**NHS**
**Sheffield Teaching Hospitals**
**NHS Foundation Trust**

**Executive Summary**
**Report to the Board of Directors**
**Held on 31 January 2023**

| | |
|---|---|
| **Subject** | Well-led Developmental Review - Final Report |
| **Supporting Board Member** | Annette Laban, Chair |
| **Author** | Sandi Carman, Assistant Chief Executive |
| **Status** | To discuss |

## PURPOSE OF THE REPORT

To present the final report from the Well-led Development Review undertaken by AuditOne and to provide an update on the development of the improvement plan.

## 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.
- The final report is appended to this paper. The full report has also been shared with Management Board members.
- Next steps involve the implementation of an improvement plan, currently being developed with input from Board members to agree priority recommendations for immediate focus with a view to this plan being developed as a phased programme of improvement workstreams.
- In also aligning ongoing actions agreed to address the recommendations from the Healthcare Governance Review (June 2022), the above approach will support delivery of sustained improvement while supporting effective iterative focus across related recommendations.
- Proposals noted for the oversight of progress are based on similar arrangements to those in place to deliver CQC improvement plans (ie Improvement Programme on Page).

## 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 the final report from the Well-led developmental review and update on the development of the improvement plan.

## APPROVAL PROCESS

| Meeting | Date | Approved Y/N |
|---|---|---|
| Board of Directors meeting held in private | 20 December 2022 | Y |
| Board of Directors | 31 January 2023 | |

# Well-Led developmental review

# Sheffield Teaching Hospitals NHS Foundation Trust

# December 2022

# Introduction

The aim of this review was to assess the leadership and governance of the Trust as described in the Developmental reviews of leadership and governance using the well-led framework: guidance for NHS Trusts and NHS foundation Trusts June 2017 and identify developmental actions to inform further targeted development work by the Trust to secure and sustain the Trust's future performance as part of continuous improvement.

We were asked to undertake the review by the Trust in line with the well-led framework and considered existing and planned practice against the eight domains of the framework:

1. Leadership capacity and capability
2. Vision and strategy
3. Culture and engagement
4. Governance
5. Risk and performance management
6. Information, data and reporting
7. Stakeholder engagement; and
8. Innovation, learning and improvement

Our report is structured around the eight domains described above with each section detailing existing good practice, our findings and further developmental areas.

We engaged extensively with the Trust during the conducting of the review. We found staff to be welcoming, professional and courteous. We have no doubt that staff engaged in the process with the sole intention of providing positive and constructive feedback to support the Trust in its improvement journey. We would like to place on record our thanks for the time given over by staff to support the review and the way in which staff conducted themselves.

# Contents

# Overview – summary of findings

### Leadership capacity and capability

We found a capable Board with a blend of stability and fresh eyes, and particularly within the non-executives. We saw evidence of appropriate challenge from non-executives. There was less evidenced challenge from executives at board and committee level but this may have been because there is a strong and established Trust Executive Group where a lot of the shaping and finalisation of board and committee papers occurs.

The Chair and Chief Executive are both held in high regard and spoken of positively both within the Trust and externally. We were also told of increasing visibility of the whole board via 'Out and about' site visits which have recently recommenced with a desire from staff for these to extend into clinical support and corporate areas. We understand that the Trust has planned this in the next stage of the visits in 2022/23. As with the majority of boards post pandemic, there is now an opportunity to invest in increased board development to deepen existing board relationships which all boards require after more than two years of virtual working.

At board level there is a need to strengthen the link between board skills mapping, the board development programme and achievement of the Trust's strategic priorities to ensure that the Trust has the requisite skills around the board table to oversee delivery of the next five year's objectives. This should include consideration of the current profile of both digital and research at board and committee level within the Trust and whether this is adequate given the Trust's objectives. Below board level, there is clear investment and interest in developing clinical leaders within the Trust via the Trust's LEAD programme.

System partners spoke positively of the strength of personal relations at Chair and Chief Executive level and a desire to extend this wider across the whole board and deeper in terms of strengthening co-operation at operational levels. Whilst feedback was positive there was also hope that when operational challenges recede somewhat, that the Trust is able to play an increased partnership role working across both the NHS system and also the city commensurate with its size and stature.

It is clear from our review that within the Trust there is a growing expectation post pandemic for operational management to operate more autonomously. This was evident from our interactions with Trust senior leaders and is something that the Trust needs to focus on to harness the ambition that clearly resides at operational levels. Greater operational management autonomy will need to be aligned with appropriate support and clear devolved decision making and accountability arrangements.

### Vision and Strategy

There is clear evidence of good socialisation and embedding of the Trust's values. The principle of simplicity in regard to the messaging of the Trust's strategic priorities has resulted in staff not only being aware of them but also relating them to their day-to-day work.

The organisation's strategy has been subject to recent refresh and reflects system partnering and the collaboration agenda along with the need for sustainable service delivery. We were told that the strategy is intentionally high level and therefore excludes much of the 'how' the Trust will deliver it. Enabling strategies are at various stages of refresh and completion and this represents a current gap in the strategic framework of the Trust. We were informed that the Trust expects to complete the refresh of its enabling strategies during 2023.

Due to Covid and operational pressures, the refreshed strategy engagement exercise was not as extensive as previous Trust strategy developments. This has resulted in many staff and stakeholders being unaware of the refreshed strategy and so there is a need for the Trust to build

socialisation of it. There were also calls from both staff and stakeholders for the Trust to be more ambitious with opportunities being offered to accommodate this going forward via the enabling strategies and in particular the refresh of the Research and Innovation Strategy along with its external collaborative working arrangements. Below strategy level the Trust is developing an explicit planning link between the organisational strategy and annual service plans.

## Organisational Culture

We found a positive culture which reflected the embedded PROUD values. The Trust has recently also developed a PROUD behaviour framework which sets out what good looks like as well as what poor behaviour looks like too. In such a large organisation and with having multiple sites, it is not unusual to have sub-cultures but the Trust should consider the impact of this and individual leadership styles on the Trust-wide culture.

Alongside the embedded PROUD values, we also evidenced investment in the EDI agenda including time and resources. This is supported by the Chief Executive who is said to be a demonstrable advocate for the Trust's work in this area. This was reflected in our interactions with staff who recognised the Trust's efforts and felt that the Trust overall was welcoming of equality, diversity, and inclusion.

There is an extensive staff wellbeing offer available to staff including psychological support and an employee assistance programme. The programme was referenced positively by staff although staff also referenced that staffing pressures and activity demands meant that staff were feeling exhausted and at times undervalued. Staff recognised that this was a national, not Trust, issue. In addition to the extensive staff wellbeing offer, the Trust is also a People Promise exemplar site and has one of the best retention rates across the NHS. Many staff told us that the Trust was a great place to work albeit recognising the day-to-day challenges that they faced. We also noted that the Trust's retention rates are in the top percentile nationally and the organisation has been in the top three NHS organisations for the last five years.

As referenced above within the leadership section, culturally the Trust has more of a centralised management style with less devolved ways of working. This in part may be being driven by having multiple smaller directorates as the accountable unit below executives, rather than divisions or care groups.

The Trust has recognised that its Freedom To Speak Up offer requires investment and strengthening in order to extend its coverage, raise its profile and support the Trust in ensuring that all staff feel able to raise concerns in a safe way.

## Roles and System Accountabilities

The Trust has a comprehensive governance framework in place with examples of good governance practices. The Trust has some very committed governors but the Trust has recognised that change is required to enable the Council to more effectively discharge its core statutory responsibilities. The Trust is working with the Council to agree revised ways of working which will enable the Council to discharge its role more effectively.

We found effective board committee level working with good levels of challenge, end of meeting discipline and regular reference to risk. We also noted good cross committee working with numerous examples of reports and discussions being referred to other, more relevant committees to pick up.  The Board agenda appears very busy resulting in long meetings. There may be opportunities for the Trust to streamline workload between committees and the board to create a more appropriate division of responsibility and workload.

Accountability appeared underdeveloped at operational level with evidenced variable ownership of the agenda by operational management. Directorate level meetings tended to be information

sharing rather than displaying accountable conversations with the balance of discussion being more geared towards receiving information rather than having to account for current performance. Where accountability was exhibited, we found reliance on reassurance as opposed to assurance.

## Risk and performance management

The Trust has an established Performance Management Framework in place. It is well understood and embedded in business-as-usual activities with meetings being well attended and said to be value adding. Timeliness of such discussions is however an issue. This may be due to reporting deadlines and also possibly the number of directorates. This can mean that performance conversations are discussing data that is two months old.

At directorate level, we found an inconsistent approach to management meetings with no clear Trust wide format or expectations. The Trust has recognised this and is putting in place clear expectations.

Risk profile at board and executive level is good with evidence of regular risk conversations and reference to impacts on risks. Committees also perform regular deep dives on allocated risks which are seen as effective. Whilst the Trust has a differentiated risk appetite which is good practice, it is unclear how this is used in practice to guide conversations, decisions and reporting of risks.

Board level risk reporting has recently been revised and continues to evolve. The board should consider whether the new Board Assurance Framework serves its purpose as an insightful risk assurance tool. Given the current level of detail provided there may be merit in having an overlay paper that summarises strategic risk and focusses conversations. Beyond the Board Assurance Framework, the Corporate Risk Register Report requires further development to be insightful regarding the Trust's management of operational risks.

We found risk understanding at operational level to be variable with conflation of issues being recorded as risks and being managed via the risk register.

We note the Trust's underlying deficit and the need to deliver a stepped change in productivity and efficiency this year. Given the low levels of delivery in the previous year and the stepped change in requirements we would expect greater focus and scrutiny over the delivery of plans at Finance and Performance Committee alongside more explicit use of benchmarking and other sources of management information to help guide the development of plans.

## Information

We found positive use of benchmarking reports to contextualise Trust performance. The Trust uses statistical process controls (SPC) charts within its Integrated Performance Report and Integrated Quality and Safety Report (IQSR) alongside clear presentation style to aid readability. There is a recognised need to broaden the range of workforce metrics to help oversight of this important area and provide greater visibility over performance.

Despite the positive layout of the above reports, generally we found more could be done to invoke improvement-based discussion by offering insights beyond reported performance. Trend-based reporting, clear actions, forecasts, and improvement trajectories would give greater ability to gain assurance over actions and hold executives and operational managers to account for delivery. A better understanding of the purpose of board and committee level reporting and a shift from reporting performance to reporting for improvement will provide greater assurance and reduce the current need for non-executives to seek verbal reassurance from executives at meetings.

The Trust is in the early stages of implementation of a new electronic patient record system. It is clear from staff feedback that this is needed as the current system does not support modern digital enabled healthcare. More generally, we were informed of IT infrastructure concerns and poor

system interoperability which add increased inefficiencies to staff's day to day working practices. We are aware of the recently launched Digital Strategy 2022-25 which was developed following a number of engagement events. We note that the frustrations conveyed to us appear similar to the work programme contained within the digital strategy.

## People, staff and external partners

We found strong positive relations with external partners all of whom were supportive of the Trust. Interview feedback and survey responses were consistent in the view that the Trust has, in recent years, changed in its approach to collaborative working and is more engaging than previously. This is especially so of the Chair and Chief Executive with recognition from stakeholders of the need to widen participation to the wider board and beyond. There was also a desire for the Trust to engage sooner in debates, with a view that at times the Trust is quicker to engage when it needs something from the system than when the system needs something from the Trust.

Staff feedback in our focus groups and staff survey results support the view that the Trust engages well with staff. Staff feel that senior management are approachable and display compassionate leadership. We also noted the board 'Out and about' site visits that recommenced in March 2022 which allows board members and governors opportunities to be visible and engage with staff.

We noted the investment by the Trust in the Patient Experience and Engagement Forum and the Patient First Group. We heard first hand from patients about the opportunities they have via the Patient First Group to influence and change service provision. We also saw evidence of patient engagement via the 'Developing our Organisation Annual Review' report which set out examples of service changes delivered in 2021/22, many of which involved patient and carers. It is clear that patient involvement is welcomed and used to effect change.

## Learning, Continuous Improvement and Innovation

The Trust has clear and robust governance structures in place for incident and mortality management and review. Whilst we saw evidence of learning and heard examples from staff, we also heard that there is a need to strengthen processes for identifying and sharing learning more effectively on a Trust wide basis. This appears to be the same for other learning opportunities too including clinical audit.

We noted a number of instances of poor timeliness and compliance with some governance processes. This includes overdue internal audit actions, re-reviews by clinical audit which demonstrate lack of progress and a high proportion of Trust policies being beyond their review date. To be a well led, well governed Trust that promotes learning and continuous improvement there is a need to ensure such matters are dealt with promptly and in line with agreed timelines.

