


<b>SUMMARY REPORT</b>		South Tees Hospitals  NHS Foundation Trust
<b>Board of Directors</b>		Date of meeting 26 May 2015
Subject	Governance review action plan	
Prepared by	Caroline Parnell, Director of Communication & Engagement	
Approved by		
Presented by	Caroline Parnell, Director of Communication & Engagement	
Name of meeting considered/approved by		

<b>Purpose:</b> To update the Board of Directors on progress against recommendations that came from the board governance and leadership review conducted by Deloitte	Decision	
	Approval	
	Information	
	Assurance	●

**Executive Summary**

The Board of Directors received the final review report in February and agreed a management response, as required by Deloitte, in March 2015. As the majority of the recommendations were in line with actions already begun by the trust progress in a number of areas had been made even before the report was received.

In April 2015 Monitor asked for an action plan to be developed and the board reviewed a draft at its April board meeting. That draft was revised in line with the comments made by the board and submitted to Monitor on 7 May. The action plan will be reviewed by the board on a monthly basis until all actions are satisfactorily completed.

The May update of the action plan (attached) identifies a number of completed actions, a number of “green” actions that are on track for delivery within expected timescales, and two “red” actions:

R1f – agreement of strategy, milestones and accountability – the trust is beginning a six month programme of refreshing its strategy with an event involving the organisation’s senior leadership on 11 June. The six month programme will provide an opportunity to further enhance the ownership of our vision and strategy by our senior clinical and managerial leaders, as well as engage key external stakeholders. However this means the trust will not meet the initial July 2015 timescale.

R7a – development of engagement plan as part of a refreshed communication strategy – the communication audit informing the refreshed strategy has been completed but the Director of Communication & Engagement has been unable to complete the strategy, including the plan, in time for approval at the May board meeting. The strategy is now expected to be presented to the board in June. However the delay means this recommendation was not completed within the May 2015 timescale.

**Next Steps**  
The board is asked to note the progress made in addressing the various recommendation.

**Supports Trust Strategy Map in the following areas**

quality & patient safety		business sustainability		operational excellence		organisational capability	
deliver integrated care		improved cost control		improved patient flow		improved information	
forefront of clinical innovation		increased productivity		improved innovation processes		continuous service improvement culture	
specialised services development		increased revenue & market share		strong governance & risk management	●	workforce development	
service quality and safety		enhanced services				strong partnerships & engagement	

**If a key risk(s) has been identified, please describe below**

The governance review was a requirement of the ongoing enforcement action by Monitor. Failure to deliver the recommendations in line with agreed timescales could prompt further investigation by the regulator, but there are currently no major concerns with pace of delivery.

**DELOITTE GOVERNANCE REVIEW ACTION PLAN  
MAY 2015**

	<b>STRATEGY AND PLANNING</b>	<b>Lead</b>	<b>Deadline</b>	<b>Outcome</b>	<b>Evidence</b>	<b>RAG</b>
R1	The board needs to develop the detail plan behind its strategy, ensuring that there is clear alignment with the recovery plan, transformation programme and annual planning budget setting process. This should include the development of clear supporting plans and identification of measurable milestones with clear executive responsibilities to support its delivery. This needs to be supported by meaningful and timely internal and external engagement	RJ	April 2015	Deliver annual plan within required timeframe.  Clear organisational strategy, tracked through CCs, clear process for monitoring	Annual plan  Organisational strategy  CC strategies  Quarterly strategic monitoring report to board  Quarterly strategic reviews with centres	Green
a	Refresh of 2015/16 recovery plan objectives for submission to Monitor	RJ	April		Annual plan	Complete
b	Agreement of centre level 2015/16 recovery plan	MHS	April		Centre plan sign off	Complete
c	Engagement of Chiefs of Service and Managing Directors	SM	April		Sign off of financial plans Workshops – March and June	Ongoing
d	External engagement with CCGs - executive representation on CCG strategy group	SM	April		Agendas and minutes	Ongoing

