

Executive Summary
Report to the Board of Directors
Held on 28 March 2023

Subject	Well-led Developmental Plan
Supporting TEG Member	Kirsten Major, Chief Executive
Author	Sandi Carman, Assistant Chief Executive
Status	A

PURPOSE OF THE REPORT

To present the Well-led Development Plan following the publication of the Well-led Development Review undertaken by AuditOne and to provide an update on outcomes of the Healthcare Governance Review.

KEY POINTS

- In September 2022 the Board commissioned a best practice developmental review of governance and leadership to identify continuous improvement actions.
- The review undertaken by AuditOne was delivered between September and November 2022 and triangulated evidence obtained via one-to-one interviews, focus groups, meeting observations, stakeholder surveys and a review of a range of documents.
- Findings from the review were presented to Board Strategy Sessions held on 25 October 2022 and 9 December 2022, where members of the AuditOne review team were in attendance to present and support the Board's consideration of key findings / recommendations.
- Trust Executive Group members dedicated time to consider and reflect on the recommendations on the 26 January 2023.
- In order to provide a joined-up approach to development work we have aligned ongoing actions agreed to address the recommendations from the Healthcare Governance Review (June 2022). These recommendations have a prefix of 'R'. This approach will support delivery of sustained improvement while preventing duplication of effort.
- On completion of each action the lead will be asked to provide a rationale for closure in the context of the report findings, this will enable consideration to be given to ensuring the actions undertaken have the desired impact and are sustainable. Where appropriate, Internal Audit resource will be utilised to provide assessment of effectiveness of the development work.
- An update to the Board of Directors will be provided after each quarter end which aligns with when the actions fall due (July, October and January).

IMPLICATIONS

Aim of the STHFT Corporate Strategy		✓ Tick as appropriate
1	Deliver the Best Clinical Outcomes	✓
2	Provide Patient Centred Services	✓
3	Employ Caring and Cared for Staff	✓
4	Spend Public Money Wisely	✓
5	Create a Sustainable Organisation	✓
6	Deliver Excellent Research, Education and Innovation	✓

RECOMMENDATIONS

Members of the Board of Directors are asked to discuss and SUPPORT the Well-led Development Plan and provide any suggestions for improvement.

APPROVAL PROCESS

Meeting	Date	Approved Y/N
Trust Executive Group	22 March 2023	Y
Board of Directors	28 March 2023	

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Well-led Developmental Review

	Recommendation	Actions Completed and Next Steps	Lead Officer(s)	Timescale/ Deadline	Rationale for Closure in the context of the report findings	Open/ Close
	KLoE 1:Leadership Capacity and Capability					
A1	1. The Trust should consider further development of its board development programme to encompass both human factors and improved linkage to addressing the identified needs of the board skills matrix and its strategic needs.	<p>Progress to date: Refreshed Strategy and Board development plan in place.</p> <p>Next steps: Continued update of Strategy and Board Development Plan to incorporate as a minimum: - Human Factors, - Equality, Diversity and Inclusion and - Insights training. Refresh of Board skills matrix / skills audit process taking place, the outcomes from which will further inform the ongoing iteration of the Strategy and Board Development Plan.</p>	SC	30 June 2023		Open
A2	2. The Trust should consider updating its executive succession planning arrangements including having development programmes for those identified in category B of the Trust's executive succession plan.	<p>Progress to date: Initial discussions have taken place within 1-1 appraisal meetings.</p> <p>Next steps: Chief Executive to create a confidential plan detailing succession plan arrangements and put in place development plans to ensure deputies have the best chance of success in achieving an executive role (either within or outside the Trust).</p>	KM	30 June 2023		Open
A3	3. The board should ensure ring fenced time is protected for strategy discussion at its board strategy sessions.	<p>Progress to date: Six half days a year allocated to strategy and board development. Forward plans and agendas now clearly define strategy and board development to ensure appropriate focus on both aspects. This will also enable year-end audit of time spent on each.</p> <p>Next steps: Two additional board development days to be scheduled, this will prevent 'crowding' of the strategy session and enable a clear focus on board development.</p>	SC	29 December 2023		Open