The Trust has made significant investment in its organisational development capabilities. This includes the Organisational Development Team and other capability building investments such as the Microsystems Coaching Academy which uses a quality improvement methodology aligned with the Institute for Healthcare Improvement. These resources have successfully helped deliver a myriad of service changes over the years including during the pandemic. Looking ahead and recognising the need to deliver post pandemic recovery plans and secure financial sustainability there is an increasing need to extrapolate the scale of service improvements to deliver change on a larger scale. This may include closer working between the Organisational Development Team and the Productivity and Efficiency Programme to deliver financial as well as qualitative service change improvements.
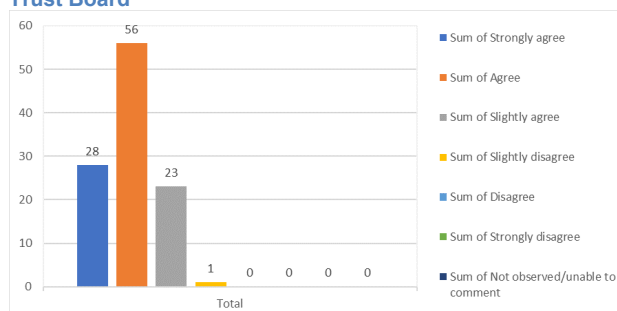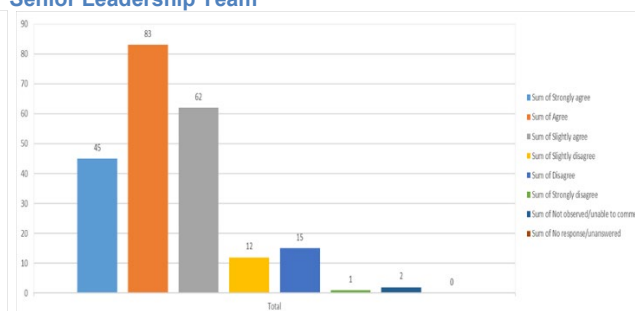
# Detailed findings

## KLoE 1: Leadership Capacity and Capability

| Strengths | Development areas |
|---|---|
| • Breadth of experience around board table <br> • Chair / CEO offer authentic leadership <br> • Board visibility <br> • Effective challenge across Board and committees <br> • Comprehensive leadership programme (LEAD) | • Board – Executive – Operational decision making and accountability dynamic <br> • Board as a team and wider development <br> • Digital, Estate and Research agenda profile |

**Trust Board**



**Senior Leadership Team**



**External stakeholders**



The above graphs shows the total aggregate domain scores for all questions within the leadership domain well-led surveys. Results show that the vast majority of respondents answered strongly agree, agree, or slightly agree to each statement. See Appendix 2 for the detailed survey results.

- Non-executive board members have a wide range of skills including NHS, clinical, financial, legal, higher education, research, retail and some more generalist skills including IT, estates and change programmes. There is also evidence of increased diversity around the boardroom table which is more representative of the Trust population.
- Review of the Board Skills Matrix (dated 2022) shows particular strengths in organisational development and staff management, public relationships and strategic planning and management. We also note that the areas with the least self-assessed strength in experience are estates, legal and IT. We recognise that with the most recent non-executive appointment the legal expertise shortfall is covered. As the Trust is hoping to implement a major IT system in the near future the board should consider whether it has the requisite skills to offer effective oversight of this and if not how it might fill this shortfall in expertise.
- The board is relatively settled in comparison to a number of other NHS boards, particularly on the executive side. However, the Trust has recognised that board development is required post-pandemic to further support the building of an effective team with the Chair wishing to undertake

psychometric profiling to support understanding of each other as a team. It is recognised that the pandemic has limited opportunities in this space, nonetheless it is important that Trusts do invest in such activities.

- We note that mid-way through 2021 the Trust reduced the number of public Board meetings to six per year held bi-monthly thus allowing time for board development and more in-depth discussion on strategy in the intervening months. It is important that this time is ringfenced for 'blue sky' and strategic discussions and not allow day to day business to take over the time available.

- Review of the existing board development programme identifies little in the way of team building or psychometric understanding of board colleagues as referenced above. The programmes current content appears to be derived from a combination of proactive elements including the EDI Board Development Programme and a leadership development session with Michael West, and reactive elements from board conversations, emergent issues, and strategy refreshes. All of which is helpful and will support board members in fulfilling their role. In addition to the existing approach, it may also be useful for the board to consider its needs more strategically including explicit linking to the board skills matrix to strengthen 'weaker' areas and also more explicit linkage to the achievement of the Trust's strategy. For instance, the most recent new strategic aim relates to sustainability and the green agenda. Are board members fully sighted and aware of the expectations placed on NHS organisations and what good looks like from a sustainable perspective. In addition, there are the more outward facing system and city considerations regarding the Trust's role and profile as an anchor institution and what this means alongside leveraging partnership working to add value to the population.

- We were made aware that for new non-executives there was a structured induction which included a series of introductory MS Teams meetings with board colleagues. We are also aware that as the Trust has recommenced site visits by non-executives there are now opportunities to visit Trust sites and familiarise oneself with the services.

- We note that in 2020 executive appraisals included a discussion regarding succession planning. From this discussion, three possible outcomes were identified: A- Possible successor ready immediately, B - Possible successor ready with some further development / experience (12-24 months) and C - No obvious successor available in medium term (3 years). Following the exercise, no successors were identified as Category A, 6 were in Category B and 4 in Category C. Whilst at the time the Chief Executive expressed satisfaction with the position, we have not been supplied any further documentation to understand what the Trust has done in the interim to move individuals in category B into category A and whether for those where no obvious successors were in post (category C) whether the situation remains as is or not. Should the lack of shared documentation be reflective of a lack of progress in regard to this matter then the Trust should consider picking this back up again.

- In relation to non-executive succession planning, we can see that there is appropriate oversight and timetabling of both potential re-appointments and replacement of non-executives whose terms have expired.

- From our observation of the September 2022 board meeting, we noted that this was a long day for board members to remain focussed and energised throughout. Taking into consideration the public and private board meetings and the Council of Governors meeting, members were in meetings from 9am through to 5.45pm with only short breaks in-between. Public board ran from 9am through to 2pm which is a long meeting by board standards. The Trust may wish to review its agenda and that of its committees to ensure that the division of labour is appropriate between board and its committees.

- Running the Council of Governor meetings straight after the public board meeting created a two-tier level of understanding and knowledge amongst governors dependent upon whether they had been able to attend board or not. This was partly driven by constant reference to prior conversation that morning at board and also utilising many of the same papers for both board and Council of Governors despite the differing purpose of the meetings.

- From our review of Board papers, the Board has struggled to maintain a balance on the agenda between strategy and current issues with significant time understandably being devoted to responding to the recent CQC report findings. At board level it is important that the board

- continues to look forward and develop an inspiring vision that staff and stakeholders can coalesce behind during challenging times.

- We noted from our review of committee minutes a number of non-executive apologies. This was particularly evident at Audit Committee during the period under review where two non-executives only attended 1/5 meetings during 2021/22. Whilst Audit Committee meetings were quorate throughout the year, there is a need to secure full and representative non-executive input into meetings.

- We note that in November 2021, the Trust launched a scheduled programme of 'Out and about' site visits for board members to visit services. Following reinstatement of these visits in March 2022 after a spike in Covid cases, it was agreed that governors would join executives and non-executive 'pairs'. Reinstatement of these visits illustrates the priority and importance attached to them by the Trust and is to be commended.

- We noted that during May and June 2022 11 such visits took place which is a positive. Visits in those two months covered services operating from the Royal Hallamshire Hospital, Northern General Hospital, Jessop Wing and Beech Hill.

- Feedback from these visits is collated and reported into board although we noted that whilst in the main there was very positive feedback regarding the usefulness of these visits, some interviewees expressed some concern as to whether they were getting the best from these formal arranged visits.

- The feedback we heard from staff is that they have noticed increased visibility of the board and the walkabouts which they viewed as positive and a chance to highlight issues and talk to senior leaders. One example that was provided was an issue around a waiting room that was located in a conservatory. We heard that this had been a problem for a considerable period of time with numerous conversations and it was as a result of the CEO visiting the area that has led to her intervention and action is being taken. One senior leader commented within their survey response that "*leadership is more visible and out and about visits are well received*".

- We did hear that the Chief Nurse works in clinical areas on a regular basis and heard examples of where this had led to improvements such as the numbering of the rooms in the Maternity Assessment Centre (MAC) to minimise patient risk.

- Furthermore, the non-executive champion for maternity was acknowledged for being visible and continuing to visit during the challenges of the pandemic.

- The view that executives and non-executives are visible was not however universal and we did hear that some corporate areas and clinical support areas believe that clinical services are prioritised and would welcome being part of the 'Out and about' programme. Since conducting our staff focus groups, we have learnt that the Trust is planning a second phase of board visits which extend to corporate and support areas.

- In addition to the above 'Out and about' series of visits, additional alternative approaches should also be explored to widen board visibility to further extend the reach of non-executives through activities other than site visits. This could include non-executives delivering team brief podcasts as an example or dropping in virtually to staff networks and patient engagement meetings or visiting staff rest areas and restaurants etc.

- External partners and stakeholders were very positive about their experience with the senior level leadership at the Trust although this was not universal throughout the levels of management with one respondent stating "*I have found really positive engagement at a senior level within the organisation with a willingness toward partnership working and integration. I have found however that this openness to integration is not mirrored lower down in the organisation with teams in some directorates being more inclined to work introspectively and on their own rather the system's interests*" We heard similar sentiments in some of our 1:1 interactions with external stakeholders too.

- Feedback from senior leaders and our focus groups referenced that executives were also accessible, responsive, and supportive.

- Below executive level we noted that there are a suite of clinical leadership programmes in place although it was commented on in our focus groups whether there was parity of opportunity given to non-clinical leadership succession planning and development. We heard that as the Trust

aspires to recruit management successors from within this is especially relevant.

- Leadership style was described as centralised with Trust Executive Group being seen as the focus of Trust decision making. Whilst this was relevant during the pandemic, there is a need to further develop and support directorate leadership and devolve accountability and ownership to them in such a way that accountability and decision making are aligned. We reference this more later in the report.
- It is also important that the relationship and decision-making powers are appropriately aligned between board and Trust Executive Group such that board retains the responsibility for setting the direction of travel for the Trust and executives develop the associated plans within the board agreed framework.

**Recommendations**

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|---|---|
| **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 strategic needs |
| **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 |
| **3.** | The board should ensure ring fenced time is protected for strategy discussion at its board strategy sessions |
| **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 |

## KLoE 2: Vision and Strategy

| Strengths | Development areas |
|---|---|
| • Well socialised values<br>• Board strategy sessions | • Setting the ambition for the Trust<br>• Socialisation of the refreshed strategy<br>• Board role in strategy and planning<br>• Cascade of strategic priorities and alignment of directorate plans<br>• Financial sustainability<br>• Research profile |

**Trust Board**
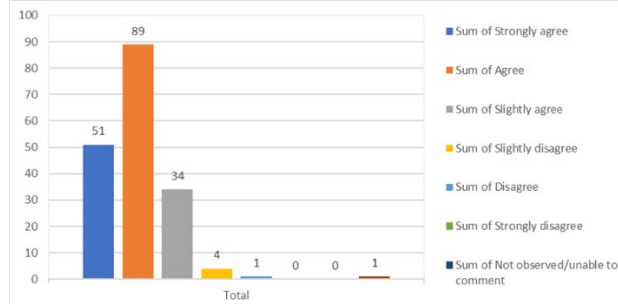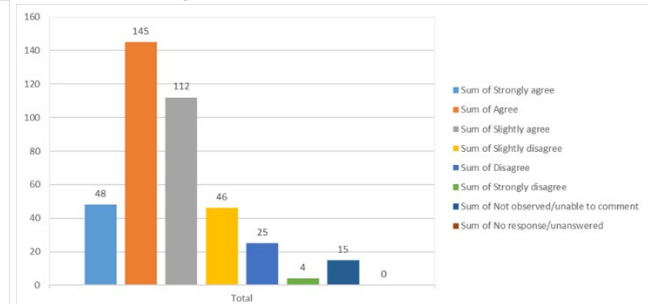


**Senior Leadership Team**



**External stakeholders**
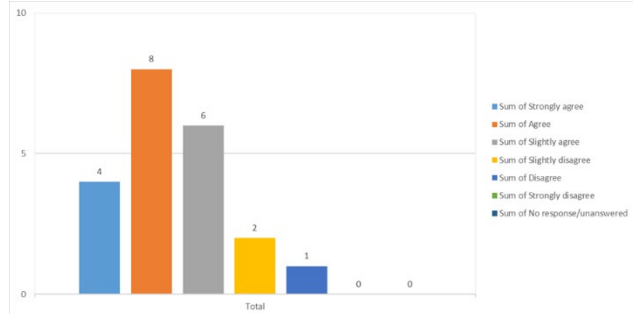


The above graphs shows the total aggregate domain scores for all questions within the strategy domain well-led surveys. Results show that the majority of respondents answered strongly agree, agree, or slightly agree although a number disagreed with each statement. See Appendix 2 for the detailed survey results.

• The Trust has well embedded PROUD values which are an acronym for patient-centred, respectful, ownership, unity and deliver. These were referenced positively throughout our review. The values have been part of the organisation for over 10 years and the Trust has also developed a Behaviour Framework as part of its ongoing work on its values. It has also established a PROUD forum which has diagonal membership meaning all the various levels of the organisation are involved and is chaired by a Deputy Medical Director with a Nurse Director as co-chair.

• Survey respondents were clear that in their view staff know the PROUD values and that the values have a strong underpinning in the culture of the Trust.

