

External Well-led Review, Summary Report

Public Board

27 January 2022

Presented for:	Information and Assurance
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Previous Committees:	Draft report at November Board Workshop

Trust Goals	
The best for patient safety, quality and experience	✓
The best place to work	✓
A centre for excellence for research, education and innovation	✓
Seamless integrated care across organisational boundaries	✓
Financial sustainability	✓

Trust Risks (Type & Category)				
Level 1 Risk		Level 2 Risks	(Risk Appetite Scale)	Risk
Workforce Risk				
Operational Risk				
Clinical Risk				
Financial Risk				
External Risk	✓	We will comply with or exceed all regulations, retain its CQC registration and always operate within the law.	Averse	↔ (same)

Key points	
1. This report sets out the executive summary of the AQUA external developmental review against the CQC well-led criteria.	Information and Assurance

1. Summary

The last well-led review was carried out by the CQC at Leeds Teaching Hospitals NHS Trust in September 2018, achieving a rating of Good. It is a requirement of the CQC for Trust to have an external assessment against the well-led criteria every three years. The Trust commissioned AQUA to carry out the external review, which took place over the summer of 2021 and received a draft report at the Board Workshop in November. A summary of the assessment is set out below.

2. The Executive Summary from AQUA Well-led review

The overall conclusion from our review is that the Trust is well-led. It is an outstanding organisation that has lived values, a talented Board, a determined strategic intent, and a leadership team that doesn't shy away from tackling challenging issues.

Recognising the scale of the hospital and its dominance in West Yorkshire as a tertiary centre, the Trust are well recognised for exercising their power softly and with good intent, for the benefit of the wider population. Quite distinctively, the Leeds Way is not only embedded within the Trust, but widely acknowledged by external stakeholders. The level of regard system stakeholders had for the Trust was notable, as demonstrated in the quotes provided throughout the report.

Whilst recognising that this is a strong organisation, with clear strategic ambition and commitment to lead for the benefit of the wider system, the challenge of ensuring that what may be regarded as the operational and governance foundations remains. Regulatory peer reviews continue to have a strong bias on these features.

In reporting our findings, we have considered the Trust's evidence, the areas where the Trust believes improvements can be made, and our advice on additional improvement.

Clearly the challenges that the Trust is facing now, and in the period ahead, will test the resilience of all aspects of the Trust's governance arrangements. Whilst recognising that the Trust has a grip on many of these issues, it is in this context that the areas for improvement set out in the review have been suggested.

KLOE 1 Leadership, Capacity and Capability

The current balance of skills, experience and knowledge on the Board is of a very high order and has been actively nurtured to meet current and prospective challenges. The Board is very well-regarded by the wider organisation and health economy. Interviews and observations revealed that the leadership, as a collective and as individuals, had insight into the organisation, had clarity regarding their role, and possessed a style and set of values absolutely aligned with delivering outstanding quality of care. The Chief Executive

and Chair are universally well-regarded in terms of embodying the Trust's values, driving improvement, and providing highly effective leadership within the Trust and across the healthcare system.

Individual executive strength is exceptionally high and there are no issues raised in respect of capacity. There has been a very structured approach to the recruitment, support, and deployment of Non-Executive Directors (NEDs) including a robust Associate NED pipeline. The selection of NEDs with subject-matter expertise, aligned to the Trust's challenges, is a distinctive and high-value practice. NEDs experience a very good induction process. The subsequent development and support enable them to operate effectively as part of a unitary board. Independent constructive challenge is in place and the NEDs are deployed in a way that ensures the benefit of their expertise is maximised. The Chair's role in overseeing these arrangements is exemplary. There is a collective view across the Board as to the value of Non-Executive challenge and the positive way in which that challenge is received. Overall, it can be concluded that the unitary board concept has been maintained, the quality of challenge improved, and capacity strengthened.

There is a structured and comprehensive process for Board development aligned to the Trust's values, risks, and strategic developments. There is a clear culture of internal development and progression that stakeholders described during interviews and illustrated with many personal and compelling examples. There is also at the most senior levels a succession plan in place and the ambition to extend this more widely is important to progress. Portfolios are generally well-balanced and understood although greater clarity and consensus is needed in respect of strategy.

The Board and wider leadership are visible and approachable. There are a range of channels through which leaders make themselves accessible and it is clear that colleagues greatly value this accessibility and the opportunity it gives them to engage with leaders. Senior leaders were very clear about their individual and collective approach to visibility, understanding the issues staff face and providing clear messages and support.

