



Status	
1	Achieved
2	In progress
3	Overdue

Independent Governance Review carried out by The Value Circle in 2021

Summary update on the Trust response to the recommendations as at December 2023

Recommendation and Lead Board Committee		Lead	Status	Update
STRATEGY, VISION AND VALUES				
1.	The 2025 Strategy refresh should involve high levels of engagement from the wider leadership team and with staff to align strategic aims of continuous improvement, learning from incidents and fostering a learning culture. Trust Board	CEO	1	A five-year Trust Strategy was approved by the Board in February 2022 following extensive consultation and engagement. A Just and Learning Culture Programme has been developed and is being implemented on a phased basis, to support implementation of People Plan [2022-27].
2.	The quality improvement strategy should be reviewed to place additional weight on measurement (including impact and clinical effectiveness KPIs). Trust Board	CSO	2	KMPG have commenced work in supporting the Trust in the design, development, and delivery of our Improvement System, within a 2-year roadmap. Additional funding to support this work is to be identified.
3.	The core values and promises should be assessed to determine how well embedded they are throughout the wider organisation and the alignment of the vision and values through groups to deliver quality patient care. A cultural development programme should be considered.	CPO	1	The Trust ARC Culture and Leadership Programme, informed by staff feedback, is designed to help embed our new values – Ambition, Respect and Compassion. A delivery plan is in place to embed the ARC values and behaviours. 203 leaders already booked onto the

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	People Committee			leadership programme with a trajectory to increase this significantly in 2024/25.
LEADERSHIP, CAPACITY AND CAPABILITY				
4.	Given the high changeover of leadership and staff, the Trust should create induction and review processes to ensure the clinical and leadership capabilities of current staff is maintained through effective planning. People Committee	CPO	1	The Retention Quality Improvement project is progressing well and reported on regularly to the People Committee. The Flex for the Future action plan is being implemented. A new induction & onboarding framework has been developed and socialised and will be launched during Q4.
5.	In light of the broad spectrum of governance concerns, the Trust should adopt a fundamental revamp, rewire and repositioning of the shape and role of governance at SWBT. This should involve a simplification of the current organisational and sub-committee structure and a particular focus on strengthening clinical and integrated governance. Audit Committee	CGO	1	A new Executive Operating Structure was approved in 2022. The membership and ToR of the Board Committees have been reviewed and new NED authored assurance reports are presented to the Public Board. The new Trust Management Committee held its first meeting in January 2023 and from January 2024 will incorporate upward exception reporting from all tier 2 groups across the full range of internal quality and corporate governance/assurance.
6.	The Board should commission a 12–18-month development plan – covering mechanics and dynamics of modern governance practice. Trust Board	CGO Chair	1	Following competitive tendering, GGI have been selected to support the Trust’s Board Development. The programme was launched at the July 2023 Board.

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ROLES, RESPONSIBILITIES AND ACCOUNTABILITY			
<p>7. The Trust approach to risk management should be assessed in detail and a remedial plan established to bring it up to best practice standards.</p> <p>Audit Committee</p>	CGO	2	<p>The Trust received a positive Head of Internal Audit opinion for 2022/23 - <i>'The organisation has an adequate and effective framework for risk management, governance and internal control'</i>.</p> <p>Three of The Value Circle's recommendations (7, 14 and 15) relate to improving the Trust's risk management; work has taken place over the past 2 years, particularly in embedding the BAF, but this needs to be organised and delivered within a strategic framework. A new Deputy Director of Risk appointment will be made in the New Year to lead this work, with a plan to have a Board approved Risk Management Framework by Q2 2024/25.</p>
<p>8. A thematic analysis and measurement of impact of learning from incidents should be made a focus point on the agenda for the Clinical Leadership Executive (<i>now the Trust Management Committee</i>). This should be the launch point for a wider programme of organisational learning.</p> <p>Quality Committee</p>	CNO	2	<p>Two of the recommendations (8 and 12) focus on incident reporting and organisational learning. Work is on-going to deliver the national PSIRF requirements, helped locally by additional funding to strengthen the Patient Safety team who, when appointed, will support the clinical areas in new ways of responding to patient safety events.</p> <p>The Trust's PSIRF 'go live' date is April 2024 with areas transitioning to the new approach in the lead up. The four agreed focus themes for Year One of PSIRF have been informed by local incident data.</p>

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9.	<p>Following the overhaul of Trust governance all Terms of References and Trust policies should be reviewed and updated in accordance with the new structure. These should then be regularly reviewed.</p> <p>Audit Committee</p>	CGO	2	<p>ToR review completed and annual internal Board Committee effectiveness assessment undertaken. An external review of Board Committee functioning is included in the SOW for GGI.</p> <p>A risk-based approach is being taken to determine the timeline and order in which Trust-wide policies are to be updated (referenced in CEO's report on organisational priorities in September 2023). Due to the volume involved this work will continue throughout 2024/25. Technical IT challenges relating to the active directory have delayed the launch of a new electronic platform to support policy management, called myDocs. A revised launch date of April 2024 has been set.</p>
OPEN AND TRANSPARENT CULTURE				
10.	<p>Build a collective culture within the Trust of decision making and debate without the fear of speaking out should be encouraged throughout the Trust.</p> <p>People Committee</p>	CPO ED IT&D	2	<p>Priority action to develop and embed before Spring 2024 our new values and behavioural framework, in recruitment, appraisal and personal accountability. This creates the structure by which we will recognise great colleagues who live our values, and challenge poor behaviours.</p> <p>The FTSU team continue to make progress in relation to the actions to ensure SWB has a working environment wholly conducive to raising concerns, hearing them, and then acting upon them appropriately. Positive progress has been achieved</p>