• As well as recognising the strong values, respondents also recognised that "*whilst the values are well recognised and cited, the strategy and vision might be less well recognised*". This view was supported by a number of other respondents too who stated "*I think the values are strong. The new strategy however doesn't appear to have filtered through to all colleagues or have meaning at a local level as yet*", "*Values are strong, vision and strategy less so*" and "*I report to one of the Exec team. I was surprised to hear that STH had published their 2022-2027 strategy*".

• The above survey responses support our wider interactions with the Trust whereby we would agree that the PROUD values are recognised and understood by those we interacted with, with less recognition and understanding of the strategy.

• The 'Making a Difference' Corporate Strategy has six strategic aims; Deliver the best clinical

- outcomes, Provide patient centred services, Employ caring and cared for staff, Spend public money wisely, Create a sustainable organisation and Deliver excellent research, education and innovation. The strategy was relaunched in 2022 and is aligned with other key strategies including the Quality Strategy, People Strategy and the Trust's CQC action plan.

- Feedback from our interactions referenced the need for a clearer steer to be given to care groups and directorates over the Trust annual planning objectives to provide greater alignment with directorate plans. A desire was also expressed for a bolder strategy and greater risk appetite to take the Trust forward.

- Having read the revised strategy, it is clear that it is an extension of the previous strategy and it is high level in its content.

- We are aware of the inclusion in the refreshed strategy of an additional sustainability objective following feedback from stakeholders. However, the profile of this element appears somewhat lower than other objectives from our discussions with staff and senior leaders.

- Historically the Council of Governors has been involved with the development of the strategy. The governors expressed disappointment that the refresh process adopted in light of the pandemic restrictions did not afford the previous level of Governor involvement in the strategy's development.

- We also understand that following the Trust Strategy refresh during 2022 underpinning strategies are being refreshed to align with this. As an example, we understand that the new draft Quality Strategy shared with us during the review was expected to be completed by October 2022. There is a need for these enabling strategies to offer a level of specificity which the organisational strategy does not. This will also allow annual plans, milestones, and measurements to be developed to monitor and report on delivery. As one respondent stated "*There is no vision per se. Our staff need to envisage the future and be inspired. Some of this needs to be eminently digestible. Where is the True North? Where's the slogan that trips off everyone's tongues*".

- The Trust's existing Quality Strategy sets out three objectives which are Safety, Patient Experience and Effectiveness as outlined in the Quality Account for 2020/21. The Trust website states that 'providing our patients with high-quality clinical care is our top priority'. It is positive to see engagement with a range of stakeholders including Healthwatch, governors, clinicians and managers. We noted too that the work of the Quality Committee is structured around quality, patient safety and effectiveness.

- We note that the Estates Strategy was out of date at CQC inspection in Nov 2021 as it covered the period 2017 – 2020. From our interactions and review of supplied documentation we could not see reference to a new in-date Estates Strategy.

- The Trust has a People Strategy 'Making it Personal' (2017 – 2022) which was shared with us. The People Strategy references making the Trust 'a brilliant, personal place to work' and is aligned with the Trust's 'Making a Difference' strategy. It is explicitly aligned with one of the Trust's strategic aims to 'employ caring and cared for staff'.

- At the People Committee (formerly named HR and OD Committee) we observed that members were updated on the decision that the strategy was being reviewed and work was underway to align the strategy with the national People Promise. The strategy is comprehensive and engaging with ten workstreams identified. We understand the strategy was developed originally through extensive engagement with colleagues and are aware that there is an ongoing consultation to decide the 'name' of the People Strategy going forward.

- Delivery of the People Strategy is governed through the People Committee. This includes deep dives at the committee into each of the workstreams. This can be seen in the agendas for the committee over the last 12 months with a Deep Dive on different workstreams taking place. We heard that the strengthened oversight model was in response to a previous audit undertaken some time ago whereby only limited assurance could be given at that time. This illustrates that the Trust is learning from internal audits with the audit having been subsequently reviewed and an assessment given that the governance of this strategy is on track.

- We noted examples of the Trust considering operational pressures through the lens of quality. Examples include waiting list reviews undertaken by a Deputy Medical Director and the Chief Operating Officer at three month and six-month intervals of patients who are waiting. Also there

has been an increase in the 12-hour trolley breaches which has resulted in a harm review being undertaken for all those who breached. The holistic view of the patient is part of this with consideration of harm beyond what might be categorised as 'immediate' such the wider impact on personal and work life and circumstances also used to define harm.

- Within our focus group discussions there was good discussion about the perceived balance of focus between finance and quality. The overall view was that decision-making is weighted towards financial considerations because it is easier to measure. Senior leaders who struggle to articulate a clear financial case felt that opportunities for quality improvement are missed. Participants expressed a desire to emulate in their view other large Northern Trusts with perceived greater risk-taking and longer-term investment decision making to overcome some of the 'wicked' problems and to strengthen decision-making on a clinically led and patient outcomes basis.

- We understand that the Trust commenced its internal business planning process for 2022/23 in good time with submission of draft business plans requested by the end of October 2021 for consideration in November 2021. In order to reduce the burden of the planning process on teams a streamlined business plan pro-forma was developed and the Information Services Team provided directorates with prepopulated activity plans.

- For 2023/24 directorate planning, we are aware that the Trust is seeking to expand the planning horizon of directorates and introduce a requirement to set out, at a directorate level, its medium-term vision. Directorates are being asked to look ahead 3-4 years and set out what good looks like and describe how the next 12 months plan supports delivery of this. In addition, to generate cross directorate thinking and working, directorates are also being asked what support they need or dependencies they have, with other directorates in order to achieve their vision.

- At the December 2021 Finance and Performance Committee meeting, members were given a presentation on the deep dive review into Principal Risk 4.1, Uncertainty around future funding models. There was a discussion prompted by non-executives around the creation of a robust and comprehensive business plan for 2022/23 which would provide the required assurance that the Trust was doing all it can within its control to mitigate the risk from an internal perspective.

- The Finance and Performance Committee were presented an update on the Planning Guidance for 2022/23 in January 2022. Members were informed that planning deadlines were indicated as mid-March 2022 for draft plan submissions and end of April 2022 for final plan submissions. No discussion is captured regarding the planning timeline and when drafts would be shared prior to approval prior to submission.

- At the January 2022 Finance and Performance Committee members were provided an outline of the Financial Plan which was developed based on the Planning Guidance assumptions shared with the Committee. The draft plan showed a significant gap in required funding reflecting the cost pressures approved in the 2021/22 Financial Plan, potential funding shortfalls and carry forward of undelivered efficiency requirements from 2021/22. In addition, members were informed of the additional efficiency requirements for 2022/23 and a list of potential cost pressures/service developments for 2022/23. It was hoped that the gap could be reduced via improvements in assumed income including Covid Funding, Elective Recovery Fund, 2022/23 Growth Funding, and managing the cost base via increased efficiency delivery and restricting required cost pressures and service developments. Whilst the severity of the upcoming financial position was only noted by the Committee more positively it was proposed that this item should be an agenda item on the next scheduled Board of Directors' Strategy Session where contingencies would be discussed. This demonstrates escalation to board from committee and a recognition of the need to focus time on this matter.

- The March 2022 Finance and Performance Committee were informed that draft plans (operational, workforce and financial) had already been submitted to the ICS. From our review of committee and board minutes we are unaware of these being approved or reported to either the Finance and Performance Committee or board prior to submission.

- At the same March 2022 Finance and Performance Committee, members were informed that there was a requirement to deliver a stepped change in efficiency savings in 2022/23 when compared to the level of delivery in 2021/22.

- A further update was presented to the April 2022 Finance and Performance Committee when

members were informed that further discussions would take place at Trust Executive Group that week and further tactical judgements would be made to determine the final position. The minutes do not capture views being sought, or given, by committee members.

- The May 2022 Finance and Performance Committee was informed that final plans for 2022/23 had been submitted to the ICS. We were informed that these plans reflected the Trust's 2022/23 Financial Plan approved at the April 2022 board meeting.
- We also noted that at the September 2021 Finance and Performance Committee meeting, members were presented with a summary overview of the refreshed Making it Better (MiB) programme priorities for 2021/22 as agreed by Trust Executive Group. The committee made some suggestions around the report's presentation which would make it easier for the committee to monitor progress in future. We note that the Finance and Performance Committee noted the MiB programme priorities for 2021/22. It is unclear what role the committee or the board had in shaping and agreeing these priorities.
- We note that financial risk is incorporated into the regular finance reports and risks are quantified which is positive. Stated risks included productivity and efficiency delivery, cost pressures and system issues. It is unclear from our review of minutes how the identified financial risks have been responded to given the crystallisation of risk surrounding efficiency delivery and cost pressures. For example, in relation to efficiency risks and poor delivery on 2021/22 we would have expected to see much greater focus on this element in committee including early sight of emerging plans, understanding of delivery governance arrangements, use of data to identify opportunities etc.
- We note that at the June 2022 Finance and Performance Committee, where April performance is discussed, members were informed that the 2022/23 Productivity and Efficiency Programme was behind plan and was contributing to the overall adverse financial variance to plan at that time.
- Similarly, at the July 2022 Finance and Performance Committee, the May 2022 financial position was discussed where once again members were informed that the Productivity and Efficiency Programme remained behind plan and was contributing to the overall adverse financial variance to plan at that time.
- It is important that the Trust responds appropriately to the required step up in efficiency delivery requirement in a recurrent way in order to prevent further increasing the underlying deficit position. Continued delivery of non-recurrent efficiencies will undermine the Trust's ability to deliver high quality, safe and sustainable services.
- At the July 2022 Finance and Performance Committee meeting an update was provided on one workstream element of the Making It Better programme. The update showed that the 'Outstanding Outpatients Programme' was not yet meeting targets. Concern was expressed by non-executives as the financial plan assumes a level of Elective Recovery Fund money that assumes delivery of the workstream targets. It was acknowledged by executives that this was the case and members were advised that "*good starts have been made in the workstreams*". The minutes do not capture any further challenge or request for escalated scrutiny going forward.

**Recommendations**

| 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 |
|---|---|
| 6. | The Trust should consider how it will raise awareness of the refreshed strategy amongst staff and stakeholders |
| 7. | The Trust should consider the governance arrangements to secure delivery of the sustainability strategic objective |
| 8. | The Trust should consider how it will strengthen oversight and governance of its Productivity and Efficiency Programme to ensure delivery and financial sustainability |

## KLoE 3: Organisational Culture

| Strengths | Development areas |
|---|---|
| • PROUD values and behaviour framework<br>• EDI investment and profile<br>• Staff Wellbeing programme<br>• People Promise exemplar site<br>• Mandatory training rates<br>• Staff retention | • Devolved decision making<br>• Senior leaders' perception of silo working leading to sub-cultures<br>• FTSU awareness and arrangements |

**Trust Board**
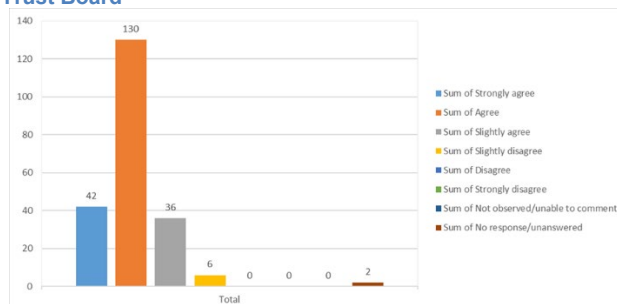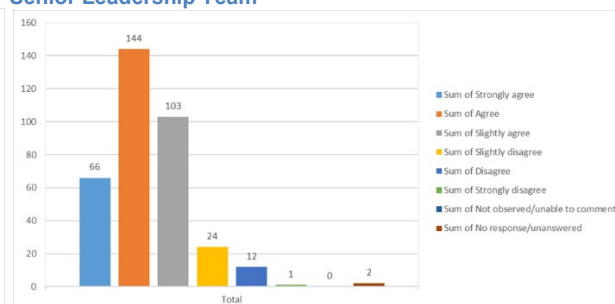


**Senior Leadership Team**



**External stakeholders**
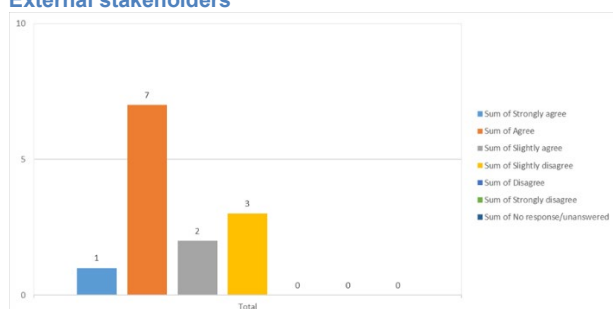


The above graphs shows the total aggregate domain scores for all questions within the organisational culture domain well-led surveys. Results show that the vast majority of respondents answered strongly agree, agree, or slightly agree to each statement with a small number disagreeing with the statements. See Appendix 2 for the detailed survey results.