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A4	<p>4. The Trust needs to review its delegated authorities and ensure that they align with its agreed accountability framework. This includes from Board down to directorates.</p> <p>[Note alignment to Action C1 - mirrored narrative]</p>	<p>Progress to date: The Trust's Scheme of Delegation has been reviewed and updated; including changing the decision-making arrangements for replacement and like for like medical posts (Oct 2022).</p> <p>Next steps: Delegated authorities to be considered further once the 'What is a Care Group for?' task and finish group recommendations are available.</p>	NP	29 December 2023		Open
A5	<p>R1: The effectiveness of leadership and delegation in the Trust should be strengthened by improving processes for delegation and involvement of directorates in corporate decision taking.</p>	<p>Progress to date: We have introduced a programme of Care Groups attending the first 30 minutes of Trust Executive Group meetings. This programme has been successful and will be continued. Clinical Director Forum has been re-established along with careful review of agenda for Management Board Briefing and Clinical Management Board to better engage and involve directorates in corporate decision making.</p> <p>Next steps: To continue identify opportunities for delegation and involvement of directorates.</p>	MT	29 December 2023		Open
A6	<p>R14: Consideration should be given to expanding the role of the Care Groups as part of the Quality Governance structure, whereby directorates report to Care Groups which in turn are held to account by TEG.</p>	<p>Progress to date: Task and finish group has been established to review 'What is a Care group for?'. Terms of reference presented at Management Board Briefing (MBB), members identified.</p> <p>Next steps: The task and finish group will meet every three weeks for a period of four months starting in April 2023. The task and finish group will provide updates to Management Board through the Management Board Briefings, including engagement on final recommendations that will be made to the Trust Executive Group.</p>	KM (PW)	29 September 2023		Open

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	KLoE 2: Vision and Strategy					
B1	5. The Trust should consider how it can strengthen line of sight of strategic objectives and priorities down to care group and directorate level to aid alignment of business plans.	<p>Progress to date: Work commenced on scenario planning, STH in five years time and blue print of delivery of clinical services in two years time and themes tested with Trust Executive Group members.</p> <p>Next steps: Business Planning audit - underway, review of process for 2023/24 business plans.</p>	MT	30 June 2023		Open
B2	6. The Trust should consider how it will raise awareness of the refreshed strategy amongst staff and stakeholders.	<p>Next steps: On conclusion of the scenario planning and strategy work linked to action B1, this recommendation will be addressed.</p>	MT	29 September 2023		Open
B3	7. The Trust should consider the governance arrangements to secure delivery of the sustainability strategic objective.	<p>Progress to date: Revised governance infrastructure in place and all sustainability activities will be reported to the Finance and Performance Committee. Plus, as a mechanism to ensure visibility of sustainability work, a quarterly report will be received by the Trust Executive Group and a bi-annual report will be received by the Board of Directors. Sustainability Plans Internal Audit undertaken - Significant Assurance (March 2023).</p> <p>Next steps: Completion of the actions arising from 360 Assurance Internal Audit which relate to target setting and establishing delivery plans.</p>	MT	29 September 2023		Open
B4	8. The Trust should consider how it will strengthen oversight and governance of its Productivity and Efficiency Programme to ensure delivery and financial sustainability.	<p>Progress to date: Use of Resources Group established to ensure there is a programme of work in place within the organisation to drive improvement in its use of its resources and to oversee progress of the programme. Minutes submitted to Trust Executive Group and quarterly progress reports provided to Finance and Performance Committee.</p> <p>Next steps: Annual Report to be undertaken to review effectiveness, work plan delivery and attendance. Efficiency programme internal audit (Q4 2023/24).</p>	NP	29 September 2023		Open

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	KLoE 3: Organisational Culture					
C1	<p>9. The Trust should consider how it supports improved devolution to Clinical Directorates and Care Groups.</p> <p>[Note alignment to Action A4 - mirrored narrative]</p>	<p>Progress to date: The Trust's Scheme of Delegation has been reviewed and updated; including changing the decision-making arrangements for replacement and like for like medical posts (October 2022).</p> <p>Next steps: Delegated authorities to be considered further once the 'What is a Care Group for?' task and finish group recommendations are available.</p>	MT / NP	29 December 2023		Open
C2	<p>R2: A detailed review of the Trust's Freedom to Speak Up (FTSU) arrangements should be taken forward using the self-review tool published by NHSE/I and other available guidance.</p>	<p>Progress to date: Freedom to Speak Up Lead Guardian (0.6wte) appointed and commenced in post February 2023. Additional eight voluntary Guardians have been appointed from across the Trust to support the Lead Guardian and the two existing Staff Governor/Guardians. The Guardians have presented the quarterly FTSU report to the People Committee since September 2022. Implementation of a communication strategy agreed for 2022/2023. An overarching FTSU strategy will be developed for 2023/2024 once the new Guardian model has been established.</p> <p>Next Steps: Newly appointed Guardians are currently undergoing national and local training before their presence is promoted across the organisation. Format of the F2SU Report to be reviewed. Review of F2SU Policy to ensure alignment with best practice (initial review completed). Internal audit report scheduled for quarter 3 of 2023/24 to assess whether new arrangements are embedded and working as expected (December 2023).</p>	MG	30 June 2023		Open
C3	<p>R28: Reporting between assurance committees and the Board should be strengthened through the provision of a summary report in a consistent format.</p> <p>[Note alignment to Action C4 and C11]</p>	<p>Progress to date: The principle of a Meeting Assurance Report has been agreed and a draft template developed.</p> <p>Next steps: Pilot Meeting Assurance Report template and commence implementation with all relevant committees and groups. Undertake audit of effectiveness.</p>	SC	30 June 2023		Open

