

Birmingham and Solihull Mental Health
NHS Foundation Trust
Well-led Review

28 October 2018

Draft Final Report
Strictly Confidential



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Well-led Review Birmingham and Solihull Mental Health NHS Foundation Trust

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1. Executive Summary

This report sets out themes and findings arising out of GGI’s developmental well-led review of Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT). It is a draft final report for consideration by the Board on 31 October 2018 and will be updated to reflect discussion at that session and completion of work in relation to staff and stakeholders.

This report is designed to achieve four aims:

- to provide a summary assessment against the Key Lines of Enquiry (KLOEs) of the well-led framework
- to draw out specific areas which may need attention prior to the next inspection by the CQC, due in December 2018

- to provide a longer-term set of forward-looking recommendations relating to the future development of the Trust to strengthen it as a well-led organisation
- to complement a separate programme of work in the Trust on the generation of a continuous improvement culture, commissioned from the Institute of Health Improvement (IHI)

Our analysis, based on semi-structured interviews, document reviews, observations, and focus groups, is supported by a number of recommendations which are aimed at strengthening Board working, core accountabilities and skills to ensure that the organisation further develops its good governance practices.

There is good evidence that BSMHFT is fundamentally a well-led Trust, which could reasonably expect a rating of “good” overall. It has a set of committed

Executive Directors, complemented by experienced Non-Executive Directors, who engage with the core business of the Trust enthusiastically, supported by professional governance and business operations, processes and structures. There is also a large governor base which although it could be developed further also plays an active role in the Trust.

A positive and patient-centred culture is clearly being embedded throughout the organisation and at Board level. Patient safety is taken seriously and could provide the basis for a distinctive reputation of national, even international, reach.

The Trust has grown a reputation for programmes of innovation and quality improvement in services, so it is not surprising that the Trust was disappointed by the well-led rating of “requires improvement” awarded in 2017. It was clear from our review, undertaken months later, that the CQC assessment was still felt keenly by both the Trust leadership and staff as being unfair.

The CQC report set out a number of areas which they felt needed attention, which supported the rating awarded. Each of these areas has since been addressed by the Trust through programmes of work. There is reason to believe therefore that a higher rating could be achievable, provided all aspects of the preparation and engagement with the CQC review process are handled maturely, and reflect a collective ethos and intent amongst leaders and staff. This must include a positive attitude to the review process itself and no sense of lingering sense of unfairness, entitlement or antagonism.

In this report we separate recommendations for immediate action from longer-term development issues. The comments made are intended to provide a focus for where effort might best be directed to maximise the chances of the most positive possible well-led assessment rating. But equally importantly they seek to surface some underlying issues which do need to be addressed for the Trust to be genuinely well-led in the way it actually operates.

We are conscious of the importance of reflecting a genuinely and justifiably positive picture against the well-led criteria. But there are a number of issues which can only be effectively addressed over a longer period to be recognised at this point, without distracting from the positive overall narrative needed for the CQC process. These relate mainly to concerns

about culture, areas of lack of clarity on strategy, risk and responsibilities, and the need to address issues of disconnection across the Trust.

The Trust’s future role and position in a more integrated health and care system is recognised as an area which requires more collective Board time and attention. Our engagement with external stakeholders revealed a range of opinions about the effectiveness and impact of the Trust as a collaborative partner. Further development is needed to establish a cohesive Board position on the nature of its role in wider system leadership and the implications of accommodating the voice of staff, citizens and partners.

Before the CQC assessment we believe the focus should only be on two specific issues:

- construction of a series of short narratives on a small number of key issues, which will help create a set of shared, consistent and evidence-based briefings for the Board, for leaders and for staff and partners ahead of the assessment visit. The way these narratives are created, so they are inclusive, collective and honest statements, will be important
- visible action by the Board and the Executive on the working environment and “demand and capacity”, which makes an immediate difference to the lived experience of staff, using a language they recognise. The timeline for such action will be challenging and will need to be handled carefully so it is not seen cynically as an attempt to “fix” the CQC assessment

Our view is that without both sets of action there remains a danger that the Trust will not get the level of recognition it deserves.

Following the CQC assessment we believe the focus after the appointment of the new chief executive should be on a series of further, longer-term, development activities including:

- creating a clear, collective ambition, vision and tone for the next stage in the development of the Trust, nurturing the right culture for the organisation in the changing international, national and local context, not least expectations of integrated care and innovation

- growing the maturity of collaborative and partnership thinking, working and skills at all levels of the organisation, to support future requirements for sustainability and impact
- assessing capacity, roles and responsibilities to increase connectivity across the Trust and to meet future needs and expectations, supported by development programmes and succession planning
- a programme of cultural and skills development to generate a greater sense of consistent and collective psychological safety, joint endeavour and reward across the Trust- to address long-standing and lingering perceptions about unfairness, race and ethnicity and the working environment
- working through the implications of deeper engagement and listening to key voices of staff, citizens and partners for the way the Trust sets its direction and works day-to-day
- taking the level of integrated public reporting and focus on resilience and sustainability to another level, as part of the further growth of evidence-based decision-making and a clearer accountability culture

There is likely to be an overlap between our specific recommendations (set out in section 6) for future development and the work of the Institute for Health Improvement (IHI).

It is important that these serious issues are addressed collectively and decisively, they should not distract from a conclusion that the key governance of the Trust is executed professionally and competently.

The main analysis of the review is set out in section 5 of this report.

2. Overview and context

BSMHFT was established in 2008 through the merger of North and South Birmingham Mental Health NHS Trusts. In 2015 the Trust became successful in a bid to become a vanguard site. BSMHFT is one of the largest mental

health Trusts in the UK providing mental health care to the populations of Birmingham, Solihull and the West Midlands with an income of over £230 million.

The Trust operates in about 50 varied sites and employs over 4000 members of staff to serve a diverse population of 1.2 million. This creates higher requirements for access to services.

BSMHFT provides their services locally, regionally and nationally, including inpatient, community and specialist mental health services for adults and older people in Birmingham and for all ages in Solihull. These services include rehabilitation, crisis and home treatment, assertive outreach, early intervention, addictions, day services and mental health wellbeing. This also includes low and medium secure mental health services for adults, as well as forensic services for children and young people. In addition, the Trust also delivers all healthcare services at HMP Birmingham.

More widely, the Trust continues to proactively engage in the development of an Integrated Care System in the West Midlands with the current Chief Executive Officer taking a leading role.

In March 2017 the Trust was inspected by the Care Quality Commission (CQC) and received a rating of 'requires improvement', down from their previous rating of 'good'. The CQC rated the Trust 'requires improvement' for Well-led and highlighted a number of areas including the Equality Delivery System (EDS2), Board Assurance Framework (BAF), staff experience and the Allied Health Professional (AHP) group leadership.

The CQC are scheduled to undertake a further inspection of the Trust in early December in relation to which the Trust has conducted a management-led internal well-led self-assessment, to which the following external assessment is designed to add.

3. Scope, methodology and process

GGI commenced work in late July 2018. As set out in the Statement of Work, our approach to delivering the programme has consisted of:

- Interviews
- Observations
- Document review
- Focus groups

Our work has been guided by the eight well-led framework Key Lines of Enquiry (KLOEs), and direction from the Trust Board senior manager team and support from the Company Secretary.

