Paper ref:	TB (10/18) 015

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Report Title	CQC Well-led Self Review		
Sponsoring Executive	Kam Dhami, Director of Governance		
Report Author	Kam Dhami, Director of Governance and Toby Lewis, Chief Executive		
Meeting	Trust Board	**Date**	4th October 2018

1. Suggested discussion points *[two or three issues you consider the Committee should focus on]*

The Board is invited to reconfirm the self-review scores which follow our informal development review in August 2018. The action plan arising creates an important road-map for the next five months. Progress will be reviewed in each committee of the Board as indicated. A follow up self-review will then be completed in April 2019. Subject to further discussion an external review of our well-led position will be conducted in Q2 2019-20.

Through the Clinical Leadership Executive, each Group (we now have six) will conduct their own self-assessment of local leadership capacity and capability. CLE will review this in November and any Trust-wide actions arising will be added to this plan and reported to January's Board meeting.

Similarly this plan will be updated with the CQC Inspection outcome, and any relevant actions from the Use of Resources parallel process which we have already undertaken.

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan		Public Health Plan		People Plan & Education Plan	**X**
Quality Plan		Research and Development		Estates Plan	
Financial Plan		Digital Plan		Other *[specify in the paper]*	**X**

3. Previous consideration *[where has this paper been previously discussed?]*

Trust Board Development session in August 2018

4. Recommendation(s)

The Board is asked to:

a.	**AGREE** to self-review scores suggested
b.	A**CCEPT** the actions specified for continuous improvement in Q3/4
c.	**NOTE** the plans to augment this plan in January and externally review delivery in spring

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register		Risk Number(s): n/a						
Board Assurance Framework		Risk Number(s): n/a						
Equality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed		
Quality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed		

Sandwell and West Birmingham Hospitals NHS
NHS Trust

The well-led framework

Board self-review
and improvement deliverables

Presentation to the Trust Board on 4th October 2018

Where EVERYONE Matters

What is the well-led framework?

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

Key Lines of Enquiry		Rating
W1	Is there the **leadership capacity and capability** to deliver high-quality, sustainable care?	G
W2	Is there a clear **vision** and credible **strategy** to deliver high-quality sustainable care to people who use services, and robust plans to deliver?	G
W3	Is there a **culture** of high-quality, sustainable care?	G
W4	Are there clear responsibilities, **roles** and systems of accountability to support good governance and management?	B
W5	Are there clear and effective processes for managing **risks**, issues and **performance**?	G
W6	Is appropriate and accurate **information** being effectively processed, challenged and challenged?	G
W7	Are the **people** who use services, the public, **staff** and **external partners engaged** and involved to support high-quality sustainable services?	G Y
W8	Are there robust systems and processes for **learning**, continuous **improvement** and **innovation**?	G

Rating	Definition	Evidence
Blue 	Meets or exceeds expectations	Many elements of good practice and no major omissions
Green 	Partially meets expectations, but confident in management's capacity to deliver green performance within a reasonable timeframe	Some elements of good practice, some minor omissions and robust action plans to address perceived gaps with proven track record of delivery.
Yellow 	Partially meets expectations, but with some concerns on capacity to deliver within a reasonable timeframe	Some elements of good practice, has no major omissions. Action plans to address perceived gaps are in early stage of development with limited evidence of track record of delivery.
Red 	Does not meet expectations	Major omission in governance identified. Significant volume of action plans required with concerns regarding management's capacity to deliver.

KLOE W1: Is there the leadership capacity and capability to deliver high quality, sustainable care?

Rating

G

W1.1 Do leaders have the skills, knowledge, experience and integrity that they need; both when they are appointed and on an on-going basis?

W1.2 Do leaders understand the challenges to quality and sustainability, and can they identify the actions needed to address them?

W1.3 Are leaders visible and approachable?

W1.4 Are there clear priorities for ensuring sustainable compassionate, inclusive and effective leadership, and is there a leadership strategy or development programme, which includes succession planning?

Supporting comments:

The Trust has invested time, focus and funds to leadership development. This was initially with Korn Ferry. This work took place against a set of agreed Trust leadership behaviours which remain central to our approach.

The capacity and capability of leaders is developed through our local appraisal system, which has been comprehensively overhauled in the last twelve months to be fully focused on objective setting, as well as employee potential.

In 2017/18 the Accredited Manager programme and passport was central to our approach. This aimed to develop core skills among our 600 line managers; in 2018 that will be completed, ready for the launch of our broader coaching and mentoring model in 2019.