f	Agreement of strategy, milestones and accountability	BoD	July		BoD Minutes	R
e	Establishment of performance management framework	CN	July		BoD report for approval Minutes	G
<b>R2</b>	<b>Develop a detailed timetable and process map to underpin the annual business planning process. The process should begin in autumn to enable sufficient time for engagement and communication prior to the financial year.</b>	<b>CN</b>	<b>April 2015</b>	<b>Timely process established</b>	<b>Detailed plan and timetable</b>	<b>Green</b>
a	Develop detailed paper for 2015 -16, start process Autumn 2014		Sept 2014		BoD paper & minutes	Complete
b	Present paper for 2016-17 to August 2015 Board of Directors		August		BoD paper & minutes	G
<b>R3</b>	<b>It is critical that mechanisms are in place to enable to board to seek assurance over progress towards the achievement of the trust's short, medium and long term strategic plans, both at trust wide and clinical centre level</b>	<b>CN</b>	<b>April 2015</b>	<b>Clear process established for CC objectives to support organisational strategy</b>	<b>Process map</b>	<b>Green</b>
a	Refresh BAF to reflect 2015/16 annual plan		April		BoD report and quarterly updates	Complete
b	Develop process map, terms of reference, standardised agendas and chairs log		May		Process map, ToR, agendas, chairs log	G
c	Review of clinical centre strategy maps in performance reviews		July		Agenda and chairs log	G
d	Quarterly reviews of trust's strategy map scheduled for board		July		BoD minutes	G
<b>R4</b>	<b>Revise the current budget setting process to ensure that it is fully aligned with the annual</b>	<b>CN</b>	<b>April 2015</b>	<b>Clarity of budget settings and</b>	<b>Finance structure chart</b>	<b>Green</b>

	<b>planning cycle, undertaking in a timely manner and has clear links between centre budgets and strategic priorities. There is also a need to clarify budget settings and monitoring responsibilities and accountabilities between centres and corporate teams</b>			<b>monitoring responsibilities and accountabilities</b>	<b>Process map</b> <b>Budget sign off reports</b>	
a	Revise budget setting for 2015-16 financial year		February		Budget sign off	Complete
c	Each centre budget signed off by triumvirate management team		March		Budget sign off	Complete
d	Implement devolved finance function in clinical centres		April		Structure chart	Complete
e	Each MD to meet with head of financial management before monthly reporting and performance meetings		May		Meeting notes	G
<b>R5</b>	<b>Review the level of finance support available to each clinical centre as part of the current review of the finance department structure to ensure that all clinical centres are provided support proportionate to their size and complexity. Provide all budget holders with training to enable appropriate interrogation of financial performance</b>	<b>CN</b>	<b>April 2015</b>	<b>Improve support to CCs</b>  <b>Clear responsibilities in CCs for budget and financial management</b>	<b>Finance structure chart</b> <b>CCs job descriptions</b>	<b>Green</b>
a	Implement new finance department structure		April		Team chart	Complete
b	Implement devolved finance function in clinical centres		April		Restructure complete – finance links in post	Complete
c	Set up corporate transactions team to provide centre teams with more support and guidance		June		Team recruitment ongoing	G
d	Complete migration to new finance and ledger system		April		System in plan	Complete
e	Provide training on new system to all budget holders		May		Training programme	Ongoing