GGI employs an established methodology for governance reviews. We interviewed Board members and senior representatives of stakeholder organisations, conducted focus groups with staff, observed key meetings and conducted a review of relevant documentation. In constructing this report, GGI has triangulated findings from these sources, and used the experience and judgement of the review team members, along with the well-led framework guidance. The review team also used GGI templates and assessment tools and resources to demonstrate the significance of the findings against good governance practice.

4. Limitations

The timeline for this review was a three-month period from late July to October 2018. The review was limited by the availability of Board members, external stakeholders, and staff for interview or focus group attendance during this period, as well as the timing of meetings for observation.

The review is also limited to the documentation that was provided to GGI during the time period described and confined to the information provided to us by those we interviewed as part of this

This remains work in progress.

process or observed at those meetings we were able to attend.

5. Review analysis

In this section we provide an overall analysis drawn from the well-led review and focus on its implications. We include a full record of the assessment against each KLOE in annex I.

The review team are conscious that there is little value in our repeating or replicating highly-detailed analysis already known to the Trust. We are also conscious of the timing of the report, with imminent changes in senior leadership and other significant programmes of change underway.

We believe the added value of this report comes from the opportunity it offers to reflect an independent view on both short-term actions ahead of the CQC assessment process and the longer-term development which would increase the maturity, resilience and governance of the Trust and add increased meaning to what well-led means for the Trust.

Our overall conclusion, based on the detailed analysis of each KLOE, is that the Trust should reasonably expect to achieve a rating of “good” overall.

There is significant evidence of progress in addressing the specific issues raised as concerns by the CQC – not least that they have been taken seriously. The Trust is able to demonstrate that significant effort has been made, with Board leadership, to engage with:

- the Equality Delivery System (EDS2) and long-standing perceptions around diversity, equality and fairness in respect particularly of BAME staff
- the robustness of strategic risk management and the Board Assurance Framework (BAF)
- investment in programmes of action to improve the staff offer and the work experience
- the way professional voices are incorporated into the way the Trust works

The Trust can also demonstrate a track-record of innovation and ground-breaking services and the development of new models of care, working with high-quality partners at a high level of excellence. This reflects the quality of individual clinical leadership and entrepreneurial enterprise within parts of the organisation and the drive and focus of the current leadership.

The core governance of the organisation, the way assurance processes, procedures, structures and conduct of business work as whole, is well-executed, with proper levels of reporting and planning of business to meet statutory obligations and strategic objectives.

The roles and expected contributions of Executives and Non-Executives within a unitary Board setting are clearly understood, and effective levels of scrutiny are evident in the conduct of meetings. On occasion there is evidence of tension, but this is largely constructive.

This is a clear narrative of successful engagement with patient needs. The positive celebration of success should of course be used to support the confidence with which the CQC assessment is approached by the Trust. This needs to be framed in terms of a collective and nuanced approach, without any sense of self-justification, expression of opinion about the fairness of the previous assessment, egotism or antagonism.

This does not mean that there are not a number of issues where a less positive assessment can and should be registered. This does not contradict the overall picture presented so far which supports a rating of “good”, but it means there are a number of further observations and comments which now need to be made. We believe these will help the Trust strengthen its claim to be well-led consistently, and to ground this in practical action which will increase the longer-term resilience and effectiveness of the organisation. Some of these issues are about the underlying culture, behaviours and ways of operating; others are about priorities, processes and practice. They reflect issues raised during the interviews, observations and document reviews as having weight and consistency which mean they need to be acknowledged and addressed.

To strengthen the depth and effectiveness of well-led we suggest the Board should consider the following issues which were raised during the review:

- **developing a greater shared understanding about the ambition and direction for the Trust as an international, national, regional, system and service leader, and about their implications.** We believe there would be value in the Board spending time together, and importantly with others, working through the practical implications of the different options for the future for vision, capacity and organisational form. This needs to be an open and collective process which respects the individual point of view but arrives at a clear shared intent which also makes sense to others, not least staff, in a language they understand. The symbolic and practical impact of an open process should not be underestimated given recent history and could follow naturally from the appointment of the new CEO
- **ensuring the right balance is struck between an innovative and forward-looking agenda, and the pressing and immediate issues which also need attention.** One of the most sharply-expressed concerns to us was around the feeling that the senior leadership of the organisation (meaning both the Board and the Executive) understandably celebrated the innovative progress for which the Trust is known, but that other really pressing issues and decisions around key issues such as capacity/beds were not being treated with equal insight, decisiveness or pace, resulting in staff feeling isolated and exposed
- **growing cohesion and collective intent at all levels of the organisation.** We did not get a strong sense that the core narratives – for example on vision, priorities, finance, quality, people - were particularly consistent or owned across the Trust. These need to be clearly articulated and understood to support momentum for improvement and change, and to prepare for any potential future financial adversity. BSMHFT is a large organisation with a tendency to operate

on a rather federal and fragmented basis, which makes attention to how core issues are understood, and solutions are developed and communicated, of critical importance. The need for more connection was mentioned many times in relation to descriptions of the relationship, and line of sight, between the Board, leaders, middle managers and staff. The Board should recognise this perception of disconnection as a priority which needs to be worked through and removed

- **establishing a strong collaborative and team-based leadership and management culture, seen in the way the organisation works.** There is a danger that well-documented issues around negative perceptions of behaviour, race and equality in the Trust, which are rightly receiving a lot of attention, are treated in isolation. We believe they should be seen more as presenting issues of something more fundamental. Our conclusion would be that there is a need to fashion a more powerful culture built around patient outcomes and impact, and around personal interaction, rather than remote communication. The Institute for Health Improvement (IHI) work provides an opportunity to grow convincing connections between people as a foundation for learning and innovation. Investment in capacity and capability, and being clear on outcomes and measures, will be of critical importance. Being consistently proactive and attentive to culture represents the most important and challenging set of issues facing the Trust, essential to workforce sustainability and organisational success
- **increasing the cohesion and clarity of leadership roles and responsibilities from the Board to front-line.** We suggest that the balance of responsibilities within the Executive team may need further reflection to ensure the different contributions, expectations, roles and professional responsibilities are balanced and also make sense as a leadership team, following recent appointments. The use of time together as a team should also build greater collective ownership of the corporate agenda and the need for prioritisation and focus on key delivery issues. The responsibility for the development of capacity, organisational development and human resources has changed many times in recent years, and currently does not appear to provide the right degree of senior leadership time and assurance to the Board on what are critical-path issues. There also seem to be some issues of consistency around accountability within and between directorates, with attention needed to grow skills, capacity and consistency beyond current silos
- **enhancing evidence-based decision making and respecting the value of sound information.** One of the foundations for more mature governance is the use of information and sound evidence to drive decisions and performance. This could be made a strategic cultural objective for the organisation and act as a hallmark of the way it works in future. Currently there is a tendency at a senior level of personal opinion and authority being used to underpin decisions rather than best use of evidence, information and collective intelligence, including information from stakeholders
- **developing a comprehensive approach to the way different voices of patients/citizens, staff and partners are built into the governance of the organisation and that these voices have consequences.** The suggestion here is that although many of the building blocks are in place, there is a level of confusion about how all the different types of engagement, communication and involvement activities come together, and how different views are weighted and valued. In tandem with the previous point, an intent to make effective engagement a hallmark of the Trust would support all the other key objectives. Such a commitment would also have consequences, in the longer term, for the way the Board works and even might require a change in its composition and conduct

We understand that arguments may be made about what is already happening on each of these issues. However, taken as a whole, they provide a clear set of challenges for the Board to address together. This is important in the context of an aspiration to achieve an improved well-led assessment, using the recommendations which follow as a way of achieving specific progress.