Through programmes like our QIHDs, first Friday, 4am unannounced inspection visits and Speak Up, as well as communication channels we look to enhance and reinforce a visible approach to local and corporate leadership. Data suggests that we do have visible professional and Board leaders, with good awareness of activities at Board and wider system level.

The Trust has transformed the work we do on diversity (grounded in our WRES and EDS data) – and Board, Executive and staff network discussions drive action against our defined People Plan.

Succession planning does exist but could be further improved. Presently we have seen internal promotions covering two director level roles. Part of our “high” potential programme aims to take this work further.

KLOE W2: Is there a clear vision and credible strategy to deliver high quality sustainable care to people who use services, and robust plans to deliver?

Rating
G

W2.1 Is there a clear vision and a set of values, with quality and sustainability as the top priorities?

W2.2 Is there a robust, realistic strategy for achieving the priorities and delivering good quality sustainable care?

W2.3 Have the vision, values and strategy been developed using a structured planning process in collaboration with staff, people who use services, and external partners?

W2.4 Do staff know and understand what the vision, values and strategy are, and their role in achieving them?

W2.5 Is the strategy aligned to local plans in the wider health and social care economy, and have services been planned to meet the needs of the relevant population?

W2.6 Is progress against delivery of the strategy and local plans monitored and reviewed, and is there evidence to show this?

Supporting comments:

In 2015 we developed collaboratively our 2020 vision. This defines how we wanted to change care, enabled by investments in our workforce, IT and estate, but seeking gains for patients on safety, quality, R&D, public health and education. There remains more to do in three of these five plans over the next two years. The enabling work around technology is behind and has been a rate limiting step. The organisation has renewed our corporate form to try and address delays and adjustments.

In 2017 the CQC rated the Trust as Good for well-led because of the penetration of these strategies at local team level. During 2018-19 we expect to launch place and system wide plans within our local care system, consistent with the wider STP strategy. We continue to engage in external forums to develop these plans, with a particular emphasis on third sector partners and on general practice.

Our strong financial performance has allowed us to invest in clinical priorities within our organisation. This includes ring-fencing investment in education and training but also developing new and additional services such as our NIV unit, specialist midwives, and teams tackling domestic violence and alcohol misuse.

Implementation takes place through specific CLE committees, supporting each of our six
Groups, whose work is then enhanced by our single Improvement approach, and by data and insight work which Unity will further assist.

We stick to our plans over multiple years and build allegiance.

KLOE W3: Is there a culture of high quality, sustainable care? 1/2

Rating

G

W3.1 Do staff feel supported, respected and valued?

W3.2 Is the culture centred on the needs and experience of people who use services?

W3.3 Do staff feel positive and proud to work in the organisation?

W3.4 Is action taken to address behaviour and performance that is inconsistent with the vison and values, regardless of seniority?

W3.5 Does the culture encourage candour, openness and honesty at all levels within the organisation, including with people who use services in response to incidents? Do leaders and staff understand the importance of staff being able to raise concerns without fear of retribution, and is appropriate learning and action taken as a result of concerns raised?

Supporting comments:

The Trust reaches an NHS average score for staff engagement and has a commitment to achieve upper decile performance, backed by a detailed delegated programme of work which the Board will oversee. Our BAME staff report lower levels of bullying and harassment than employees overall, making the Trust relatively unusual. But our work on diversity is well rehearsed throughout this self-assessment.

Survey and other feedback data confirm that employees value in particular our education, staff wellbeing and staff benefits offer. These have been recognised externally and contributed to national policy work. Over 3,000 employees form part of the benefits programme. The Trust in 2018/19 is targeting improved mental wellbeing and has just launched our wemind programme, building on an established NHS Employers' praised mental health support package. A non executive director is the face of this work.

Aspiring to excellence is our appraisal programme, and the moderation process within that testifies to an underlying commitment to fairness in what we do. We want to offer rights and opportunities across our staff base regardless of background or seniority, and the Board will track the high potential employees to ensure that longevity is not the basis for preferment round here.

Your Voice, and the revised survey from Q3, testify to a deep appreciation of the power of staff feedback, which is also embodied in the LiA culture that is the basis for much work in the Trust – notably Consistency of Care. Over 1,000 staff each month contribute to the programme, while over 1,500 contribute to quality improvement half days.

KLOE W3: Is there a culture of high quality, sustainable care? 2/2

Rating: G

W3.6 Are there mechanisms for providing all staff at every level with the development they need, including high quality appraisal and career development conversations?

W3.7 Is there a strong emphasis on the safety and well-being of staff?

W3.8
Are equality and diversity promoted within and beyond the organisation? Do all staff, including those with particular protected characteristics under the Equality Act, feel they are treated equitably?

