all the 'wells', Starting Well, Staying Well and Ageing Well and all the enabling groups. The chief operating officer is the senior responsible officer for Ageing Well, and the director of people

and organisational development is leading the workforce and organisational development, and there are representatives on all the other groups.

The 'wells' and the enabling groups are all developing their own delivery plans and risk registers, which will be reviewed by the delivery oversight committee and signed off via the Warrington Together Partnership Board. The ageing well programme board already has an established number of programmes, all of which the trust is contributing to and which the trust envisages will have a significant impact on the delivery of community services moving forward.

The trust is developing work around integrated community teams in Warrington, and this is supported by the work which is being done internally around the community nursing transformation with the integration of district nursing and specialist nurses.

The Integrated Management Structure for Intermediate Care is now almost fully in place, and a significant amount of work has been undertaken around the delivery to embed the 'Home First' approach both to patients being discharged from hospital and for patients remaining in their own homes.

A Workforce & OD Enabler Group (WEG) has been established.

The group are involved in:

- The commissioning of a Place based Workforce Strategy to address risks and opportunities around integration. Three bids have been evaluated with dates for interviews currently being pursued.
- Grants and wider support are being sought for the independent domiciliary care sector to encourage uptake of international recruitment and build sustainable market capacity that meets our strategic vision for 'Home First'.
- The development of recruitment, training and career opportunities to 'grow our own' through the Warrington Health and Care Academy and The Cheshire and Warrington Pledge
- The development of Health and Social Care job roles and career pathways that meet the requirements of integrated services and can increasingly work across health and social care settings.

The trust is still developing its engagement approach around its new 'Communities Matter - Creating stronger, healthier, happier communities' strategy for the period 2023 – 2026. strategy and the mechanisms it may use:

OBJECTIVES	MISSION	We will improve health, health equity, wellbeing and prosperity across local communities, by providing person-centred care in collaboration with our partners	Place-based outcome metrics/targets	JSNA/Place PMO	
			Staff feedback/insights	Staff survey	
			Public feedback/insights	Public survey	
			Partner feedback/insights	Partner survey	
		Quality	We will deliver high quality services in a safe, inclusive environment where our patients, their families, carers and staff work together to continually improve how they are delivered	Service quality metrics	Internal KPIs
				Staff feedback/insights	Staff survey
				Patient feedback/insights	Patient survey
		HealthEquity	We will collaborate with partners and communities to improve equity in health outcomes and focus on the needs of those who are vulnerable and at-risk	Place-based outcome metrics/targets	JSNA/Place PMO
	Public feedback/insights		Public survey		
	Partner feedback/insights		Partner survey		
People	We will ensure the Trust is a great place to work by creating an environment for our staff to develop, grow and thrive	Staff feedback/insights	Staff survey		
		Key People indicators	People KPIs		
Resources	We will ensure that we use our resources in a sustainable and effective way	Trust financial position	Finance reports		
		Trust PP delivery	Finance reports		
EDI	We will ensure that equity, diversity and inclusion are at the heart of what we do and we will create compassionate and inclusive conditions for patients and staff	Staff feedback/insights	Staff survey		
		Patient feedback/insights	Patient survey		
		Key EDI metrics	EDI KPIs		
Partnership	We will work in close collaboration with partners and their staff in place, and across the system to deliver the best possible care and positive impact in local communities	Place-based outcome metrics/targets	JSNA/Place PMO		
		Partner feedback/insights	Partner survey		
		Public feedback/insights	Public survey		

There is evidence of good engagement with the trust’s governors at the council of governor’s meetings, and it is noted that governors have continued to observe board and board committee meetings providing feedback, which is good practice.

**The service proactively engages and involves all staff (including those with protected equality characteristics) and ensures that the voices of all staff are heard and acted on to shape services and culture.**

The trust reviewed its 2022 NHS Staff Survey feedback while FM was undertaking this governance review, with 56% of Bridgewater staff completing the survey, which was the best response rate for the trust.

