

The well-led framework

PART A Board self-review against KLOEs: 2018/19 deliverables

PART B CQC Inspection findings: October 2018

Position as at end of September 2019

PART A: Board self-review against KLOEs – Delivery Status

Ref:	Planned action	Timescale	Lead	Success measure	Progress update	RAG
KLOE W1: Is there the leadership capacity and capability to deliver high quality, sustainable care?						
W1a	Coaching and mentoring programme launches	<p>March 2019</p> <p>July 2019</p>	RG	<p>75 enrolees commenced in formal coaching programme</p> <p>300 enrolees commenced in Accredited Manager Coaching and Mentoring Programme</p>	<p>80 people are receiving formal coaching through ILM Level 5 and 7. 100 people attended Stepping Up which offers formal coaching elements. Formal alumni event hosted for 120 Stepping Up graduates with another funded programme agreed with NHS Leadership Academy.</p> <p>500 people have undertaken the Accredited Manager module in coaching and mentoring to date, with more dates planned in Q3 and Q4 . This module was a core element of the UNITY Super Users and Digital Champions</p>	A/G
W1b	Finalised succession plan for each director role	February 2019	TL	Remuneration Committee agrees plan	A revised plan has been accepted by the Remuneration Committee and recruitment at director and d/director level is pending for the next 8 weeks.	R

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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?						
W2a	Continued delivery of quality, education and public health plans	March 2019 July 2019	Varied	As per plan	Quality plan deployment is progressing well, but both refreshing corporately the education and learning plans, and implementation of key aspects of the public health plan are running behind schedule – both are recoverable by March 2020	A/R
W2b	Full delivery of Board's IT turnaround plan	January 2019	TL	As per plan: 10 weeks resilience	P1 have reduced and the expectation is that replacement of ICM will reduce it further. A definitive timetable must be in place for our other out-tage systems together with an approved cloud migration programme.	A/R
W2c	ICS mobilisation plan delivered	March 2019	RS	2 provider alliances in place	We have an agreed process to establish the alliances from November 2019 and a draft arrangement in place for contracting for 20-21	A/G
KLOE W3: Is there a culture of high quality, sustainable care?						
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/G

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		December 19			<p>reviewed by the People and OD Committee. Further review of the 3A scores (256) and 2A (28) scores to be undertaken.</p> <p>Tracking to be developed for every colleague who scores an A in their PDR. Around 20% had already been promoted and moved in to their next role.</p> <p>Now moderation has completed there are plans to launch a talent network that will offer personalised support to all 4A's. The Remuneration Committee have agreed a financial reward package for 20/21 implementation.</p>	
W3b	Delivery of weconnect programme	February 2019	TL	35% response rate achieved	The programme is continuing well, with teams engaged and 3 rounds of surveys completed. There are two upcoming 'tests': the continuity of mood into the national staff survey, the work required to kick on from 3.8+ towards 4.0.	A/G
W3c	Improvements in mental wellbeing of workforce	March 2019 May 2019	RG	New plan agreed at November 2019 board. Update being given at October 2019 Trust	New mental health support in place with improvements expected in Quarter 4. On board agenda for October 2019.	A/G

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				Board meeting		
KLOE W4: Are there clear responsibilities, roles and systems of accountability to support good governance and management?						
W4a	Comprehensive third party supplier management introduced	December 2019	DMc / AK / MS	Full supplier list in place	Draft supplier code of conduct produced for review and development Supplier list and contracts database established – 2,800 suppliers. Focus on Top 50 expenditure suppliers and contracts database link. 21 in place and remainder being chased. Local (West Midlands) flag applied. One off versus regular suppliers identified. Start and end date of contracts included as contracts are identified and copies obtained.	A/G
KLOE W5: Are there clear and effective processes for managing risks, issues and performance?						
W5a	Refresh approach to PMO and improvement teams	February June 2019	RB	All six PMOs operational	<ul style="list-style-type: none"> Team development plan designed and in progress of delivery. Process for CLE led improvement in place with monthly reporting. Main strategic plan supported is the Quality and current digital focus work with Unity. Digital and estates plans to be documented by end of year. 	A/G