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				over the past 18 months of “phase 1” of the FTSU strategy and plans for “phase 2” are clearly defined, taking into account the actions post the Lucy Letby trial.
11.	<p>To undertake continuous horizon scanning for changes to national policy. This should also include changes and improvements to policy relating to the management of serious incidents and learning from incidents.</p> <p>Quality Committee</p>	CNO	2	<p>A ‘National learning’ report is presented to the Executive Quality Group.</p> <p>Good progress has been made in preparing for PSIRF. A new Head of Patient Safety / Patient Safety Specialist took up post in July 2023 and is leading local implementation of the national strategy. A local business case has been approved to support funding of new posts to PSIRF implementation.</p> <p>A system is being introduced to scan all national guidance and policy on receipt and disseminate to relevant officers for action. Feedback on the Trust’s response will be reported to the Public Board.</p>
12.	<p>An effective measurement system for learning, incident outcomes and impact data of learning should be implemented and embedded within the appropriate governance forums across the organisation.</p> <p>Quality Committee</p>	CNO	1	Our w learn programme was relaunched during 2022/23 and is the overall feed into our assurance work on quality governance and evidence of changes implemented following incident learning. PSIRF will strengthen this work.
13.	The Trust Board should accelerate an external review process to move on from issues over the last 18 months.	Trust Chair	1	External review completed by The Value Circle. A Board session held to discuss the findings.

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	Trust Board			
RISK MANAGEMENT AND INFORMATION QUALITY				
14.	All risk reporting dashboards should follow a consistent SWBHT format –with specific emphasis on scoring and regular update processes. Audit Committee	CGO	2	Risks are reported in a consistent format by managers/staff via an electronic platform – Safeguard. A 5x5 scoring system is used which generates localised dashboards. This approach is under review and a refreshed approach will feature in the Risk Management Framework mentioned in 7. above.
15.	A formal process for feedback and tracking risks through the escalation process to mitigation should be put in place. Audit Committee	CGO	2	Risk escalation is as set out in the Risk Assessment and Risk Register Policy. The Risk Management Group [formerly Committee] checks and challenges amber and red rated risks and decides on upward escalation. The new Risk Management Framework will agree any revisions proposed to the current process.
16.	A review of information and data supplied to Board should be refined to highlight the key priorities from each group and reflect the emergent strategy. Trust Board	CSO	1	Following review new Board level metrics (BLM) were agreed in August 2021 [reduced from 200+ to 14 aligned to the Annual Plan]. Group level metrics have been developed. The Trust continues to evolve its performance reporting in line with NHSE best practice and layout using SPC charts. A system-wide agreement on a strategic planning framework for 2024/25 on wards

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				will assist with this further, as well as help us to focus our new improvement system appropriately.
17.	The IQPR, SBAF and 2025 strategy should all align with clinical risks. Trust Board	CSO	1	BLMs lift key metrics from the IQPR. The BLMs are aligned to our 5-year Strategic Objectives, BAF and CQC standards.
PATIENT, STAFF AND EXTERNAL ENGAGEMENT				
18.	As part of the Trust's transformation agenda and drive for continuous improvement the role of the FTSUG should have the required support it needs to perform and successfully meet the role expectations. People Committee	CFO	1	New interim Lead FTSU Guardian appointed. Attendance at the Board, started from July 2023. Plans to recruit additional FTSU Guardians has been successful with 18 in place and an aim of having 20. The focus remains on action taken to address previously raised themes and the top 3 from the staff survey. Tangible progress being made in delivery the FTSU action plan. <i>NB: The Executive Director of IT and Digital has taken over lead responsibility for FTSU from January 2024, in light of our CFO's secondment to the Black Country Provider Collaborative (BCPC) for 15 months.</i>
19.	A focused strategy or plan for improving patient experience should be put in place and owned by senior leadership and group leadership. Quality Committee	CNO	1	Patient Experience Communication Action Plan: Year 1 Priorities. This is a workstream supporting the Fundamentals of Care Framework [Trust Quality Strategy].

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LEARNING AND CONTINUOUS IMPROVEMENT			
<p>20. Horizon scanning and development of external partnerships with sites of good practice for continuous improvement and learning should be undertaken.</p> <p>Integration Committee</p>	<p>CSO CIO</p>	<p>1</p>	<p>This has been achieved through the work overseen by the Board Integration Committee, on-going development of the Black Country Provider Collaborative, strengthened ICB working and an agreement on a new an approach to Sandwell Place governance.</p> <p>Extensive horizon scanning done on the Continuous Improvement Journey including talking to 8 external suppliers including some internationally acclaimed organisations. Visits to Unipart and 6 NHS Trusts including Maidstone and Tunbridge Wells. Received a week’s mentoring from Dame Marianne Griffiths who led the implementation at University of Sussex. In regular contact with other NHS trusts re: Improvement systems and with our local Black Country trusts. An approach to standardising our improvement system principles and nomenclature has been agreed within the BCPC.</p>

December 2023

Leads		
CEO	Chief Executive Officer	Richard Beeken
CSO	Chief Strategy Officer	Dave Baker
CNO	Chief Nursing Officer	Mel Roberts
CPO	Chief People Officer	Frieza Mahmood
CGO	Chief Governance Officer	Kam Dhami
Chair	Trust Chair	Sir David Nicholson
CFO	Chief Finance Officer	Dinah McLannahan
EDIT&D	Executive Director IT & Digital	Martin Sadler
CIO	Chief Integration Officer	Daren Fradgley

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