					established	
<b>R6</b>	<b>Ensure there is great ongoing communication of strategic plan and transformational plans through the trust, from board to ward</b>	<b>CN</b>	<b>April 2015</b>	<b>Appropriate awareness of strategy from ward to board</b>	<b>Surveys</b> <b>Big/little conversations</b>	<b>Green</b>
a	Use strategy map consistently across the organisation for discussion about trust, centre, team and individual objectives		July		Trust and CC strategy maps  Minutes  Objectives shared	<b>G</b>
b	Review and reflect on organisational restructure to encourage greater learning and standardisation		May	Standardisation of governance structures in CCs	Workshop notes	<b>G</b>
c	Refresh communication audit to ensure existing communication methods are meeting staff needs		April		Staff survey  External stakeholder survey	<b>Complete</b>
d	Develop annual programme of big and small staff conversations as part of refreshed corporate communication strategy.		May		Programme detailed	<b>G</b>
<b>R7</b>	<b>Develop a stakeholder engagement plan to clarify 1) responsible owners for key relationships; 2) tailored activities to be undertaken; 3) outcomes against which progress can be measured; 4) identify opportunities to develop collective resolution of challenges and issues at an early stage. Include quarterly updates on progress in board's forward plan</b>	<b>CP</b>	<b>May 2015</b>	<b>Clear engagement plan as part of communication strategy</b>	<b>BoD sign off</b> <b>Quarterly tracking</b>	<b>Green</b>
a	Develop plan as part of refreshed corporate		May		BoD agenda and	<b>R</b>

	communication strategy.				minutes	
b	Refresh communication audit to underpin the development of the strategy		April		Survey results	Complete
<b>R8</b>	<b>Provide the Council of Governors with a summary overview of the strategic monitoring report, which is presented to the board on a quarterly basis. Utilise the regular training sessions to further engage and communication with governors on strategic issues in order to provide greater clarity on vision and strategic direction</b>	<b>CP</b>	<b>April 2015</b>	<b>Governors have sufficient info to support their role in holding BoD to account for delivery of the strategy.</b>	<b>CoG agenda and minutes</b>	<b>Green</b>
a	Provide strategic monitoring report to CoG		July		Agenda and minutes	G
b	Agree future training programme approach with CoG		January		Agenda and minutes	Complete
c	Incorporate training into scheduled CoG meetings		May		Meetings programmes	G
d	Refresh induction programme following the March 2015 elections and seek governor views		April		Induction programme	Complete
<b>R9</b>	<b>The board should revise the format of the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) in line with good practice with a focus on alignment of risks to the strategic objectives, and clarification of their potential impact. Sufficient time should be allocated for discussion at board, including commencing a programme of training on the purpose of the BAF and the trust's current risks.</b>	<b>RJ</b>	<b>June 2015</b>	<b>BAF refreshed to reflect risks to 2015/16 annual plan</b>  <b>Further improve board assurance</b>	<b>Refreshed BAF</b>  <b>BoD agenda and minutes</b>	<b>Green</b>
a	Approve risk appetite to underpin the organisation's approach to the BAF and CRR.		April		BoD papers  Risk Management Policy revised and	Complete

					approved	
					Annual governance statement	
b	Revised BAF and CRR to be presented at April BoD		April		BoD papers and minutes	Complete
c	Format of board amended to provide more opportunity for strategic discussion.		March		Board programme	Complete
d	BAF and strategy map to inform agenda setting		July			G
e	Board development session on BAF		February			Complete
f	Training for NEDs on risk management		June			G
<b>R10</b>	<b>Introduce a risk committee with a clear focus on the timely identification, management and mitigation of risk. This should also provide a clear oversight of the delivery of agreed mitigations and actions.</b>	<b>RJ</b>	<b>March 2015</b>	<b>Sufficient time for appropriate focus on risk throughout committee structure to provide assurance to BoD</b>	<b>Annual reports from all groups in committee structure.</b> <b>Audit Committee papers</b>	<b>Complete</b>
a	Terms of reference of all groups within the committee structure to be reviewed at end of financial year		April		Revised ToRs	Complete
b	Annual review of the work of the Quality Assurance Committee presented to BoD and Audit Committee, to include recommendation on the process of assurance in relation to risk management and risk mitigation.		May		BoD papers Internal audit review	Complete
c	Agree revised risk escalation framework to ensure further focused review at Quality Assurance Committee		April		Revised risk management policy	Complete
d	Quality Assurance Committee to continue, in the meantime, to take responsibility for risk review and escalation.		May		QAC papers and agenda	Complete
<b>R11</b>	<b>Standardise the structures and forums in place at</b>	<b>RJ</b>	<b>June</b>	<b>Clear escalation of</b>	<b>Process map for</b>	<b>Green</b>