- As described within the vision and strategy section above, the Trust has strong, well defined and socialised values.
- This was supported by the external report on healthcare governance undertaken during December 2021 to April 2022 which stated that 'The Trust has developed a clear narrative about nurturing a values-driven, positive and caring culture. It has a well-articulated set of values which, from our contact with staff and stakeholders, seems to be understood and able to be articulated at different levels of the organisation'.
- The Trust's most recent staff survey had a lower response rate of 38% compared to the median of 46%. Overall, the results placed the Trust firmly within the average spectrum and there are no indicators where the organisation was reported to be in the worst performing. We did hear that in response to the staff survey results, the Trust is to focus on team-working as this area was the one area below peer average. On reviewing the minutes and agenda for the People Committee there was little evidence of monitoring of the actions agreed from the staff survey. This aligns with interviewee feedback who noted that an update was probably due. This issue may be being covered obliquely within the deep dives into the People Strategy at the People Committee and whilst we could see that these happen effectively at each committee, we saw no overt reference to the staff survey.
- Whilst the Trust does have strong values with many staff referencing both the values and that the

Trust is a friendly place to work, management need to be open to, and responsive of, examples of behaviour which do not meet Trust standards. To support this, we noted that the Trust has recently developed its PROUD Behaviour Framework which should support leaders being able to dispassionately and objectively refer to these when dealing with poor behaviour.

- Through our interactions with staff and senior leaders comments about organisational culture were supportive but quite muted. Other than a generally supportive culture underpinned by mutual respect between staff and modelled by the senior leaders comments focussed on silo working resulting in different sub-cultures between sites and directorates. In addition, a perceived lack of clinical autonomy was referenced a number of times driven by what was described as a high level of central control and a requirement to 'seek permission' even for minor purchases. This appears at odds with the organisational view of having devolved management arrangements in place.

- The need to refer decisions to the Trust Executive Group was referenced on a number of occasions as causing delays in decision making. Culturally this was described as a centralised management style rather than devolved management. These sentiments were illustrated in comments from senior leaders within their survey and also our interactions with them. Listening to these views and reviewing how the relationship between Trust Executive Group and senior leaders currently works and could be developed for the future will facilitate greater autonomy for senior leaders and more devolved decision making to expedite improvement work and recovery objectives.

- We are aware the Trust recently held its Annual Awards evening as a face-to-face event for the first time since Covid with over 900 people in attendance which is a positive investment by the Trust.

- The reporting of the work of board committees takes place in the private board session with the sharing of the committee minutes and a verbal update from chairs on issues they wish to raise. Governance could be strengthened if there was a written summary report to provide a more robust level of assurance via a standard chair's assurance template. Also, the Trust should consider if the reporting from the committees should be in the public board session to provide a greater level of transparency and assurance around the work of the board and its oversight. This would also provide an opportunity for the public and governors to understand what the committees are discussing in terms of risks, performance and staff and patient experience.

- We have referenced elsewhere re the Trust being perceived as being financially led. Whilst we did not observe this in our meeting observations or review of board and committee minutes, the perception at operational level appears to revolve around the need to submit business cases and generally seek permission centrally to spend what is perceived as devolved budget funds. This appears to separate accountability and decision making and undermines the sanctity of the budgetary process.

- We are aware that at the January 2022 Audit Committee, the committee received a limited assurance audit report in relation to Estates Procurement. The report highlighted low compliance with the Trust's Standards of Business Conduct Policy. Assurance was sought whether these issues could be adequately addressed by completion of the agreed actions.

- The Trust has increased its focus and work on the EDI agenda and is one of the workstreams in the People Strategy. The Trust has established dedicated roles for this work, and four staff networks including Prouder LGBTQ+, STHAbility, Race, Equality and Inclusion, Women and the EDI Board are established forums. We heard that the organisation has put considerable effort into this as it was a recognised gap historically. Staff network chairs are provided 10 hours per month to undertake their duties, a share of an admin resource and a budget for use to promote the work of the group, events and other ways that further the aims of the network. The staff networks spoke positively about the Trust's commitment and support including from the Chief Executive personally.

- One area that the Trust may wish to consider is how the personal EDI stories could be heard by listening to experience first-hand. We did hear a view from the staff networks that communication and messages can be 'sanitised' and that they feel that this can lose the impact. This does correlate with what we heard from other members of staff about Trust communications and whether there is an opportunity to hear 'less corporate' and more authentic style messaging for

greater impact and engagement.

- We also saw evidence of the EDI team reporting into board in May 2022. The presentation included showcasing the development of an EDI dashboard which covers workforce and service users. The range of metrics included within the dashboard include age, sexual orientation, ethnicity, religion and deprivation. This is positive and shows a determination to measure and monitor impact although future dashboard improvement might include the inclusion of trend and target indicators to generate improvement-based conversations rather than report 'point in time' data.

- The Trust has a Reciprocal Mentoring Programme which was launched in June 2021. We understand that since its launch in 2021, 68 Trust members have participated in the programme. The programme matches senior leaders from across all areas of the Trust and members of the Staff Network Groups.

- The Trust has a series of e-learning modules covering a wide variety of EDI topics, including cultural awareness, disability, understanding race bias, micro behaviours and tackling sexual harassment in the workplace

- The Trust's Equality Impact Assessment process is supported by a proforma, guidance document and training. It includes a RAG-rated quality assurance process with work ongoing to embed this across all areas of the Trust.

- We were informed that the focus for the EDI team for the next 12 months includes new Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) action plans, benchmarking and measuring the Trust's EDI performance with peers, improving community engagement and involvement, using the new EDI dashboard to highlight and address health inequalities and roll out and evaluation of the online training modules and the Reciprocal Mentoring Programme.

- We also noted that in July 2022 the board received the Sheffield Race Equality Commission Report and Recommendations. The purpose of this report was to raise awareness of the commission and its report and seek confirmation from the board of the Trust's commitment to the recommendations and actions contained in the report. We understand that the report and the Trust's response to it will be a focus at a Chief Executive all staff briefing event.

- The Trust has built on its PROUD values via the creation of a PROUD Behaviours Road Map. The development of the behaviours contained within the road map were reached following wide consultation.

- The Trust has invested in Dyslexia Workplace Assessors who have been trained to conduct assessments to raise awareness and understanding of dyslexia and other learning difficulties and the impacts in the workplace.

- The Trust has also run a significant number of training sessions on deaf awareness and British Sign Language (BSL) supporting the programme of work around the Accessible Information Standard.

- The Trust has an extensive wellbeing offer which is part of the People Strategy and is aligned with the strategic aim of 'Employ Caring and Cared for Staff'. The Trust has numerous examples of best practice in this area including the Employee Assistance Programme, CALM rooms, Physio Plus and psychological support services. Health and Wellbeing checks were introduced at the start of the pandemic which took a holistic view of staff to support them. This was underpinned by considering the whole person in terms of their personal circumstances and work to tailor the support to them.

- We heard from staff and senior leaders that the Trust had taken proactive steps to support the workforce with the current cost of living crisis including a recent session around financial wellbeing and proactive steps to address the concerns around pensions.

- The Trust has a Wellbeing guardian which is one of the non-executives. The wellbeing offer is recognised by the staff although the challenge remains around the basic needs whereby staff can come to work and do the best job possible. This is the reality for staff and the impact on them with the current staff shortages although they acknowledged this is a national issue.

- The People Strategy was cited positively but participants acknowledged that it doesn't change the fact that staff are under pressure and don't necessarily feel valued.

- Mandatory training rates consistently exceed the Trust target. The Trust has focussed on job specific essential training in the last year and since the last CQC report and this is now at 92%. The Trust's appraisal rate is slightly lower at 85% and there is an aspiration to reach over 90% and ensure appraisals are aligned with the PROUD values and behaviour framework. We support the focus of the Trust to focus on improving the quality of the appraisals to enable the identification of themes, hotspots and learning.
- The Trust is an exemplar site for the People Promise and this work was shared with the People Committee that we observed.
- The Trust's retention rates are in the top percentile nationally and the organisation has been in the top three of NHS organisations for the last five years. This is a strong indicator of the culture of the organisation with low attrition rates suggesting that staff enjoy working at the Trust and this correlates with what we heard from staff. The overwhelming message we heard is that staff are proud to work at STH and enjoy coming to work.
- We noted that the external review of healthcare governance was specifically asked to look in detail at the freedom to speak up process. The main conclusion drawn was that compared to other Trusts of a similar size, benchmark data suggested that there is potentially an under-reporting of concerns possibly due to the Freedom to Speak Up Guardians (FTSUG) being staff governors and the potential conflicts that this may create. We have not duplicated effort here and have taken the outcome of the review and sought to understand what the Trust has subsequently done to date.
- We tested the awareness and views of the Freedom To Speak Up (FTSU) process in our focus groups. Participants stated that they felt able to raise concerns through formal routes and were generally confident that they would be taken seriously and relevant support offered. There was a caveat that concerns that were not quantifiable, potentially relating to quality, were more difficult to raise and sometimes might not warrant a formal approach, but the avenues for discussing those were less clear. There was awareness of FTSU, but an uncertainty about how effective it is or how much awareness there might be of the process in wider staff groups.
- We recognise that following the findings in the CQC inspection the Trust is addressing its FTSU processes. A paper was approved at Trust Executive Group in September 2022 to trial a new approach with an investment in a 0.5fte band 8a dedicated post. In addition, the Trust intends to increase the number of trained FTSU Guardians from three to ten and for the additional guardians to be drawn from the wider staff pool not just staff governors. We believe that the revised approach will help to address the previous gap whereby FTSU Guardians were appointed from within the staff governor cohort which significantly limited those who could apply or express an interest.
- We would recommend that the Trust continues to develop robust FTSU performance measures as to date the reporting of concerns is low which has been recognised by the Trust from the external review referred to above. This is a key area for focus as there is a risk that the low numbers of concern being reported via the FTSU process could be due to reasons beyond who the current FTSUGs are.
- We did note that there is a non-executive champion for FTSU and that two groups have been developed to support the implementation of improved FTSU arrangements. The steering group includes the non-executive FTSU champion and the Director of HR and Staff Development as members. We are aware that there has been discussion regarding where the FTSU role and function should sit. There is no mandated guidance from the National Guardian's Office and the Trust is encouraged to continue to establish robust reporting and transparent reporting processes and demonstrate the involvement of wider executives such as the Chief Nurse given the original intention to enable staff to raise concerns around patient safety recommended by Sir Robert Francis.
- The Trust could strengthen the demonstrable independence of FTSUGs by involving them more so in the authoring as well as the presentation of the FTSU reports at People Committee. We observed that whilst a FTSUG attended and presented the paper it was authored by HR. This seemed a missed opportunity to hear first-hand from the FTSUG team from their perspective.

**Recommendations**

| 9. | The Trust should consider how it supports improved devolution to Clinical Directorates and Care Groups |
|----|---|

## KLoE 4: Roles and system accountabilities

| Strengths | Development areas |
|---|---|
| • Effective committee working<br>• Cross committee considerations<br>• New Governor ways of working<br>• Comprehensive governance framework | • Future proofing committee structure (Digital and Research)<br>• Board – Committee workload and decision making<br>• TEG and MBB – CMB team development |

**Trust Board**
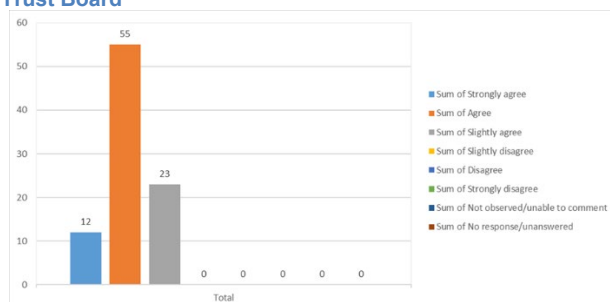
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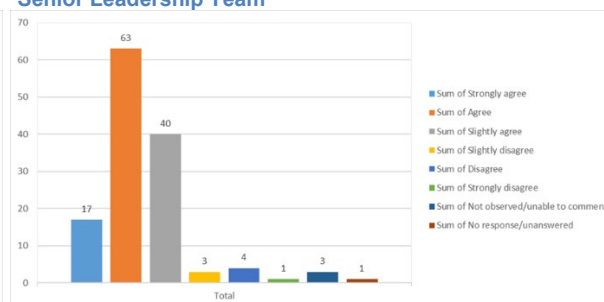


The above graphs shows the total aggregate domain scores for all questions within the roles and responsibilities domain well-led surveys. Results show that the majority of respondents answered strongly agree, agree, or slightly agree with each statement. No questions are asked of external stakeholders within this domain. See Appendix 2 for the detailed survey results.