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W5b	Significant improvement in risk mitigation delivery	March 2019	KD	50% cut in overdue risks	At 27 September, we have 1003 open risks registered on Safeguard, with 80 outstanding risk reviews, showing a significant improvement. The focus will now turn to risk mitigation plan delivery, the first deadline set is 31 st March 2020 for all red rated risks.	A/G
KLOE W6: Is robust and appropriate information being effectively processed and challenged?						
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. UPDATE AWAITED	G
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. UPDATE AWAITED	A/G
KLOE W7: Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?						
W7a	Friends and family data volumes increased to the West Midlands	February 2019	PG	As per data	SMS and IVM now implemented in : Inpatients, Daycase, OP, Maternity and	G

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	mean (25%)				ED Inpatient response rates in this quarter to date: 32% and 28%, other areas less than 15%. Improvement plan developed locally in W&C for immediate implementation.	
KLOE W8: Are there robust systems, processes for learning, continuous improvement and innovation?						
W8a	Full QIHD accreditation achieved	January March -April 2019	KD	Every team accredited	The slim-lined Executive decision-making process to evaluate QIHD accreditation applications has proved successful, this more awards granted. A resource has commenced in post this month to support the administration of QIHDs. All QIHD teams will be accredited by the end of March 2020.	A/G
W8b	welearn programme agreed at Board level	January 2019	KD	As left	Progress has been limited since launching the welearn programme at the Leadership Conference on June 4 th due to competing priorities and a lack of dedicated management resource has contributed to this. Work will be	A/R

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					restarted, and the senior support post advertised.	

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PART B CQC Inspection provider well-led findings: October 2018: Delivery Status

CQC finding		Planned action	Progress	Lead	RAG
1.	Not all leaders had the necessary experience, knowledge or capability to lead effectively.	<p>This conclusion was not explained elsewhere in the report. However, we will ensure PDR outcomes for 2018-19 and 2019-20 are available to permit the next inspection to consider this fragment analytically.</p> <p>We will make structural and personnel changes in the one domain where the group level analysis raised red rated concerns.</p>	<p>Changes have been made within the paediatric directorate which appear, based on staff feedback, to have tackled underlying issues identified by the Trust to the CQC.</p> <p>Management development generally within the Trust is covered in our Board level well led report.</p> <p>An analysis of post moderation band 8 and above PDR outcomes will come to the January POD.</p>	TL	A/G
2.	Leaders were not always visible.	We will take forward our weconnect engagement strategy and aim for our ambitious target of an engagement score of 4/5 by 2021.	<p>First Friday is being reintroduced in November.</p> <p>Pioneer teams are promoting more visible local leadership, which also been a bi-product of Unity deployment.</p> <p>Further work is needed in Q4 on the route to a 4 rating from weconnect.</p>	RW	AG

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CQC finding		Planned action	Progress	Lead	RAG
3.	Fit and Proper Person checks were not in place.	Fit and Proper Person's file responsibility will be documented and those departments required to contribute to the files will be notified through their directors. File completion will be notified to the Chairman by June 30 th .	The files are now complete and have been subject to scrutiny. Arrangements to maintain them have been put in place.	KD	G
4.	Leaders did not ensure the promotion of a positive culture across the trust.	We will re-double efforts to ensure that we can demonstrate the work of leaders at each level to do this, including through the launch of our Code of Conduct.	Through the balance of 2019-20 we will work to develop the Code of Conduct brand, and consider the right time to re-examine our mix of values and promises.	TL	A/G
5.	Staff did not always feel supported and valued.	We will take forward our weconnect engagement strategy and aim for our ambitious target of an engagement score of 4/5 by 2021.	As per item 2 above.	RW	A/G
6.	The trust had appointed Freedom to Speak Up Guardians (FTSUG) but not provided them with sufficient resources and support to help staff to raise concerns. Feedback as to the effectiveness of the freedom to speak up	A FTSU strategy will be completed, covering both the wider Speak Up agenda and the FTSU function. This will go back to the Board in June for final sign off.	The actions agreed are complete and we will track through ARM the FTSUG plan, and through Q&S the Freedom to Speak up plan.	KD	A/G