This further analysis should not distract from the positive achievements to date, nor detract from the “good” well-led assessment which we believe is fair for the Trust. Indeed, recognising and addressing such challenging issues is a sign of a well-led organisation. But we also want to reflect the mood of many of those we interviewed that these underlying issues now need to be surfaced and addressed systematically, openly and decisively. There are concerns about the sustainability and reputation of the Trust if this does not happen fairly quickly. We would suggest these issues should therefore be acknowledged by the Board now, but start to be tackled following the appointment of the new chief executive. This will provide the right degree of momentum to achieve longer-term progress.

We suspect little of this analysis will come as news to Board members, but we have not seen evidence that these issues have been set out clearly before, with a view to a whole-organisational development response. This is now addressed through a series of recommendations.

6. Recommendations

The recommendations are divided into two.

Section 1 - Immediate (November/December 2018)

We understand the Trust will already have in place leadership and coordination arrangements to support the CQC process. As indicated in the recent presentation to the Board we recommend that the approach to the assessment and the presentations to the assessment team are led by a multi-disciplinary team. We would stress that this collective approach will promote a balanced view which is not reliant on the distinctive voice of any individual.

We believe the focus **before the CQC assessment** should only be on two specific issues:

Recommendation 1

The Trust should construct a series of short narratives on a small number of key issues, which will help create a set of shared, consistent and evidence-based briefings for the Board, for leaders and for staff and partners ahead of the assessment visit.

The narratives would not need to be long or complicated but would embody the tone of honesty and openness and provide an evidence-base which would help grow greater consistency amongst staff and leaders. The way these narratives are created, so they are inclusive, collective and honest statements, will be important. We would suggest a small group is given space and time to develop these as objective statements based on evidence. An anonymised narrative created by GGI for another Trust ahead of its CQC inspection is attached at annex II.

The specific narratives we suggest are as follows:

- **Context and purpose – key objectives and progress**
- **Vision and values – how they are visible in the way the Trust works**

- Transformation – service changes past, present and future
- Clinical risks and patient safety – BAF, our approach and next steps
- Demand and capacity – actions and mitigations
- Culture and morale – employer of choice, workforce pressures and protected characteristic
- Resources - the route to sustainability
- Partnerships and influence – the Trust’s approach to inclusion and voice and how it works
- Innovation and practice – striking the right balance
- Impact and reporting – brand and value; how are we doing and how do we know

The narratives have an on-going value if updated regularly in the following months and can be used in numerous ways as a source of consistency for different methods of communication and engagement.

The tone of the approach taken to the CQC visit should likewise reflect a collective and nuanced promotion of the positive alongside a recognition of some reflection of the underlying issues around culture and connectivity, without this being defensive or bullish.

Recommendation 2

The Board should take visible action on the working environment and “demand and capacity”, which makes an immediate difference to the lived experience of staff, using a language they recognise.

We know these issues have been extensively discussed and various actions taken during 2018 with more planned. However even within the executive leadership there is a strong sense that action taken to date has not connected effectively to staff in a way that has started to change views “on the ground”. As one interviewee put it, “in spite of what has been done so far, staff are just not feeling it”. This is clearly a vulnerability for the Trust in respect of the CQC assessment and can only be corrected by further action. The timeline for such action will be challenging and will need to be handled carefully so it is not seen cynically as an attempt to “fix” the CQC assessment.

Our view is that without both sets of action there remains a danger that the Trust will not get the level of well-led recognition it deserves.

Section 2 - Longer term (January 2019 onwards)

Recommendation 3

The Board should consider committing to a substantial Board development programme designed to create the BSMHFT “Board of the Future”.

Our suggestion would be that a year-long programme would work well, with key events being held every two months over a half day. We have seen similar programmes work well elsewhere for Boards. We suggest the content could be shaped around themes such as effective scrutiny and constructive challenge, authentic engagement and community voice, system leadership and impact, the meaning of transformation or shaped around key questions such as:

- **growing shared intent** – *what is our joint ambition for the Trust, what impact do we want the Trust to have in future and what are the implications for us of the changing external environment in terms of our strategy and form?*
- **engaging with strategic risks** – *what are the key strategic risks the Board needs to focus on and what mitigations do we believe are necessary?* This would include agreeing and testing a risk appetite which would in turn help shape decision-making at all levels of the Trust
- **developing core narratives** – *what is our collective view on key issues which are captured in writing to provide a core briefing which are also conveyed to stakeholders?* The types of issue which the review suggests would be most helpful would blend specific strategic and organisational priorities – underlying finances; the digital future, workforce; productivity; investment priorities
- **exploring contribution and optimum ways of working** – *how do we as a set of directors want to work together both inside and outside the formalities of Board processes?* This would include looking at roles, responsibilities, changing accountabilities around academic governance, including seeing through the recommendations below on structures, flow of business and impact assessment

Recommendation 4

The balance of roles, responsibilities and accountabilities within the senior leadership team should be reviewed, and senior leadership culture and effectiveness in the University supported by a developmental programme.

The purpose of this stock-take would be to sharpen accountabilities and remove areas of overlap, overload and/or gap, to increase the clarity of connection between core staff in the Trust, the leadership team and the Board. There would be value in establishing, over time, a more explicit succession planning process in relation to critical roles.

We suggest that in addition to using existing intelligence, to assist the new CEO, the review is informed by a fresh skills audit and the creation of a more robust appraisal process, linked to outcomes and performance standards agreed between the Board and the CEO and reflective individual contribution to strategic objectives and risk mitigation.

The development programme would clearly need to resonate with the Board development programme, whilst remaining distinct. Some of the same themes might be involved – collective working; shared responsibility; communication and connectivity – but we would expect the emphasis to be around growing core executive leadership impact on shaping delivery, capacity and performance.

We do not make any specific comment on the organisational structures beyond the senior leadership team.

Recommendation 5

The Trust develops a programme of activities to grow the confidence, capacity and capability of “middle management”.

We suggest this would provide a decisive intervention in the perception of disconnect and would create a valuable opportunity to recognise and support key people for the future success of the organisation. This would not need to be an extensive or costly exercise and could build on existing activities. It may not even need to be a formal programme as such, but if designed well, could actively support cultural change, tackle silo-working, grow confidence and team-working, and strengthen alignment and ownership of some of the main issues facing the Trust closer to staff. The narratives mentioned above could be used in this setting also. More importantly it would provide a concrete means of engaging in collective development of solutions and shared understanding of what needs to happen to make a real difference.