- The Trust's Council of Governors meet quarterly. The Council of Governors receive a presentation from the Chief Executive together with a Q & A session following the board meeting which takes place immediately prior to the Council of Governors and which a number of governors observe. There is currently no apparent mechanism for reporting to the Council of Governors, on the work of the Board and specifically how the non-executives are discharging their role. To date, governors have informed themselves through attendance and observations at board committee meetings together with discussions with the chair and non-executives at regular but informal meetings such as the governor forum.
- The governor forum provides an opportunity for governors to meet with non-executives as well as meet independently to identify areas for enquiry at the Council of Governors. However, it is the responsibility of the Council to collectively discharge its responsibility in an open and transparent manner.
- We have noted the recent paper where it was proposed to discontinue the practice of inviting governors to observe board committee meetings and to encourage governors to seek assurance from non-executives at formal Council of Governors meetings. We would support this approach subject to the provision of effective formal reporting arrangements to enable the Council to effectively discharge its role.
- Minutes of the Council of Governor meetings are largely narrative based with limited evidence of holding to account through effective challenge. On the occasions where there is challenge, responses are largely provided by the executive or require further follow up to obtain evidence-based assurance. Some governors expressed a view that the questions raised at Council are not responded to substantively which is supported from our review of the minutes. A number of governors expressed the view that there is insufficient time available for meaningful discussion with the agenda filled with presentations, which while interesting, do not necessarily support the Council to effectively discharge its role. This is further exacerbated by lack of written reports shared in advance of the meeting which provide the opportunity to prepare.
- Governors are generally very positive about the support they receive from the Trust to undertake their role. They value the opportunity to meet with the Chair and Chief Executive and the regular briefings received. However, as indicated above, it is acknowledged that current reporting to the Council of Governors does not support them in the discharge of their statutory role. The review

team understand that the Trust is working with the Council to review how the Council operates and its support. A key part of this will be to ensure that the Council is able to influence the agenda and that assurance papers are provided in advance allowing governors time to prepare and having sufficient time on the agenda for substantive discussion.

- Having observed the September 2022 Council of Governors meeting, our overriding impression confirms the above in that there was no strong sense of purpose to the meeting. The agenda appeared designed for updating governors on key matters and providing opportunity to ask questions. There was a high level of repetition from the morning's Board meeting, which a number of governors had attended. The seating arrangement in cabaret style tables seemed useful for the group discussions that took place early in the meeting. Executives presented content at the meeting and answered most of the questions. This approach with the executives taking more of the lead was also evident on the table discussions observed. This approach restricts opportunities for governors to assess the effectiveness of non-executives and performance of the board overall to discharge their own responsibilities. There appeared to be a core group of governors who are very involved with the Trust and attend multiple meetings, and others who seemed less prepared. This disparity also appeared to hinder the effectiveness of the observed meeting.

- The Board and its committees undertake an annual effectiveness review aligned to the well-led framework. The methodology used is by way of survey with areas for improvement identified.

- Each committee of the board produces an annual report which describes its activities, the process for review of the committee's effectiveness, an assessment of performance against the objectives and objectives for the forthcoming period. The last review was reported to the board in July 2022 with no material / significant matters of concern being brought to the attention of the board.

- The overall impression from observing the September 2022 board meeting was that the Chair steered members through a comprehensive agenda, allowing space for questions and discussion. There was a sense of transparency about the key issues faced by the Trust and a focus on presenting plans to address them. Executives appeared knowledgeable about the detail. The public board meeting was an exceptionally long meeting, running to nearly five hours, and was followed by a Council of Governors meeting and then a private board meeting. The majority of non-executives that attended the meeting appeared well prepared, engaged, and contributed with questions to interrogate the information presented, suggestions, and comments of a supportive nature. Questions and discussion tended to focus on understanding current issues rather than testing the robustness of forward plans. There was a small cohort of engaged individuals from each of the non-executive and executive groups. There were periods throughout the long meeting where some individuals appeared less engaged in some specific items.

- We understand that moving forward, the Trust has agreed to move its Council of Governor meetings to a different day to its Board meetings from next year.

- In 2021/22 the Trust commissioned an independent healthcare governance review to identify good practice and provide a view on areas for improvement. This followed the CQC inspection of maternity services in March 2021 which suggested that there were weaknesses in systems to continually monitor and improve the quality and safety of services that offered pertinent learning for the wider organisation. The Trust is using the findings from the review to facilitate continuous improvement of its healthcare governance arrangements to support the delivery of excellent care for patients.

- Overall, board committees appear to function well with effective challenge observed and evidenced at committee level. The challenge from non-executives at the Finance and Performance Committee and Quality Committee was particularly effective with examples of follow up with evidence of holding to account by asking for specific timescales and outcomes. The People Committee is currently transitioning with a new chair in place at the committee we observed in September 2022. This committee was less effective and may be due to the transition and we would encourage the same challenge observed at the other committees to be demonstrated here too. The challenge was received in a constructive and appropriate way with executive directors responding in a positive way without any defensiveness.

- The Trust has a comprehensive suite of governance documents including a constitution, standing orders, standing financial instructions and reservation of powers and delegations. All the

documents have been reviewed by the Trust within the required period except for the reservation of powers which was last reviewed in 2014 although we note that this was recently updated in October 2022.

- Membership of board committees by anyone other than the Trust's directors is not permitted by schedule 7 NHS Act 2006. Schedule 7 provides for foundation trust constitutions to allow delegation to a committee of directors or to an executive director. We are aware that the board has recently considered a paper which confines membership of board committees to members of the board and Trust Executive Group in order to ensure that discussions remain at a strategic level and focus on the provision of evidence-based assurance. We support this approach subject to ensuring that any member of Trust Executive Group who is not a board member should be described as an attendee.

- In addition to the above, we note that the Trust has recently updated the terms of reference of its committees. It is noted that membership includes some senior staff who are not members of the board. Whilst it may be helpful to the effective operation of the meeting, non-board members should be described as 'in attendance' only.

- We noted that from April 2022 the Healthcare Governance Committee was renamed to the Quality Committee. Along with the name change, we noted changes to the workplan including the introduction of a directorate presentation which has the dual aim of hearing directly from staff about safety and learning and enabling direct sight 'from ward to board'. We also noted that at the committee meeting in July 2022, there was a digital patient story which was told by the complainant themselves.

- Safety huddles are in place and we saw evidence of seeking assurance of embeddedness of these at the June 2022 Quality Committee. Members were advised that huddles were taking place on 12 priority wards and to ensure this was embedded in day-to-day business the team implementing safety huddles would be undertaking unscheduled visits over a four week period to observe the safety huddles in practice.

- We noted appropriate agenda coverage in relation to the Finance and Performance Committee including oversight of the Making It Better (MIB) programme. We noted that both digital and procurement contribute quarterly updates to the committee and whilst we recognise that members were asked whether this frequency is appropriate, we also recognise the need to increase frequency of oversight of the EPR implementation.

- Looking ahead, it may be appropriate to adopt a Digital Committee given the impending EPR implementation and also its wider connectivity with other systems. This also supports the shift to digitisation of healthcare more widely.

- In addition, we note the absence of a Research Committee and whilst not an essential we do wonder whether the introduction of one would help raise the profile and focus in this area and ensure that board time is given to this important agenda as part of the Trust's wider strategy and its strategic priorities.

- From an executive perspective we noted that at some committees, membership is quite narrow and has the potential to limit discussions and has resulted in discussions being taken out of committees and into Trust Executive Group. For example, at Audit Committee, the finance executive is the only regular attendee despite many internal audits and risk discussions being non-financial in nature. This often leads to discussions being taken into Trust Executive Group e.g., limited assurance reports as opposed to having discussions at committee with the accountable executive.

- We also note the absence of a clinical voice at Finance and Performance Committee which prevents a rounded discussion encompassing all aspects of Trust business.

- Following on from the comments regarding Trust Executive Group and care group decision making within the organisational culture domain we also note that the external review of healthcare governance referenced the same. In their report they state that 'more work is needed to increase the connectivity of directorate leaders to strategic decision-taking. We also feel the Trust would gain from enhancing the levels of active support to directorate leaders to enable them to act more effectively at the level of accountability built into the Trust's devolved governance structure'. We would concur with this finding.

- The topic of directorate autonomy was raised a few times throughout our interactions with Management Board members. Participants mentioned a difference between being 'devolved on paper and devolved in reality' which was linked to a perception of 'reluctance to relinquish control from the centre' and needing to 'seek permission' for decisions and spend they feel should be controlled locally. A lack of clarity about what needs to be approved where was cited as a hindrance to progress, including for projects and programmes. Whilst we recognise that the Standing Financial Instructions including the Scheme of Delegation has recently been updated, there was a call to review, or at least clarify, the authority limits for directorates and care groups and ensure that these align with the desired level of autonomy and accountability that the organisations is seeking.

- Our comparison of operational structures on paper and in practice has led us to question how well the care groups are being used to streamline management arrangements and the flow of information. In practice, it appears that it is the individual directorates that are the focus of accountability rather than the care groups, which increases the sense of silo working and must be demanding on leadership capacity and corporate resources to service.

- We are aware that the 'Getting Back on Track' plan includes a review of the Trust's internal decision-making processes to see how they can be accelerated together with a review of authority and accountability for directorates.  As can be seen from various statements and observation within this report, the alignment of accountability and decision making is a frustration amongst the Trust's Management Board members that needs addressing. It would be helpful for this exercise to also consider care groups and their role in the governance structure and whether there is differentiated accountability and decision making at both care group and directorate level.

- We note positively the recent introduction of joint sessions between Trust Executive Group and care groups. These are 30 minute non agenda sessions where it is for the care groups to bring matters to Trust Executive Group. Such matters may be positive, negative, exploratory or focussed and is helping to build better connections between executives and care group leaders.

- Our observation of the 2nd November 2022 Trust Executive Group meeting identified a busy agenda for what is a weekly meeting. Whilst many of the agenda items appeared appropriate we would question the need for all of the papers at the meeting and whether at the very least some could have been for noting or information to free up time for discussion on the main items. For example, the financial sustainability questionnaire, fees and membership and safeguarding annual report could have been for noting only and therefore no requirement to discuss unless members need to.

- Overall, the observed Trust Executive Group meeting was well chaired and had a good level of contributions from members who had clearly read the papers and came prepared to the meeting. Business was conducted efficiently and a lot of ground was covered via a very busy agenda. However, our overriding sense coming out of the meeting was that much of the discussion was transactional in nature and somewhat disconnected from the main issues that the Trust is dealing with. The Trust Executive Group has twice yearly time outs and quarterly 'TEG Together' days which provide an opportunity for wider ranging conversations outside of a formal agenda.

- The Trust management arrangements are described in its Management Arrangements 2022. The Trust Executive Group is responsible for managing the Trust and holding to account those who have delegated responsibilities for the performance of elements of the Trust's work. Trust Executive Group is supported by the Management Board which brings together clinical directors, other senior leaders in the organisation and members of Trust Executive Group to provide advice to the board and Chief Executive on the direction and management of the Trust. Management Board is defined as having the role of performance monitoring and is the point of formal sign-off for collective development and recovery plans. There is currently no formal mechanism for reporting from Management Board to Trust Executive Group and it is unclear from reviewing the minutes from Trust Executive Group how this works in practice. Recognising the stated role that Management Board has in relation to performance management the Trust may wish to formalise reporting from Management Board to Trust Executive Group.

- We noted good committee cross working with evidence of reports being shared and/or requests for matters to be raised with other committees. As an example, at the March 2022 Audit Committee

the committee requested that the latest technical update from external audit which contained an article on workforce planning was shared with the People Committee. Also, whilst we saw evidence of concerns being shared across committees, we also saw examples of good news and positive assurances being shared. As an example, at the October 2021 Audit Committee an internal audit review of Patient Safety – Serious Incident and Never Event Actions received significant assurance. Trust Executive Group had determined that this did not require escalation to the Healthcare Governance Committee (as it was entitled at that point in time). However, non-executives requested that the final report was shared for information and positive assurance.

- We also noted good use of end of meeting discipline including agreement as to which items need to be highlighted to the board.
- We also noted multiple examples of non-executives seeking to understand Trust performance in relation to peer Trusts in order to contextualise performance which is positive.
- We noted that committees set objectives or have them assigned to them and we saw evidence of in-year review against progress.
- We noted that whilst the Audit Committee fulfils its role in oversight of the risk management process, the minutes of the January 2022 meeting record members being invited to comment on 'the proposed recommendations to the board in respect of changes to risk scores and to the scope of the principal risks'. This appears to step into oversight of the actual risks which we would see as the responsibility of each appropriate committee with Audit Committee retaining responsibility for the overall effectiveness of the risk management process.
- We note that the 2021/22 Head of Internal Audit Opinion was 'moderate assurance that there is a generally sound framework of governance, risk management and control, however, inconsistent application of controls puts the achievement of the organisation's objectives at risk'. This is a downgrading of assurance from the previous year's significant assurance. The reduced assurance opinion was based on a number of factors including the results from individual audits conducted during the year, delays in following up internal audit actions, delays in progressing concerns surrounding strategic risk management and third-party assurances including the System Oversight Framework, the CQC rating / inspection report, and 2021 NHS Staff Survey Results.
- We understand that following the issuance of the moderate assurance the position has improved in regard to the number of outstanding audit actions. Also, where appropriate, outstanding action target dates had been revised to reflect greater realism over delivery.

