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| Report Title: | Well-led update | | |
| Sponsoring Executive: | Kam Dhami, Director of Governance | | |
| Report Author: | Kam Dhami, Director of Governance | | |
| Meeting: | Trust Board (Public) | Date | 4th November 2021 |

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

The CQC always conducts a well-led review before the start of their core service inspections. In preparation for this review, which is likely to take place in the Trust next year, the Executive will be carrying out a self-assessment against the eight Key Lines of Enquiry. This will allow time for the Board and senior leaders to address any areas for improvement identified and agree a consistent narrative on the running of the organisation and the Trust's vision and strategy, which will be tested by the inspectors.

This work will dovetail with recent and on-going external reviews into our governance arrangements, operating model, Executive roles and responsibilities and development of our five year strategy.

2. Alignment to our Vision *[indicate with an 'X' which Strategic Objective this paper supports]*

| Our Patients | Our People | Our Population |
|--|--|---|
| To be good or outstanding in everything that we do | To cultivate and sustain happy, productive and engaged staff | To work seamlessly with our partners to improve lives |
| | x | |

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

None

4. Recommendation(s)

The Trust Board is asked to:

- a. NOTE** the Executive's intended approach to undertaking a self-assessment against the well-led standards
- b. COMMENT** on Non-Executive Director involvement options
- c. RECEIVE** an update on the well-led improvement findings and plan at the February Board

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

| | | | | | | |
|----------------------------|-------------------|-----|--|---|---|-----------------------|
| Trust Risk Register | | n/a | | | | |
| Board Assurance Framework | | 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 TRUST

Report to the Public Trust Board: 3rd November 2021

Well-led update

1. Introduction

- 1.1 This paper reminds Board members about the well-led framework which will form part of the next CQC inspection of the Trust likely to take place in 2022.
- 1.2 The framework is based on eight key lines of enquiry (KLOE which are supplemented by descriptions of the characteristics of well-led organisations and descriptions of what good looks like (Figure 1). These KLOEs and the supplementary characteristics, provide a structure against which the leadership of boards can be assessed.

| | | |
|---|--|--|
| 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 ? |

Figure 1: CQC well-led KLOEs

- 1.3 The purpose of the framework is to assess whether boards are able to marshal the necessary information and intelligence to enable them to understand and be assured in regard to current performance, to plan at strategic and operational levels to improve services, and to manage effectively the risks to delivery.
- 1.4 The well-led framework is not just a tool for trusts to use in preparing for the CQC inspection process; it is a tool to use to develop and improve their capacity and capability.
- 1.5 The self-assessment process is an important step in setting the well-led framework starting point for the Trust.

2. The well-led self-assessment

- 2.1 Individual Executive Directors are taking responsibility for leading Board preparation for each KLOE, including finalising a self-assessment. Our past experience is that the CQC places significant reliance on the ability of all Board interviewees being able to narrate the storyline in similar ways. Once we know the timing of well-led review it will be important for all Board members to be engaged with finalising that storyline.

That same past experience suggests that the CQC visit team may not place reliance on our self-assessment. Nonetheless, it is good governance to demonstrate that it was done well.

- 2.2 We have been inspected twice against this framework. In 2017 we achieved a 'Good' rating because of what was labelled a 'strategy override' in which we were highly rated because of employee engagement and familiarity with our 2020 Vision. In 2018 our rating fell to 'Requires Improvement' because there was not considered to be a consistent narrative between Board members about how the Trust ran.
- 2.3 We produced a Board agreed well led improvement plan. Covid-19 interrupted that work and in our September Board meeting we agreed to stand down that plan and replace it with work to implement our recent Governance Review. The areas for improvement from the 2018 CQC well-led review are listed at **Annex 1**. The KLOE Executive 'teams' will examine progress in addressing previous findings in their work.
- 2.4 As an Executive we have agreed teams of leaders who will contribute to:
- Self-assessing our position corporately on that KLOE
 - Collating evidence to support that within our vault
 - Preparing the full Board for that domain over coming months

The allocated Executive leaders are shown in **Annex 2**.

- 2.5 The Board is invited to discuss how Non-Executive leaders wish to approach their part in this process. In March 2020 we agreed that it would be helpful to have expert support in preparing the Board for the inspection. Significant time has passed since then. We could for example:
- Use Board development time for this purpose
 - Use time in our private meetings for these key lines of enquiry from January (2 per meeting)
 - Approach this through other interventions, such as joint sessions with other Trusts

2. Recommendations

- 2.1 The Trust Board is asked to:
- a. **NOTE** the Executive's intended approach to undertaking a self-assessment against the Well-led standards
 - b. **COMMENT** on Non-Executive Director involvement options
 - c. **RECEIVE** an update on the well-led self-assessment findings and improvement plan at the February Board

Kam Dhani
Director of Governance

27th October 2021

Annex 1: Key conclusions from the CQC well-led inspection in 2018

Annex 2: Well-led KLOEs Executive leads

Key conclusions from the CQC well-led inspection in 2018

- 1) Not all leaders had the necessary experience, knowledge or capability to lead effectively.
- 2) Leaders were not always visible
- 3) Fit and proper person checks were not fully in place
- 4) Leaders did not ensure the promotion of a positive culture across the Trust
- 5) Staff did not always feel supported and valued
- 6) The Trust had appointed FTSUG but not provided them with sufficient resources and support to help staff to raise concerns. Feedback as to the effectiveness of the FTSU function was varied.
- 7) While the arrangements for governance were well established we were not assured that the approach and flow of information was always effective. The Trust did not have clear strategies for meeting the needs of patients with a mental health or dementia diagnosis.
- 8) Appropriate governance arrangements were not in place in relation to mental health act administration and compliance
- 9) Systems to identify and reduce or eliminate risks were not always effective
- 10) Risks and issues were not always dealt with quickly enough
- 11) Oversight and assurance of mitigation at Board level was not always evident and there was an inconsistent approach to audit processes
- 12) 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.
- 13) 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.
- 14) There was a range of strategies in place to engage with staff, 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.
- 15) Systems to identify and learn from unanticipated deaths were ineffective.

| Well-led Key Lines of Enquiry: Executive Leads | |
|--|--|
| W1 | Is there the leadership capacity and capability to deliver high-quality, sustainable care? FM / LK / MR |
| 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? RBe / DB / LK / DF |
| W3 | Is there a culture of high-quality, sustainable care? DC / MR / FM |
| W4 | Are there clear responsibilities, roles and systems of accountability to support good governance and management? LK / KD / FM |
| W5 | Are there clear and effective processes for managing risks, issues and performance ? KD / LK / MS / DB |
| W6 | Is appropriate and accurate information being effectively processed, challenged and challenged? DB / LK / DMc |
| W7 | Are the people who use services, the public, staff and external partners engaged and involved to support high-quality sustainable services? MR / DB / DF |
| W8 | Are there robust systems and processes for learning, continuous improvement and innovation? KD / DC/ RB/DB |