There is a strategic and innovative approach to developing leadership across the wider workforce to ensure there are enough appropriately skilled, diverse and system focused leaders to deliver high quality, effective, continuously improving, compassionate care. The stability, capacity, development, composition, and skills across the Clinical Service Units (CSUs) are a vital component of the overall well-led arrangements at the Trust and a range of innovative practice is in place. There is a robust line of sight from Board to CSUs with the opportunity for further development and support to be provided.

KLOE 2 Trust Vision and Strategy

Staff were involved in defining the values and behaviours that form the foundations of the Trust's culture and ethos. The Leeds Way is a patient-focused set of values and behaviours that is embedded in the organisation. It is talked about, widely understood and is the backdrop to all discussion and activity. It is role-modelled by the senior leaders and that behaviour is seen, appreciated and has a real impact. All elements of the Leeds Way were referenced continually throughout the review with "fairness" being most often cited as

a hallmark of the Board. Senior leaders present a compelling picture of this being centred around the patient.

Strategy development is led by the vision and values. It is seen as a key responsibility of the full Board and is led by the Chief Executive as a facilitative process. The 5-year strategy and vision has been presented, updated, and approved by the Board. There are a suite of supporting strategies and a clear financial plan. The corporate objectives underpin the strategy. The Trust strategic objectives are reviewed on an annual basis to reflect the current position of the Trust and wider health economy and each of these objectives has a set of measures to be monitored against. Specifically, to shape the medium and longer term plans the review included detailed analysis and forecasts of the impact of COVID-19 and other strategic drivers on demand, quality of care, workforce availability and finance. It is evident that the organisation's key quality, operational and financial priorities have informed the development of the strategy. The Board understands the main influences that have or could impact on its ability to deliver its organisational strategy.

All CSUs are engaged in creating a vision and strategy that dovetails with the Trust strategy development process. The CSUs interviewed see that the strategic planning process has been structured and inclusive. That structure has enabled them to establish a CSU link to the Trust objectives through CSU clinical strategy sessions that have created good engagement and the right conditions for co-production. There was understandably less involvement of the wider Trust workforce in strategy development over the past year. There was a view that there now needs to be more clarity for the wider organisation in respect of strategic priorities and, for example, the impact of COVID-19 on finance, workforce, and quality plans.

The Trust have been visible and transparent in respect of their health inequalities place-level strategic intent. The anchor institution status is immensely important. They are seen to have worked hard with the council on the shared city vision.

As described in KLOE 1 there remain some concern that accountability for strategy at Board has not been fully worked through.

KLOE 3 Roles, Responsibilities and System Accountability

The Board, its committees, and other levels of governance within the organisation are well-designed, function effectively and interact with each other appropriately. The structures and behaviours enable performance to be monitored, challenge to take place and assurance to be sought. It is to be commended that the Trust retained the governance systems and processes during the pandemic supplemented by additional arrangements e.g. Infection Prevention and Control (IPC) Group, vaccine programme, and Nightingale oversight.

The Board and its key committees were observed as part of the review. From the observation of the committees, the following themes emerged:

- Well-chaired and attended meetings.
- Attendees prepared and briefed.

- Behaviours reflected the values of the Trust and enabled full participation and delivery of each committee's purpose.
- NED challenge was evident, constructive and well-received.
- Good interaction and escalation across committees.
- Not all papers were clear in terms of their purpose, what the committee was expected to do, where the paper had previously been and where it was going next.
- Papers can be unnecessarily lengthy, presentational and contextual which can inhibit committee focus on the key issues and limit effective challenge.
- Risk focus and appetite has some inconsistencies but is becoming embedded.

There were many examples of good practice noted across all the committee working. The use of Chairs' updates provides a valuable insight into the activity of the Chair between meetings, and, in the case of NEDs, the content of these updates reflected the added value from this cohort of Board members. Finance reports are of particular note in terms of their clarity and content. The ambition and principles set out in the Long-Term Efficiency Plan reflects the strength of intent of the Trust, the underpinning of the Leeds Way Values, the emphasis upon system working and collective accountability. The Governance Insight programme arrangements, an example of outstanding practice, were evident with observers in attendance at a number of committees. There was evidence of external advice and peer learning being sought to address quality issues such as the increased incidence of pressure sores. The development and embedding of risk appetite is pioneering work and is beginning to inform decision-making in a number of settings. The Audit Committee has played a key role in enabling and supporting this work.