**Recommendations**

| 10. | The Trust should ensure that Board committee membership is in line with Sch7, NHS Act 2006 |
|-----|---------------------------------------------------------------------------------------------|
| 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 |
| 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. |
| 13. | The Trust should consider the role of Management Board and its relations with Trust Executive Group |
| 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 |

## KLoE 5: Managing risks and performance

| Strengths | Development areas |
|---|---|
| • Performance Management Framework<br>• Risk profile and conversations<br>• Committee deep dives | • Consistency of operational governance processes<br>• Timeliness of reporting<br>• Assurance – Reassurance<br>• Productivity and efficiency oversight<br>• Risk appetite<br>• Operational risk management understanding<br>• BAF and CRRR evolution |

**Trust Board**
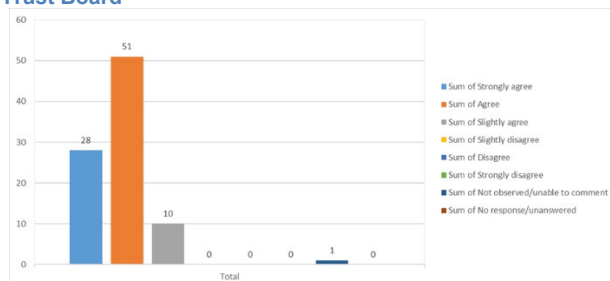


**Senior Leadership Team**
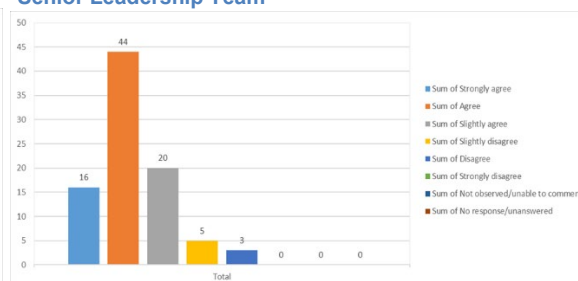


The above graphs shows the total aggregate domain scores for all questions within the risk and performance domain well-led surveys. Results show that the majority of respondents answered strongly agree, agree, or slightly agree with each statement. No questions are asked of external stakeholders within this domain. See Appendix 2 for the detailed survey results.

## Performance related commentary

- Overall, we note the lack of timeliness with which committees and board receive and discuss performance. Data is typically presented 6-8 weeks beyond the month that it refers to.
- At the September 2021 Finance and Performance Committee, July activity data was reported which showed a declining and failing picture with few if any upsides. Whilst recognising the significant operational pressures, and staff resilience challenge, the committee noted a steep decline in performance. Non-executives asked whether the issues impacting performance and activity levels in July were expected to resolve in coming months and whether it was anticipated that the Trust would start to recover its position. It was confirmed that some of the challenges experienced in July, may improve in coming months, and it was noted that Covid numbers had continued to steadily increase.
- The committee noted the report and the actions in place to maximise delivery. Non-executives requested performance to be benchmarked against other Shelford and South Yorkshire Trusts to better understand contextualised performance which was a positive response. We note that at the same meeting benchmarked cancer performance was reported following a similar request in a previous meeting. The use of benchmark information to contextualise performance is an important consideration in the challenge process.
- In March 2022 the committee confirmed that although the committee was recording within its minutes that it was 'noting' the position in respect of the Trust's operational performance the committee wished to formally record that, whilst recognising the serious challenges faced, the committee was very uncomfortable with the position. Whilst we too recognise the challenges faced by all Trusts, we did not see an escalation in response from the committee in regard to receiving greater triangulated evidenced based assurance that the Trust's actions and responses were having the desired impact e.g., the Making It Better programme. We reference more so in the next section the need for reporting to support improvement-based discussions. As an example, at the same meeting, it was noted that a number of key actions were described as 'continue to monitor' where more explicit milestones and trajectories are required in order to monitor impact and progress.

- We noted at the October 2021 Finance and Performance Committee meeting that members were informed that, following a query about current usage of telephone and video appointments, whilst remote appointments continued to be used in some areas across the Trust, clinicians in some specialities now felt that it was clinically appropriate to bring some patients in for clinical assessment. Whilst this is appropriate, it would be expected that the Trust would have a view as to what is/is not appropriate, guided by national guidance. We would also expect the Trust to agree speciality level targets and monitor and report performance accordingly. Whilst this may be happening, this did not come out in the discussion and therefore the discussion provided no assurance to members over current Trust performance in relation to this matter.
- We note that the Trust has an established directorate review process which includes an annual assessment which results in each directorate being allocated to an appropriate level of support on the Performance Management Framework. Letters are sent to each directorate confirming the results following Trust Executive Group agreement. This exercise did not conclude until October 2021, some six months after the year end due to delays in one directorate. The lateness of the review process was challenged by the Chair at the board meeting at which the report was presented.
- Our sample review of directorate level management meetings evidenced a generally positive but inconsistent approach to governance. The majority appear to form their agenda around the Trust's strategic objectives although the conduct of the meeting varies between information sharing to those with more evidence of actions/decisions over areas of challenged performance. This level of governance would benefit from greater central steer in terms of a consistent approach and what good looks like. We understand that following the healthcare governance review the Trust has recently updated its governance framework which clarifies and strengthens governance structures at corporate and directorate levels.
- We observed multiple directorate management meetings and reviewed samples of agendas and minutes across 15 clinical directorates. The majority of meetings that are badged as directorate management meetings are monthly and are consistent in that they incorporate finance, performance, people and quality into their agendas. Risk management does not appear to have a strong profile in these meetings. Most meetings appear to focus on information sharing and reporting on current issues rather than having a clear purpose around assurance, improvement actions and accountability. There is a high degree of inconsistency in terms of the quality of meetings, including approach, participation, documentation, action tracking and use of information.
- We observed the Anaesthetics and Operating Service PMF meeting. Positively, the meeting was led by the directorate who appeared to be steering conversations within the Trust strategic aims framework. Overall, the lack of metrics and data impinged on the effectiveness of challenges and outcomes of the meeting as there was a reliance on verbal reassurance as opposed to having data led conversations. There were a number of exploratory discussions which was positive in terms of allowing the directorate to respond to open questions but as an accountable discussion, given that this was a performance management framework meeting, clear outcomes were lacking. The meeting ran out of time, did not 'walk through' the meeting pack and did not discuss finance at all.
- Our observation of the Renal PMF meeting identified quite a different approach by the Trust. Possibly based on which level of support within the Performance Management Framework each directorate is. This meeting started with a patient story which was positive and following this the meeting appeared to be more directed by the Executive team. The meeting focussed purely on the dashboard although numerous conversations exposed the limitations of the dashboard with a need to drill down into the data e.g., staff sickness data and benchmarking. We noted the directorate seeking guidance and advice regarding ways forward which was responded to positively by the Executive team. Reference was made to any new risks or changes to risk which was also positive. We noted that the meeting was discussing July data on the last day of September therefore the timeliness of discussions is out of date and indeed performance may well have moved significantly in that time. Overall, the tone of the meeting was slightly paternalistic and lasted 37 minutes and therefore did not get into significant detail on any matter.

- From our observation of the above PMF meetings it is clear that there are good relations between executives and directorate management and meetings were friendly, courteous and respectful. Frustrations relating to the disconnect between accountability and decision making was borne out via the central vacancy control measures. This appeared to reinforce the seeking of permission referred to earlier in our report. This impacted on the ability of the Trust to hold directorates to account for delivery. In the observed meetings, we also observed occasions where directorates were requesting clarity from the Trust including expectations regarding format and content for the directorate workforce strategy that had been requested.
- We referenced the Performance Management Framework in the previous section and this appears to be well embedded and understood throughout the Trust. It appears to be a useful framework and one that could be better utilised by ensuring alignment of decision making and accountability and as already recognised by the Trust, having differentiated levels of earned autonomy.
- Data availability and quality of reporting is also hampering the Trust's ability to drill down into performance, understand the drivers and agree appropriate actions. We cover this aspect in the next section: Information.

Risk related commentary
- We have noted through our discussions and document review that the Trust maintains an appropriate profile in regard to its risks and oversight of its risk management processes. This includes end of meeting reflection on risk and also examples of reference to changing risk scores based on discussions held at committee and board. For example, at the September 2021 Finance and Performance Committee meeting members reflected on the risks noted within the IT update earlier in the meeting, in particular the risks around the EPR procurement and the discussion held in relation to availability of capital funding. It was agreed to give further consideration to these matters and their potential impact on Strategic Risk 4.2 and whether the score requires changing.
- Furthermore, we have noted continuous improvements in the reporting of risk to help focus attention on the key elements and generate appropriate discussions.
- For example, in October 2021, the Audit Committee noted the ongoing refinement of the Integrated Risk and Assurance Report (IRAR) including rating the strength of controls and assurances, ensuring operational risk management practice supports the escalation of extreme level operational risks and ensuring that the IRAR aligns to the Trust's refreshed strategy.
- In regard to the strategy refresh we note that following approval of the new corporate strategy, 'Making a Difference – the next chapter 2022-27', the principal risks logged on the IRAR were reassessed to ensure alignment with the newly confirmed Strategic Aims. Following the review, it was proposed that a new principal risk be introduced to support the aim of 'Create a sustainable organisation'.
- We note that committees undertake regular deep dive reviews of their allocated strategic risks as part of their oversight regime. In addition, the board receives the full Board Assurance Framework (BAF) three times a year.
- We also note that the Audit Committee allocates quality time on the agenda to reviewing the IRAR/BAF. Whilst the Audit Committee duties reference oversight of ' the effectiveness of the management of principal risks as reported in the Integrated Risk and Assurance Report' it does appear that at times discussions can stray into oversight of particular risks including the appropriateness of the risk score. This may duplicate the work of those committees who have responsibility for the oversight of allocated risks.
- Board level survey responses were positive in relation to risk management within the Trust with one respondent commenting "*This is an area of strength for STH - substantial processes in place for risk and performance management. I think recent changes to the risk framework will raise the quality in this area*"
- Equally, responses from Management Board members were also generally positive in relation to risk management although a number of comments demonstrate that this feeling of positivity is not universally held: "*Risk management has felt administrative rather than fundamental. However, I believe that is improving*", "*Risk management is too retrospective, and based on events where*

*things have gone wrong, rather than concerns about the service*" and "*The Trust has strong systems in place for this*".

- The reference to focussing on issues rather than risk is something that we did observe in our directorate meeting observations and minute review whereby there is a tendency at that level to record 'risks' following an event i.e., loss of key staff, whereas the risk should be framed more so in terms of what is the risk with having a key post vacant.

- We also noted regular reference to patients and service quality concerns in discussions. For example, when the Finance and Performance Committee were notified of maternity pathway diverts the non-executives sought assurances over the safety of patients and enquired what processes were in place to ensure that the women being diverted were safe. Committee members were assured that patients were triaged to assess suitability for divert and that the Trust was monitoring the clinical outcomes and experience of all of the women affected with no adverse clinical outcomes being reported thus far.

- We also note that the external review of healthcare governance commented that 'The Trust has a clear framework in place for risk management which measures up well against comparators. Risk is a strong feature at the board's assurance committees and appropriate management meetings. We saw evidence that the Trust is developing a monthly report on extreme risks and [in terms of the Quality Committee] there is a rolling programme of monthly presentations of the six principal risks for which the committee has strategic oversight. The report went on to reference that at directorate level there was a lack of consistency in the approach to risk management.

- The CQC report criticised the board's oversight of risk, specifically misalignment of risk assessments between the principal risks and the linked extreme operational risks, lack of action on known extreme risks, and lack of understanding of some of the risks articulated in the IRAR.

- An updated Framework for Risk Management has been recently approved by the Board (28 June 2022) and the refreshed arrangements are being implemented.

- Risk appetite is covered as an addendum to the Framework for Risk Management and the Trust's risk appetite statement demonstrates a thematic approach to considering the types of risks the Board is prepared to take to achieve its strategic objectives which is positive. We have not seen evidence of risk appetite being referenced in decision-making or in the BAF. Senior leaders commented on how they perceived the Trust's risk appetite to be risk averse rather than anything that has been formally communicated.

- The Trust's previous IRAR has been replaced by a BAF for monitoring strategic risks and a separate Corporate Risk Register Report (CRRR) for reporting the highest scoring operational risks, which aligns with the guidance provided to the Trust by CQC in relation to reporting risk to the Board.

- The first full report of the new style BAF was taken to the public board meeting in September 2022 along with the new CRRR. We note that only the likelihood of the risk occurring is assessed and monitored, not impact. Therefore the perspective on risks contained in the BAF will be inconsistent with how other risks in the organisation are represented. This may also assume that impact cannot be mitigated at all. The current presentation of the information means that it is difficult to recognise the linkage between controls and assurances and therefore the reader may not be easily sighted on any gaps in assurance that may exist. The actions planned to manage the strategic risks are highlighted clearly, which we note as useful for promoting future-focused discussions.

- The first CRRR considered by the Board was a list of 35 high scoring risks with information about how these risks are being managed to be included within future reports. This prompted discussion by the Board and an action was agreed to develop a way to report this to board to provide the necessary assurances required.

- In the September 2022 report to the board, the development of the CRRR was stated to be dependent on work to the data quality of the risk register and embedding of the actions module in Datix. The Healthcare Governance Review action plan progress update to the September 2022 Quality Committee stated that the ability to report the highest risk, relating to quality and safety was dependent on 'considerable further work in relation to the current risk improvement plan before comprehensive data can be extracted and routine reports produced'. We identified that there was a risk register data quality improvement plan overseen by the Safety & Risk Committee

that was closed earlier in the year, therefore the belief that this work is in progress in any substantial way would appear in doubt. We have sought to clarify the status of the risk register improvement work and a draft plan was shared with us which is in the early stages of development and has not yet been discussed more widely within the Trust. The emerging plan appears to respond to a range of issues relating to operational risk management, including a need to cleanse operational risk registers, improve risk reporting and escalation, and promote care group engagement.  It is important that the board has oversight of this work, perhaps via the Audit Committee, as the risk management arrangements constitute a key part of the system of internal control, and the indications are that reporting of the Trust's highest risks and the plans to manage them remain work in progress.