Within the staff survey, the trust performed well in relation to its NHS North-West geography and its regional Cheshire and Merseyside ICS geography.

The staff survey outlines a positive breakdown comparison from a regional perspective. It shows the trust performing well across all people promise themes and the two elements of staff engagement and morale.

Whilst performing well in its north-west geography, the report showed that five out of the nine elements/themes remain static when compared against the national community trust average. Four elements/themes show a decrease.



People Promise Element/ Theme	BCHFT 2022 score	Community Trust Average	Trust results v's Community Trust Average	North West Average	Trust results v's North West Average	C&MICS Average	Trust results v's CMICS Average
We are compassionate and inclusive	7.6	7.6	0	7.2	0.4	7.3	0.3
We are recognised and rewarded	6.1	6.4	-0.3	5.8	0.3	6	0.1
We each have a voice that counts	7.1	7.1	0	6.7	0.4	6.8	0.3
We are safe and healthy	6.3	6.3	0	6	0.3	6.1	0.2
We are always learning	5.3	5.9	-0.3	5.2	0.1	5.1	0.2
We work flexibly	6.4	6.7	-0.3	6.1	0.3	6.1	0.3
We are a team	7	7.1	-0.1	6.7	0.3	6.7	0.3
Staff engagement	7.2	7.2	0	6.8	0.4	6.9	0.3
Morale	6.1	6.1	0	5.8	0.3	5.8	0.3

These will be the areas that the trust has stated it will work closely on as part of its organisation-wide action planning:

- We are recognised and rewarded
- We are always learning
- We work flexibly
- We are a team

The service proactively engages and involves all staff (including those with protected equality characteristics) and ensures that the voices of all staff are heard and acted on to shape services and culture.

The trust has reported to the board that staff survey action plans will be created trust-wide (owned by the People Directorate) and at the directorate team level (owned by the directorate).

The trust has developed a dedicated staff survey action plan group on Microsoft (MS) Teams.

There is evidence from discussions with senior leaders and reviews of the board, board committees and the people council of a robust framework for engaging with all trust staff.

### Summary

- The trust has reviewed and refreshed its strategy for 2023-26. It has engaged with a large group of stakeholders.
- The trust is developing its further engagement approach and plan to support the delivery of its strategy.
- Strong evidence of staff engagement managed by HR & OD

### Recommendations

8. The trust delivers on its engagement plan and ensures that measures of engagement are built into the trust's performance reporting.

## 6.8 Are there robust systems and processes for learning, continuous improvement and innovation?

**There is a strong focus on continuous learning and improvement at all levels of the organisation, including through appropriate use of external accreditation and participation in research.**

The trust board agenda is aligned to its strategic objectives, so it receives updates on innovation and collaboration every time it meets in public or in private.

The trust has worked hard to develop a continuous improvement culture, driven by its people and quality teams. We evidenced initiatives such as leader in me events, time to shine and staff awards as examples of how the trust had invested in its staff and culture. The trust described this process as how they captured and shared great practice and innovation. Senior leaders were able to describe their approach of developing and embedding Just Culture as they strived to improve people practices and focus on fairness and learning.

At the time of our review, the trust was preparing to implement the new patient safety incident response framework (PSIRF), which is the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. It replaced the current Serious Incident Framework. PSIRF represents a significant shift in the way the NHS responds to patient safety incidents and is a key part of the NHS patient safety strategy.

The trust has recognised the importance of ensuring our staff feel valued and supported and has developed an enhanced model of preceptorship; they have also introduced Professional Nurse Advocates.

The trust has also developed and implemented a 'Building On Our Strengths Together' (BOOST) methodology to drive forward continuous quality improvements in the services provided, led by staff. Evidence of this was a recent BOOST event associated with the trust's dermatology services.

The trust has an established process for managing its research, and this report regularly into the quality governance framework.