KLOE 4 Culture

The Leeds Way values are strongly embedded at every level of the Trust aligning respectful behaviours with a commitment to improvement through the Leeds Improvement Method. Leadership is compassionate, visible and highly collaborative across the Yorkshire health and care system. Workforce health, well-being and resilience has been a priority throughout the pandemic and remains so, assisted by a menu of support in the Health and Wellbeing Strategy. Board members are thought to be approachable and well-informed.

The Trust has established a culture and narrative of owned accountability and assurance through investment in the CSU's leadership and structure underpinned by a positive safety culture. An extensive Equality and Diversity strategic work programme is underway informed by workforce opinion and focused upon providing equal opportunities for staff with protected characteristics under the Equality Act. Initiatives at CSU, organisational and system level include an active Black and Minority Ethnic (BME) Network, gender equality and work with young people and people with autism and mental health needs. The Trust could position itself as a national leader in this field.

The culture supports people to speak up through the Freedom to Speak Up (FTSU) Guardian. The reporting and management of Duty of Candour could be strengthened

when risks are identified that occur across CSUs; suggested developments include FTSU succession planning and improving the experience of those engaging with the FTSU arrangements.

A culture of co-design and co-production with patients and families was evident at Trust and CSU level informed by the national Friends and Family Test (FFT). NED in-person engagement with patients has been constrained through the pandemic and needs to resume.

KLOE 5 Information

There was evidence of integrated quality and performance reporting (IQPR) which was used to support decisions made at board level and to hold senior leaders including CSU Tri-Teams to account; measurement for improvement is embedded across the Trust. An open culture regarding sharing data and information was evident enabling the Trust to work proactively with partners and commissioners at NHS Leeds CCG, NHSI/NHSE, however improved system performance reporting is required to address gaps e.g. discharge against the national pathways and system work on health inequalities. COVID triggered rapid information-related innovation and improvement including COVID screening and digital support for remote working. The Trust's corporate health informatics team provides both information and insight and contributed to COVID management e.g. analysis of population trends in the uptake of the COVID vaccine. Data quality is overseen by the Informatics Team and is subject to internal validation and review by Internal Audit.

Old legacy foundation systems provide a major challenge to the Trust, subject to funding (which represents a risk due to changes in the financial regime), the five-year Digital Capital Plan will address these. Circa £2m has been invested in the recent Trust Patient Administration System (PAS) hardware and software upgrades.

The Trust Strategy indicates a strong commitment to digitally enabled care, a digitally competent workforce and a digitally enabled environment; the Digital Strategy, underpinned by the Leeds Improvement Method, aims to deliver efficiencies and/or improved patient care informed by service users and is aligned with the Integrated Care System Digital Strategy. Despite this ambition, digital innovation and information systems were not thought by system partners to have developed at the pace of other Trust initiatives.

KLOE 6 Managing Risks and Performance

There is an effective and comprehensive process to identify, understand, monitor and address current and future risks. The Risk Management Framework is an example of best practice development that sets out the range of processes that deliver effective risk management across the Trust. Risk appetite discussions are becoming embedded, and risk is an important dimension of all decisions. Leaders are generally able to describe the current and future risks facing the organisation.

Financial pressures are managed effectively so that they do not compromise the quality of care. Service developments and efficiency changes are progressed and assessed with input from clinicians so that their impact on the quality of care is understood. There is

strong financial leadership, reporting and governance in place. Waste reduction and the pursuit of efficiency is ambitious but there is a balancing and sustained focus on ensuring that quality of care is not compromised. The Trust has a good history of improving financial performance and has strong financial leadership. Informed NED support and challenge in this area is in place. The Finance the Leeds Way improvement plan is exemplary and encompasses improvement plans for finance, planning, and supplies and procurement. Financial reporting to the Board and its committees is very clear with particular clarity in respect of the five-year financial plan, fundamental finance reviews, monthly financial position and associated risk range.

Performance issues are escalated to the appropriate committees and the Board through clear structures and processes. The Board has grip and has set in place the processes to manage current and future performance. The performance arrangements in respect of CSUs are resilient, comprehensive, agile and able to adapt to changing circumstances.

Clinical and internal audit processes function well and have a positive impact on quality governance, with clear evidence of action to resolve concerns. Emergency planning and business continuity receives appropriate resourcing and profile. The reporting line to the Director of Operations ensures visibility and is regarded as an important signal that the function is taken seriously. The suite of plans link through to the Risk Management Committee with emergency plans linked to risks. The team has played a significant contributory role during the pandemic.