### Recommendations

| | |
|---|---|
| **15.** | The Trust should consider how it will strengthen the consistency of approach to directorate management meetings |
| **16.** | The Trust should consider how it can improve the timeliness of reporting and discussions |
| **17.** | The Trust should consider how it operationalises risk appetite into its risk reporting and decision-making processes |
| **18.** | The Trust should ensure that the Corporate Risk Register Report continues to evolve to provide insight to Board over the management of the Trust's most significant operational risks |
| **19.** | The Trust should ensure that operational areas understand the Trust's risk management process and can differentiate between risks and issues |

## KLoE 6: Information

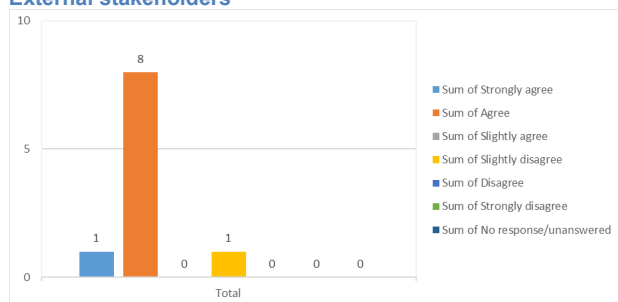| Strengths | Development areas |
|---|---|
| • Use of SPC and layout of IPR/IQSR reports<br>• IPR deep dives<br>• Use of benchmarking data<br>• Data quality steering group | • Reporting for improvement<br>• Workforce metrics<br>• Report quality<br>• EPR<br>• IT infrastructure and interoperability |

**Trust Board**
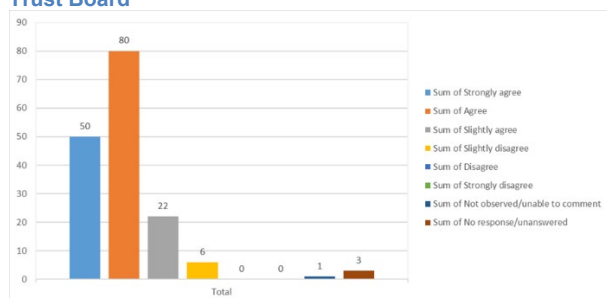


**Senior Leadership Team**
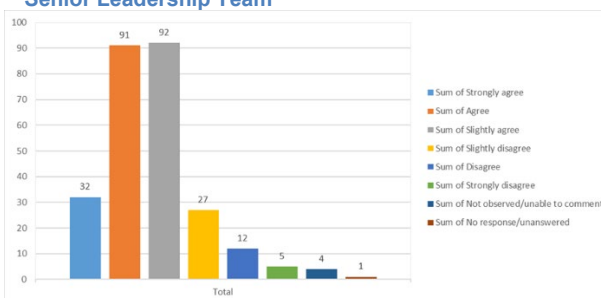


**External stakeholders**



The above graphs shows the total aggregate domain scores for all questions within the information domain well-led surveys. Results show that the majority of respondents answered strongly agree, agree, or slightly agree with each statement although there was some disagreement particularly amongst the senior leadership cohort. See Appendix 2 for the detailed survey results.

• We evidenced examples of good challenge being provided by non-executives. There are also multiple examples of non-executives having to pull assurance in meetings where reports do not provide it. Generally, reports report performance and do not support improvement oversight and accountability and lack data led, triangulated assurance. For example, the Infection, Prevention and Control report is focussed on absolute numbers only, with no ratios to bed days or admissions, long terms trends, analysis of cases or remediating actions. We expand our views on the individual core information reports within the 'Matters for consideration' section at the end of this report.

• As noted earlier in the report committees and board are receiving and discussing performance that is c6-8 weeks old. The Trust should consider whether it can bring forward either reporting timelines and/or meeting scheduling without eroding the quality or robustness of reporting.

• At the November 2021 Finance & Performance Committee we noted that non-executives sought understanding as to why a decision had been made to no longer present the Integrated Performance report (IPR) to the Finance and Performance Committee in advance of its submission to the board. This appears to indicate that non-executives were not part of the decision-making discussions whereas we would expect committee members to be fully involved in such discussions.

• We have noted that workforce reporting and associated metrics are limited. In order for the Trust to be sighted on people issues there is a need to significantly increase the volume and range of metrics routinely being presented.

- We saw limited evidence of the Trust using data to draw insights. One such example where we did was a discussion at Trust Executive Group about the fact that a 3% reduction in outpatient follow ups would create 30% additional capacity for new outpatient attendances. We were also made aware of the newly formed Use of Resources Group which has been set up to look at ways of working and is using data to challenge the status quo and stimulate discussions.
- At the January 2022 Finance and Performance Committee non-executives enquired whether there was more benchmark information that could be accessed by the committee. In response, Executives responded that in light of the agreement to have only six public board meetings and therefore, IPRs, the Chief Operating Officer would oversee a benchmarking report based on Public View and Model Hospital (now Model health System) for those months when the Integrated Performance Report was not being collated for the board. It was agreed that this would also be shared with the Committee.
- The value of having benchmark information was highlighted at the April 2022 Finance and Performance Committee. Following presentation of the first Public View Benchmarking Report non-executives expressed concern that they felt that the Trust may not be doing as well as expected relative to others. Executives responded by clarifying that of 30 indicators the Trust were out of step on nine of them, none of which were a surprise and were matters previously discussed. The report was therefore confirmatory. Whilst executives went on to state that following production of the benchmarking, they are now going to work with other organisations to review data, accelerate learning and improve outcomes. No follow-on next steps, actions or timescales were captured in the minutes other than as the annual Public View Benchmarking report, was an important area it should go to the board once a year.
- The June 2022 Finance and Performance Committee saw further examples of non-executives pulling assurance from executive colleagues. Reported activity was described by one non-executive as the worst they had seen, whilst also noting the Easter holiday period and queried if the impact of that could be separated. This was followed up by a further query regarding monitoring and reporting of throughput per working day and productivity rates outside of and inside holiday periods to help planning and monitoring of actual performance. Executives acknowledged that whilst there was some correlation, this was not consistent across the different points of delivery. There is no recorded follow-on regarding agreement to monitor and report such matters despite reliance on the Elective Recovery Fund as part of the delivery of the Trust's Financial Plan. Further queries were raised from non-executives about bed issues, international recruitment, the level of control for holidays and some more specific queries regarding cancer referrals and Head and Neck in relation to the poor monthly activity numbers.
- At the following month's meeting in July 2022, Finance and Performance Committee members noted that the cancer performance looked concerning again and although they were aware of work being carried out to address this, asked whether there was a way to communicate this to reassure action was being taken.
- We did note that both board and committees commission deep dives into areas of concern which does allow a more granular level of discussion supported by more detail. These are, however, one-off events as opposed to embedded ways of working from a data provision perspective.
- We note that at directorate level, the Directorate Dashboard appears to build from April each year as opposed to using rolling performance reporting of trends. Building from April is only relevant for a very small set of metrics. We also note that the dashboard is tabular in style, with limited use of run rates or rolling averages (waiting list performance is two data points only) and offers a limited range of indicators. We also noted the absence of accountable officers and remedial actions against metrics.
- One board member stated within this section of the survey "*Further review of local directorate systems to proactively identify performance issues and reasons for underperformance is required. IT systems limit access to real time, accurate and up to date clinical information which should be helped by new EPR*".
- Our review of the external report on healthcare governance referenced that the Trust is further developing its quality governance dashboard data to ensure that consistent, accurate and up to date information is available to staff across the organisation. Whilst the review team found areas

of good practice where this information is being used to support teams in oversight, assurance and decision-making, this is not yet fully embedded across the Trust.

- We understand that quality assurance at ward level is derived from the population of Quest, an electronic quality dashboard. Population of the dashboard is undertaken by ward management and includes making positive statements as to whether patient assessments and documentation is up to date and other metrics including controlled drugs checks. We heard that there are limited checks in place to assure over data quality including an annual accreditation visit. The Trust has recognised the need for more frequent data quality checks being in place and is proposing to introduce peer reviews to assure itself over the robustness of Quest data quality.

- In terms of Information Governance, we note that this features within the quarterly IT updates presented to Finance and Performance Committee. The update contains data around serious information governance breaches and training compliance.

- Risks also feature as part of the IT quarterly update with the known key risks being disaster recovery, cyber security, the Trust's EPR system and some end-of-life equipment.

- We note the positive intervention from non-executives during 2021/22 which requested that the update report include progress against the agreed IT Pledges.

- IT functionality was described as a challenge in our interactions with staff. Reference was made to daily occurrences of losses of systems and/or problems logging on and system interoperability being challenging with the need to have multiple systems open. Whilst it is acknowledged by senior staff that the Trust is working through its business case to procure a new EPR system, for which many hopes rest, there was also concern expressed over the fragility of the network.

- The healthcare governance review report references that the Trust has in place a Data Quality Steering Group with executive oversight. The steering group appears to have a good focus and is demonstrating good progress on improving key data sets and supporting identified directorates/care groups in improving data quality across the organisation. The healthcare governance review team recommended that the Trust ensures that regular data quality oversight and assurance reports are provided to Trust Executive Group and to the Audit Committee and that a forward plan clearly outlining the priorities for data quality is completed and agreed.

- Within the senior leaders cohort survey responses there were some strong sentiments expressed regarding the current state of IT systems and information provision. Having said that, overall, respondents to our survey scored the Trust quite well with the majority of responses supporting our positive statements. A sample of responses are included below:
  - *"As a trust we are behind the curve on digital capability and using it to produce high quality data and information"*,
  - *"In terms of data, I think there is strong operational and financial data, and I think the Quality data is growing in strength and is a definite priority, I think there is a real gap in meaningful, timely and accurate HR data that should be addressed"*.
  - *"The Trust generates a huge amount of data but not sure that all staff are aware of what is available, access it appropriately and can interpret the data to inform decision making"*
  - *"IT can be troublesome and slow"*.
  - *"The new EPR cannot come soon enough. The current systems are hampering progress and morale, all the time"*.
  - *"The IT systems are currently poor, but hopefully this will soon be sorted"*.

**Recommendations**

| | |
|---|---|
| **20.** | The Trust should ensure that Board and committee level reports are written to provide assurance and support oversight of improvements |
| **21.** | The Trust should ensure that there are robust data quality checks in place for QUEST dashboard outputs |
| **22.** | The Trust should ensure that its IT infrastructure and system interoperability support safe, high-quality healthcare |

## KLoE 7: People, staff and external partners

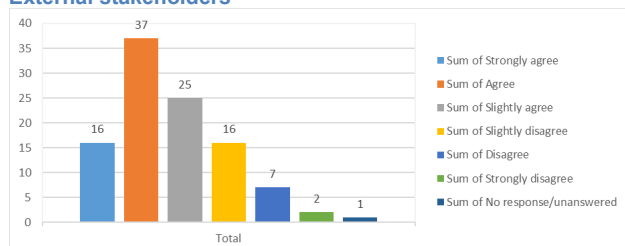| Strengths | Development areas |
|---|---|
| • Trust held in high esteem externally<br>• Increasingly system facing<br>• Board site visits<br>• Patient engagement | • Value add of patient engagement<br>• Board / committee use of qualitative feedback<br>• Authenticity of messaging<br>• Widening external participation |

**Trust Board**
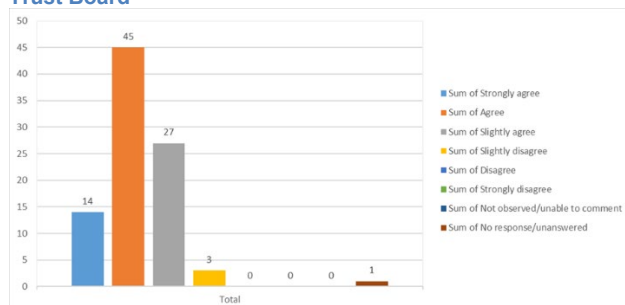


**Senior Leadership Team**
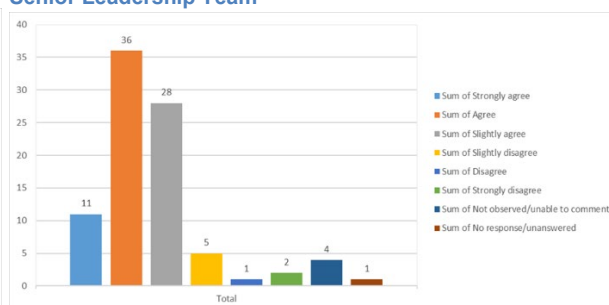


**External stakeholders**



The above graphs shows the total aggregate domain scores for all questions within the engagement domain well-led surveys. Results show that the majority of respondents answered strongly agree, agree, or slightly agree with each statement although there was some disagreement particularly amongst the external stakeholder cohort. See Appendix 2 for the detailed survey results.

