

# University Hospitals Birmingham NHS Foundation Trust Well-led Review

A report from the Good Governance Institute

November 2019



Queen Elizabeth Hospital Birmingham  
Part of University Hospitals Birmingham  
NHS Foundation Trust



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## Report on Well-led Review at University Hospitals Birmingham NHS Foundation Trust

Draft report

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## 1. Executive summary

The Good Governance Institute (GGI) conducted an independent review of leadership and governance arrangements at University Hospitals Birmingham NHS Foundation Trust (UHB) between April 2019 and August 2019.

Findings from our review are set out within this report in accordance with the Well-led framework KLOEs:

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

NHS Improvement: Developmental reviews of leadership and governance using the well-led framework: guidance for NHS trusts and NHS foundation trusts (June 2017)

The review is timely as it analyses current governance arrangements at the trust following the appointment of the chief executive in 2018, the successful completion of a significant merger which has significantly increased the size of the trust, and the rapid implementation of changes to its executive and clinical leadership structures.

The aim is to present a view of both the current maturity of governance and the development needs of the trust in a changing environment locally, regionally, nationally and internationally. The report also provides an independent review of the trust's self-assessment against the well-led KLOEs.

Our overall conclusions in relation to these eight KLOEs are summarised below, followed by a more detailed findings in the section 5.

The Trust has remained robust during a process of significant change across all the eight domains of the well-led framework during a period of significant change and challenge. The adaptation of the overall culture and leadership of the organisation to the increased demands of a larger organisation have been handled sensitively and there is awareness of the need for new arrangements to be allowed the space to evolve and mature without leaving the Trust exposed to risk. The overall governance of the organisation should be kept under review as there are a number of significant changes material to well-led which are in their early stages and may need to evolve further, especially in the context of the trust's ambition and role in the wider context of health and care and as a regional anchor organisation of substance.

The review found a number of developmental issues which we suggest need attention and which are largely in line with the self-assessment undertaken in 2018. This was further updated at a development session with the trust board at the start of this review process. However, we found no significant issues of substance or immediate concern and have provided a series of specific developmental recommendations designed to ensure that the trust is clear on where attention will help engage with the future following the successful merger. These are principally in the areas of strengthening leadership, developing a forward-looking, balanced and inclusive culture and working through the implications of subsidiarity within the larger organisational structure, in the context of a local, changing system.

We also would recommend that the trust board considers its ambition and impact as an international and national organisation beyond health and care as a developmental priority.

## Recommendations

<b>KLoE 1: Is there the leadership capacity and capability to deliver high-quality, sustainable care?</b>	<p>R1 – The trust board should consider the most effective means of ensuring that the right level of support and challenge can be properly evidenced and maintained in the new, devolved divisional structures over the next three to five years.</p> <p>R2 – Consideration should be given to a further stage in the development of future leadership capacity, by means of an integrated executive and board development programme, designed to grow shared understanding, joint working and futureproofing of skills amongst the board, the executive and the new divisional leaders.</p>
<b>KLoE 2: Is there clear vision and sustainable strategy to deliver high quality sustainable care to people, and robust plans to deliver?</b>	<p>R3 – The trust board should agree a more comprehensive set of measurable outcomes over the medium -term (3 – 5-year period) in support of the core strategy “Building Healthier Lives” and its successor. Doing this well and with the right balance will help ensure greater focus on realisation of its ambitions longer-term.</p> <p>R4 – Consideration should be given to supporting more specific and individualised strategic objectives and success criteria for each division, given their relative size and complexity.</p> <p>R5 – It should be a clear commitment over the next year to strengthen the integration and read-across between both strategic plans (such as Digital, Estates, Communications, Innovation) and support teams to provide a sound platform for future innovation and change at scale.</p>
<b>KLoE 3: Is there a culture of high-quality, sustainable care?</b>	<p>R6 – The trust board should consider how it ensures the purpose of the inclusion strategy is evidenced in measurable and visible change, and also how external partnerships might help increase impact, especially in respect of BAME representation in leadership roles.</p>
<b>KLoE 4: Are there clear responsibilities, roles and systems of accountability to support good governance and management?</b>	<p>R7 – Corporate governance policies should be scheduled for a comprehensive review in 2020 to ensure they fully reflect the implications of the recent divisional restructure, and in particular to ensure the scheme of delegation reflects the size of the divisions, the need for rapid risk escalation and the aspirations of greater devolved governance.</p> <p>R8 – The governance structures of board committees and divisions should also be reviewed in 2020 to ensure they are fit for purpose and provide the level of assurance needed following rapid implementation of structural change and a rapidly changing environment.</p>



<b>KLoE 5: Are there clear and effective processes for managing risks, issues and performance?</b>	<p>R9 – An independent review of the effectiveness of the new risk management system and revised policy should be scheduled in 2020 and the opportunity taken to refresh the Board Assurance Framework.</p> <p>R10 – Consideration should be given to supplementing the trust's Clinical Governance Annual Programme, with a stronger focus on impact assessment on the improvements which result, for wider circulation and inclusion in public reporting.</p>
<b>KLoE 6: Is appropriate and accurate information being effectively processed, challenged and acted on?</b>	<p>R11 – The trust should build on the strength in its current systems and reporting arrangements to consider moving to a more public model of integrated reporting and its promotion beyond the trust boundaries.</p> <p>R12 – Given the importance of data-driven innovation and partnerships to the success of the trust, the trust board should ensure that it maintains robust processes which provide heightened and continuous assurance of both risk and compliance with the requirements of GDPR.</p>
<b>KLoE 7: Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?</b>	<p>R13 – In anticipation of the publication of Patient Safety Partners framework by NHSI in 2019- 2020, the trust should consider pioneering innovative ways for engaging stakeholders (patients, staff, citizens) in all levels of governance (clinical and non-clinical) in the organisation and within the system as a whole.</p> <p>R14 - Longer-term narratives on the value of UHB for different audiences and communities would gain from more active trust board consideration in the next year.</p>
<b>KLoE 8: Are there robust systems and processes for learning, continuous improvement and innovation?</b>	<p>R15 – There would be value in making more visible the methodologies for transformational change and "lessons learned" both across the organisation and with partners, as part of an investment in longer-term innovation and continuous learning.</p> <p>R16 – Active consideration should be given to ways of increasing the systematic support and incentivisation for innovation and continuous improvement within the new divisions, as a hallmark of the future well-led approach in UHB.</p>



## 2. Introduction

In late 2018, the Good Governance Institute (GGI) was appointed by University Hospitals Birmingham NHS Foundation Trust (UHB) to undertake a well-led review programme and the work was undertaken between April 2019 and October 2019.

The purpose of the review was an independent and developmental assessment of the trust's leadership and governance functions using the NHSI well-led framework<sup>1</sup>.