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C4	<p>R3: A succinct report from the Safety and Risk Forum to the Safety and Risk Committee setting out key matters that require alerting, assurance and advice should become part of the regular reporting cycle to the Committee.</p> <p>[Note alignment to Action C3 and C11]</p>	<p>Progress to date: The principle of a Meeting Assurance Report has been agreed and a draft template developed. Items to bring to the attention of the Safety and Risk Committee are now highlighted in the Safety and Risk Forum minutes.</p> <p>Next steps: Pilot Meeting Assurance Report template and commence implementation with all relevant committees and groups. Undertake audit of effectiveness. NB: The highlight report will be submitted to the Quality and Safety Executive Committee under the new Quality Governance arrangements. Risk Management internal audit (2023/24 Q4).</p>	JH	30 June 2023		Open
C5	<p>R10: The Quality Committee should include a regular assurance report from the Patient Experience Committee.</p> <p>[Note alignment to Action G1]</p>	<p>Progress to date: The Integrated Quality and Safety Report has been enhanced to include more detailed information on patient experience and, in future, it will be made explicit that this information is drawn from the Patient Experience Committee. There is now a programme of presentations to the Quality Committee including patient experience to increase visibility of both this work and the patient voice. A new strategic Patient Experience and Engagement Committee has been established to implement the Patient Experience Strategy, which will provide assurance to the Quality Committee.</p> <p>Next steps: Highlight report to be established for submission to the Quality Committee following each meeting of the Patient Experience and Engagement Committee.</p>	CM	30 June 2023		Open
C6	<p>R4: The responsibility for each care group representative on the Safety and Risk Forum to share cross-cutting learning and good practice within their respective directorate governance meetings should be reinforced and reviewed on a regular basis.</p>	<p>Progress to date: Audit commenced of Directorate Governance meeting minutes against the requirements of the Quality Governance Framework which includes assessment of whether cross cutting learning and good practice from Safety and Risk Forum has been shared. Terms of Reference for the Safety and Risk Forum have been refreshed and approved in February 2023, to emphasise responsibility of members to share learning.</p> <p>Next steps: Present final audit/review report and identify areas for development.</p>	JH	30 June 2023		Open

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C7	R5: In order to further enhance the information relating to incidents currently presented to the Board, the agenda should include a scheduled item which allows regular deep dive discussion around incidents and related performance against key metrics, learning, themes and national policy updates.	<p>Progress to date: In line with the national timeframe, the Patient Safety Incident Response Framework implementation group has been established to drive this work.</p> <p>Next steps: It is expected that the Trust will publish its first Patient Safety Incident Response Plan in September 2023. Learning from incidents internal audit (2023/24 Q2) Consideration to be given to appropriate reporting arrangements to the Quality Committee and Board of Directors.</p>	JH	29 December 2023		Open
C8	R6: More structured guidance/training should be developed for directorates on the effective use of available data to identify themes, trends and learning from incidents in their individual governance meetings.	<p>Progress to date: Quality, Safety and Risk Dashboard in place and continues to be developed to support easy access to, and review of, directorate-level data. Trust Quality Improvement Matron regularly visits wards and departments and uses this as an opportunity to provide staff with support and guidance regarding the dashboard. Two open sessions on the Quality, Safety and Risk Dashboard were held in November/December 2022. These included training for staff on how to use the dashboard and feedback from staff on positives and suggestions for improvement. Over 120 staff in total attended the sessions, including Governance Leads, Matrons, Sisters and Deputy Nurse Directors.</p> <p>Next steps: Consideration to be given to supporting directorates in effectively using available data, including learning sessions at Safety and Risk Forum and Medical Quality Leads meetings. Learning from incidents internal audit (2023/24 Q2).</p>	JH	29 December 2023		Open
C9	R7: The Mortality Governance Committee should receive a standardised quarterly/six-monthly update report (run as a rolling programme).	<p>Progress to date: Mortality and Morbidity (M&M) report template has been agreed and disseminated to Directorates. The Deputy Medical Director lead for mortality presented this at Management Board Briefing in November 2022. The first reviews were presented at the December 2022 Mortality Governance Committee, programme in place for 2023 presentations.</p> <p>Next steps: Effectiveness to be reviewed via highlight reports to the Quality and Safety Executive Committee.</p>	JH	30 June 2023		Open