	<b>clinical centre level to discuss risk from ward to clinical centre board. Ensure that there is clarity in the process for escalating risk.</b>		<b>2015</b>	<b>risk and assurance of appropriate risk management</b>	<b>escalation ToR Risk management policy</b>	
a	Introduce standard proforma to capture key actions, issues for escalation and risks for committee meetings		January		Standardised chairs log	Complete
b	Roll out proforma to clinical centres following standardisation of risk management structures.		May		ToR CC chairs log	G
c	Standardisation of governance structures in centres		May		ToR CC chairs log	G
d	Agreement of performance management framework and connectivity and escalation within committee structure		May		Process map	G
<b>R12</b>	<b>Ensure that the approach to quality impact assessments in relation to CIPs and transformational savings plans are communicated to, and understood by, appropriate staff. In addition there needs to be a more inclusive approach to the identification of savings with greater clarity around how staff can raise concerns in relation to both proposed and on-going schemes when necessary.</b>	<b>RJ CN SM</b>	<b>April 2015</b>	<b>BoD assured that CIPS will not adversely impact on quality.  CIPs owned by CCs</b>	<b>SOP for QIA CIP sign off by CCs Minutes of QIA meetings  QIA monitoring reports  Commissioner review of QIA</b>	<b>Complete</b>
a	Agreement of standard protocol for undertaking, approving and monitoring QIAs	<b>RJ</b>	April		SOP and minutes	Complete
b	Review process and individual QIAs for 2015-16 with commissioners	<b>RJ</b>	March		Minutes	Ongoing



c	Agreement of centre level 2015/16 recovery plans	MHS	April		CC recovery plans/budget sign off	Complete
R13	<b>Strengthen the quality impact assessments and post implementation reporting processes to the board via the Quality Assurance Committee, ensuring that reports are succinct and prepared on an exception basis to enable the clear identification of potential issues.</b>	RJ	June 2015	Improved assurance to BoD	SOP Minutes	Complete
a	Agreement of QIA SOP, including reporting to QAC, implemented in Q1 of 2015-16.	RJ	May		SOP Minutes	Complete
R14	<b>Expedite service line reporting and ensure that the financial impact of all proposed projects and activity projections are considered.</b>	CN	June 2015	Strengthen alignment between activity and finance data	SLR reports Audit opinion	Green
a	Establish SLR and PLICs steering group		January		Agenda and minutes	Complete
b	Use margin and profitability calculations at speciality level as part of SLR workstream		June		Agenda and minutes	G
c	Profitability reporting to Finance and Investment Committee		June		Agenda and minutes	G
	<b>CAPACITY AND CULTURE</b>					
R15	<b>Undertake a programme of executive team development alongside broader board development, which should focus on cohesion, board values and conduct, and the role of board members and the board collectively, and clarity on board priorities and impact.</b>	TH DJ	September 2015	Cohesive and effective board Clarity about roles and objectives	Development programme Aligned objectives	Green
a	Scope a development programme building on previous work with Paul Stanton and using expertise		April		Programme	Complete