The work was further informed by GGI's own review and benchmarking tools, principally the NHS Trust Board Good Governance Maturity Matrix<sup>2</sup> and by GGI's well-established governance review methodology and wide experience in delivering strategic reviews, development and transformation programmes over the last decade.

The evidence used in the report is drawn from an extensive programme of interviews with key actors within UHB and with other stakeholders, reviews of relevant documentation, retrospective assessment of governance in action, observations of meetings, deep dives and focus groups. The review team was made up of experienced GGI directors and consultants.

NHSI's guidance for conducting well-led reviews<sup>3</sup> helpfully draws a distinction between CQC's regulatory assessments<sup>4</sup> (that are primarily for intended assurance) and well-led reviews<sup>5</sup> (which are designed to facilitate continuous improvement). This report therefore delivers a greater focus on development actions to address issues that were identified.

1. NHS Improvement, 'Developmental reviews of leadership and governance using the well-led framework: guidance for NHS Trusts and NHS foundation Trusts', NHS Improvement, June 2017

2. Smith C et al; 'NHS Trust Board Good Governance Maturity Matrix'; Good Governance Institute, London; August 2017 ISBN: 978-1-907610-43-1

3. *ibid*

4. Care Quality Commission; 'Guidance for Providers on meeting Regulations'; Care Quality Commission, London; March 2015

5. *ibid*



### 3. Context

University Hospitals Birmingham NHS Foundation Trust (UHB) is one of the largest teaching hospital trusts in England, serving a local, regional, national and international population.

The trust is an organisation of international standing, a holder of significant 'soft-power', a system leader and an innovator and disruptor operating at scale.

On 1 April 2018, UHB merged with Heart of England NHS Foundation Trust (HEFT). The new trust, which retains UHB's name, includes Birmingham Heartlands Hospital in Yardley Green, the Queen Elizabeth Hospital Birmingham in Edgbaston, Solihull Hospital and Community Services, Good Hope Hospital in Sutton Coldfield and Birmingham Chest Clinic. It employs more than 20,000 members of staff, treats more than 2.2 million patients annually, has more than 2,700 beds across its sites, and has an annual turnover of £1.6 billion<sup>6</sup>.

UHB is a regional centre for cancer, has the second largest renal dialysis programme in the UK and has the largest solid organ transplantation programme in Europe. It is a regional Neuroscience and Major Trauma Centre and host of the UK's only National Institute for Health Research Surgical Reconstruction and Microbiology Research Centre. Since 2001, the trust has hosted the Royal Centre for Defence Medicine becoming the primary receiving hospital for all military patients.

UHB is a Stonewall Diversity Champion and aims to achieve positive change for LGBTQ+ people by creating an inclusive, inspiring and equal environment for both staff and service users.

Key executive leadership roles in the trust have remained stable over time, which has helped drive improvement at the trust. The average length of tenure for an executive director on the board of UHB is eight years, with many having worked at the organisation for substantially longer. Five of the executive team members have served on the board for longer than ten years.

The trust was last inspected by the CQC between 8 October and 29 November 2018. It received an overall rating of Good and was rated outstanding for Well-led. In their report, the CQC highlighted several areas of outstanding practice including compassionate, inclusive and effective leadership at all levels, its clinical and non-clinical governance systems, and engagement with patients to shape services and culture.

Greater Birmingham has high levels of deprivation, according to the Indices of Deprivation (2015):

- 40% of the population living in SOAs in the 10% most deprived in England, and is ranked the 6th most deprived authority in England by this measure.
- Overall life expectancy for Birmingham is 77.6 years, significantly below the all-England average of 79.4 years.
- Birmingham's under 75 death rate is 12% higher than the all-England average.
- There is over 10 year's difference in life expectancy across wards in Birmingham.

As such, UHB plays an important role as a regional 'anchor' organisation, not just in relation to national and regional health and care services but as a major employer and partner with other key organisations.

It also plays a central role in reducing disadvantage and increasing prosperity in the community, and has collaborated with Birmingham City Council and the University of Birmingham on projects such as a European Social Funds and Youth Employment Initiative called Youth Promise Plus, which provides tailored mentoring and specialist coaching to young people aged between 18-29; and within Birmingham Health Partners, a strategic alliance between the NHS and University of Birmingham, which, by accelerating access to new and innovative medicines and technology, aims to improve health and wellbeing in the region. In 2013-14 the trust began to report on its environmental impact initiative, which it regards as an integral part of its ability to deliver best in care.

UHB plays an increasingly important role in setting the strategic direction of health and care services in the local area and the "place" of the city region, and forms part of the Birmingham Hospitals Alliance and the Birmingham and Solihull Sustainability and Transformation Partnership (STP) which operate across a wide area.

The review took particular note of the following live issues in the operating environment of the trust:

- The critical importance of reducing demand to ensure sustainability
- Place-based developments in City Region/Birmingham & Solihull beyond health and care
- Changing system dynamics on population health, health and care services, well-being
- Impact of merger and change in CEO on culture, ambition, strategy and dynamics Commercial ground-breaking partnerships, with concomitant implications
- Significant changes to divisional and executive structures
- Changing national picture on core financials and regulatory climate
- Power and influence as an anchor organisation in the local area, with an international and national profile.



## 4. Methodology, Limitations and Acknowledgements

The review conforms with the standard for well-led reviews set in the NHSI and CQC guidance<sup>7</sup> of June 2017.

The review team consisted of a senior staff team from GGI, including Andrew Corbett-Nolan (Chief Executive), Mark Butler (Director of Development), Andrew Hughes (Change Director), SallyAnn Hunting (Consultancy Director) and Nabil Jamshed (Consultant).

The team used established templates, matrices and literature as well as professional knowledge and benchmarking. One further feature of the review was the involvement of “peers” in the assessment process to add further depth and knowledge to the process. This included the following who were involved in workshops with the leadership of the trust:

- Dr Alison Carter, Principal Research Fellow (Institute for Employment Studies) contributed to the workshop on “Innovation and Transformation”. Alison was able to draw on experience from IBM’s transformational and innovative journey and the extensive research of IES in respect of culture, leadership and innovation.
- Anita Day and Simon Fanshawe made significant contributions to the workshop on “System, Place and Ambition”. Anita drew on extensive non-executive experience including in two significant NHS trusts and Simon provided a challenging perspective in line with his national work on diversity across numerous sectors.

The review is limited to the documentation that was provided to GGI during the time period described and confined to the information provided to us by those who we interviewed as part of this process, or observed at those meetings we were able to attend.

The review team would like to thank everyone at UHB who has readily made themselves available for interviews and to those who provided project support and documentation for review. Particular thanks are due to David Burbridge, Director of Corporate Affairs, and his team.

7. Care Quality Commission; ‘Guidance for Providers on meeting Regulations’; Care Quality Commission, London; March 2015

## 5. Well-led review - our findings

This section set out in summary the findings of the review process against each of the KLoEs specified in the well-led framework.