Recommendation 6

The Trust implements a focused governor recruitment and development programme.

The review concluded that the current governors provide an active and positive role, especially around individual issues, and connect well especially to the Chair. This recommendation recognises that the governors could, with further training and support, provide an even more productive role across a wider spectrum, as a valuable source of intelligence, challenge and support. The programme could consist of a small number of workshop sessions to clarify the roles and responsibilities of an effective governor, and to strengthen their position as ambassadors for change and improvement.

Recommendation 7

The Board should revise the way strategic risks relating to the integrated care system/partnership are set out in the Board Assurance Framework.

There is more work to be done around the appropriate measurement, assurances, and controls of system risk and the implications for the Board’s system leadership contribution. This could form part of the Board development programme, but the inclusion of integrated care in the BAF, crystallises the consequences of system

change into the core of the Trust's governance assurance processes. At a more practical level this also requires a review of the informatics and systems analyst support in the organisation, with a business intelligence model being worth exploring across the trust.

Recommendation 8

The Board should adopt a coordinated and dynamic approach to staff, patient and partner engagement to establish active engagement and listening with consequences as defining values for the Trust.

The core values of diplomacy, collaboration, respect, learning and joint enterprise require active promotion and modelling at the top of the organisation, to have the reach and impact they need to. This recommendation is designed to bring together and sharpen up the various strands of work being undertaken in the name of involvement and partnership. This was seen during the review as a source of disconnect, with the activities involved not having any clear connection to the governance of the organisation or systematic impact which could be seen by the stakeholders themselves. The long-term value and importance of a coordinated, strategic approach to engaging with voices is certainly recognised at senior level, but it is not yet visible or consistent in its execution across the Trust. A modern communications approach with the right level of leadership would add significant value. As a further suggestion the Board should consider collaborating with partner services and stakeholders to adopt an Integrated Reporting¹ approach to the production of an Annual Report which supports BSMHFT's corporate, civic, and social responsibility objectives

Recommendation 9

The Board should promote and prioritise a multi-pronged compassionate approach to the workforce.

This is perhaps the most important of all the recommendations as it sits at the heart of the success of the organisation and its defining culture. This would need to be more than a people strategy or addressing specific perceived problems from the staff survey. Rather than be reactive to issues, the approach would need to be proactive, reflecting a recognition about the need to connect, to place staff as well as patients at the heart of decisionmaking, to support team-based approaches to reward and recognition and to invest in workplace safety and well-being. The scale of change and the winning of hearts and minds suggest an innovative approach which it is beyond this report to scope out, although partnership working, collaboration, humility, openness and transparency, distributed leadership and care would need to be the abiding characteristics. It might be an area where staff themselves set the outcomes and monitor progress to provide assurance to the Board.

1) The International Integrated Reporting Council – IR Framework:

<http://integratedreporting.org/wp-content/uploads/2015/03/13-12-08-THE-INTERNATIONAL-IR-FRAMEWORK-2-1.pdf>

7. Conclusions

BSMHFT is a high-achieving, complex organisation with considerable further potential. It should be able to build on a positive outcome from the next CQC well-led assessment in December.

The main conclusion of the review undertaken by GGI is that the Trust can and should move from an externally-driven approach to what well-led means, to a more owned and personal approach, driven by the Board. The appointment of the new CEO will provide an opportunity for a number of cultural issues to be seen afresh and more active progress to be made, with the backing of the Board.

There is always a level of unpredictability in a CQC well-led assessment, but the imminent assessment should provide a platform to make the move to a longer-term, developmental and self-determined approach – one which supports a clearly-stated collective ambition for BSMHFT in a changing local, national and international environment.

We hope our report, together with the continuing work of the Trust with the IHI, will enable the Trust to achieve its potential driven forward by a continuing inquisitiveness and commitment to learning by the leadership of the organisation and its staff.

8. Acknowledgements

GGI would like to thank all of the people involved in the review who gave so freely of their time and views. In particular, the review team would like to thank Barbara Anthony, Company Secretary, and her team for their support throughout the review.

Annex I

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

KLOE 1: characteristics of good organisations

- *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*
- *There are clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership, and there is a leadership strategy or development programme which includes succession planning*
- *Leaders at every level are visible and approachable*

Findings

There is cohesive leadership from the Chief Executive and Chair, who appear to work well together and are well respected by a number of stakeholders we have spoken with. Executive Directors (ED) have demonstrated a strong command of their functional portfolios and there is a collective understanding of roles and responsibilities at Board level, with a well-embedded patient-centred culture. There is some lack of clarity about the interplay between executive roles and responsibilities following changes in portfolios and the appointment of a new director role.

The CEO is a key determinant of the culture of the leadership both inside and outside the organisation and over the years this has increasingly become dominant in terms of the style and reputation which people expect of the Trust more generally. This has meant that a less individualistic and more collective team culture has not really been established, but that has not prevented members of the executive team operating effectively in their own right.

The span of control of the Chief Operating Officer has grown to an extent which might also objectively be felt to dominate or unbalance the Executive team, but this was not commented upon other than in the context of a more general point about clarity of roles and responsibilities across the team and in particular the scope for professional leadership both in the team and into the organisation.

The appointment of a Director of Partnerships is clearly a response to a perceived need to grow the understanding, profile and connectivity of the Trust in a changing landscape. We have concerns about the degree to which the role and expectations for the role are owned by the Board and Executive colleagues, and understood more widely in the organisation, but we would also report a strong degree of welcome and interest in the value of greater attention to the way the Trust is perceived, its collaborative models and its impact and reach. One recurring theme in external interviews was the importance and reputational reliance on the particular style and dynamic of the chief executive, which was described across a range of opinion from inspirational to dysfunctional or unhelpful, both internally and externally. We would not normally comment so directly on such perceptions, but they are material to the tone and culture in the Board and in the organisation. Our overall impression is that the achievements of the CEO should not be underestimated, but also recognise that his individual influence has meant that there has been less room for collective endeavour and for nurturing of a team-based collaborative culture, consistently in the Trust.

We were told of a degree of silo-working across ED portfolios, and inconsistencies in the quality and effectiveness (especially in terms of communication) of their reports and of directorate working, with the triumvirate model operating inconsistently across the Trust. This is perhaps inevitable in a large multi-site Trust, but this brings out a consistent issue of concern raised with us about the disconnect between the leadership of the Trust and front-line staff and services and between services themselves.

Internal organisational development is well-embedded, but the core functions of human resources, training and development and OD are split between ED responsibilities in a way that many thought was less than ideal, given the importance of the workforce agenda.

BSMHFT is served by an enthusiastic and committed Non-Executive Director (NED) cohort, with a diverse range of skills and experience. The review team were struck by the high levels of time commitment offered by NEDs, their enthusiasm to engage with complex issues and their ability to offer challenge within reasonable bounds. In order to ensure that NEDs do not become too operationally-focussed, the group need greater clarity on their potential contribution to system integration, as part of a unitary Board developing & delivering a shared narrative.

We note that as well as the imminent appointment of a new CEO there might be potential, as NED posts on current terms come to an end in the next year, for reflection on the type of Board BSMHFT needs to have in place for the future.

