

**Non-Executive Director Champion Roles**  
*(Noting also Amendments to Committee Terms of Reference)*

**Public Board**

**27 January 2022**

<b>Presented for:</b>	Information, Governance and Approval
<b>Presented by:</b>	Linda Pollard, Trust Chair Jo Bray, Company Secretary
<b>Author:</b>	Jo Bray, Company Secretary
<b>Previous Committees:</b>	None

<b>Trust Goals</b>	
The best for patient safety, quality and experience	✓
The best place to work	✓
A centre for excellence for research, education and innovation	✓
Seamless integrated care across organisational boundaries	✓
Financial sustainability	✓

<b>Trust Risks (Type &amp; Category)</b>				
<b>Level 1 Risk</b>		<b>Level 2 Risks</b>	<b>(Risk Appetite Scale)</b>	<b>Risk</b>
Workforce Risk				
Operational Risk				
Clinical Risk				
Financial Risk				
External Risk		<b>Legal &amp; Governance</b> We will operate the Trust in compliance with the law and UK Corporate Governance Code, where applicable. <b>Regulatory Risk</b> We will comply with or exceed all regulations, retain its CQC registration and always operate within the law.	Averse	↔ (same)

<b>Key points</b>	
The Board are to note the new approach to Board oversight by Non-Executive Director Champion roles and to approve the changes to respective Terms of Reference for Board Committees to provide assurance to the Board.	Information, Governance and Approval

**1. Summary and Background**

Historically there has been a growing number of led/champion roles defined for NHS Non-Executive Directors (NEDs). This contradicts the collective role of a unitary Board and Directors duties under the Company’s Act. Thus, follow a detailed review there is a new publication by NHSE/I that set out clarity to the roles of champion NEDs, and the assurance to be provided to Boards from scrutiny by Committees reporting into Board.

**2. Proposal**

The Diagram below sets out the five champion roles to be retained by NEDs.



## The new approach



These five NED Champion roles are either defined in legislation or are formal recommendations from national inquiries. For Leeds Teaching Hospitals NHS Trust we are re-confirming the NED Champion roles as the following (with supporting information for roles set out in appendices);

- Maternity Board Safety Champion – Laura Stroud
- Wellbeing Guardian – Chris Schofield
- Freedom to Speak Up – Tom Kenney

- Doctors Disciplinary – Chris Schofield
- Security Management (Fraud) – Suzanne Clark

When the above NEDs report to the Board or a Committee in the capacity of their respective defined role, this title will be included/referenced within reports.

Therefore, the remaining 13 issues will no longer have a named NED champion, this reference and roles will now cease. Cited below are the respective Committees that will provide assurance, which will be reflected and where required will be amended the Terms of Reference. ***NB Cross reference to agenda item 14.3 for details seeking approval to Terms of Refence as cited in Standing Orders.***

### **Quality Assurance Committee**

Hip fracture, falls and dementia, Learning from Deaths (noting the duty for the report be in the public domain)

Palliative Care & End of Life

Safeguarding (reports to Board)

Resuscitation (requires policy sign off by QAC on behalf of the Board)

Children & Young People (Core Service Inspection Framework for Children and Young People refers to an interview with the NED in the Board with responsibility for CYP, noting oversight – likely to be Chair of QAC)

Health & Safety (aspects include patient safety, employee safety and system leadership)

Safety & Risk (should be integral to all Committees – demonstrating Well-led)

### **Risk Management Committee**

Health & Safety (aspects include patient safety, employee safety and system leadership)

Safety & Risk (should be integral to all Committees – demonstrating Well-led)

Emergency preparedness (noting report Core Standards annually to Board and assurance via any internal audits within the three-year cycle reported to Audit Committee)

### **Audit Committee**

Counter Fraud, Procurement

Safety & Risk (should be integral to all Committees – demonstrating Well-led)

### **Workforce Committee**

Security Management – Violence & Aggression

Health & Safety (aspects include patient safety, employee safety and system leadership)

Safety & Risk (should be integral to all Committees – demonstrating Well-led)

### **DIT Committee**

Cyber Security

Safety & Risk (should be integral to all Committees – demonstrating Well-led)

## **3. Financial Implications**

N/A

## **4. Risk**

The changes set out will support and maintain the Boards averse risk tolerance for legal & governance and regulatory risk appetite.

## **5. Communication and Involvement**

Updates to the reflect the changes to the respective Committee's Terms of Reference, will be cited within Standing Orders are held on Sharepoint and can be accessed by all staff via the intranet.

## **6. Equality Analysis**

There are no equality issues to raise. Standing Orders are applicable to all staff.

## **7. Publication Under Freedom of Information Act**

This paper has been made available under the Freedom of Information Act 2000.

## **8. Recommendation**

The Board is asked to note the new approach to Board oversight by Non-Executive Director Champion roles and to approve the changes to respective Terms of Reference for Board Committees to provide assurance to the Board at item 14.3 to underpin this report.