	of Jay Bevington.					
b	Agree and implement full year development programme		March 2016		Programme Notes of sessions Follow up review	G
c	Executive directors to share and collectively agree objectives.		April		Meeting notes Documented and standardised objectives	Complete
d	Share executive director objectives with organisation and external stakeholders, as appropriate.		May		Email trail	G
<b>R16</b>	<b>Improve the breadth and depth of scrutiny and debate in the board and committee. This should include executive directors exhibiting more effective scrutiny and challenge. Feedback on performance should be regularly sought for both the board collectively and individually.</b>	<b>TH DJ</b>	<b>May 2015</b>	<b>Improved scrutiny and debate</b>	<b>Follow up review</b>	<b>Green</b>
a	Ensure scrutiny and challenge is an area of focus for the executive/board development programme.		May		Programme	G
b	Address individual board performance at quarterly appraisal meetings for board members.		May		Appraisal documentation	G
c	Board collectively reviews performance quarterly		July		Performance tool	G
<b>R17</b>	<b>Ensure there are clear and well understood portfolios in place for all executive portfolios. This should include as a matter of urgency greater clarity around arrangements to support operational activities within the trust</b>	<b>TH</b>	<b>April 2015</b>	<b>Clarity of role and support to operational activities</b>	<b>Briefings  Intranet/website info</b>	<b>Complete</b>
a	Information on the completed executive team in the trust's core brief.		February		Briefing	Complete
b	Detailed brief for internal and external stakeholders		February		Briefing	Complete
c	Update executive team section on the intranet/website		March		Intranet website	Complete
<b>R18</b>	<b>Review the on-going appropriateness of</b>	<b>DJ</b>	<b>April</b>	<b>BoD has sufficient</b>	<b>Board meeting</b>	<b>Complete</b>

	<b>including trade union representatives in all board sessions and ensure that there is sufficient informal time for the board to debate emerging options and issues.</b>		<b>2015</b>	<b>time for indepth on options and issues</b>	<b>attendance</b> <b>Agendas</b> <b>Development session programme</b> <b>Follow up review</b> <b>Quarterly board effectiveness review</b>	
a	Agree changes to board format		February		Agenda	Complete
b	Introduce new style wholly public board meeting with staff representatives attending		March		Agenda	Complete
c	New style board meeting to free up time each month for strategic discussion sessions.		March		Agenda	Complete
<b>R19</b>	<b>Revise format of board and committee action logs to ensure they are prepared on a rolling basis and incorporate RAG ratings and measurable outcomes. Ensure sufficient time is set aside on the agendas for reviewing progress and seeking assurance on the implementation of actions</b>	<b>RJ CP</b>	<b>June 2015</b>	<b>Track progress against actions effectively. Assurance that appropriate action is taken in a timely manner</b>	<b>Action logs</b> <b>Agendas</b> <b>BoD chair's timetable</b>	<b>Complete</b>
a	Introduce rolling action log for the board		December 2014		Action log	Complete
b	Introduce standard proforma for committee (R11) to capture key issues and risks		April		Chairs log	Complete
<b>R20</b>	<b>Implement a robust appraisal process for all board members, which focuses on their role in</b>	<b>TH DJ</b>	<b>April 2015</b>	<b>Cohesive and effective board</b>	<b>Written objectives</b>	<b>Green</b>

	<b>the unitary board, defines clear objectives, and includes robust formal feedback mechanisms, as well as on-going informal feedback.</b>			<b>Clear roles and objectives</b> <b>More effective board members</b>	<b>Development programme</b> <b>Appraisal documentation</b> <b>Follow up review</b>	
a	Executive directors to share and collectively agree objectives		April		Written objectives	Complete
b	360 degree feedback for individual board members as part of board development programme		July		Development programme	G
c	Build on current process for executive directors appraisal to ensure all board members have effective appraisal on a quarterly and annual basis.		May		Appraisal documentation	G
<b>R21</b>	<b>Processes to disseminate trust wide learning and sharing of best practice need to be improved to ensure that there is a consistent approach across all sites, clinical centres and staff groups. There needs to be mechanisms in place to enable learning to be shared between clinical centres</b>	<b>SM RH</b>	<b>April 2015</b>	<b>Clear standardised structures for share and spread of learning</b>	<b>Process map/structure chart</b> <b>Reports, lessons learned bulletins</b>	<b>Green</b>
a	Executive directors assigned to clinical centres to provide support and enable rapid sharing of issues, learning and best practice.		April		EDs agendas	Completed
b	Transformation implementation managers and finance business partners embedded in clinical centres to support agendas and aid sharing of best practice		May		Structure charts	G
c	Senior leadership to use away day to review move to clinical centres, what has worked well and what needs further improvement		March		Workshop notes	Complete
d	Monthly finance, performance and quality reviews to identify opportunities for sharing learning across		May		Actions shared with OMB	G