**There is knowledge of improvement methods and the skills to use them at all levels of the organisation.**

The Bridgewater BOOST was developed in July 2022 and is a programme of work that the trust hopes will deliver real change and improve patient care and staff morale. An early example of the improvement work has been in the dermatology service.

The trusts' staff drives the programme through a series of supported workshops to develop and agree on priorities, objectives and opportunities for all services moving forward.

Staff influence and shape how services are developed and delivered in an integrated way across the trust's local communities.

**The service effectively uses internal and external reviews, and learning is shared effectively and used to make improvements.**

The trust fully uses internal and external reviews to assure itself and support improvements. In reviewing action plans at all meetings, the trust manages its actions to completion effectively. The trust's audit committee is run effectively, reviews and actions are appropriately discussed and agreed, and subsequent action plans are well managed.

**Staff are encouraged to use the information and regularly take time out to review individual and team objectives, processes and performance. This is used to make improvements.**

Senior leaders articulated that staff were clear about their personal priorities and objectives. The existing performance framework provides feedback to teams and individuals on progress in delivering objectives and targets. Senior staff were hopeful that the trust's BOOST methodology could be rolled out further to support teams to improve their services and boost morale.

## There are organisational systems to support improvement and innovation work, including staff objectives, rewards, data systems and ways of sharing improvement work.

The trust has already undertaken a lot of work identifying and publicising service improvements. There is much work, some nationally acknowledged that the trust has undertaken, and HR and OD have started to pull much of this work together. Further opportunities exist to pull this identification of excellent individual staff, team and service achievements.

### Summary

- The trust has developed an effective improvement methodology and has used it to support service improvement (BOOST).
- There are a number of initiatives embedded to improve trust services and celebrate staff achievements.

### Recommendations

9. The trust builds on the work carried out by HR & OD to pull together all the achievements of staff, teams and services so this can be highlighted both internally and externally.

## 7. Conclusion

In 2020 when we carried out our well-led governance review, the trust was just starting to stabilise its leadership team after a period of vacancies. During our current review, there is evidence that the board and executive team are stable and mature. The board and executive team are well-established and engaged in an ongoing board development programme.

The board, executive team and the trust have faced enormous challenges in leading and managing the organisation during the Covid-19 pandemic. This has involved a tremendous amount of 'control and command' culture, and going forward, a new management culture will need to be strengthened, which will be more 'devolved autonomy' focussed. The trust has recognised this and is in the process of agreeing and implementing its new assurance performance framework.

The trust has good governance structures and a high level of understanding of how good governance should work within its senior leadership.

Developing a new strategy 2023-26 provides a foundation and focus for ongoing engagement work with patients, staff, partners and the communities the trust works within. It provides an opportunity for the trust and its workforce to align with it and engage with its

communities and partners. The developing engagement approach and plan provides a useful mechanism to support the delivery of the trust's strategy.

The trust's senior leaders demonstrated effective leadership and engagement in all the meetings we observed, and there was a culture of improvement focussed behaviours. The respectful challenge is embedded within management practice, and we evidenced numerous challenges in different meetings, which were met with appropriate responses. Information is used effectively and presented well within all tiers of the trust meetings we observed and reviewed. Staff interviewed all felt they had timely information available, allowing them to manage their teams and services and provide assurance. Accountabilities and responsibilities are understood, and senior leaders are appropriately held to account. The trust is developing its assurance performance framework to support the wider understanding of accountability. This will undoubtedly help support good governance within the trust, and support for the sub-directorate tier will need to be put in place as this is implemented.

The trust has several processes for innovating and improving its services, which are working well. The trust should consider how it can best co-ordinate and celebrate all its innovation and improvement activities so it can communicate these to staff, partners and the communities the trust serves.