Each section is intended only to provide an overall assessment of relevant issues for future development rather than a comprehensive assessment in detail. Where issues have not been specifically included in this report, this does not mean they weren't reviewed.

### KLoE 1: Is there the leadership capacity and capability to deliver high-quality, sustainable care?

1

#### KLoE 1: Characteristics of good organisations<sup>8</sup>

- Leaders have the experience, capacity and integrity to ensure that the strategy can be delivered and risks to performance addressed
- The leadership is knowledgeable about issues and priorities for the quality and sustainability of services, understands what the challenges are and takes action to address them
- Compassionate, inclusive and effective leadership is sustained through a leadership strategy and development programme and effective selection, development, deployment and support processes and succession-planning
- Leaders at every level are visible and approachable

#### Findings

##### Organisational Leadership

- Following the recent merger, a trust-wide divisional leadership structure was introduced and investment into various leadership and developmental programmes. This was agreed and implemented at speed during the review timeline and means that the review has a consistent theme of early-stage assessment with the need for reviewing again in 2020 on certain issues.
- Staff who we engaged with in focus groups were positive about the change in organisational culture that has occurred since the appointment of the CEO in September 2018. Managers and leaders from the clinical divisions and services commented on the greater visibility and engagement of CEO and the growth more generally of positive staff engagement during and following the merger.
- At a recent board development session, conducted by GGI, board members confirmed that UHB understood and felt increasingly engaged in their wider system role in Birmingham and Solihull. There is a recognition by senior leadership that UHB is uniquely placed to take a significant leadership role across the Midlands, and steps are being taken to implement a greater commitment to wider system leadership amongst both executive and non-executive directors and senior clinical staff. This is still at an early stage and will need further articulation around contribution, individual roles, responsibilities and outcomes and their impact over the next year.

##### Leadership and capacity development

- Leadership and talent management schemes form part of the trust's broader, and recently introduced, OD strategy. Whilst we are not able to comment on the implementation of this strategy in detail, we do note that serious impact on long-standing issues on BAME leadership has yet to be evidenced convincingly.

8. NHS Improvement, 'Developmental reviews of leadership and governance using the well-led framework: guidance for NHS Trusts and NHS foundation Trusts', NHS Improvement, June 2017

- UHB's Workforce Race Equality Standards (WRES) report 2019, identified some key areas of focus and actions to be followed. In particular GGI notes that:
  - o there is an overall increase of BAME staff employed by the trust from 26.68% to 28.10% of the overall workforce when compared with the staffing figures from March 2018.
  - o Only three members of the trust board were represented from a BAME background, all of these three members of the board were in non-executive roles.
  - o Non-clinical VSM staffing increased to 49 from 27 when compared with March 18. However, in this category an increase in BAME of four from zero in the previous year was noted.
- It is to be expected that assessment scores should improve in due course with the implementation of actions identified in the WRES report 2019, but this still requires continuing board prioritisation.

### Capacity

- The quality and skills of executive directors at UHB has rightly been recognised as comparatively strong in the NHS and reflects a blend of long-standing involvement with the trust with more recent appointments. An assessment has been made by the CEO of the skills of the executive directors. Good practice would suggest, given the increase in size of the organisation, that sooner rather than later such an analysis should be made independently to ensure that skills are right-sized for the roles especially in respect of areas crucial to significant change such as commercial development, digital leadership, transformation and innovation where specialist skills of depth will be needed in future.
- The skills assessment of non-executive directors also indicates a depth and range of expertise and experience. Consideration might need to be given about the future balance on the board given the increase in size and future focus of the trust. Overall the board seems to be sufficiently balanced and skilled, with a clear way of working, to function effectively and deliver the trust's current strategy.
- Several other initiatives at UHB, identified in the course of this review, were perceived to have strengthened the effectiveness of governance at the trust. This included, the appointment of an executive director of corporate governance in line with the recommendations of the Integrated Governance Handbook 2006.
- Furthermore, appointment of the executive team as advisors to the CEO appears in practice to allow a dynamic approach to decision-making which can support a blend of different roles within the senior team. The decision to move to a mixed model where some executive directors take responsibility for strategic themes – innovation, transformation, partnership – is an interesting recent development which needs to run its course more before any real assessment of impact can be made.

### Governance, Engagement and Independent Leadership

- Assurance and governance systems in place in the trust appear, from our review, to function appropriately and effectively overall. For instance, we observed a strong focus on improvement and lessons-learned at the trust Quality Committee. Challenge from non-executive directors was strong and appropriately responded to. The reports were clear and drew attention to the salient points. They also linked clearly to the organisational objectives and risks identified.
- The clinical walkabouts, and feedback from these by each non-executive director at the quality committee, were seen as effective and impactful. It was less clear what the future dynamic around what might be called next generation engagement might look like and the role digital innovation might play in the future.

## KLoE 2: Is there clear vision and sustainable strategy to deliver high quality sustainable care to people, and robust plans to deliver?

2

### KLoE 2: Characteristics of good organisations<sup>9</sup>

- There is a clear statement of vision and values, driven by quality and sustainability. It has been translated into a robust and realistic strategy and well-defined objectives that are achievable and relevant
- The strategy is aligned to local plans in the wider health and social care economy and services are planned to meet the needs of the relevant population
- Staff in all areas know, understand and support the vision, values and strategic goals and how their role helps in achieving them
- The vision, values and strategy have been developed through a structured planning process in collaboration with people who use the service, staff and external planners
- Progress against the delivery of the strategy and local plans is monitored and reviewed, and there is evidence of this. Quantifiable and measurable outcomes support strategic objectives, which are cascaded throughout the organisation. The challenges to achieving the strategy, including relevant local health economy factors, are understood and an action plan is in place

### Findings

#### “Building Healthier Lives” – UHB Strategy

- A refreshed strategy “Building healthier lives” was launched recently. This is aligned to the trust’s vision, values and its corporate objectives. The overall strategy of UHB would clearly be further strengthened by developing a 3 – 5-year plan with clear and measurable outcomes into the medium-term.
- The trust has a clear vision and mission which are understood and can be articulated by staff. In addition, key stakeholders in the wider system have noticed a change in culture and engagement which they welcome, and which is necessary, given the strategic role that UHB now is expected to fulfil outside normal organisational boundaries.
- GGI also reviewed documents that were defined as strategies including Digital, Estates, Communications and Innovation. It is our view that The view is that the Digital, Estates, Communications and Innovation strategies do exist to enable the wider Trust strategy “Building Healthier Lives”. We understand that there is an opportunity to resolve some of these concerns during the development of a new strategy in the coming months.