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C10	R27: The Trust should ensure that regular data quality oversight and assurance reports are provided to TEG and to the Audit Committee and that a forward plan clearly outlining the priorities for data quality is completed and agreed.	<p>Progress to date: Priority areas identified to inform future strategic focus (heat map).</p> <p>Next steps: Reporting schedule to be agreed, forward plan to be finalised. Data Quality internal audit (2023/24 Q4).</p>	SC	30 June 2023		Open
C11	<p>R29: Feedback on decisions taken by the Board to its assurance committees should be strengthened on matters escalated for discussion, action or decision.</p> <p>[Note alignment to Action C3 and C4]</p>	<p>Progress to date: The principle of a Meeting Assurance Report has been agreed and a draft template developed.</p> <p>Next steps: Pilot Meeting Assurance Report template and commence implementation with all relevant committees and groups. Undertake audit of effectiveness.</p>	SC	30 June 2023		Open

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	KLoE 4: Roles and Responsibilities					
D1	10. The Trust should ensure that Board committee membership is in line with Sch7, NHS Act 2006.	<p>Progress to date: Board Committee Terms of Reference updated and approved by the Board of Directors on 29 November 2023. Membership of the Committees confirmed as in line with Sch7, NHS Act 2006, in that only Board members are members of Board Committees. Snap audit undertaken February 2023 of minutes presented to January 2023 Board held in private. Three out of four Board Committees compliant with reporting of membership and attendees. Remedial actions taken to address.</p> <p>Next steps: Re-audit of minutes presented in March 2023.</p>	SC	28 April 2023		Open
D2	11. The Trust should review the approach to Council of Governor meetings and support governors to understand the role and how to discharge their responsibilities.	<p>Progress to date: Immediate steps taken to improve effectiveness of the Council of Governor meetings: Scheduling of meetings on alternative day to the Board of Directors to provide sufficient time for all meetings, Non-Executive Directors now present Board Committee activities, re-structuring of the agenda to allow sufficient time for meaningful discussion.</p> <p>Next steps: Schedule NHS Providers training - roles and responsibilities. Consider the most effective way for information to be shared in advance of the meeting. Undertake a Council of Governors' effectiveness review following the changes. Supporting the statutory duties of council of governors internal audit (2023/24 Q2).</p>	SC	29 December 2023		Open
D3	12. The Trust should consider whether executives currently spend sufficient time considering strategic matters. If deemed insufficient, the Trust should consider how it creates the time and space for this beyond the existing TEG arrangements.	<p>Progress to date: Monitoring of agendas for Trust Executive Group (TEG) Time Out, and TEG Together sessions to ensure the appropriate balance between strategic and operational matters.</p> <p>Next steps: Audit to be undertaken in Sept 2023 of the previous 12 months activities and reported back to TEG for consideration and action.</p>	KM/SC	29 September 2023		Open

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D4	13. The Trust should consider the role of Management Board and its relations with Trust Executive Group.	Next steps: To consider during the next scheduled review of Management Board terms of reference, and to include consideration of Clinical Management Board reporting arrangements.	KM/SC	30 June 2023		Open
D5	14. The Trust should convene its proposed Digital, Data and Technology Board and consider forming a Research Committee to oversee and focus efforts on these strategic priorities.	Progress to date: Exploratory work undertaken to consider the potential of a Digital, and Research and Innovation Committee. Next steps: Progress proposals through governance structures. Research governance internal audit (2023/24 Q4)	DB	30 June 2023		Open
D6	R12: The Quality Governance Framework Policy and Framework should be revised to increase clarity on delegation and reporting arrangements.	Progress to date: Revised governance structures for reporting to the Quality Committee have been considered and agreed by the Trust Executive Group (TEG). Next steps: The diagram which demonstrates the reporting routes to TEG and assurance to the Board Committee will be revised to demonstrate the separation between management and assurance functions. This will be included in the Quality Governance Framework.	JH	29 September 2023		Open
D7	R18: An engagement programme to roll out the Quality Governance Policy and Framework and promote collective working across the Trust should be developed and implemented. [Note alignment to Action E3 and E4 - Mirrored content]	Progress to date: The Quality Governance policy and framework has been launched, a self-assessment against the framework is in progress, which will be followed by a wider audit in September. The results of the audits will be discussed, and any actions agreed via Safety and Risk Forum and Medical Quality Leads Forum by January 2023. Next steps: Audit resulted being analysed for presentation to TEG in May 2023.	JH	30 June 2023		Open
D8	R13: The quality governance structure should be reviewed to reduce the number of trust-wide and specialist quality governance groups reporting directly to the Trust Executive Group for management purposes and to the Quality Committee for assurance purposes.	Progress to date: Revised governance structures for reporting to the Quality Committee have been considered and agreed by the Trust Executive Group (TEG). Next steps: Once approved by the Quality Committee implementation is planned to commence April 2023. A review has been scheduled for six months post implementation.	JH	30 June 2023		Open