	centres.					
e	Refocus role of Academic Centre as an Institute of Learning, Research and Innovation, which will have a key role to ensure effective sharing of learning and best practice across the organisation and externally.		October		Launch event Strategy	G
	<b>PROCESSES AND STRUCTURES</b>					
R22	<b>Establish a NED-chaired Finance Committee</b>	CN	April 2015	To give board members opportunity to explore finance and investment issues in depth prior to the board	Agendas Minutes Chairs log	Complete
a	Terms of reference agreed by the BoD		January		ToR	Complete
b	Committee to meet monthly prior to BoD meeting		February		Minutes	Complete
R23	<b>Review the working/action groups which report into the board committee structure to ensure that their role and remit is clear. Consider amending reporting lines so that each committee is not over burdened, particularly in relation to the remit of the QAC and the reporting lines of the workforce sub-group</b>	RJ	June 2015	Provide greater clarity to the groups within the committee structure to ensure no over burdened, and clear lines of assurance and escalation	Detailed committee structure Reviews of ToRs	Green
a	Carry out annual review in line with recommendation and report to Audit Committee and BoD		May 2015		Report	Complete
b	Refresh committee structure as a result of the review in line with report recommendations.		June 2015		Report	G
R24	<b>Continue to seek improvements to the QAC, taking into account areas for improvement outlined in the report</b>	RJ	June 2015	Ensure membership and attendance are in line with best practice	Minutes ToR	
a	Carry out annual review in line with recommendation		May		Report	Complete

	and report to Audit Committee and BoD					
<b>R25</b>	<b>Develop a chair's log to be completed at the end of each committee meeting. This should then form the basis of the report to the board, which should occur prior to the related board agenda.</b>	<b>RJ</b>	<b>April 2015</b>	<b>Enable focused debate on key issue and minimise duplication</b>	<b>Chairs log</b> <b>Minutes</b>	<b>Complete</b>
a	Develop chair's log		January		Chairs log Minutes	Complete
<b>R26</b>	<b>Establish terms of reference for the Transformation Board to clearly articulate its overall function, roles and responsibilities, and increase the opportunities for debate on key items within the forum.</b>	<b>SM</b> <b>CP</b>	<b>April 2015</b>	<b>Clarity about which forums are responsible for debating key operational and transformation issues</b>	<b>ToR</b> <b>Minutes</b>	<b>Green</b>
a	Review the function and remit of the TB as basis for terms of reference	<b>SM</b> <b>CP</b>	March		Minutes of meeting ToR	Completed
b	Clarify group at which key operational decisions are made	<b>CP</b>	April		ToR for Operational Management Board	Complete
c	Determine future role of the Transformation Board	<b>SM</b>	May		Committee structure	G
<b>R27</b>	<b>Ensure that structures, roles, responsibilities and reporting lines within the new clinical centre structures are standardised and clearly communicated to all staff</b>	<b>SM</b>	<b>April 2015</b>	<b>Staff are clear about CC structures and escalation</b>	<b>Who's Who chart</b> <b>Job descriptions</b>	<b>Green</b>
a	Senior leadership to use away day to review move to clinical centres, what has worked well and what needs further improvement		March		Workshop notes	Complete