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CQC finding		Planned action	Progress	Lead	RAG
	function was varied.				
7.	Whilst the arrangements for governance were well established we were not assured that the approach and flow of information was always effective.	We will review and re-document the terms of reference, role and membership of all CLE and Board committees in time for August's Trust Board meeting.	This work is very much in hand and has taken time at CLE level to complete. It will presented to the December Board meeting.	KD	A/G
8.	The trust did not have clear strategies for meeting the needs of patients with a mental health, or dementia diagnosis	We will ensure that the next CQC inspection the detailed extant plan we have in each area of vulnerability is presented in a form preferred by the regulator.	CLE has considered in detail ideas on mental wellbeing and is expecting a final proposal at its November meeting.	PG	A/R
9.	Appropriate governance arrangements were not in place in relation to Mental Health Act administration and Compliance.	We will review and complete a Mental Health Act policy and operational guidance during June.	New arrangements with B&SMHNHSFT have been commissioned and a policy approved for our work in this area. This will go green when data is visible and comprehensive.	RB	A/G
10.	Systems to identify and reduce or eliminate risks were not always effective. Risks and issues were not always dealt with quickly enough. Oversight and assurance	We will revisit our SBAF arrangements to ensure connection is evident to our local risk registers in line with the CQC's instruction. We will revisit our arrangements for incident management and learning, as those for risk	Considerable work has taken place at CLE and Board to create more dynamic work in this area. Inputs are being delivered but output success varies by directorate. In January we will review	KD	A/R

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CQC finding		Planned action	Progress	Lead	RAG
	of mitigation at board level was not always evident and there was an inconsistent approach to audit processes.	register mitigation	across all areas of risk our arrangements for the year ahead.		
11.	Access to data was inhibited by the poor reliability of IT systems. Staff did not have access to the IT equipment and systems needed to do their work. Analysis and interpretation of available data to board was weak. The trust had recognised the information technology system was not fit for purpose.	We will agree through the Digital MPA in June a strategy for IT governance reflecting both this report and the audit that we commissioned in February.	Further work on IT governance and risk is shortly due at DMPA. Reliability data suggests material improvement, but we are not yet assured by our systems and processes. We expect to be assured during Q4 2019-20.	TL	A/R
12.	Information governance systems were not robust and the confidentiality of patient records was not assured. There was a lack of oversight of the management of patient information.	The Trust will implement the revised NHS wide governance arrangements and complete our self-assessment for 2019-20. By implementing Unity we will also remove the need for much fragmented paper outwith the clinical record.	We have not yet implemented all of the improvements in our Q1 self-assessment document, but expect to have done so by the end of Q3.	KD	A/G
13.	There was a range of strategies in place to engage with staff,	We will revisit our approach to the MLG, and work even more closely with	Work in this area is due to report to the Board in November. The plan is based	PG	A/R

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CQC finding		Planned action	Progress	Lead	RAG
	however the trust did not have a structured and systematic approach to engaging with people who use services, those close to them and their representatives.	Healthwatch to tackle involvement and participations deficits. We will seek to ensure that these ideas are captured in a single place to meet the requirements of the regulator.	on engaging with community groups already working with the Trust on specialty specific issues.		
14.	Systems to identify and learn from unanticipated deaths were ineffective.	The Trust will pursue its Learning from Deaths strategy, augmented by revised IT arrangements.	The Board's Q&S Committee has oversight of work in this area, and by the end of 2019-20 we expect to have delivered our ME plan in full.	DC	A/G

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