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D9	R22: A Trust Risk Group, reporting to the Safety and Risk Committee, should be added to the governance structure with responsibility for reviewing and scrutinising the ongoing management of the Trust's operational risks.	<p>Progress to date: Proposal for a new Risk Management Executive Committee, comprising of members of TEG, reporting to the Trust Executive Group and providing assurance to the Audit Committee has been approved by the Trust Executive Group and the Quality Committee.</p> <p>Next steps: Implementation is planned to commence from April 2023. A review has been scheduled for six months post implementation, aligned with the broader review in action D8. Risk management internal audit (2023/24 Q4).</p>	JH	30 June 2023		Open
D10	<p>R15: The Quality Committee should receive a monthly report on the relevant sections of the Integrated Performance Report at both an organisational and directorate level.</p> <p>This should include metrics associated with delivery of the best clinical outcomes and providing patient centred care.</p>	<p>Progress to date: A review has been completed and relevant indicators are now included in the Integrated Quality and Safety Report.</p> <p>Next steps: Collection and review of evidence to demonstrate compliance.</p>	JH	30 June 2023		Open
D11	R16: Action trackers should be introduced for directorate performance meetings that show the status of completion against agreed Actions and record their impact upon performance.	<p>Progress to date: Structure of the notes from the directorate performance meetings reviewed to ensure clarity of actions and responsibilities and a running action log has been developed. Actions Log proforma introduced from February 2023.</p> <p>Next steps: Snap audit of compliance to be undertaken in June Performance management internal audit (2023/24 Q2).</p>	MH	30 June 2023		Open
D12	R31: The Board Actions Log should be used more proactively and systematically to capture and drive forward specific actions agreed for each agenda item, following discussion and challenge.	<p>Progress to date: Board and Committee Actions Log usage actively promoted.</p> <p>Next steps: Activity to be monitored in-year to inform practice. Meeting leads to be encouraged to ensure clear articulation of actions during meeting business. Retrospective review of effectiveness regarding Actions log usage to be undertaken for the Board of Directors and Board Committees (Audit support to be sourced).</p>	SC	29 December 2023		Open

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D13	R32: The Trust should add the requirement to complete an action log for all directorate executive and governance meetings as part of the Directorate Healthcare Governance Framework, together with a standard template.	<p>Progress to date: The requirement for an action log is on the model agenda for Directorate Governance Groups. The Trust excel Actions log template has been shared via Safety and Risk Forum for use at Directorate Governance Group meetings to monitor Actions.</p> <p>Next steps: The standard template action log will be included in the Quality Governance Framework as part of the annual review.</p>	JH	30 June 2023		Open
D14	R17: A review of resourcing of quality and safety governance across the Trust, including the central team, directorates and care groups, should be undertaken to ensure appropriate resourcing is in place.	<p>Progress to date: Increased resource for Medical Quality Leads agreed by Trust Executive Group (TEG). Following a review of the central Patient and Healthcare Governance Team capacity, a bid for additional resources was presented to TEG. This was partially supported and priority posts have been identified.</p> <p>Next steps: Directorates progressing job plan reviews to incorporate the increased resource for Medical Quality Leads. Process underway to appoint additional resources within Patient and Healthcare Governance team. The review of Directorate resource is almost complete. Resource and workload information has been collated by directorate and a paper will be prepared for consideration by TEG during May 2023.</p>	JH	30 June 2023		Open