KLOE 2: Is there a clear vision and credible strategy to deliver high-quality sustainable care to people, and robust plans to deliver?

KLOE 2: characteristics of good organisations

- *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

The Trust has recently spent time considering its vision and set of values, but a number of Board members and senior staff expressed the view to us that the Trust's strategy remained unclear in terms of outcomes and impact. From the comments received, the core strategy for the organisation needs further clarity and communication to create a sense of shared intent amongst leaders and stakeholders. The review found Board members were able to articulate key aspects of the strategy, they also described how it needed to reflect the context of the changing local environment in collaboration with stakeholders. We found evidence of the Board aligning its work to the achievement of strategic objectives and strategic risks and to address issues raised by the CQC, but we would note that it was also recognised that more work needed to be done on the alignment of the Board and Committee agendas with the Board Assurance Framework (BAF). We observed evidence of the Board measuring itself in terms of progress towards meeting objectives and delivering assurance and vigilance around the integrity of the strategic objectives, and the control of any risks to these objectives.

The Trust's future role and position in a more integrated system is recognised by many of the senior leadership team as unclear. The Trust's approach to partnership in emergent systems is not yet captured in an overarching plan, which reflects a level of uncertainty in the local system, as integration takes shape. The Trust has worked hard at collaboration in Solihull with a lot of success, forging valuable and productive relationships. In respect of Birmingham there is a greater sense of a

range of relationships with individuals and organisations which provide a positive potential for the future, but which have been less well attended to until recently. Further development is needed to establish a cohesive Board position on the nature of system leadership and the intended impact of BSMHFT in this context, in order to allow for relevant strategic objectives to be clarified and assessed.

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

KLOE 3: characteristics of good organisations

- *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 whistleblowers) 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

Note – this section will be completed following the staff focus group being held on October 31st

All of those interviewed as part of this review demonstrated a commitment to creating a culture of high-quality, sustainable care.

External partners commented positively on the collaborative practices of frontline clinicians and recognised the value of the shared agenda such as MERIT and the delivery of specialist mental health services, commenting on the reputation of BSMHFT for pushing innovation forward. This has not been without its cost in terms of perception about the style of collaboration and partnership, but this perception has to an extent started to change in recent months, according to some of those interviewed.

Real progress has been made in reducing the levels of sickness so that they now are below average – a real achievement against the background of workforce challenges in the area.

There was a strong narrative about the effort and leadership which had been put into addressing long-standing issues of perceived bullying and harassment and discrimination, but there remains a sense that there is much more to do to build a level of Trust and an enduring culture of safety and positivity consistently across the Trust. That said there is seemed to be little mention of equality impact assessments at a board or committee level, which we would expect to see after the inspection comments last year. It was also unclear where the authority and responsibility for crafting credible internal communications lay and the role of the Board in scrutiny around this and where innovation might come from. This issue perhaps needs attention with Director-level communications leadership and skills now being a sensible and necessary investment.

Equally staff representatives talked of a different disconnect, expressing a feeling that that initiative after initiative came down without explanation or involvement from staff, who as a result felt no ownership or belief. There is scope to engage staff in the vision, mission and strategy, with staff innovation sessions for bottom-up solutions.

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

KLOE 4: characteristics of good organisations

- *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

As the controlling mind of the organisation, the Board needs to plan and be explicit about the level of direction it will need to exert itself, and that which it is comfortable to discharge to others, both within and outside the organisation. This helps other stakeholders assess risks and the standard of controls for themselves. The governance structures for BSMHFT are clear, allowing business to be planned and conducted well between all sub-committees of the Board.

The balance of skills in the Board is sufficiently strong and suitably qualified to fulfil the roles. However, comments were made about the need for a change in balance in future to reflect the likely demands and dynamics which the Trust will face. The specific suggestion was that NEDs with clinical backgrounds, and advanced commercial skills might be needed. This suggests a more systematic forward-looking skills audit and succession plan for all Board members would be sensible, as part of a wider Board development programme.

We found there is solid evidence that they have good secretariat structures and systems in place in terms of agenda, minutes, action logs and reporting.

Minutes are comprehensive and give a strong sense of effective challenge by NEDs. We observed that previous actions are discussed at subsequent meetings. Whilst attendance is generally good, not all NEDs are present and this may be something to highlight, although from the documents provided I can't see any trends.

We would note for example that in the Audit Committee there is a good standard in terms of agenda, minutes, reports and papers, with evidence of NED challenge and comment around the BAF and risk. The last meeting had no fewer than 5 NEDs being present which is very good compared to other Trusts and demonstrates a high level of commitment.

Cover sheets for reports conform to a consistent quality standard with clear notes for guidance to the committees in terms of the issues under discussion and what is required by way of recommendation. There was evidence of escalation reports (e.g. for example in respect of lone working) being raised from the Clinical Effectiveness Group to IQC to which it reports.

The quality of briefing reports is high (shown for example in good dashboards on performance and GDPR briefing) and there is a comprehensive forward business plan for FPP, which includes provision for business case scrutiny.

The Trust Secretary has a deputy which is good practice in supporting Board committees.

The Council of Governors also has a core role in supporting the effective governance of the organisation. There appear to be a small number of very active governors who have impact especially around individual issues and this resource although effective is one which could be developed further.

An effective BAF is in place, with appropriate reflection of strategic risks in the committee and Board meeting agendas and items of business. There is an appropriate balance of business which is conducted in the Board meetings held in public and private. Feedback from Board members was generally positive regarding effective escalation from committees. The standard of Chairing in the Board and committee meetings we observed was high, with good summation, discussion moved along where necessary, members and attendees brought into discussions, and timing appropriately managed.

We did on occasions get a sense that on occasions there was a level of mistrust between the EDs and NEDs, though this was not an overriding issue. We also felt that time and space for feedback from committees could be helpfully increased and repositioned early in Board business.

We believe that the Board would benefit from further development not least to strengthen understanding of contribution, engaging with the theme of 'effective scrutiny and constructive challenge', but also to grow collective intent and working around more strategic issues and challenges for the future.

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

KLOE 5: characteristics of good organisations

- *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*

Risk is handled throughout an organisation, but one of the few places that risks can be considered comprehensively in the round is in the Board room. To do this well the Board must focus and align to avoid the distracting noise of detail and not focus on yesterday or today's operational detail at the expense of defining and seeking the realisation of its strategic vision. Our review has found that this dynamic is understood and enacted at BSMHFT, as is the understanding that the Board's role is not always to minimise risk. Risk brings opportunity as well as loss. To be effective the Board should be explicit in its risk appetite and clarify just what tolerances it has set in its delegation of roles to management, committees, and partners and suppliers. When delivery falls outside these tolerances then the matter should be escalated back to the Board with an indication of how to ameliorate.

An effective Board should focus on its strategic objectives and the risks which might prevent delivery to time and outcome. We observed a helpful link between Terms of Reference, the BAF, and Board and Committee agendas to focus around objectives, outcomes, delivery trajectories, identification and successful mitigation of risk, and support the re-prioritisation of objectives, their resourcing and timescales. We commend BSMHFT to sustain this approach, and in particular to ensure Board agendas are not cluttered with unnecessary or overly-operational details to ensure that purpose is not lost in the process.