KLOE 7 Engagement

There was evidence of high levels of constructive engagement with staff and people who use services. The Trust applies a range of mechanisms to proactively capture people's views and engage in a transparent, collaborative, and open way with relevant stakeholders. The Trust continues to review and improve mechanisms for engaging people in the design and delivery of their services, taking a leading role in the local health system to identify and proactively address challenges in different groups within the population. Co-production of improvements and plans for strategic developments such as the new Children's Hospital are evident.

As NHS Staff Survey results are a powerful focus for the regulator high and broad response rates are particularly valuable to ensure that the organisation is well represented. The COVID-19 pandemic has compounded operational pressures and posed workforce engagement challenges at CSU level, these are gradually resolving. The Chair and executive teams are thought to be highly visible, albeit virtually in many instances, the NEDs less so.

A range of effective partnership working relationships are in place with a strong trust emphasis on collaboration rather than dominance given their size. Relationships with partners and commissioners are thought to have improved greatly and partners are appreciative of the benefit of the national connections achieved by the Trust Board however more attention could be paid to consistent communication about the role of partners in multi-agency work.

Peer learning and joint improvement work with stakeholders across the West Yorkshire system and nationally is underway and peer comparators of a similar size and complexity are being sought outside the Leeds Greater Metropolitan Area e.g. the Children's Hospital Alliance. Whilst the changing commissioning landscape is likely to pose challenges to continuity and relationships in many parts of the country this appears less of a concern to the Trust because of the strong track record of partnership work and the alignment of footprints served by the partner organisations.

KLOE 8 Learning and Improvement

"If we want to be outstanding then nothing should be off limits, everything can be improved." Internal Stakeholder

The Leeds Improvement Method has embedded a systematic approach to improvement utilising recognised methodologies underpinned by measurement for improvement, capability building and learning. The anticipated Quality Improvement Strategy will show the relationship with the Trust Strategy and the new Clinical Quality Strategy. It is hoped that it will clarify the relationship between the two improvement methodologies and the Quality Improvement (QI) and Kaizen Programme Office teams. Quality and performance challenges, the adoption of innovation at CSU and corporate level, and the Trust's waste reduction approach (efficiency improvement) are all delivered using the Leeds Improvement Method and involvement in the Method is seen to contribute to organisational culture evidenced through the positive NHS Staff Survey results 2020.

The Leeds Improvement Method has been deployed on system initiatives and work is underway to try and align the partner's patient safety work which will be relevant as CQC undertakes system reviews and the NHS Patient Safety Strategy is implemented. Creation of the Leeds Health and Care Academy enables the system workforce to access the same development and training opportunities. Within the Trust more than a 1000 QI partners have been recruited to ensure a person-centred approach underpins prioritisation and delivery of all QI work. It may be timely to consider the Board's requirements regarding QI knowledge and skills as there have been a number of changes to Board membership.

A learning culture exists with Trust leaders proactively commissioning external reviews and seeking national and regional support including from the well-established West Yorkshire Association of Acute Trusts (WYAAT) peer learning network. Evidence of a patient safety culture that learns from safety investigations and that changes practice accordingly was evident; independent evaluation/continuous audit was felt to be a gap in the Leeds Improvement Method resources and may enhance the work. The Trust aims to be well regarded for its research however stakeholders consider the Trust research aspirations to lag behind other trusts such as some of the London providers; joint development of the Research and Development Strategy by the Trust and Leeds University may present the opportunity to further strengthen the partner's clinical and academic research profile.

3. Financial Implications

There are no financial risks associated with the outcome of the assessment.

4. Risk

The Board is operating within its defined risk appetite with regard to regulatory risk.

5. Communication and Involvement

The content of the report has been reviewed by the Executive Team and a subsequent action plan will be developed and shared with the respective Corporate Teams and CSU Triumvirate Teams to strive for excellence in meeting the CQC criteria and rating of outstanding for well-led.

6. Equality Analysis

Within the CQC well-led assessment there are a series of criteria assessing equality.

7. Publication Under Freedom of Information Act

This paper has been made available under the Freedom of Information Act 2000.

8. Recommendation

The Board are asked to receive the information set out in the executive summary and to be assured by the findings of the external review.

Further work will progress any recommendations, as we strive for excellence in our approach to well-led and achievement of an outstanding rating by the CQC.

9. Supporting Information

None.

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4 January 2022