## **9. Supporting Information**

Roles, description and supporting information for the Champion Role

Appendix A – Maternity Board Safety Champion

Appendix B – Wellbeing Guardian

Appendix C – Freedom to Speak Up Champion

Appendix D – Doctors Disciplinary

Appendix E – Security Management

Reference

[https://www.england.nhs.uk/wp-content/uploads/2021/12/B0994\\_Enhancing-board-oversight-a-new-approach-to-non-executive-director-champion-roles\\_December-2021.pdf](https://www.england.nhs.uk/wp-content/uploads/2021/12/B0994_Enhancing-board-oversight-a-new-approach-to-non-executive-director-champion-roles_December-2021.pdf)

**Jo Bray**

**Company Secretary**

**6 January 2022**

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## **Appendix A - Maternity Board Safety Champion**

Role descriptor for the Non-Executive Board Safety Champion

In line with recommendations from the Ockenden Review, the Board-level safety champion role should be supported by a Non-Executive Director. In trusts where this role is currently being undertaken by an Executive lead, a Non-Executive must now be appointed in addition and the two should work together to ensure a seamless leadership function.

The role of the Trust Board Safety Champion is to act as a conduit between staff, frontline safety champions (obstetric, midwifery and neonatal), service users, LMS leads, the Regional Chief Midwife and Lead Obstetrician and the Trust Board to understand, communicate and champion learning, challenges and successes. Published guidance sets these responsibilities out in detail. The Non-Executive will act as a support to the Board Perinatal Safety Champion by:

- Bringing a degree of independent, supportive challenge to the oversight of maternity services

- Ensuring that they are resourced to carry out their role
- Challenging the board to reflect on the quality and safety of its maternity services
- Ensuring that the views and experiences of patients and staff are heard

Together the Non-Executive and the Board-level Safety Champion should:

- Adopt a curious approach to understanding quality and safety of services
- Jointly, with frontline safety champions, draw on a range of intelligence sources to review outcomes, including staff and user feedback to fully understand the services they champion
- Update the Trust Board **on a monthly basis** from January 2021, on issues requiring Board-level action. (noting at LTHT we hold bi-monthly Board meetings and this would be escalated by exception between these formal meetings if required)

The Board should be updated using a Board level dashboard (see further guidance) which includes as a minimum:

- All maternity and neonatal Serious Incidents
- Incidents graded as moderate harm or higher
- Trust position in meeting national ambition trajectories for stillbirth, brain injury, maternal mortality, neonatal mortality and preterm birth rates; implementation rates of SBLCBv2 and Continuity of Carer
- Safe staffing levels
- Correspondence or concerns raised by the Regional Chief Midwife and Lead Obstetrician, Coroners, Deaneries, national bodies including NHS Resolution, CQC, HSIB or the Invited Review process
- Ensuring that Duty of Candour is upheld and that locally undertaken SI investigations meet national standards for review
- Ensuring themes and learning from SI investigations, Never Events, Invited Reviews and concerns raised by external parties, including service users, are implemented, audited for efficacy and monitored at board level ensuring accountability for actions being undertaken
- Providing oversight and appropriate challenge in relation to evidence for the CNST maternity incentive scheme safety actions
- Ensuring that learning as well as improvement activity is shared with the LMS, Regional Chief Midwife and Lead Obstetrician and Patient Safety Networks as part of revised oversight and governance structures.

**Enablers to achieving these priorities include:**

Protected time to undertake the Board Maternity Safety Champion role

- Together with your MVP lead, Non-Executive and Board Safety Champion, undertaking an assessment of the safety of your services using the Maternity Safety Self-Assessment Tool
- Taking into account locally undertaken culture surveys, working with service users and the wider clinical team to develop a common vision for safety
- Meeting monthly with midwifery, obstetric and neonatal safety champions to fully understand relevant insights, barriers and successes which need reflecting at Board level

- Acting as a key point of contact for the clinical triumvirate, national organisations, the Regional Chief Midwife and Lead Obstetrician and LMS lead to address identified issues
- Engaging with leaders in other parts of the organisation responsible for safety and improvement to ensure alignment of safety initiatives.
- Supporting improvement initiatives that require both maternity and neonatal collaboration
- Setting out clearly and publicly how the Trust is working to improve the safety of perinatal services – including those relating to service user feedback

## Appendix B – Wellbeing Guardian

A successful Wellbeing Guardian will be values-driven, people-focused, and willing to challenge the status quo to empower a wellbeing culture within their organisation. Sometimes this can involve asking difficult questions when championing wellbeing and seeking assurance that this is of organisational priority.

To hold the organisation to account in this way, it is suggested that this role sits best with a Non-Executive Director (NED) or equivalent in the context of your healthcare organisation. If your healthcare organisation does not have a NED, individuals in equivalent roles, such as a lay member or clinical director may be considered.

The role should be that of assurance and be empowered to act strategically. Therefore, the organisation should enable the Guardian by aligning functions such as HR / OD / Occupational Health and Wellbeing to operationally support them.