BSMHFT has detailed performance reporting in place and includes the appropriate coverage of operational, financial, quality and workforce metrics. It will be important for the Board to ensure that it engages with the longer-term sustainability of the Trust in terms of resources as a collective Board rather than relying on the sub-committee. There could be more evidence of the connection between risks and strategic priorities in the way information is resented and engaged with.

The Trust has a risk register and risk management system which ensures that risks are reported and escalated where appropriate, and we observed effective engagement with risk registers at both service, divisional, executive and committee level. The Audit Committee which we observed was disciplined in its scope to ensure that systems and processes of assurance were operating effectively, rather than tackling specific risks themselves. This ambition to ensure delegation as an enabler of ownership of risks by managers and clinicians is a sign of maturity and should remain an area of focus for the Audit Committee and Board.

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

KLOE 6: characteristics of good organisations

- *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 understand if 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

It will be interesting to see how the parallel work of the Institute for Health Improvement helps to shape further development of use of information as a cultural underpinning of continuous improvement and cultural change. It is a bold and important strategic decision by the Trust to engage in the journey with IHI and this reflects also what we found in terms of a recognition of the importance of information and a realistic assessment of how things work currently in the Trust.

From our review, while the Trust has developed an effective use of data to inform decision making and improvements, this does not yet translate to a consistent use of information as an essential underpin of all decision-making as a cultural trait. Some Board members expressed a concern about the volume of data and its relevance not equating to the type of quality information, linked to strategy and outcomes, which they needed to gain assurance. We felt this was not supported generally in what we saw but understand more needs to be done. We did feel that there was little evidence that information is used fully to hold individuals, teams, services and divisions to account, but this lay beyond the remit of the review.

This cultural aspect is a core element of the CQC focus on data assessment to develop insights which are acted upon, rather than a proliferation of data without the associated improvement focus. For BSMHFT, this cultural shift will include a greater questioning of the purpose of reports and ensuring that they achieve their intended consequences and add value, that themes of integration underpin reports (both in terms of structure, content, trends and indicators), and that the new platform can facilitate analysis of information and development of insights rather than time spent building reports. This current assessment does not prevent an assessment of good, as BSMHFT is in many ways in line with other Trusts.

We were unable to gauge the levels of informatics and analytical support available and deployed round the Board, in support of the EDs and in business units and did not see evidence of a clear intelligence strategy.

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

KLOE 7: characteristics of good organisations

- *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

Note – this section will be completed following the staff focus group being held on October 31st and the stakeholder interviews

Governance, at its core, concerns an organisation’s responsibilities to stakeholders. The Board has the higher purpose of ensuring fairness to all that are affected by how an organisation behaves and runs its affairs. NHS organisations have the added legal duty of partnership, and to involve service users and local communities in decisions. Healthwatch has an expanded role to ensure that NHS organisations follow proper processes to ensure local involvement into decision making and we are encouraged that the Trust has worked directly with Healthwatch Birmingham. Without this, the decisions of Boards may be open to legal challenge as well as missing the opportunity to frame service design around the wishes of local communities. Boards also have duties under the Equalities Act in relation to both the staff they employ and the general public to whom they provide services.

We were told of a broad range of formal and informal groups and meetings which engage the workforce, ranging from open coffee mornings to structured engagement meetings, walkabouts and open meetings, supported by regular communication. There was however a strong self-awareness amongst Board members that these efforts had still to convert to a set of Trusted routes for engagement and remained perhaps more about projection than engagement. Considerable efforts have been made to address a set number of core cultural issues which were identified by the CQC and have been a feature of the staff survey in recent years. Over the last year a set of initiatives which have been designed to improve the working lives of staff have been launched but recent data suggests this has not been understood by staff and more work is needed to grow a greater awareness amongst staff. There was a feeling expressed that a more balanced, less siloed approach might be needed to improve organisational culture – one which reflects all protected characteristics, with the composition and conduct of the Board leading the way.

Public involvement appears to be more sporadic, and whether there is a Trust-wide approach to public engagement is unclear, although interviewees offered evidence of examples of successful public engagement around services. We would suggest that public, staff and partner engagement could gain from being seen as a collective means of gaining increased legitimacy and intelligence and that this approach would significantly increase the likelihood of making important breakthroughs in culture within the organisation and in changing perceptions outside.

Our reflection is that there are a number of elements of potential good practice in relation to workforce, patient, and public engagement, and an array of activities taking place, but that this is somewhat underdeveloped as a unified area for delivering triangulated insights. Without developing a burdensome bureaucracy, the Board should ensure that engagement with patients and the public is conducted in a more consistent way across the organisation and aligned to staff engagement, and that the relevant groups have oversight of these activities to provide assurance. Again, the theme of ‘authentic engagement and community voice’ would be a valuable element for Board consideration as part of a development programme.

In relation to engagement with partners, initial high-level aspirations have been outlined as part of the development of a more integrated health and care system, and indeed BSMHFT has identified opportunities for innovation and new ways of working through integration and local place-based planning, such as population health

management and a Provider Alliance model. But there is a feeling amongst stakeholders that BSMHFT stands slightly aside from a wider shared common purpose and in relation to programmes and projects, has not tended to commit to collaboration as a way of thinking and doing at the most senior leader level.

The issues raised regarding stakeholder engagement including engagement with stakeholders seems to be held by the CEO and Director of Strategic Partnerships and this needs to be widened out to others on the board and beyond. The overall objectives and delivery mechanisms for system integration remain underdeveloped but here the Chair plays an active and visible role in the STP Board. Collaboration is not just about leadership roles and a similar reluctance to engage collaboratively seems to be visible in the behaviours of important clinical groups such as the psychiatrists. Relationships amongst parties need to reach a greater level of maturity and Trust in order for the appetite for population health and sustainable clinical networks to be realised. Furthermore, the potential resistance of embedded clinical interest should not be underestimated. To deliver these ambitions, the Board needs a more systematic process for partner engagement, with further development needed to establish a cohesive Board position on the nature of system leadership and the intended impact of the organisation in this context. The implications of how the Trust is currently seen need further reflection by the Board.

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

KLOE 8: characteristics of good organisations

- *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

There is a strong narrative about the way innovation has featured in the last few years in shaping the reputation of the Trust externally. This includes MERIT, RAID, Reachout and Streetriage, as well as internationally renowned services and research, which were regularly talked about with pride, cited as exemplars or identified as examples of the impact of the Trust beyond the local. External stakeholders also recognised the importance and value of this work but also felt it reflected a tendency to plough a distinct furrow which did not necessarily exhibit a sense of actual collaboration. Rather, in most instances, success has reflected a more single-mindedness and obsessive approach based on competitiveness and winning, without necessarily a sensitivity to impact on others or diplomacy in execution.