#### Integration and capacity

- A services integration project was launched with a robust planned integration exercise during 2018 – 19, in order to standardise the services across each of UHB’s sites. GGI heard that during this process, each of the divisions developed their own local visions and strategies. As divisions are moving away from being dependent on the centralised functions of the organisation, linking divisional vision and strategy to the overall UHB strategy robustly should be seen as a vital step in maintaining the golden thread from board to ward. This could be made more visible in both board and divisional business.
- Capacity to fulfil the corporate and divisional commitments at the level expected should be a continuing area of attention, which recent leadership and organisational development initiatives in the trust seem to be starting to address. This is an area which should be kept under continuous review over the next couple of years. As a suggestion these could gain potentially from having greater external and objective assessment built in and with more outlooking partnership arrangements being developed, to avoid the danger of replicating current leadership models rather than futureproofing.

9. NHS Improvement, ‘Developmental reviews of leadership and governance using the well-led framework: guidance for NHS Trusts and NHS foundation Trusts’, NHS Improvement, June 2017

## Partnerships

- We note that UHB's strategy and vision have been deliberately aligned to those at a system level (STP) which marks a clear and pragmatic response to the health and care system development. Equally, the leadership of UHB is increasingly active in developing collective approaches to population health and local service delivery at both strategic and practical levels, as new local system dynamics evolve and mature. Through our engagement with trust leadership and partners, we note signs of emerging clarity around the direction of travel which UHB is supporting.
- This is a further area which the board should keep under continuous review to ensure that the business of the board itself reflects the need for strategic as well as tactical discussions about longer-term system outcomes. One session with the board used a model of assessment which utilised a tiered approach using international, national, regional, system/place and service levels as a means of identifying aspirations, tensions and collective intent within board members. We would recommend building on this approach along with partners to maintain the right balance in board and committee business.
- The external interviews undertaken for the review reinforced the perception of UHB as having in the past displayed a level of insularity in its style and approach, whilst recognising this had delivered success to the area. Recent work by the trust at the STP level is starting to shift this view and this is necessary and understood to be so by the board. Although a number of board members and trust leaders are playing key roles in shaping the change of culture, the creation of the role of Director of Partnership in particular is to be commended in supporting the dynamic of more open leadership, in both the local system and the trust itself.



## KLoE 3: Is there a culture of high-quality, sustainable care?

3

### KLoE 3: Characteristics of good organisations<sup>10</sup>

- Leaders at every level live the vision and embody shared values, prioritise high quality, sustainable and compassionate care, and promote equality and diversity. They encourage pride and positivity in the organisation and focus attention on the needs and experiences of people who use services. Behaviour and performance inconsistent with the vision and values are acted on regardless of seniority
- Candour, openness, honesty, transparency and challenges to poor practice are the norm. The leadership actively promotes staff empowerment to drive improvement, and raising concerns is encouraged and valued. Staff actively raise concerns and those who do (including external whistle-blowers) are supported. Concerns are investigated sensitively and confidentially, and lessons are shared and acted on. When something goes wrong, people receive a sincere and timely apology and are told about any actions being taken to prevent the same happening again
- There are processes for providing all staff at every level with the development they need, including high-quality appraisal and career development conversations
- Leaders model and encourage compassionate, inclusive and supportive relationships among staff so that they feel respected, valued and supported. There are processes to support staff and promote their positive wellbeing
- Equality and diversity are actively promoted and the causes of any workforce inequality are identified and action taken to address these. Staff, including those with protected characteristics under the Equality Act, feel they are treated equitably
- There is a culture of collective responsibility between staff and teams, where conflicts are resolved quickly and constructively and responsibly is shared

### Findings

#### Quality

- Members of the trust board demonstrated a real commitment towards overall quality and ensuring the attainment of trust's vision and values, during the course of the review.
- We noted strong leadership and focus towards high quality and compassionate care in various ways in line with previous CQC and self-assessments. "Best in Care Awards" and "Learning from Excellence Scheme" were some of the initiatives that complemented UHB's vision and values. GGI noted that the trust takes a holistic approach to undertaking analysis of all incidents. The aggregated incident report was noted as a well embedded and established process in the trust. This appears to be an area of strength for the trust, reinforced by strong clinical executive leadership and engaged non-executive directors.

#### Staff

- The board's oversight of the Freedom to Speak Up Guardian's report demonstrates that it is treating staff concerns with appropriate seriousness. This has not been a hallmark of the trust in the past and it is hoped changes in leadership and alignment of executive responsibilities will deliver a more agile service to the front-line.
- We noted a strong incident-reporting culture at the trust and saw evidence that staff at all levels are encouraged to speak up. However, it will be important also to address the feedback of BAME staff groups where concerns were raised about fair and equal treatment<sup>11</sup>. This remains a perceived problem in spite of significant board focus and may need further investment of energy in creating measurement, accountability and reporting which is having visible impact.

10. NHS Improvement, 'Developmental reviews of leadership and governance using the well-led framework: guidance for NHS Trusts and NHS foundation Trusts', NHS Improvement, June 2017

11. Staff Survey 2018 and CQC Well-led inspection report 2019.

- Staff recruitment processes and policies at the trust was commented on as being variable rather than problematic, but this is not something we were able to explore. However, a review of the WRES data and board composition suggests that further work is needed in order to develop and recruit those from BAME backgrounds. We noted the level of diversity in experience and background amongst board members and depth to the skills and capacity at the board.
- Staff Survey results for 2018 did not include any significant outliers. However, four areas were seen as requiring focused improvement. An action plan has been developed which details how the trust will improve the following areas:
  - o Leadership skills and staff development
  - o Feedback system and culture of high-quality feedback
  - o Values and expected behaviours
  - o Health and Wellbeing agenda

We saw evidence that progress is being made and it appeared that the board was well-sighted on improvements. Some of the other supporting initiatives, such as reverse mentoring and ongoing staff development, were also noted from the board's self-assessment as being positive enablers of improved people management.

### Leadership culture

- The trust's leadership was engaged and visible during the previous services integration project. It is clear that the process of merger has provided space for genuine reflection on style and culture and both are evolving to reflect a confident and balanced approach which respects the contribution of each component of the organisation rather than an imposition of an existing UHB culture. This is to be commended as it is notoriously difficult to achieve and is a collective effort which has been well-led by the chief executive and executive team members.
- With the recent restructuring of the divisions and clinical services, however, there is a greater need for executive directors to engage with the divisions and be systematic in the way they show presence within the organisation. During our facilitated sessions, management staff from the divisions reported that some staff groups felt disengaged, especially at more junior levels within the organisation, and perceived the executive team as remote. This is perhaps inevitable given the changes in the last year but should be noted and returned to in due course.
- Similarly, changes to the divisional structure raise some issues of concern about the degree of oversight, challenge and support which trust non-executive directors can exercise over significant parts of trust business, in a genuinely devolved structure. We were reassured that board members are alive to these concerns and are thoughtful about them, but more may need to be done to ensure that the new divisional teams are clear about what success looks like and the role of others in providing challenge and support. There is a potential danger that the "bandwidth" for Executive and Divisional leadership could exceed expectations. This would be an issue we would suggest is returned to in 2020.
- GGI noted that the Strategic Operations Steering Group identifies, prioritises and implements the planning and standardisation of services across the trust. It has adopted the following principles:
  - To offer clinical benefits to patients and provide services in the most appropriate setting
  - To maintain or improve the quality and sustainability of clinical services
  - To improve efficiency, productivity and identify cost savings.