W3.9 Are there cooperative, supportive and appreciative relationships among staff? Do staff and teams work collaboratively, share responsibility and resolve conflict quickly and constructively?

Supporting comments:

We have worked hard to make volunteers and our community a central part of how we work, and how we care. Our volunteering work has expanded fourfold in the last two years and is starting to reflect the diversity of our community. Our partnerships with groups like AgeWell and Sandwell Womens' Aid bring new perspectives into care delivery.

In a large organisation inevitably things will go awry. Part of our work to address this is the continued *'Ok to Ask'* programme.to support staff who provide peer challenge. That is working well in theatres and other areas of hand hygiene hot spots. It is also the basis for our consistency of care standard raising work at ward level in medicine.

Our staff networks provide a focal point for our work on diversity, which is backed by firm policies and approaches. Interview panels do not proceed without a BAME staff member and the organisation's approach is spearheaded by our mutual respect and tolerance policy. The Trust has led the way regionally in developing BME managers and in creating policies for vulnerable groups designed to enshrine reasonable adjustments.

We have an extremely extensive range of internal comms approaches, ranging from support for team meetings, video blogs, my Connect, the CEO's Friday message, TeamTalk, Heartbeat etc etc. We have segemented our audiences internally and pay particular attention to those without routine PC access and those working predominantly at night.

KLOE W4: Are there clear responsibilities, roles and systems of accountability to support good governance and management?

Rating
B

W4.1 Are there effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services? Are these regularly reviewed and improved? Are these regularly reviewed and improved?

W4.2 Do all levels of governance and management function effectively and interact with each other appropriately?

W4.3 Are staff at all levels clear about their roles and do they understand what they are accountable for, and to whom?

W4.4 Are arrangements with partners and third-party providers governed and managed effectively to encourage appropriate interaction and promote coordinated, person-centred care?

Supporting comments:

The roles and responsibilities of individuals, teams, and management entities like directorates are clear. Where we can we work bottom up, and have sought to de-layer. Whilst we manage 'through' our structure, we do have forums which provide a voice past the hierarchy to senior professional leaders and the Board.

Bi-monthly performance review of our corporate functions tests their delivery in support of clinical care, and we have expanded since 2017 how corporate teams 'partner' with clinical groups – growing this model to include IT and governance as well as finance and HR.

We have revisited our SFIs and workforce approval processes in 2018 to try to give greater empowerment to "green" directorates who are in balance and have credible plans. There is also a clear line to the Board, but a focus at Board level on tomorrow not yesterday – with an established and well respected executive able to manage operational delivery.

Strong relationships and structures exist to interact with primary care, carers' forums, social care and educational partners, including new partners like Children's Trusts. Third party commercial supplier management varies in grip, with high performance in estates, and more work to do in IT.

The organising logic of our governance is incident reporting, performance data, risk registers and our IQPR. This provides a narrative thread in what we do, and ensures that financial and governmental considerations have a place but not predominance.

KLOE W5: Are there clear and effective processes for managing risks, issues and performance? 1/2

Rating: G

W5.1 Are there comprehensive assurance systems, and are performance issues escalated appropriately through clear structures and processes? Are these regularly reviewed and improved?

W5.2 Are there processes to manage current and future performance? Are these regularly reviewed and improved?

W5.3 Is there a systematic programme of clinical and internal audit to monitor quality, operational, and financial processes, and systems to identify where action should be taken?

Supporting comments:

We believe that we do have a comprehensive framework of governance, which has been built up over many years, but which is also continually adjusted. Board governance is reviewed formally through amendments to form (committee reports leading the Board for example) and through informal review of effectiveness (our board retreat in February 2018).

Our SI process was reviewed and altered in 2017, and an external input in 2018 has provided more ballast to improvement. We now track all incident report response plans against our 21 day timeline. Our audit programmes are well established, and clinical audit in particular is well regarded by frontline employees. Audit recommendations are tracked at PMC and into A&RMC.

Our performance review cycle reaches from wards into directorates, groups, the executive and Board. This provides an eight weekly feedback loop which is underpinned by risk registers and action plans. The work to turn that traditional model into a PMO active improvement model continues and is being refreshed in early 2019.

We have clear seasonality to our plans, both for children and adults. In 2018-19 we do have a clear winter plan which, if others' plans also deliver, has credibility in dealing with demand and reduced outflow.

EIA and QIA approaches lie at the heart of our risk assessment of cost improvement and other changes, and our bespoke long term database tracks that approach and is regularly scrutinised by external bodies.