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	KLoE 5: Risk and Performance					
E1	15. The Trust should consider how it will strengthen the consistency of approach to directorate management meetings.	Next steps: Implement minimum expectations for Directorate executive meetings. Project resource to be sourced.	MH/JH	29 September 2023		Open
E2	R8: The Directorate Healthcare Governance Framework should set out how directorate governance meetings will be expected to have oversight for Mortality and Morbidity learning and resulting actions.	Progress to date: Quality Governance Framework has been launched and includes responsibilities in relation to Mortality and Morbidity (M&M) along with a self assessment process. An initial self-assessment process has commenced. Next steps: Present final Quality Governance Framework Audit report and identify areas for development (March 2023). In addition, the results of the M&M audit completed June 2022 to be considered by Mortality Governance Committee (MGC). The need to add further detail to the Quality Governance Framework will be considered following completion of the self-assessment, governance framework audit and discussion at MGC.	JH	30 June 2023		Open
E3	R23: All clinical directorate governance meetings should use the model agenda which is included in the Directorate Healthcare Governance Framework to increase the consistency of risk management discussion and actions in directorate management meetings. [Note alignment to Action D7 and E4 - Mirrored content]	Progress to date: The Quality Governance policy and framework has been launched, a self-assessment against the framework is in progress, which will be followed by a wider audit in September. Next steps: Audit/review in progress. Final report May 2023.	JH	30 June 2023		Open
E4	R26: An implementation timetable and plan should be agreed for roll out and review of the draft Directorate Healthcare Governance Framework across the organisation, together with the standardised agenda. [Note alignment to Action D7 and E3 - Mirrored content]	Progress to date: The Quality Governance policy and framework has been launched, a self-assessment against the framework is in progress, which will be followed by a wider audit in September. Next steps: Audit/review in progress. Final report May 2023.	JH	30 June 2023		Open

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E5	16. The Trust should consider how it can improve the timeliness of reporting and discussions.	<p>Progress to date: Board Development session undertaken to consider the contents and operation of the Trust Integrated Performance Report (February 2023).</p> <p>Next steps: Consideration to be given to all timelines and processes, commencing with the Integrated Performance Report (IPR) reporting processes to inform practice and subsequent actions.</p>	MH	30 June 2023		Open
E6	17. The Trust should consider how it operationalises risk appetite into its risk reporting and decision-making processes.	<p>Progress to date: Routine review of Risk Appetite Statement discussed by Trust Executive Group and Board of Directors (March 2023). Supporting paper noted examples of innate use of risk appetite in decision making.</p> <p>Next steps: Application of agreed Risk Appetite Statement to risk ratings within next update of BAF (May 2023). Focus to be placed on supporting Board and Committee consideration of Risk Appetite when making a decision. Risk management internal audit (2023/24 Q4).</p>	SC	30 June 2023		Open
E7	18. The Trust should ensure that the Corporate Risk Register continues to evolve to provide insight to Board over the management of the Trust's most significant operational risks.	<p>Progress to date: Corporate Risk Register Report (CRRR) now incorporates reporting of overdue actions following Extreme Risk owners adding action plans to Datix. (CRRR presented to Board of Directors January 2023). A further developed Executive Summary within the January 2023 update of the Board Assurance Framework included, for each Strategic Risk, alignment of Extreme Operational Risks reported on the CRRR.</p> <p>Next steps: Focus on Extreme Operational Risks within Strategic Risk deep dive discussion identified as an area of development following observation by 360 Assurance and to be promoted with Committee Chairs. The establishment of the Risk Management Executive Committee will increase focus on the management of risk to feed into whole Board discussion. Core Internal Audit work will provide ongoing assessment of Board oversight of Risk. Impact assessed through the Head of Internal Audit Opinion work during the year</p>	SC/JH	30 June 2023		Open

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E8	R21: The Quality Committee should receive a regular report outlining the highest operational risks relating to quality and safety.	<p>Progress to date: Implementation of Strategic Risk deep dive schedule for Quality Committee (which includes presentation of Corporate Risk Register Report extracts) implemented as part of Committee-level operation of the Board Assurance Framework. The Strategic Risk deep dive schedule was approved as part of Committee-level operation of the Board Assurance Framework and implemented from Quarter 3 2022/23. The Quality Committee undertook a deep dive review of Strategic Risk One: Quality in November 2022. The Corporate Risk Register Report provides the mechanism for reporting the highest operational risks to the Trust Executive Group and the Board (Extreme Risks / risk with a score 15 or more). The version presented to the Trust Executive Group and Board of Directors in January 2023 now includes the numbers of open and overdue Actions.</p> <p>Next steps: Risk management internal audit (2023/24 Q4).</p>	JH	30 June 2023		Open
E9	19. The Trust should ensure that operational areas understand the Trust's risk management process and can differentiate between risks and issues.	<p>Progress to date: Practical Risk Assessment Training developed by the Patient and Healthcare Governance department has been delivered to over 100 members of staff in directorate governance lead roles. This training covers risk definition and articulation as well as wider risk management processes. Feedback is provided by a member of the Risk Validation Group (RVG) on risk assessments that do not effectively articulate a risk. A series of Care Group Risk Clinics has been set up by the Quality Director to promote and support the use of risk registers as a management tool by ensuring that content reflect risks being managed. These have involved review of risk registers to highlight examples and differentiate between risks and issues.</p> <p>Next steps: Promote and support triumverate members to participate in Risk Assessment Training. Prioritise a second round of Risk Clinics to assess understanding / progress in cleansing risk registers (selected Care Groups). RVG metrics to be used to identify level of understanding (eg number of risks not validated) Risk management internal audit (2023/24 Q4).</p>	JH	29 September 2023		Open