These seem to be understood and actively used in trust business.

## KLoE 4: Are there clear responsibilities, roles and systems of accountability to support good governance and management?

4

### KLoE 4: Characteristics of good organisations<sup>12</sup>

- Structures, processes and systems of accountability, including the governance and management of partnerships, joint working arrangements and shared services, are clearly set out, understood and effective
- The board and other levels of governance in the organisation function effectively and interact with each other appropriately
- Staff are clear on their roles and accountabilities

### Findings

#### Strategic Objectives and risk

- The Board Assurance Framework (BAF) provides a detailed description of the strategic risks faced by the organisation and the basis for systematic assurance. GGI notes that the BAF does in many respects read across to the three main strategic priorities of the trust, although more work could be done to ensure these are completely aligned.

#### Accountability and Governance Framework

- To support UHB's functional responsibilities and accountabilities a detailed corporate governance policy and a suite of controlled documents have been developed. These provide clarity in terms of roles and responsibilities as they were but we would suggest they need to be updated and aligned to accommodate the most recent reorganisation and new divisional structure. We recognise this may well have been completed since the review.
- In line with good practice, committee escalation updates are presented to the board as part of the governance/reporting cycle. A consistent approach has been adopted across the committees, with these now focusing on specific elements of UHB strategy. This provides a recognisably coherent framework and approach.

#### Committees, operational groups and escalation

- The trust has developed a detailed map of its governance arrangements from the board to its committees, including linkages to operational groups. However, in line with the recent changes to the divisional structures, functional governance arrangements have changed, and the effectiveness and alignment of devolved governance may well need further attention in the months ahead.
- Exception reporting on matters relating to performance, finance and quality is helping to maintain board visibility on key issues. This is further supported by the detailed integrated finance report, performance report and quality report coupled with quarterly report on risks and the BAF.
- Overall, reporting and core systems both seem to have gained from consistency over time and underpinned confidence that the speed of the divisional changes could be handled without serious risk.

12. NHS Improvement, 'Developmental reviews of leadership and governance using the well-led framework: guidance for NHS Trusts and NHS foundation Trusts', NHS Improvement, June 2017

### Divisional oversight and engagement

- The executive team, and the CEO in particular, actively engage with divisional directors both within the extended leadership team and in divisions themselves. Informal meetings with senior managers from the divisions have resulted in a pattern of meaningful dialogue and active engagement with clinical leads in the divisional development processes.
- GGI observed a meeting of the Chief Operating Officers Group (COOG), at which strong engagement with the corporate vision as well as active support to divisional development was noted, supported by clear mutual respect. It is also noted that a comprehensive service integration programme was being implemented during the review. Though it is expected that the programme will result in general standardisation across all divisions, it has not been possible to review the effectiveness of this programme at this stage.

## KLoE 5: Are there clear and effective processes for managing risks, issues and performance?

5

### KLoE 5: Characteristics of good organisations<sup>13</sup>

- There is an effective and comprehensive process to identify, understand, monitor and address current and future risks
- Financial pressures are managed so that they do not compromise the quality of care. Service developments and efficiency changes are developed and assessed with input from clinicians so that their impact on the quality of care is understood
- The organisation has the processes to manage current and future performance
- Performance issues are escalated to the appropriate committees and the board through clear structures and processes
- Clinical and internal audit processes function well and have a positive impact on quality governance, with clear evidence of action to resolve

### Findings

#### Corporate Risk Management

- GGI reviewed all relevant policies and procedures of the trust, including risk management. A full list of policies reviewed can be found within the Appendices. The implementation by the trust of a technologically advanced risk management system ensures timely assessment, recording and reporting of risks as well as escalation to the appropriate level.
- The BAF provides a detailed description of the key risks to the delivery of the trust's strategic objectives. The board had a focused attention on more global risks such as Brexit and detailed risk information and actions were found within the recent BAF reports to the board.
- We noted that the trust was in the process of rolling out refreshed risk management training for all staff at the time of the review. Though it was not possible to assess the effectiveness of the new risk management strategy and training, it can reasonably be expected that staff will be more aware and better trained against the new processes and procedures as a result.
- We generally observed and noted strong and robust escalation of risks at all levels within the organisation.

#### Performance management and oversight

- The operational groups we observed were attentive to local performance, quality and financial risks. These were managed and escalated as appropriate. The contribution made by the members at the Clinical Quality Committee and the challenge and commitment of the board and non-executive directors engagement seemed clear.
- Divisional performance reviews and performance management reports were reviewed and, although these were still developing in response to significant changes, were clearly built on long-standing foundations and provide confidence that critical issues are addressed according to a regular process of engagement.

13. NHS Improvement, 'Developmental reviews of leadership and governance using the well-led framework: guidance for NHS Trusts and NHS foundation Trusts', NHS Improvement, June 2017

## Clinical Governance

- From the review of the Audit Committee papers, clinical audit, external and Internal audit reports, it was noted that processes for internal and national audits were helping drive continuous improvements within the organisation. However, there would be value in having a more visible and comprehensive annual audit programme and an annual cycle of clinical audits to be undertaken during the year, in line with best practice<sup>14</sup>.
- GGI reviewed the documents from the Clinical and Professional Review of Incidents Group (CaPRI). The group's terms of reference were under review at the time of the review, but the purpose and responsibilities outlined clearly help advance the clinical governance agenda within the divisions. The Medical Director as chair of the meetings confirms UHB's commitment towards quality improvement with a membership drawn from a diverse range of leaders from clinical services and the divisions.
- We also noted some of the key initiatives which are promoting learning within the organisation, including "lesson of the month", publication of the "risky business newsletter", and publication of "review of SIs at glance," which are all visible in the clinical areas.

## KLoE 6: Is appropriate and accurate information being effectively processed, challenged and acted on?

6

### KLoE 6: Characteristics of good organisations<sup>15</sup>

- Quality and sustainability both receive sufficient coverage in relevant meetings at all levels. Staff receive helpful data on a daily basis, which supports them to adjust and improve performance as necessary
- Integrated reporting supports effective decision-making. There is a holistic understanding of performance, which sufficiently covers and integrates the views of people, with quality, operational and financial information
- Performance information is used to hold management and staff to account
- The information used in reporting, performance management and delivering quality care is usually accurate, valid, reliable, timely and relevant, with plans to address any weaknesses
- Information technology systems are used effectively to monitor and improve the quality of care
- Data or notifications are consistently submitted to external organisations as required
- There are robust arrangements for the availability, integrity and confidentiality of patient identifiable data, records and data management systems

### Findings

#### Integrated Reporting

- The trust has introduced its own state-of-the-art clinical information system. Data is received in real time and supports the effective management of performance and quality related risks, and decision-making at all levels of the organisation. The various information dashboards are considered to be best practice and have been recognised nationally as such.
- Public reporting through an integrated report approach, used more extensively in the private sector to provide an open accounting of the full impact of the trust as an anchor organisation, could provide a useful means of growing a stronger sense of ownership, legitimacy and understanding in local communities and with wider citizenship. This would fit with the soft power and influencing role which the trust inevitably must fulfil. It could be used to set a standard for the whole system in a way that could be positive on numerous fronts.

