6. Board impact case studies

6.1 Measuring the impact of the Board using a case study approach

This section focuses on the impact that the Board is having on the ALB, it's clients, including other organisations, patients, carers and the public. The Board is required to submit one of three brief case studies:

1. A recent case study briefly outlining how the Board has responded to a performance failure in the area of quality, resources (Finance, HR, Estates) or service delivery. In putting together the case study, the Board should describe:
    - Whether or not the issue was brought to the Board's attention in a timely manner;
    - The Board's understanding of the issue and how it came to that understanding;
    - The challenge/ scrutiny process around plans to resolve the issue;
    - The learning and improvements made to the Board's governance arrangements as a direct result of the issue, in particular how the Board is assured that the failure will not re-occur.

2. A recent case study on the Board's role in bringing about a change of culture within the ALB. This case study should clearly identify:
    - The area of focus (e.g. increasing the culture of incident reporting; encouraging innovation; raising quality standards);
    - The reasons why the Board wanted to focus on this area;
    - How the Board was assured that the plan(s) to bring about a change of culture in this area were robust and realistic;
    - Assurances received by the Board that the plan(s) were implemented and delivered the desired change in culture.

3. A recent case study that describes how the Board has positively shaped the vision and strategy of the ALB. This should include how the NEDs were involved in particular in shaping the strategy.

Note: Recent refers to any appropriate case study that has occurred within the past 18 months.

6. Board impact case studies

ALB Name: Northern Health and Social Care

Date: 26th May 2022

6.1 Case Study 1

Performance issues in the area of quality, resources (finance, HR, Estates) or Service Delivery	Title: Breast surgery performance
Brief description of issue	The Trust has a target that 100% of red flag breast referrals should be seen within 14 days of referral. The Trust has consistently failed to meet this target and had performance below 20% for the last six months of 2021/22.
Outline Board's understanding of the issue and how it arrived at this	Performance against the 14-day target is presented as part of the monthly Trust Board Performance Report. The Director of Performance tables this report and highlights a number of issues for further comment by the appropriate operational director. Breast surgery performance was specifically highlighted on 3 occasions in 2021/22, at the Trust Board meetings in May, June and October. As a result the Board has a thorough understanding of the issue which includes: • The capacity shortfall in the Trust's breast surgery service, resulting in an inability to meet demand • The regional inequity of provision which means some Trusts consistently meet the target while others fall well short • Short-term issues including staffing challenges, consultants being recruited by other Trusts, and general workforce constraints in surgery and radiology which make it difficult to increase capacity on a sustainable basis • Operational measures taken by the service including pathway modernisation and use of additional Waiting List Initiative capacity to mitigate the underlying shortfall and keep waits as short as possible

	• Efforts undertaken by the executive team to raise awareness of the issue with regional commissioners and attract additional recurrent funding
Outline the challenge/scrutiny process involved	As part of the presentation of the Trust Board Performance Report, NEDs are invited to explore any issue in further detail with the appropriate member of the executive team. Board minutes show that non-executive members asked supplementary questions on the issue of breast surgery performance at the May and October meetings. Cancer performance including the breast 14-day target was also scrutinised in a significant level of detail at the April 2022 meeting of the Performance and Finance Committee.
Outline how the issue was resolved	The issue is ongoing and has not yet been resolved. Executive members keep the Board updated on progress with both regional discussions and internal efforts to resolve the issue.
Summarise the key learning points	• The importance of going beyond the 'headline' figures to understand the historical and regional context of an issue, in order to gain a full understanding • The importance of ongoing updates on progress if an issue is not quickly or easily resolved
Summarise the key improvements made to the governance arrangements directly as a result of above	The recent establishment of the Performance and Finance Committee has provided a forum for more detailed scrutiny of performance issues than is possible in a full meeting of Trust Board.