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	Recommendation	Actions Completed and Next Steps	Lead Officer(s)	Timescale/ Deadline	Rationale for Closure in the context of the report findings	Open/ Close
E10	R24: Improvements in communication and reporting should be made to create more integrated and effective risk management arrangements.	<p>Progress to date: A series of Risk Clinics has been set up by the Quality Director to promote and improve engagement in risk management arrangements. Initial focus has been placed on Care Groups with clinics scheduled with Corporate directorates.</p> <p>Next steps: The agreement to establish a Risk Management Executive Committee with whole Trust Executive Group membership and a rotation of attendance by Care Groups will strengthen reporting and communications between directorates and the Trust Executive Group, and will highlight opportunities for engagement across directorates in the management of risk. Core Internal Audit work will provide ongoing assessment of the effectiveness of risk management arrangements.</p>	JH	29 December 2023		Open
E11	R19: For 2022/23 the Trust Board should ensure assurance that the principal risks are genuinely comprehensive, strategic and used to design and drive the agenda for the Board and its committee meetings.	<p>Progress to date: Transition to a new Board Assurance Framework (BAF) is complete and eight Strategic Risks identified. The first cycle of the new framework is complete with a second update of the BAF presented to the January 2023 Board of Directors. The operation of the Strategic Risk deep dive schedule was implemented from quarter 3 2022/23.</p> <p>Next steps: Consideration to be given to ensuring the framework effectively drives the agenda for the Board and its committee meetings. Risk management internal audit (2023/24 Q4).</p>	SC	29 September 2023		Open
E12	R20: The Quality Committee should receive a report each quarter summarising the position of the principal risks that the committee provides oversight for.	<p>Progress to date: Through the implementation of the deep dive schedule the Quality Committee receives a report at least twice a year summarising the position of the Strategic Risks the Committee provides oversight for, enabling members to obtain assurance on how the strategic risks are being managed.</p> <p>Next steps: Effectiveness to be assessed through year-end Internal Audit activity. Risk management internal audit (2023/24 Q4).</p>	SC	30 June 2023		Open

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	Recommendation	Actions Completed and Next Steps	Lead Officer(s)	Timescale/ Deadline	Rationale for Closure in the context of the report findings	Open/ Close
	KLoE 6: Information					
F1	20. The Trust should ensure that Board and committee level reports are written to provide assurance and support oversight of improvements.	Next steps: To give consideration to all Board and committee level reports in regards of quality, assurance provided and oversight of improvements.	SC/All	29 December 2023		Open
F2	21. The Trust should ensure that there are robust data quality checks in place for QUEST dashboard outputs.	Progress to date: Review of quality assurance of QUEST data undertaken and peer review process implemented. Next steps: Review of effectiveness - check of data consistency between QUEST and other sources of information such as ward level checklists.	CM	29 December 2023		Open
F3	R25: A systematic process should be developed and implemented for collecting and sharing examples of good practice on how live dashboard data is being used at ward level to support staff, share learning and identify and act on areas of service improvement.	Progress to date: Dashboard guidance developed and in November/December 2022 workshops were held to share guidance and good practice regarding the Safety Risk and Quality Dashboard; over 120 staff in total attended the sessions, including Governance Leads, Matrons, Sisters and Deputy Nurse Directors. Next steps: Accreditation process to be reviewed to provide a measure of effectiveness.	CM/JH	29 December 2023		Open
F4	22. The Trust should ensure that its IT infrastructure and system interoperability support safe, high-quality healthcare.	Progress to date: Extensive digital and IT programme in place that assesses and monitors risks that may impact on the provision of safe and high quality healthcare, with remedial action undertaken when necessary. Next steps: Full establishment of programme of work to deploy the Electronic Patient Record. IT business continuity internal audit (2023/24 Q2).	DB	30 June 2023		Open