#### System access and use of technology

- UHB regards itself as a leader in provision of IT services and patient information and is one of the small number of Global Digital Exemplars in the NHS. However, the review supported the CQC's assessment that cyber security, organisational resilience and business continuity planning is an area which still needs further improvement. There might be value in reviewing the enterprise-wide business continuity planning in the first half of 2020. This would provide a sound level of assurance that the information is not only secure from cyber threats, but is accessible via alternate means, in case of any disruption or systemic problem.

#### Information Governance and IT policies

- Governance arrangements around technology in its widest sense have understandably been an active focus for the trust board given the role of data-led transformation, and especially the partnership with Babylon. Core responsibilities and safeguards seemed to be clear at the launch of the partnership, but may need to evolve and be carefully tracked, as the projects and programmes of work develop and mature.

15. NHS Improvement, 'Developmental reviews of leadership and governance using the well-led framework: guidance for NHS Trusts and NHS foundation Trusts', NHS Improvement, June 2017



- At a practical level the trust's Information Governance Policy and procedures are inclusive of up-to-date guidance, such as the Data Security and Protection Toolkit. The action plan provided as evidence shows clear oversight and responsibility of the actions, held by the Information Governance Group and the Information Security Advisory Group.
- "Ask A&E" as a shared service provision between UHB and Babylon raises issues around the shared data controller role in relation to compliance with the requirements of GDPR and requirements set out by the ICO, as good practice. There might be value in a detailed independent assessment of compliance and risk for any such arrangements, something not explored in this review.
- Either way, particular attention will be needed in future to make sure the governance framework and supporting shared policies and procedures (such as incident reporting, subject access requests, complaints process), are effective around both the partnership and more generally.

## KLoE 7: Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?

7

### KLoE 7: Characteristics of good organisations<sup>16</sup>

- A full and diverse range of people's views and concerns is encouraged, heard and acted on to shape services and culture
- The service proactively engages and involves all staff (including those with protected equality characteristics) and ensures that the voices of all staff are heard and acted on to shape services and culture
- The service is transparent, collaborative and open with all relevant stakeholders about performance, to build a shared understanding of challenges to the system and the needs of the population and to design improvements to meet them

### Findings

#### Staff

- During the review GGI ran a focus group seeking views from a wider range of staff regarding the approach to, and culture of, engagement. The participants were generally of the opinion that there are clear examples of engagement across the trust which provide staff with opportunities to engage on issues that matter to them. There were some comments about whether this was sufficiently systemic to provide convincing evidence that listening with purpose was a core part of the trust culture. This might be worth exploring further by the trust board over the next year.

#### Inclusion

- The trust is working to develop an Inclusion Strategy, and this should be commended. The strategy reflects a genuine commitment by the trust board to make visible change using an evidence-based approach. There may be a case for increasing the pace of this work and for being clear that impact measures will be reported and tracked publicly and inclusively. There is also scope for working with partners across the wider system, and using peer review processes, as part of next steps.
- The trust's WRES data reveals some areas which will require attention. This includes leadership development initiatives for staff in lower Agenda for Change pay bands, whereby they can be developed and promoted to a much senior roles within the organisation. For instance, the composition of the board at present was noted to be under representative of the population. BAME staff are underrepresented overall when compared to the local population surrounding the four hospital sites (BAME local population = 42%), whereas the overall BAME workforce makes up to 28.10% of the total workforce and BAME staff are further underrepresented in senior positions, and compared to the previous year's data. Although the trust has seen a slight increase in BAME staff in the senior bands, the numbers are disproportionate to the overall percentage of BAME staff in the workforce. The results of the NHS Staff Survey 2018 reveal that staff from BAME backgrounds do not always feel they are treated equally at the organisation.
- UHB has a number of interesting engagement approaches. These include:
  - o Friends of the Rainbow
  - o Participation of staff in Birmingham Pride
  - o Trust staff LGBT network
  - o The Birmingham LGBT Centre and the South Asian LGBT Group supported the development of patient experience feedback pilot
  - o Celebration of LGBT History Month
  - o Partnership event with University of Birmingham (UoB) for Black History Month

16. NHS Improvement, 'Developmental reviews of leadership and governance using the well-led framework: guidance for NHS Trusts and NHS foundation Trusts', NHS Improvement, June 2017

- o UHB's working partnership with the University of Birmingham to arrange a conference in February 2019 with an interactive panel discussion on 'How health services can better meet the needs of the LGBT+ community'
- o Trust's support for Transgender Awareness Week in November 2018
- GGI explored some of the ways in which the concepts and practices around inclusion could be addressed in a workshop involving external peers, including national expert Simon Fanshawe. This was a rich discussion which included a suggestion that UHB considers actions outlined in the white paper "Equality and Diversity: A new prescription for NHS" for implementation across the organisation. This is not a firm recommendation as there are other systemic approaches which could be equally valuable.

### Governors

- Governor activity and contribution at the trust has developed well as a result of the merger, supporting an integrated approach which reflects the full range of services now provided by the trust. There is more work to do in relation to development of a wider pool of influence and ensuring that governors appreciate and are supportive of the larger ambition of the trust. There is understandably a tendency to focus on services and local issues, but the governors have the potential to provide a source of challenge and support for the disruptive innovation advocated by the board. There is a strong case for further development and investment in growing governor confidence and skills over the next three to five years.
- There are a small number of active governors who provide a good level of challenge and support to the non-executive directors and this process is respected by the non-executive directors. The appointment of former non-executive directors from HEFT as governors has strengthened the weight and impact of the body of governors.

### Public engagement

- The review did not consider the implications of the 2019 National Patient Safety Strategy, and this may lead to further need for change. However, we saw, as would be expected, a wide variety of different models of public engagement and involvement which have developed over time. These vary across the different sites and services and are taken seriously as voices to be engaged with at divisional and trust board.
- It was not possible, given the sheer scale of the processes, to arrive at a clear assessment of their effectiveness as a coherent approach to engagement and involvement. However, there is evidence of an extensive and active programme connected to the relevant committees supporting the board.
- The quality assurance, sharing, use and impact of public engagement intelligence in a system setting, is at an early stage, but the trust could be well-placed to stimulate citizen and public engagement as a key element in the future development of services in a local place setting. The opportunities for doing this would be worth further trust board consideration.