KLOE W5: Are there clear and effective processes for managing risks, issues and performance? 2/2

Rating: G

W5.4 Are there robust arrangements for identifying, recording and managing risks, issues and mitigating actions? Is there alignment between the recorded risks and what staff say is 'on their worry list'?

W5.5 Are potential risks taken into account when planning services, for example seasonal or other expected or unexpected fluctuations in demand, or disruption to staffing or facilities?

W5.6 When considering developments to services or efficiency changes, how is the impact on quality and sustainability assessed and monitored? Are there examples of where the financial pressures have compromised care?

Supporting comments:

We do track at Board our low likelihood/high impact risks. This work, and work to spot low reporters and promote all profession reporting is promoted through our risk management committee which is an effective voice. It makes monthly recommendations to the Clinical Leadership Executive and thus to the Board.

In 2018-19 we are focusing more attention on the velocity of our risk management work – in other words do mitigations get delivered in time. At corporate level this can be seen in the detailed risk led approach to Unity implementation.

When the Trust reconfigures or materially changes services, we apply a specific dataset to that change which is continually reviewed. Surgical changes and cardiac shifts in 2015 went through that process, and we have sought to apply the same to others' changes like the move of oncology and our work to sustain tertiary gynae oncology while a new supplier is sourced.

We are presently considering how we will sustain acute services to 2022 and are applying workforce thresholds to that model to try to provide robust forward proofing to our sustainability assessment.

The Trust does not rely on external accreditation for our view of our services, but we do seek and take account of external evidence. Since the last CQC inspection we have obtained accreditation in pathology and endoscopy, and acted quickly to address the neonatal peer review recommendations.

KLOE W6: Is robust and appropriate information being effectively processed and challenged?

Rating

G

W6.1 Is there a holistic understanding of performance, which sufficiently covers and integrates people's views with information on quality, operations and finances? Is information used to measure for improvement, not just assurance?

W6.2 Do quality and sustainability both receive sufficient coverage in relevant meetings at all levels? Do all staff have sufficient access to information, and challenge it appropriately?

W6.3 Are there clear and robust service performance measures, which are reported and monitored?

W6.4 Are there effective arrangements to ensure that the information used to monitor, manage and report on quality and performance is accurate, valid, reliable, timely and relevant? What action is taken when issues are identified

W6.5 Are information technology systems used effectively to monitor and improve the quality of care?

W6.6 Are there effective arrangements in place to ensure that data or notifications are submitted to external bodies as required?

W6.7 Are there robust arrangements (including internal and external validation), to ensure the availability, integrity and confidentiality of identifiable data,
records and data management systems, in line with data security standards? Are lessons learned when there are data security breaches?

Supporting comments:

Performance is overseen by the board's quality and safety committee. Our performance review cycle covers all elements of delivery, and begins with safety. It is unambiguous that we have one conversation which begins with the experiences and views of our patients. The IQPR and risk register which drive our Board agenda exemplify that, and the structure of the monthly CEO report reflects it too.

We have done considerable work on data quality. There remains more to do. Our kitemarks needs refreshing and we will use the deployment of Unity to again examine how we collect a single source of data. Within our PMO arrangements, by bringing together finance, HR and operational data we aim to triangulate what we have, and our new finance system does give us greater non pay capability. We are prepared to test the calibre of our data even when, as in the safety plan, it shows success. The audit committee oversees this scrutiny, and we invest time in internal audit as well.

Our IT is our achilles' heel. The plan to improve it is clear, but improvement has been, at Trustwide level, slow and staff confidence is low. That has, pleasingly, not led to large scale reversion to paper, and our electronic case notes – created in 2017 – remain the mainstay of how we work. Resilience of IT will Improve in 2019. Unity will then give us gains across the patient pathway. The governance of IT has been reviewed and is now robust and external gateways are in place prior to major projects. We can also evidence a robust learning cycle after deployments, and since spring 2018 strong change control methodologies.

The vision to have high quality information "at the bed side" is clear. It will be in place by 2020.

KLOE W7: Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?

Rating

G Y

W7.1 Are people's views and experiences gathered and acted on to shape and improve the services and culture? Does this include people in a range of equality groups?

W7.2 Are people who use services, those close to them and their representatives actively engaged and involved in decision-making to shape services and culture? Does this include people in a range of equality groups?

W7.3 Are staff actively engaged so that their views are reflected in the planning and delivery of services and in shaping the culture? Does this include those with a protected characteristic?

W7.4 Are there positive and collaborative relationships with external partners to build a shared understanding of challenges within the system and the needs of the relevant population, and to deliver services to meet those needs?

W7.5 Is there transparency and openness with all stakeholders about performance?