b	Update clinical centre leadership information on Who's Who		April		Chart	Complete
c	Develop process map to clarify lines of escalation		May		Process map	G
<b>R28</b>	<b>Consolidate the any action plans currently in progress at the trust into one overarching master action plan, which can be monitored by the board and its committees. This ensures that related actions are fully aligned.</b>	<b>CN</b>	<b>April 2015</b>	<b>Ensure key action plans are aligned to provide effective board level oversight</b>	<b>Strategy map</b> <b>Integrated performance report</b>	<b>Complete</b>
a	Consult BoD on draft integrated performance report		March		Notes of meeting	Complete
b	Implement integrated performance report that will bring together key targets, risk areas and external reviews.		April		BoD agenda Minutes	Complete
<b>R29</b>	<b>Strengthen the performance management arrangements for clinical centres, including providing greater clarity on the purpose of the meeting and agenda, and greater rigour in the capture and follow up of key actions</b>	<b>CN</b>	<b>April 2015</b>	<b>Further improve responsibility and accountability for delivery strategy and key organisational objectives</b>	<b>ToR for monthly performance and quarterly strategic reviews</b> <b>Meeting notes</b> <b>Follow up review</b>	<b>Green</b>
a	Monthly financial performance meetings to incorporate key operational and quality performance issues		May		ToR Notes	G
b	Quarterly review meetings with centres to focus on key strategic issues, using strategy map to track performance and highlight any issues.		July		ToR Notes CC strategy maps	G
<b>R30</b>	<b>Conduct an information flow review to map the flow of information from the ward and community to board and back. Ensure that there is greater alignment of reporting between clinical centre, committees and the board to enhance the flow information and to enable key issues to be</b>	<b>RJ</b>	<b>June 2015</b>	<b>Efficient use of information throughout committee structure to enable groups to discharge ToR.</b>	<b>Committee structure with information flows mapped over</b>	<b>Green</b>

	<b>tracked more clearly</b>					
a	Map information flows		May		Structure	G
b	Agreement of performance management framework and connectivity and escalation within committee structure		May		Process map	G
	<b>MEASUREMENT</b>					
<b>R31</b>	<b>Develop the board agenda to provide explicit linkages to the trust's strategic objectives. Critically assess the content of key reports to ensure that key risks and issues are clearly articulated and not lost in operational detail.</b>	<b>CP</b>	<b>April 2015</b>	<b>Ensure board focuses on key strategic issues</b>	<b>Agendas</b> <b>Minutes</b> <b>Follow up review</b>	<b>Green</b>
a	Embed the strategy map and BAF in setting agendas		May		Agenda	G
b	Section agenda to reflect strategic objectives		April		Agenda	Completed
c	Revise front sheets to ensure key risks and issues are highlighted and how reports support delivery of strategic objectives		May		Reports	G
<b>R32</b>	<b>Integrated performance reporting should be progressed and include the areas of good practice highlighted in the report. In particularly information needs to be provided to the board at a sufficiently granular level to allow performance hot spots and potential future issues to be identified. Succinct exception reports should be provided where metrics current are, or are predicted to, under performance</b>	<b>CN</b>	<b>June 2015</b>	<b>Ensure Board has an integrated view of key performance areas, metrics, and trend analysis</b>	<b>Integrated performance report</b>	<b>Complete</b>
a	Consult BoD on draft integrated performance report built on examples of best practice		March		Draft report Notes of meeting	Complete
b	Introduce integrated performance report		April		Integrated performance report	Complete
<b>R33</b>	<b>Develop a data quality strategy to clearly</b>	<b>CN</b>	<b>June</b>	<b>Ensure work of data</b>	<b>Strategy</b>	<b>Green</b>



	<b>articulate the key objectives in relation to data quality. This should be underpinned by an updated policy to outline how these objectives will be met.</b>		<b>2015</b>	<b>quality and clinical coding teams are guided by a clear strategy and up-to-date policy</b>	<b>Revised policy</b>	
a	Strategy developed to reflect key objectives		June		Strategy	G
b	Current policy revised		June		Policy	G
<b>R34</b>	<b>Redefine the frequency and process for reporting on data quality to ensure that the board receives more frequent assurances via the Audit Committee. In addition, develop a data quality dashboard to provide the board with an indication of the robustness of the data underlying the trust's main performance indicators.</b>	<b>CN</b>	<b>June 2015</b>	<b>Board is routinely assured on data quality and reliability</b>	<b>Revised ToR</b> <b>Data quality dashboard</b>	<b>Green</b>
a	Review the terms of reference for the data quality group		May		Revised ToR	G
b	Develop a data quality dashboard		July		Dashboard	G
c	Regular reports to Audit Committee timetabled in its year plan		June		Audit Committee timetable	G