This should not disguise however a genuine appetite for ideas and a commitment to testing what is meant by mental health at Board level. The ability to learn as part of a learning organisation culture is a theme of the IHI approach which will be particularly helpful and challenging to the Trust. We felt there was a certain lack of commitment to learning from evidence and information within the Board and a low commitment to tools and techniques which grow systematic intelligence and

evidence, such as process-mapping and benefits realisation. For example, as part of the perceived disconnect between the Board and the front-line, staff say they have made it clear in numerous ways what they believe they need in order to be able to meet the pressures they are increasingly facing. Not least this has been around the importance of having additional beds, for which they have provided evidence, but which remains something which the Board has struggled to engage with positively - whereas the larger, more innovative schemes have been supported and celebrated. This seems to be reflected by staff as a problem with key figures in the senior leadership lacking a connection to their real concerns, and not listening to what they know works.

Most stakeholders were clear that, inspite of some reservations about the style in which it was done, partnerships of shared learning across organisational borders were live and welcomed.

Innovation also depends on shared space to discuss between disciplines and services and we were surprised there was not a greater sense of this happening, perhaps reflecting the wider issue of silo-based working which was a frequent comment also.

A high performing organisation should have in place a current and holistic people strategy which has at its core the achievement of the Trust's values and purpose.

The Board should demonstrate focus on achieving this strategy, which should be well-represented in the BAF and thereby the routine of the Board. The issues of culture and Trust remain at the heart of what needs to be addressed across all KLOEs.

Annex II

Narrative

This is an edited extract from a set of narratives prepared by GGI for another NHS trust to illustrate the possible style and content which might work for BSMHFT. It has been anonymised.

The two chosen narratives (7 and 8, out of 12) are especially relevant and have been used in that trust to develop a shared understanding before and after a CQC assessment earlier this year.

The Board and risk awareness

Headline

The development of quality management has been a well-recognised feature of the Trusts-turn around over the past three years. In 2017, an external review on the Trust's quality assurance structure confirmed progress to date, and next steps. This included significant work to be done around risk.

This work is well underway, and has incorporated:

- Reviewing and updating the Board Assurance Framework (BAF) to ensure a strengthened focus on agreed strategic risks
- The updated BAF is a live and developing document. It has been presented to the Board of directors on a number of recent occasions, and will continue to be regularly reviewed by the Board and the Audit Committee going forward
- A commitment to undertake a detailed review of the controls and assurances included within the BAF, which is being led by the Board Secretary, and is underway
- A comprehensive review of all Trust risk registers
- Delivery of externally facilitated risk training to staff across the organisation
- A commitment to strengthen the assurance function of the Risk and Compliance Group, which will be supported through recommendations set out in an externally delivered governance and well-led improvement plan
- The Audit Committee now reviews all divisional and departmental risk registers on a rotational basis, with the divisional director and corporate director presenting the risk register to the Committee
- A commitment to strengthening the connectivity between the Board and the Trust's risk management system through strengthening the connection between the Corporate Risk Register, the BAF and the work of the Board committees and quality assurance groups, strengthening the line of sight of risks from service delivery to Board

Supporting briefing

Internal audit reviewed the Trusts assurance system and BAF, identifying the need for better Board focus on the BAF and the risk system in general. The BAF provides a structure, and evidence, that enables the Board to focus on the principal risks that, if realised, would compromise the achievement of its strategic objectives. It provides a focus for the Board on the existing controls that are in place to mitigate the likelihood or impact of an identified risk, as well as the assurances that demonstrate both evidence that the controls are in place, and that they are effective.

As a result of the internal audit review, executive directors reviewed the risks that they were responsible for, and the BAF was updated. Risk descriptions have also been reviewed and updated as appropriate. A number of risks were presented for removal from the BAF at the January 2018 Board meeting, the main reasons being that these had been managed and could therefore be closed, or had been picked up by other risks included within the BAF, and therefore presented repetition. The updated BAF is better focused on strategic level risks, and there is ongoing work to align the BAF with the Trust risk register, where some risks can be better managed.

The Board Secretary owns the management of the BAF, and is well-positioned to ensure that the work of the board committees and assurance groups authentically dovetail into the BAF.

Within the quality management system, the Risk and Compliance Group is now receiving a special focus. Its current programme of work is including a comprehensive review of all risk registers, and externally facilitated risk training has been made available to all Trust staff. The Group has also reviewed the Corporate Risk Register, which is now being presented quarterly to the Trust Executive Committee. In addition, recommendations to strengthen the Risk and Compliance Group will be incorporated in to an externally delivered Governance and Well-led Improvement Plan, due for submission in March 2018.

A review of the corporate risk registers has related these risks to the CQC submissions. Notwithstanding this, the Board recognises the pressing need to improve the application of risk management practice in Corporate, Finance and Estates areas, and to bring it up to a higher standard, represented by the existing standard of clinical quality.

The updated BAF was presented to the Board on a number of occasions, including during a Board seminar in October 2017, and at the November 2017 and January 2018 Trust Board meetings, where the Board reviewed its structure and the level of risk management provided. It will next be presented to the Board at its April 2018 meeting. Board members were asked during the January 2018 Board meeting to satisfy themselves that the controls presented were appropriate and have an appropriate corresponding assurance and, also, to be satisfied that the actions and updates are addressing the gaps in either controls or assurances identified.

Following Board consideration of the above, the next stage in the process of refreshing and further developing the BAF incorporates a detailed review of the controls and assurances, as well as reviewing all risks for the newly incorporated Trust priorities. This work is being undertaken by the Board Secretary.

The importance of a continued focus on strengthening the connectivity between the Board and the Trust's risk management system is recognised. There is a commitment to ensure that the BAF is actively used to identify, monitor, and evaluate risks to the achievement of the Trust's strategic objectives, and, alongside other key management tools, is used as a live document to give the Board a comprehensive view of the organisation's risk profile and confidence in the Trust's risk management system.

The Chief Executive is the executive lead for risk management, and it was recently confirmed that this will be delegated to the Board Secretary going forward. Going forward, the Board Secretary will focus on ensuring there exists a clear link between the Corporate Risk Register, the BAF and the work of the Board committees and quality assurance groups, enabling a clear line of sight of risks from service delivery to Board.

Top risks within the Board Assurance Framework (risk rating: 20)

- Failure to recruit and retain appropriate numbers of permanent staff leads to an inability to deliver the operational plan
- Potential lack of leadership capacity, capability and performance will undermine improvement
- Failure to deliver the Constitutional Standards and other key operational targets will have detrimental consequences, such as impact on patients, reputational loss and contractual fining
- That the Trust was unable to establish and embed the culture to deliver outstanding care
- Failure to deliver the control total
- Commissioner inability to fund activity within the payment by results (PBR) contract

Equality, diversity and inclusion (EDI)

56% of our workforce are white and 44% BME, which reflects our communities. In our communities, 16% of the population report a disability or long term illness. Just 2% of our staff have declared a disability, whilst less than 1% of our workforce identifies as LGB.

Our vision is to embrace and act on diversity and inclusion through engagement and collaboration with our people. This is fundamental to our priorities to deliver high quality care and become an employer of choice. Our motto, introduced in 2017, is “We are diverse. We are inclusive. We are you”.

