Sandwell and West Birmingham Hospitals NHS
NHS Trust

The well-led framework

Board self-review: 2018/19 deliverables

Position as at end of March 2019

Where EVERYONE Matters

	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

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

G

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.

Ref:	Planned action	Timescale	Lead	Success measure	Progress update	RAG
W1a	Coaching and mentoring programme launches	~~March 2019~~ July 2019	RG	75 enrolees commenced in formal coaching programme 300 enrolees commenced in Accredited Manager Coaching and Mentoring Programme	There are 43 people formally engaged in coaching, through ILM Level 7, Stepping Up, Coachnet and other formal coaching programmes 150 line managers have undertaken the Accredited Manager module to date, with more dates planned in Q1 and Q2 for Line	**A**

					managers	
W1b	Finalised succession plan for each director role	February 2019	TL	Remuneration Committee agrees plan	The plan has been agreed, and so the objective met, but changes at tier 2 remain slower than required. Measured Q1 progress will be included in directors objectives.	**A**

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?

G

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.

Ref	Planned action	Timescale	Lead	Success measure	Progress update	RAG
W2a	Continued delivery of quality, education and public health plans	~~March 2019~~ July 2019	Varied	As per plan	Education plan has been reviewed in draft, and will be finalised during Q1 2019/20 to incorporate developments in nursing education, apprenticeship levy and the launch of the **we**learn programme	**A**
W2b	Full delivery of Board's IT turnaround plan	January 2019	TL	As per plan: 10 weeks resilience	Last report set out delivery for April, now amended to May. The DMPA will revisit progress at the next	**A**

Ref	Planned action	Timescale	Lead	Success measure	Progress update	RAG
					meeting to confirm that granular plans exist for each item.	
W2c	ICS mobilisation plan delivered	March 2019	RS	2 provider alliances in place	A timetable to 15/5 is in place with work to do to finalise both PCN alignment and establishing Care Alliances	A

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

G

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. 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.

Ref	Planned action	Timescale	Lead	Success measure	Progress update	RAG
W3a	Tracking high potential individual's PDP execution	~~March 2019~~	RG	70% of PDP aims delivered	Detailed review of the 162 colleagues who scored A4 has been undertaken and	**A**

Ref	Planned action	Timescale	Lead	Success measure	Progress update	RAG
		June 2019			reviewed by the People and OD Committee. Further review of the 3A scores (256) and 2A (28) scores to be undertaken. Tracking to be developed for every colleague who scores an A in their PDR, and communications developed for 2019/20 PDR communications prior to moderation in 2019. Taking to people and OD Committee in April 2019.	
W3b	Delivery of **we**connect programme	February 2019	TL	35% response rate achieved	Pioneer team events kick off wb April 8th. 2nd **we**connect survey in place. Current engagement score is 3.86.	**A**
W3c	Improvements in mental wellbeing of workforce	~~March 2019~~ May 2019	RG	To be agreed at the November Board	New mental health support in place with improvements expected in Quarter 4. RG to develop a well-being dashboard for discussion at May People and OD committee for regular monitoring and review.	**A**

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

B

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.

Ref	Planned action	Timescale	Lead	Success measure	Progress update	RAG
W4a	Comprehensive third party supplier management introduced	February 2019	DMc / AK / MS	Full supplier list in place	A coherent plan is in place in Informatics. Plans in finance and estates are less advanced and will be progressed during April.	R

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

G

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. 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.

Ref	Planned action	Timescale	Lead	Success measure	Progress update	RAG
W5a	Refresh approach to PMO and improvement teams	~~February~~ June 2019	RB	All six PMOs operational	• New recruits in post • Allocation of team	R

Ref	Planned action	Timescale	Lead	Success measure	Progress update	RAG
					agreed against strategic plans and clinical group priorities. • New process to support Clinical Group allocation via CE starts in April. • CEO and COO development session with improvement team scheduled for April to align work plan with strategic priorities and review major project delivery. • Production plan PMO in place and workforce PMO to be established in Q1 to support delivery of financial plan. • Local PMO e.g. discharge project based locally at point of care.	
W5b	Significant improvement in risk mitigation delivery	March 2019	KD	50% cut in overdue risks	At the end of March, 1460 open risks registered on Safeguard, with 809 outstanding risk reviews. Monthly reporting to RMC,	**R**

Ref	Planned action	Timescale	Lead	Success measure	Progress update	RAG
					where the focus is on delivery of planned	

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

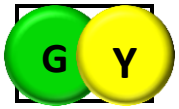
G

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 Trust-wide 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.

Ref	Planned action	Timescale	Lead	Success measure	Progress update	RAG
W6a	Data quality plan to be finalised and executed	~~March~~ April 2019	DB	A&RM Committee satisfied	A&RM happy with plan. On track to deliver the execution of the plan by end of April 2019 as per the plan.	G

Ref	Planned action	Timescale	Lead	Success measure	Progress update	RAG
W6b	Visible data at frontline level for safety and quality plans	~~March~~ May 2019	DB	Prototype operational	Safety Plan agreed as prototype (quality plan metrics not yet agreed). Visited Salford, UHB visit scheduled. Initial mock up developed. Actions agreed between P&I and Nursing teams. Working plan to deliver pilot ward in April 2019.	**A**

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



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.

Ref	Planned action	Timescale	Lead	Success measure	Progress update	RAG
W7a	Friends and family data volumes increased to the West Midlands mean (25%)	February 2019	PG	As per data	SMS & IVM implemented in IP & DC in September 2018. Significant improvements in responses rates, currently at 32%. Plans in place to implement SMS & IVM in OP & Maternity imminently.	**G**

Ref	Planned action	Timescale	Lead	Success measure	Progress update	RAG
					Action plan currently being drawn up for short/long term plans. IP 'likely to recommend' is currently at 91%, will look at putting improvements in place to increase this steadily.	

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

G

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.

Ref	Planned action	Timescale	Lead	Success measure	Progress update	RAG
W8a	Full QIHD accreditation achieved	~~January~~ ~~March~~ April 2019	KD	Every team accredited	Simplified accreditation form issued for remaining teams to submit. Slim-lined Executive decision-making process put in place to work through submissions.	R
W8b	**we**learn programme agreed at Board level	January 2019	KD	As left	Final proposal was agreed at the February Board. Work now needed to translate into implementable programme ready for launch at Leadership Conference on	A

					June 4th.	