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	KLoE 7: Engagement					
G1	<p>23. The Trust should ensure how it captures all patient engagement activity and shares the learning cross Trust where appropriate.</p> <p>[Note alignment to Action C5]</p>	<p>Progress to date: The Integrated Quality and Safety Report has been enhanced to include more detailed information on patient experience and in future, it will be made explicit that this information is drawn from the Patient Experience Committee. There is now a programme of presentations to Quality Committee including patient experience to increase visibility of both this work and the patient voice. New Patient Experience and Engagement Committee established to implement the Patient Experience Strategy, which will provide assurance to Quality Committee.</p> <p>Next steps: Highlight report to be established for submission to the Quality Committee following each meeting of the Patient Experience and Engagement Committee. NB: this workstream is included within the Quality Strategy.</p>	CM	30 June 2023		Open
G2	R9: The Board should adopt a clear engagement and involvement strategy to support the involvement of patients and carers in the design of its services and its decision making processes.	<p>Next steps: The new Quality Strategy which will be submitted for approval in March 2023 includes the strategy to develop and strengthen the engagement of patients and carers in the Trust's decision-making processes. The implementation plan of the Quality Strategy will be reviewed with regards to the involvement of patients and carers in the design of its services and its decision making processes.</p>	MT	30 June 2023		Open
G3	R11: Each care group should present a standardised quarterly / six monthly update report (run as a rolling programme) to the Patient Experience Committee.	<p>Progress to date: Rolling programme of Care Group presentations reports to the Patient Experience Group commenced in October 2022.</p> <p>Next steps: Review of effectiveness and impact to be undertaken once the first cycle of Care Group presentations has been completed. The outcome of which will be reported in the meeting minutes.</p>	CM	30 June 2023		Open

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	Recommendation	Actions Completed and Next Steps	Lead Officer(s)	Timescale/ Deadline	Rationale for Closure in the context of the report findings	Open/ Close
G4	24. The Trust should consider how and where qualitative feedback is used to assure Board and committees over the quality of services. [Note alignment to Action G5 - Mirrored content]	Next steps: The new Quality Strategy which will be submitted for approval in March 2023 includes the strategy to develop and strengthen the engagement of patients and carers. Consideration will be given to qualitative methods of presenting this activity to the Board and Board Committees.	JH/CM	29 December 2023		Open
G5	R30: the Board should set a clear timeline for further improving the level of qualitative intelligence received by the Board and its assurance committees from staff, patients and its wider stakeholders. [Note alignment to Action G4 - Mirrored content]	Next steps: The new Quality Strategy which will be submitted for approval in March 2023 includes the strategy to develop and strengthen the engagement of patients and carers. Consideration will be given to qualitative methods of presenting this activity to the Board and Board Committees.	JH/CM	29 December 2023		Open
G6	25. The Trust should consider how it responds to feedback regarding wanting a more authentic style of communications.	Next steps: To be reviewed.	KM/JP	29 September 2023		Open
G7	26. The Trust should consider how it widens whole board exposure and participation in Trust external activities.	Next steps: To build on conversations held at the December 2022 Board Strategy Session which considered 'System Working' and 'Partnerships with Purpose' and identify opportunities for further engagement of Board members in external activities. Consider with the Board of Directors the implications of the new Guidance on Good Governance and Collaboration.	MT	29 September 2023		Open

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	KLoE 8: Learning, Continuous Improvement and Innovation					
H1	27. The Trust should consider how it can release or ring fence time and provide the necessary permissions for directorates to undertake improvement activities.	Next steps: Following a exploratory meeting with AuditOne consideration will be given to the next steps which will links into the 'How you are successful improvement workstream'.	KM (PW)	30 June 2023		Open
H2	28. The Trust should consider how it can leverage greater value from its ODD and QI investment and capacity.	Next steps: Following a exploratory meeting with AuditOne consideration will be given to the next steps which will links into the 'How you are successful improvement workstream'.	KM (PW)	30 June 2023		Open
H3	29. The Trust should ensure that there is parity of esteem between clinical and internal audit.	Next steps: The terms of reference for bodies within the newly developed tier structure for Quality will provide clarity of arrangements for approval and oversight of the clinical audit programme with consideration given to the Clinical Audit Plan being approved at Board Committee level. Internal audit in progress covering Clinical Audit.	JH	29 September 2023		Open
H4	30. The Trust should consider the establishment of a research and innovation framework, aligned with the Board risk appetite and Trust and refreshed Research strategies.	Next steps: Following the review and refresh of the Research and Innovation Strategy consideration will be given to the establishment of a research and innovation framework. Research governance internal audit (2023/24 Q4).	DB	29 September 2023		Open