Our challenge is to improve the experience of our patients and staff with protected characteristics. We acknowledge that through our Workforce Race Equality Standard (WRES) analysis and Staff Survey demographic analysis, different groups report a different quality of experience working in our hospitals across a number of reported areas, and we are committed to ensuring a greater consistency of improved experience, as tested by the Staff Survey and Friends and Family Test. In 2017, we set out the following commitments:

Delivering high quality care:

1. Communicating and embedding EDI as enabling our core business to achieve our objectives of Becoming an Employer of Choice and Delivering High Quality Patient Care.
2. Improving leadership and general awareness of EDI including tackling stereotypes. This will include one of our Equality Delivery System (EDS) 2 objectives: tackling stereotypes through raising awareness of unconscious bias and how to manage this in key settings such as shortlisting, interviewing, Performance Reviews.

Becoming an employer of choice:

1. Hear the voice of staff who identify as disabled or with a long-term health condition as well as LGBT staff. Self-reporting of these identifiers are significantly lower than the wider population at 2% and 1% respectively.
2. Working to improve the recruitment experience and internal opportunities for progression. This will include a specific focus on BME staff, but the intervention will benefit the experience for all.
3. Working to improve Dignity at Work for all.

A series of targeted initiatives to support the achievement of the above were undertaken throughout the year, continuing in to 2018. These included:

- **NHS Equality and Diversity Human Rights Week (May 2017):** used as an engagement platform, particularly to engage with our LGBT disabled staff. A group of staff came together and agreed to be LGBT Leaders for our hospitals. They will ensure LGBT activities and events are incorporated into the People’s Calendar
- **Joint conference with another Trust:** to provide a collaborative platform to involve and engage people across our organisations
- **Dignity at work month (July 2017):** arranged in response to the 2016 staff survey findings. A key outcome was making dignity at work a specific theme in our overall equality, diversity and inclusion actions, and we continue to work with our our Personal, Fair and Diverse Champions and develop their role as a source of support for staff, as well as cultural change ambassadors
- **Black history month (October 2017):** to run events appealing to a broad range of tastes to broaden engagement and provide platforms to share our approach to equality, diversity and inclusion
- **Leaders Agreement:** launched in November 2017, this sets out the behaviours we expect from all our leaders working across our hospitals and what they can expect from our Board
- **Peoples Calendar Events:** celebrating cultural, religious and spiritual events that are important to our people
- **Supporting development and promotion** through masterclasses on “Understanding diversity and how to unlock your potential and that of your teams”
- **A managers guide for supporting staff with disabilities** is currently under development in recognition of the 2016 NHS Staff Survey that we need to improve the experience of staff with a disability. This will be launched during the NHS EDI week in June 2018

What we are doing to improve the experience of our patients and staff with protected characteristics

Unfortunately, the results of the 2017 Staff Survey show that we have not seen an improvement in relation to EDI, and we are disappointed to see that when reviewing our staff survey questions in relation to the Workforce Race Equality Standard (WRES), discrimination is reported higher by our BME staff. However, we are committed to addressing this, and have a number of targeted initiatives to support us in doing so in place. Some examples are included below:

Governance

Our EDI Steering Group is chaired by one of our non-executive directors, which demonstrates a Board leadership commitment to making genuine progress on EDI in a planned way. XXXXX, is the Executive lead for EDI.

The EDI Steering Group continues to meet regularly to provide assurance on progress, against our WRES is monitored through the Improvement Portfolio Board. The Group now also includes a Patient Partner. We are currently refreshing the steering group and aim to re-launch the group in April 2018.

Recruitment, training and development

A dominant theme that emerged from open conversations over a number of months is the need to make recruitment more inclusive and support BME staff to progress their careers. To address this, EDI remains a key theme throughout our management programmes. We have also designed and delivered masterclasses on “Understanding diversity and how to unlock your potential and that of your teams”.

We have incorporated unconscious bias in to our Personal Performance Review training, and we continue to ensure compliance with the 90% EDI training target.

We have two key projects supported by the Leadership Academy commencing in 2018 to improve BME Staff experience, which we are collectively calling “Improvement through Inclusion”:

- **realising and promoting BME talent:** supported by the Innovation Fund to encourage innovative Talent Management activity and support the sharing of good practice and learning through a community of practice and run a pilot talent management and mentoring programme for BME staff internally
- **making recruitment processes more inclusive:** supported by the Inclusion Lab initiative to identify bespoke local initiatives to improve inclusion through our internal improvement programme

We are delighted that two of our staff have recently been accepted onto the Mary Seacole Programme.

Towards a positive inclusive culture

We have delivered our new approach to Dignity at Work and are in the process of embedding new practice and developing local support and change champions through our Personal, Fair and Diverse campaign and BME network.

Following our Dignity at Work month, we worked in partnership with Staff Side colleagues and our mediators, and discussed, agreed and have now implemented a new approach to dealing with concerns about inappropriate behaviour in the workplace. This is based on restorative practice and is designed to be more inclusive, less adversarial, quicker, and engaging and positive with outcomes that support sustained behavioural change.

We will repeat our Dignity at Work month this June to continue the momentum, including a focus on freedom to speak up and flexible working.

We have also committed to all staff having a consistently good induction and being informed of initiatives relevant to them e.g. the BME Network, LGBT Leaders. We currently have a programme in place to improve the on-boarding experience with the aim of creating standards so all new starters get a fair and inclusive experience.

Improving disabled staff experience

During Dignity at Work month we heard more stories about how we can support our disabled staff and those with long term conditions. We are finalising a Managers guide for supporting these staff, working with our Personal Fair and Diverse Champions to ensure this reflects and responds to specific staff experience. The Guide will be launched at our next Dignity at Work month in June 2018. In addition, Our Champions have already been introduced to our new Dignity at Work approach. Divisions have been introduced to their Champions and our next step is to create a proactive group driving positive change based on the Community of Practice model. We will engage with the Champions on action planning in response to our 2017 NHS Staff Survey findings.

Our patients

Our Patient Experience Strategy enables and empowers staff to put the patient experience at the heart of all we do. We recognise the moral and ethical case for a health system that considers what matters to individuals, respecting diversity and thereby being more inclusive.

Our patient partners remain central to what we do. We continue to work collaboratively with Patient Partners to ensure their perspective is understood and acted on to improve services, and are growing the number of Patient Partners. In addition, we are able to understand patient experience through the Friends and Family Test. A particular drive is to ensure response rates are high and to regularly share findings with services areas. We also have a number of groups that regularly meet who have responsibility for ensuring improvements in access to services for specific groups e.g. Deaf Patient Access Group, Visually Impaired Patient Access Group, Learning Disabilities Group.

Our Accessible Information Standard (AIS) Task and Finish Group continues to meet, ensuring the health needs of people with communication needs are considered and appropriate adjustments made.

We have a strategic Patient Partnership Council (PCC) with patient partners who lead their own workstreams within the Trust. Each patient partner is aligned to a Division, and is part of the make-up of that Division. In addition, we have operational patient partners on many groups, committees and workstreams across the Trust.

Concluding remarks

2018 has seen us commit to delivering some great initiatives designed to deliver real “improvement through inclusion”. We hope the actions and learning from these will demonstrate how we can deliver real change to improve the experience of all our people and support our objectives to engage our people for high performance and become an employer of choice.



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