From an organisational perspective, the Wellbeing Guardian needs to:

- Challenge the organisation to include employee wellbeing in everything they do and actively create a 'culture of wellbeing', to care for people who care for others.
- Act as a 'critical friend' to question the impact of decisions on employee wellbeing – just as financial, performance or care quality impact are questioned. Seek assurance that how the organisation enables the wellbeing of its employees, is given as much weight as what it achieves.
- Ensure the Board (or equivalent senior leadership team in the context of your healthcare organisation) holds senior leaders to account for the way employees are managed, empowered, and supported with their wellbeing.
- Seek data to show what's happening on the ground, evidencing the wellbeing needs of the diverse workforce (inputs) and that wellbeing strategy / policies / initiatives are working and impactful (outputs).
- Champion equality, diversity and inclusion, ensuring that the organisation considers the needs of the diverse groups within its workforce and adapts holistic approaches to wellbeing, appreciating peoples changing needs over time.
- Continually and strategically 'sense-check' the wellbeing agenda for the organisation and prompt improvement / developmental action if needed.
- Demonstrate that the Board (or equivalent senior leadership team) takes their personal wellbeing responsibilities seriously.
- Work closely with the organisations people function (i.e. HR, OD, Occupational Health and Wellbeing etc) as enabling operational functions to realise the wellbeing agenda for the organisation and that they are supportive to the Wellbeing Guardian to be effective in role.

From a personal perspective, the Wellbeing Guardian needs to:

- Strategically influence and shape the wellbeing agenda, speaking to the hearts and minds of the organisation's diverse workforce.
- Hold the values reflected in the role description, role modelling the values of fairness, compassion and inclusivity.
- Actively promote opportunities for the most vulnerable in the workforce to contribute and address wellbeing inequalities and the needs of diverse groups and individuals.

Although Wellbeing Guardians must be competent and confident in their ability to challenge the executive / senior leader team on behalf of the board (or equivalent senior leadership team) Wellbeing Guardians are not accountable for the entire people agenda. They do not need to be an expert in wellbeing, but they do need to be adept at understanding the breadth of wellbeing in the context of their organisation and holding the organisation to account where improvements are identified.

With this in mind, a Wellbeing Guardian does not need to:

Be a wellbeing expert.

- Take on executive/management responsibilities for ensuring wellbeing policies are operationally actioned and delivered.
- Get involved in 'the doing', operational management, or individual staff cases.
- Personally collect, analyse or present data on wellbeing.

## **Appendix C - Freedom to Speak Up Champion**

Non-Executive lead for FTSU

The Non-Executive lead is responsible for:

- role-modelling high standards of conduct around FTSU
- ensuring they are aware of the latest guidance from National Guardian's Office
- challenging the chief executive, executive lead for FTSU and the Board to reflect on whether they could do more to create a healthy and effective speaking up culture
- acting as an alternative source of advice and support for the FTSU Guardian
- overseeing speaking up matters regarding Board members – see below.

We appreciate it can be challenging to maintain confidentiality and objectivity when investigating issues raised about board members. This is why the role of the designated non-executive lead is critical. Therefore, in exceptional circumstances, we would expect the non-executive lead to take the lead in determining whether:

- sufficient attempts have been made to resolve a speaking up concern involving a Board member(s) and
- if so, whether an appropriate fair and impartial investigation can be conducted, is proportionate, and what the terms of reference should be for escalating matters to regulators, as appropriate.

Depending on the circumstances, it may be appropriate for the Non-Executive lead to oversee the investigation and take on the responsibility of updating the worker. Wherever the non-executive lead does take the lead, they inform the FTSU Guardian, confidentially,

of the case; keep them informed of progress; and seek their advice around process and record-keeping.

The Non-Executive lead informs NHS Improvement and CQC that they are overseeing an investigation into a Board member (depending on the circumstances we may require you to provide the name of the board member under investigation). NHS Improvement and CQC can then provide the non-executive with support and advice. The Trust needs to consider how to enable a Non-Executive lead to commission an external investigation (which might need an Executive Director to sign-off the costs) without compromising the confidentiality of the individual worker or revealing allegations before it is appropriate to do so.

### **Appendix D - Doctors disciplinary NED champion/independent member**

Under the 2003 Maintaining High Professional Standards in the modern NHS: A Framework for the Initial Handling of Concerns about Doctors and Dentists in the NHS and the associated Directions on Disciplinary Procedures 2005 there is a requirement for chairs to designate a NED member as “the designated member” to oversee each case to ensure momentum is maintained. There is no specific requirement that this is the same NED for each case. The framework was issued to NHS foundation trusts as advice only.

### **Appendix E – Security Management**

Under the Directions to NHS Bodies on Security Management Measures 2004 there is a statutory requirement for NHS bodies to designate a NED or non-officer member to promote security management work at Board level. Security management covers a wide remit including counter fraud, violence and aggression and also security management of assets and estates. Strategic oversight of counter fraud now rests with the Counter Fraud Authority and violence/aggression is overseen by NHS England and NHS Improvement.

While promotion of security management in its broadest sense should be discharged through the designated NED, relevant Committees may wish to oversee specific functions related to counter fraud and violence/aggression.

Boards should make their own local arrangements for the strategic oversight of security of assets and estates.