### Stakeholders

- Stakeholder interviews revealed a growing sense of positive change in the way the trust was being perceived and the role it was seen to be playing in the wider health and care system. Narratives from key players suggested that there was a strong welcome for UHB's renewed emphasis on partnership working was being positively received. This was described as the start of a longer-term process to create a reputation as a confident, ambitious and successful organisation, which respected and understood its role as an agent of wider change and influence locally and nationally.
- There is scope for the trust to be clearer on its specific communications to different audiences, including what can be expected from the trust in its international and national role in respect of influence and soft power. This is an active issue in the minds of the board members, but it has not yet become as visible as it might be to others.

## KLoE 8: Are there robust systems and processes for learning, continuous improvement and innovation?

8

### KLoE 8: Characteristics of good organisations<sup>17</sup>

- There is a strong focus on continuous learning and improvement at all levels of the organisation, including through appropriate use of external accreditation and participation in research
- There is knowledge of improvement methods and the skills to use them at all levels of the organisation
- The service makes effective use of internal and external reviews, and learning is shared effectively and used to make improvements
- Staff are encouraged to use information and regularly take time out to review individual and team objectives, processes and performance. This is used to make improvements
- There are organisational systems to support improvements and innovation work, including staff objectives, rewards, data systems and ways of sharing improvement work

### Findings

#### Innovation

- The mature approach to learning by the executive directors during the merger process is recognised inside and outside the trust as prompting a change in thinking and behaviour at a senior level.
- There is good evidence of learning across the sites and with partners and a clear appetite at divisional level for greater exchange and joint work between each other and external reference points.
- Approaches to innovation were being researched at the time of the review and are under development, with defined executive leadership, but it is not yet clear if this extends to organisational innovation and the “learn from failure” culture in which innovation is known to thrive. This is perhaps not surprising given the early stages of the work and should be kept under review.

#### Transformation and continuous improvement

- The creation of a dedicated transformation leadership role within the senior team has provided an opportunity to open up the trust to more systematic learning and engagement with other organisations of similar scale. There may need to be further thought about the resourcing needed to support the testing and adoption of learning from elsewhere, and the processes for ensuring this is done systematically. From our work it is clear these issues are live and being engaged with, but that there is scope for the trust board should consider how members are kept informed and can contribute to thinking as it develops over the next few months.
- Bespoke leadership development programmes which have been run with several cohorts over the last year have created a group of energised leaders across the trust and are enthusiastically championed. A clear and continuing commitment to investment in both leadership and organisational development should remain a priority to support at-scale change and transformation and this is recognised within the senior executive team.
- From the evidence provided, we note that the trust has adopted various tools and support mechanisms to facilitate learning and continuous improvement, especially in recent months. These include the development of a staff cohort trained and qualified in Quality Improvement and also a Quality Service Improvement Redesign programme.

17. NHS Improvement, ‘Developmental reviews of leadership and governance using the well-led framework: guidance for NHS Trusts and NHS foundation Trusts’, NHS Improvement, June 2017

- GGI's review of the reporting Serious Incidents of the trust and the incident reporting report presented to the Clinical Quality Committee demonstrated a well-established culture of learning from mistakes. However, we found limited mechanisms to share learning across services and divisions in a systematic way which would support transformational change.

### Technology and transformation

- The recent partnership reached with Babylon represents a bold commitment to longer-term transformation, with significant implications. The trust is certainly alive to the risks involved in this specific partnership and in data-driven transformation more generally, but there may be value in more board time being spent on other longer-term collaborative networks and strategic partnerships, including beyond health and care, and also on public perceptions of the implications of the digital future.
- The trust has rightly prioritised taking action to address critical issues around clinical demand, with a view to supporting rapid transformation at scale. Clarifying the organisation's risk appetite with regard to innovation and developing a more visible and understood framework for innovation for the future, might now be important in both setting clear expectations and clarifying contributions to future outcomes, at all levels of the trust.

## 6. Recommendations

GGI invites the UHB board to consider the following recommendations. It is assumed that an action plan will be developed, and that progress will be monitored by the full trust board or delegated to an appropriate committee.

<b>KLoE 1: Is there the leadership capacity and capability to deliver high-quality, sustainable care?</b>	<p>R1 – The trust board should consider the most effective means of ensuring that the right level of support and challenge can be properly evidenced and maintained in the new, devolved divisional structures over the next three to five years.</p> <p>R2 – Consideration should be given to a further stage in the development of future leadership capacity, by means of an integrated executive and board development programme, designed to grow shared understanding, joint working and futureproofing of skills amongst the board, the executive and the new divisional leaders.</p>
<b>KLoE 2: Is there clear vision and sustainable strategy to deliver high quality sustainable care to people, and robust plans to deliver?</b>	<p>R3 – The trust board should agree a more comprehensive set of measurable outcomes over the medium -term (3 – 5-year period) in support of the core strategy “Building Healthier Lives” and its successor. Doing this well and with the right balance will help ensure greater focus on realisation of its ambitions longer-term.</p> <p>R4 – Consideration should be given to supporting more specific and individualised strategic objectives and success criteria for each division, given their relative size and complexity.</p> <p>R5 – It should be a clear commitment over the next year to strengthen the integration and read-across between both strategic plans (such as Digital, Estates, Communications, Innovation) and support teams to provide a sound platform for future innovation and change at scale.</p>
<b>KLoE 3: Is there a culture of high-quality, sustainable care?</b>	<p>R6 - The trust board should consider how it ensures the purpose of the inclusion strategy is evidenced in measurable and visible change, and also how external partnerships might help increase impact, especially in respect of BAME representation in leadership roles.</p>
<b>KLoE 4: Are there clear responsibilities, roles and systems of accountability to support good governance and management?</b>	<p>R7 – Corporate governance policies should be scheduled for a comprehensive review in 2020 to ensure they fully reflect the implications of the recent divisional restructure, and in particular to ensure the scheme of delegation reflects the size of the divisions, the need for rapid risk escalation and the aspirations of greater devolved governance.</p> <p>R8 – The governance structures of board committees and divisions should also be reviewed in 2020 to ensure they are fit for purpose and provide the level of assurance needed following rapid implementation of structural change and a rapidly changing environment.</p>