#### **Recommendations**

1. The trust develops succession -planning for its senior leaders.
2. The board agrees its new strategy and delivers its engagement plan.
3. The board agrees on how best to assure itself that its new strategy is being delivered and engaged with, within the trust and externally.
4. Following the agreement of the new strategy, the trust examines the opportunity to align its headings in relation to reports at the board, board assurance framework and the integrated quality and performance report.
5. The board continue to focus on improving its mandatory compliance and PPDR performance.
6. When the trust implements the accountability performance framework, a support programme is developed for the sub-executive cohort.
7. The trust should develop a corporate risk register report that themes risks so an overview of the trust's top risks can be presented to the executive for review and then shared with the board and board committees.
8. The trust delivers on its engagement plan and ensures that measures of engagement are built into the trust's performance reporting.

9. The trust builds on the work carried out by HR &OD to pull together all the achievements of staff, teams and services so this can be highlighted both internally and externally.

## Appendix One – Documents reviewed

Trust Strategy – ‘Communities Matter - Creating stronger, healthier, happier communities 2023-26  
Board Assurance Framework  
Board of Directors Agendas and Papers (Public & Private)  
Council of Governors Agendas and Papers  
Audit Committee Agendas and Papers January  
Quality and Safety Committee Agendas and Papers  
Finance and Performance Committee Agenda and Papers  
Terms of Reference for Board of Directors and Board Committees  
People Committee Agendas and Papers  
DIGIT Agendas and Papers  
Executive Management Team Agendas and Papers  
Transformation Group Team Agendas and Papers  
Risk Management Council Agendas and Papers  
CIP Council Agendas and Papers  
Quality Council Agendas and Papers  
Performance Council Agendas and Papers  
Integrated Quality and Performance Report (IQPR)  
Bridgewater Community Foundation Trust Improvement Plan  
Scheme of Reservation and Delegation  
Standing Financial Instructions  
Risk Assessment and Risk Register Process Guidelines Risk Identification and Management Risk  
Management Framework  
Staff Survey 2022  
Staff Engagement Strategy  
Staff Engagement Reports  
Leadership Development Programmes  
How Staff Achievements are Celebrated  
Patient Experience Reports  
Trust Improvement Strategy  
Corporate Calendar

## Appendix Two – Observations undertaken

Council of Governors

Board of Directors

Audit Committee

Quality and Safety Committee

Finance and Performance Committee

People Committee

Executive Management Team

Transformation Group

DIGIT

Performance Council

Risk Council (twice)

Quality Council

CIP Council



## Appendix Three – Interviews completed

Karen Bliss	Chair
Colin Scales	Chief Executive
Jan McCartney	Trust Secretary
Rob Foster	Director of Integration & Collaboration
Susan Burton	Deputy Chief Nurse & Chair Quality Council
Gail Briers	NED, Quality & Safety Chair
Nick Gallagher	Director of Finance
Martyn Taylor	NED, Senior Independent Director (SID)
Tina Wilkins	NED, Finance & Performance Chair
Linda Chivers	NED, Audit Chair
Karen Worthington	Associate Director Children's Services
Jilly Wallis	Associate Director of Halton Adult Community Services/ Allied Health Professional Lead
Eugene Lavan	Deputy Chief Operating Officer & Chair Cost Improvement Programme (CIP) Council
Aruna Hodgson	Medical Director
Sue Mackie	Director of Quality Governance & Chair Risk Management Council
John Morris	Deputy Director of Estates / EPRR
Dave Smith	AD for IT, DIGIT participant
Barry Hutton	Director of Dental Network
Sarah Brennan	Chief Operating Officer
Sarah Haworth	Associate Director Warrington Adults
Abdul Siddique	NED, People Chair
Rachel Hurst	Deputy Director of Finance
Paula Woods	Director of People and Organisational Development
Mark Chapman	AD Transformation & Chair Performance Council
Jo Waldron	Deputy Director of People
Ted Adams	Medical Director
Andrew Corbett-Nolan	Chief Executive Good Governance Institute
Christine Stankus	Lead Governor

Paula Worthington	Warrington Council - Director of Education Early Help and SEND (Deputy DCS)
Simon Constable	Chief Executive at Warrington and Halton Teaching Hospitals
Carl Marsh	Place Director, Warrington