Supporting comments:

We pride ourselves on openness and transparency. Our standard approach is to do business in public and to debate with candour what we have done in error and how we might do better. That culture is not simply at Board level but flows through our routine approach at each level. This can, on occasion, lead us not to frankly celebrate as evidently as we might progress and good work, whilst we move onto the next thing to be improved.

Our external partnerships are improving, and in the main are strong. We have developed new partnerships with Aston University, Cerner, and across the construction industry. We have deep relationships with local mental health Trust and most other provider partnerships and have good relationships now with our host CCG. We have reached agreement with Birmingham City Council, and have a cooperative working model that is distinctive with Sandwell MBC. Specific service issues create tension with UHB and NHS England, which are governed at board level, given their importance.

Staff involvement in service design is deeply embedded but can always be improved. Our approach to weak performance is illustrated by our two recent internal quality summits, which have been highly participatory, and by our LiA approach to both ED and medicine improvement. Our work to involve all our employees is exemplified through our staff networks' development over the last two years.

Patient groups are involved at the heart of what we do, and we actively seek to ensure that that work reflects our community – for example we have taken our befriending work and made it something that brings together different community based groups. We could do much more on our friends and family dataset, and as the data improves that is what we will do.

KLOE W8: Are there robust systems, processes for learning, continuous improvement and innovation?

Rating

G

W8.1 In what ways do leaders and staff strive for continuous learning, improvement and innovation? Does this include participating in appropriate research projects and recognised accreditation schemes?

W8.2 Are there standardised improvement tools and methods, and do staff have the skills to use them?

W8.3 How effective is participation in and learning from internal and external reviews, including those related to mortality or the death of a service user? Is learning shared effectively and used to make improvements?

W8.4 Do all staff regularly take time out to work together to resolve problems and to review individual and team objectives, processes and performance? Does this lead to improvements and innovation?

W8.5 Are there systems in place to support improvement and innovation work, including objectives and rewards for staff, data systems, and processes for evaluating and sharing the results of improvement work?

Supporting comments:

The Trust has grown research output by more than 40% over the last three years. Our QIHD work routinely, on a monthly basis, involves over 1,500 staff. We have an internal accreditation programme for that QI work.

The Trust has single improvement method which we seek to use and deploy and which many hundreds of leaders have been trained in. That is not to say that we do not adapt approach to fit the projects we have. There is undoubtedly more that we can do to underpin improvement with data and analytics and we are investing in that function.

We do have, and use, tools to deploy learning. Our own self assessment suggests that there remains more we can do to embed approaches that spread learning Trust-wide. To that end we have redesigned our SI model to separate local evaluation from Trust-wide reach. We have set aside our well developed mortality review system, to adopt NHS LfD approaches. We have more work to do to systematise that, but have a Board ked focus on amenable mortality.

Objective review and setting is embedded into our Aspiring to Excellence system. This does and will increasingly provide a basis for continuous improvement. There is work to do to develop team-level and directorate-level improvement interventions at scale.

We can demonstrate examples of innovation. And of moving rapidly to implement bottom up ideas. We want to make that routine in years to come.

Well-led self-review: 2018/19 Deliverables

KPI	Planned developments	Lead	By	Success measure
W1	Coaching and mentoring programme launches	RG	Nov	75 enrolees commenced
W1	Finalised succession plan for each director role	TL	Feb	Rem Committee agrees plan
W2	Continued delivery of quality, education and public health plans	Varied	Mar	As per plan
W2	Full delivery of Board's IT turnaround plan	TL	Jan	As per plan: 10 wks resilience
W2	ICS mobilisation plan delivered	RS	Mar	2 provider alliances in place
W3	Tracking high potential individual's PDP execution	RG	Mar	70% of PDP aims delivered
W3	Delivery of **we**connect programme	TL	Feb	35% response rate achieved
W3	Improvements in mental wellbeing of workforce	RG	Mar	To be agreed at Nov Board
W4	Comprehensive third party supplier management introduced	DMc/ AK/MS	Feb	Full supplier list in place
W5	Refresh approach to PMO and improvement teams	RB	Feb	All six PMOs operational
W5	Significant improvement in risk mitigation delivery	KD	Mar	50% cut in overdue risks
W6	Data quality plan to be finalised and executed	DB	Mar	A&RM Committee satisfied
W6	Visible data at frontline level for safety and quality plans	DB	Mar	Prototype operational
W7	Friends and family data volumes increased to West Midlands mean	PG	Feb	As per data
W8	Full QIHD accreditation achieved	KD	Jan	Every team accredited
W8	**we**learn programme agreed at Board level	KD	Jan	As left