<b>KLoE 5: Are there clear and effective processes for managing risks, issues and performance?</b>	<p>R9 – An independent review of the effectiveness of the new risk management system and revised policy should be scheduled in 2020 and the opportunity taken to refresh the Board Assurance Framework.</p> <p>R10 – Consideration should be given to supplementing the trust's Clinical Governance Annual Programme, with a stronger focus on impact assessment on the improvements which result, for wider circulation and inclusion in public reporting.</p>
<b>KLoE 6: Is appropriate and accurate information being effectively processed, challenged and acted on?</b>	<p>R11 – The trust should build on the strength in its current systems and reporting arrangements to consider moving to a more public model of integrated reporting and its promotion beyond the trust boundaries.</p> <p>R12 – Given the importance of data-driven innovation and partnerships to the success of the trust, the trust board should ensure that it maintains robust processes which provide heightened and continuous assurance of both risk and compliance with the requirements of GDPR.</p>
<b>KLoE 7: Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?</b>	<p>R13 – In anticipation of the publication of Patient Safety Partners framework by NHSI in 2019- 2020, the trust should consider pioneering innovative ways for engaging stakeholders (patients, staff, citizens) in all levels of governance (clinical and non-clinical) in the organisation and within the system as a whole.</p> <p>R14 – Longer-term narratives on the value of UHB for different audiences and communities would gain from more active trust board consideration in the next year.</p>
<b>KLoE 8: Are there robust systems and processes for learning, continuous improvement and innovation?</b>	<p>R15 – There would be value in making more visible the methodologies for transformational change and "lessons learned" both across the organisation and with partners, as part of an investment in longer-term innovation and continuous learning.</p> <p>R16 – Active consideration should be given to ways of increasing the systematic support and incentivisation for innovation and continuous improvement within the new divisions, as a hallmark of the future well-led approach in UHB.</p>



## 7. Conclusions

The conclusions of the review are positive overall in respect of the well-led criteria. The strong self-assessment undertaken for the formal well-led review in 2018, which identified a number of areas where further action was needed to strengthen and future-proof the trust, remains relevant for future development.

It is impressive that focus and grip has been maintained during a period of significant change for the trust itself and in its operating environment.

This provides a sound platform on which the trust can move forward, provided it adopts a clear medium and long-term strategy which reflects its position of power and influence in the world of health and care, and more widely, as an anchor organisation.

The recommendations build largely on work that is already underway and they should be read in part as a reflection of the early stages of a longer-term change process, on which it is perhaps too early to arrive at definitive conclusions in some areas.

A further review in a year would therefore be sensible, particularly in respect of ensuring the governance structures, approach to risk and cultural change remain robust and appropriate in rapidly changing times.

## Appendix 1. List of Activities

### Developmental workshops

- Well led: innovation and transformation
- Well led: systems, place and ambition

### Focus groups

- Voice – next generation engagement for impact
- Culture Skills and values

### Professional review

- Overview assessment of evidence for self-assessment and further review
- Observations of Quality, Audit, Council of Governors (Seminar) and Chief Operating Officer's Group

### 1:1 interviews

- Internal: Semi-structured interviews for sample of board, non-board members of Executive Leadership team, Divisional Directors, triumvirates and Corporate leads, system partners and other stakeholders
- External: Chief Executives/leaderships from local stakeholder organisations (NHS and Local Authorities)

## Appendix 2. List of Interviews

1:1 Internal interviews included:

Name	Title	Organisation
Jacqui Smith	Chair	UHB
Dr David Rosser	Chief Executive	UHB
Professor Simon Ball	Executive Medical Director	UHB
Kevin Bolger	Executive Director of Strategic Operations	UHB
Jonathan Brotherton	Executive Chief Operating Officer (HGS)	UHB
Tim Jones	Executive Director of Workforce & Innovation	UHB
Lisa Stalley-Green	Executive Chief Nurse	UHB
Mike Sexton	Executive Chief Financial Officer	UHB
Cherry West	Executive Chief Operating Officer (QEHB)	UHB
Fiona Alexander	Director of Communications	UHB
David Burbridge	Director of Corporate Affairs	UHB
Andrew McKirgan	Director of Partnerships	UHB
Julian Miller	Director of Finance	UHB
Lawrence Tallon	Director of Performance, Planning & Strategy	UHB
Mark Garrick	Director of Quality Development	UHB
Catriona McMahon	Non-Executive Director	UHB

External Stakeholder interviews included:

Name	Title	Organisation
Sarah-Jane Marsh	Chief Executive Officer	Chief Executive Officer of Birmingham Women's and Children's Hospital
Andy Cave	Chief Executive Officer	Healthwatch Birmingham
David Melbourne	Deputy Chief Executive / Chief Finance Officer	Birmingham Children's Hospital
Joanne Williams	Chief Executive Officer	Royal Orthopaedic Hospital
Stephen Washbourne	Finance Director	Royal Orthopaedic Hospital
Phil Johns	Deputy Chief Executive	NHS Birmingham and Solihull Clinical Commissioning Group
Rachel O'Connor	Assistant CEO-STP	NHS Birmingham and Solihull Clinical Commissioning Group
David Adam	Head of the College of Medicine	University of Birmingham
Carol Doyle	Head of School - Nursing and Midwifery	Birmingham City University
Professor Alec Cameron	Vice Chancellor - Birmingham Innovations Centre	Aston University
Roisin Fallon Williams	Chief Executive Officer	Birmingham and Solihull Mental Health NHS Foundation Trust.
Dr Bill Strange	(CHAIR, EXECUTIVE MEMBER and Regulation Sub Committee) – Freelance	Birmingham Local Medical Council
Andy Street	West Midlands Mayor	West Midlands Combined Authority
Dawn Baxendale	Chief Executive Officer	Birmingham City Council
Graeme Betts	Director Adult and Social Care	Birmingham City Council
Dale Bywater	Regional Director	NHS England

## Appendix 3. List of Documents reviewed

*The list of documents reviewed included:*

Corporate Governance Policies  
 Trust Scheme of Delegation  
 Standing Financial Instructions  
 Standing Financial Orders  
 Board Assurance Framework  
 Leadership improvement plan  
 Draft inclusion strategy outline  
 Terms of Reference, papers and minutes from the Trust Board meetings  
 Terms of Reference, Papers from the sub-committees of the Board:

- Audit Committee
- Clinical Quality Committee
- Finance Committee

Terms of Reference, papers from various other operational groups including:

- Clinical and Professional Review of Incidents Group Terms of Reference and Framework for Operation
- Chief Operating Officers Group

Workforce Race Equality Standards report 2019  
 Annual Workforce Equality Monitoring Report 2019  
 Annual Equality Monitoring Report 2019  
 Staff Survey results 2019  
 Divisional Development Plan  
 Divisional Structure 2019  
 University Birmingham Hospitals NHS Foundation Trust Strategy "Building Healthier lives" and other strategy documents such as Digital Strategy, Estates Strategy, Inclusion Strategy (draft)  
 Patient Service Equality Monitoring Report 2019  
 Freedom to Speak Up Guardians reports  
 Various Controlled documents and other policies including:

- Controlled Documents policy
- Clinical Governance Policy
- Risk Management Strategy and Policy
- Information Governance and I.T policies
- Hospitality and gifts policy
- Raising Concerns Policy
- Freedom of Information Policy
- Incident Reporting Management Policy
- Data Protection Policy
- Clinical Standards and Audit Policy
- Fit Proper Persons Procedure

UHB's self – assessment  
 CQC Well-led report and recommendations  
 Various other reports, publications and newsletters as relevant and in line within the scope of the review.





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