- At the January 2022 Audit Committee, the Trust received an internal audit report on patient experience. The report had a split opinion with the Trust response to patient feedback to make changes and improvements and whether patient feedback is embedded into organisational culture both receiving significant assurance. However, limited assurance was given to the joined-up approach to reviewing and responding to patient feedback.
- At the same meeting it was also noted that there was limited qualitative information regularly shared at board meetings. The reporting arrangements for the Patient Experience Committee were also unclear and reporting to Trust Executive Group and the Healthcare Governance Committee could not be evidenced in practice.
- The feedback was recognised by committee members with one member explaining that in carrying out their role as a champion they had observed examples of staff routinely using feedback to inform improvements and was assured that services were responsive to patient feedback. However, they agreed that evidence of this was not systematically provided to board and noted that this had also been highlighted as an issue by the CQC. It was agreed to raise this matter for discussion at the next board meeting.
- Board member free text commentary within the survey supported the above in that respondents stated, "*I feel we could do this more visibly and more comprehensively, it is not always evident the work that has gone on if it is greater than what is reported to board*" and "*More to do in terms of engagement / involvement of staff and patients / communities*".
- We were informed that the Patient Experience Strategy is currently being developed and the areas of focus that were described aligned with our own observations around potential gaps. For

example, the board does not currently receive a patient story. Therefore, at this point in time there is no opportunity, in a formal setting, for the board to hear from patients and service users directly as the patient voice is provided through reports that are presented by executive directors to board. We support the aspiration to review both staff and patient feedback together to see if there are trends and to look at intersectionality which would be a further development of the Trust's approach to EDI.

- We referenced earlier in the report the site visits by non-executives, executives and governors which is also a beneficial way to explore how services are interacting with patients and using feedback to improve services.

- We heard from our patient focus group examples of how individuals have engaged with the Trust and in their view made a difference. Examples included a carer who was invited to participate in a big room discussion with a multi-disciplinary team and provide their experience regarding End-of-Life Care. This included contributing to a video regarding patient and carer experiences of End-of-Life Care for staff on wards.

- We noted senior level engagement with the Maternity Voice Partnership via the non-executive maternity champion and Chief Nurse alongside senior maternity team personnel which was well received by the volunteers. This includes direct contact with the Chief Nurse who we were told responds promptly and positively to feedback. We were also told of how the Partnership has been invited onto the bi-monthly maternity governance meeting. It was felt by the partnership that whilst the senior level engagement was really well received and valuable, the absence of medical staff in the Partnership's various engagement activities was noted as seen and possibly a lost opportunity for both the Trust and the Partnership.

- Overall, our interaction with patients, carers and charitable groups provided positive feedback of their experiences with the Trust. One area of constructive feedback given related to the perceived sense of a sometimes-unequal relationship. This was best illustrated by examples where volunteers had proactively offered support or requested certain changes and they were left feeling that the Trust was slow to respond when it is perceived to be moving away from the corporate 'norm'. Examples included the creation of an infographic in maternity to improve communications with expectant mothers and other changes to non-maternity Trust literature to make them more accessible and/or authentic in style. Whilst all parties recognised that they needed to align with the Trust and that they wouldn't always achieve all of their ambitions there was a sense of things disappearing at times into a 'black hole' with no outright feedback when something different to normal was suggested. This feedback was triangulated across more than one feedback forum.

- We were also made aware of a local renal charity representative who sits on a Renal Directorate monthly meeting and contributes into discussions which are well received by the Trust.

- Social media data referencing the Trust is captured and themed and fed into the Patient Experience Team. One notable example of change that this has supported is the changing of outpatient opening times to coincide with the timings of buses that are eligible for free bus passes.

- Wider than patients, we also heard about the Trust's 'letters to the city' issued during the pandemic to help residents understand the pressures that the NHS was facing and how it was addressing them but also to remind the public that the NHS was still 'open' and to attend if necessary.

- Monthly CEO update delivered via Teams and recorded message which combines an opportunity for open questions.

- We heard that some elements of the Trust are considering re-introducing interactive in-person team briefs.

- We understand that a large-scale staff engagement exercise is about to launch as part of the EPR system planning and implementation process.,

- The Trust is continuing to develop its role in the system and we heard support from external stakeholders for the organisation to take a lead role given its size and profile. There is a consensus that external stakeholders would welcome clarity on how the Trust views its position in the system and whether this includes risk sharing. For example, we heard that there is a desire to continue to take risk as a system, such as financial risk and a perception that the Trust is averse to taking risks.

- In our discussions with the senior leaders there was a strong sense of caring for and working

- towards outcomes for the wider population so we would encourage more explicit discussions with the system partners about the board's strategy in this context.
- There was positivity and optimism about interactions with both the Chair and Chief Executive in more recent times and this is viewed as an indication that there is a desire to develop deeper relationships and of genuine collaboration.
- We were informed of the Anchor Institutions Group formed of local large institutions that meet every six weeks at Chief Executive level. Discussions were described as wide ranging and can cover strategic matters, in the moment items or provide a safe space to explore issues.
- Earlier in the report we referenced the cross-city Race Equality report which the Trust along with other city institutions participated in.
- We are also aware that both the Chair and CEO are integral partners around various Place and system tables including the South Yorkshire and Bassetlaw Acute Federation. It was noted that relationships with the wider board have understandably been impacted by Covid with a recognised need across external partners that relationships need expanding beyond Chair and Chief Executive level. We understand that there has been one 'whole board' meeting with the acute federation with a face to face meeting planned for the future to help build relations.
- We note that at the July 2022 Finance and Performance Committee meeting the ICB Finance Report was shared for noting. It is positive to see system performance being shared at Trust committee level.
- Board member commentary references the journey that this and all Trusts are currently on in relation to system working. Comments included: "*A long way to go to optimise collaborative working with some local external partners*" and "*I think the new arrangements for system working are at an early stage and therefore not yet working optimally*".
- Away from system working and more generally, one Board member commented that "*I do not always get a sense of strong stakeholder engagement*". It would be helpful for board members to spend time on stakeholder mapping and understanding what engagement is being undertaken and how feedback filters through to board as appropriate.
- Management Board member comments were generally less supportive of the Trust's current approach to engagement with external stakeholders and felt that the Trust was inward looking however they recognised that the extent to which service users and partners' views are considered is unclear to them.
- Unequal relationships with the universities was also referenced and from our interactions with external stakeholders there was a feeling that the city overall does not generate the value add it could from its anchor institutions and the positive relationships that exist.
- There was also a comment querying whether the Trust invests sufficient resources in managing its 3rd party providers and whether it was a false economy not to do so.
- External stakeholders generally spoke positively about relations with the Trust. In 1:1 interviews there were some frustrations with Covid and a desire to re-engage and re-energise cross city working at a strategic level albeit recognising the day-to-day challenges that the Trust faces and therefore how challenging this would be.
- Also, whilst stakeholders did speak positively in relation to Trust relationships there was recognition that this was not universal across all layers of management e.g., "*I have found really positive engagement at a senior level within the organisation with a willingness toward partnership working and integration. I have found however that this openness to integration is not mirrored lower down in the organisation with teams in some directorates being more inclined to work introspectively and in their own rather the system's interests*" and "*The relationship is very strong between Chairs and CEOs. Maybe we should look to widen this and involve others more regularly?*" and "*Medical Director level leadership is visible and proactive regards working in partnership. Some clinical leaders elsewhere in the organisation are less inclined to accept the need for change and to acknowledge the value of other parts of the system*".
- Where there were more constructive comments provided via both the survey and interviews it tended to be surrounding being inward looking and timeliness of engagement i.e., leaving it too late to effect change, and also the purpose of engagement with some seeing engagement by the Trust as needing something rather than open engagement to build relationships. One example a

stakeholder referenced that if the local system is causing problems the Trust would be quicker to escalate and reach out over such matters than if the Trust was causing the system problems where the Trust is slower to reach out and acknowledge its issues and impact and seek support.

**Recommendations**

| | |
|---|---|
| **23.** | The Trust should consider how it captures all patient engagement activity and shares the learning cross Trust where appropriate |
| **24.** | The Trust should consider how and where qualitative feedback is used to assure Board and committees over the quality of services |
| **25.** | The Trust should consider how it responds to feedback regarding wanting a more authentic style of communications |
| **26.** | The Trust should consider how it widens whole board exposure and participation in Trust external activities |

## KLoE 8: Learning, Continuous Improvement and Innovation

| Strengths | Development areas |
|---|---|
| • Culture of learning from incidents and clinical audit<br>• ODD Team<br>• Institute of Healthcare Improvement and MCA | • Trust wide sharing of learning<br>• Policy and governance compliance<br>• Value creation from R&I and QI investments |

**Trust Board**
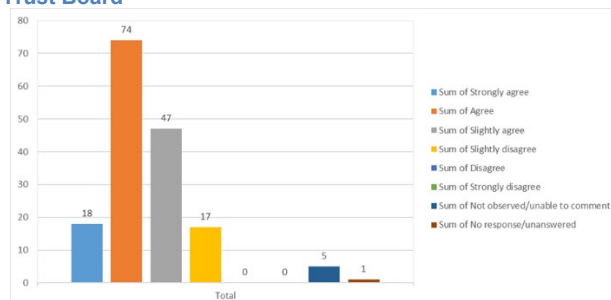


**Senior Leadership Team**



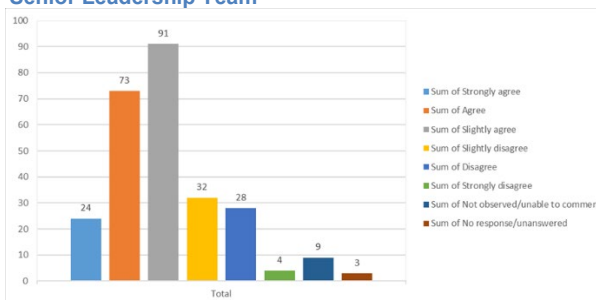The above graphs shows the total aggregate domain scores for all questions within the learning domain well-led surveys. Results show that the majority of respondents answered strongly agree, agree, or slightly agree with each statement although there was some disagreement particularly amongst the senior leader cohort when it comes to releasing time for such activities. See Appendix 2 for the detailed survey results.

- We noted that the external review of healthcare governance assessed the effectiveness of incident reporting, mortality reviews and related identification and sharing of learning. They found that the Trust has clear and robust governance structures in place for incident and mortality management and review. They concluded further action is needed to strengthen and standardise processes for identifying and sharing learning more systematically within and between directorates.
- Senior leaders articulated a process for adding incidents to Datix, carrying out investigations, and learning being discussed at governance and directorate management meetings. Indeed, we did observe incidents being discussed in this way at two of the three directorate management meetings we observed. Senior leaders cited several mechanisms to disseminate learning including trust wide emails, memos and safety message of the month. Senior leaders felt that communication at the senior levels was strongest and had less confidence about wider dissemination of messages with an over-reliance on email perceived to be a problem for reaching frontline staff.
- The challenge of sharing learning effectively was one that is recognised in both board and senior leadership commentary. Respondents commented "*I think reviewing and sharing best practice could be improved*" and "*There are good examples on shared learning etc, but it seems inconsistent*".
- The CQC identified that a number of the Trust's policy documents were out of date with no clear process for reviewing. The Trust has set itself a target to ensure 85% of policies are in date by April 2023. We would expect 100% policy compliance with this requirement.
- We note that in March 2022, Internal Audit provided limited assurance in relation to the Trust's Policy Management Framework. At the time of the audit 44% of policies were beyond their review date which was deemed high when compared to other organisations where similar reviews had been undertaken.
- At the July 2022 Audit Committee it was reported that as at May 2022, 44% of policies remained beyond their review date, a position which had remained broadly static since the internal audit report on Policy Management Framework was presented to the March 2022 Audit Committee.
- Furthermore, we noted that the Trust's arrangements for undertaking serious incident reviews could be timelier. In June 2022, it was noted that 38/92 open serious incident investigations were overdue.

- The above, combined with issues such as large number of overdue internal audit actions has the potential to create an impression of the perceived importance placed on compliance activities by the Trust.

- At the July 2022 Audit Committee, the findings of the Tissue Viability internal audit which had been issued with a limited audit opinion were presented noting that this was a revisit of an audit originally performed in 2019. The 2022 re-audit showed some areas of improvement, but also highlighted some areas where little progress had been made since the original audit in 2019. No clinical representative was present to respond to queries from non-executives and it was requested that the full audit report be presented to the Quality Committee. We understand that it is standard practice to refer all limited audit reports to the relevant oversight committee.

- Away from audit and compliance activities we note a number of positives in relation to learning and continuous improvements. The 'Developing our Organisation Annual Review' is an annual report shared with the board to showcase developments within the Trust. The 2021 report contained many examples of service re-design, improvement and innovation across the Trust. It is not our intention to replicate the many positive stories contained within the report but suffice to say that they are many and varied. Positively the vast majority of changes described bringing together staff and/or patients and carers using techniques such as 'Big Room' multi-disciplinary and agency discussions to support the change process. Whilst many of the service-related projects could be described as being quite specific or single service focussed, each in its own right, will generate improvements for staff, patients and carers. One such example is the 'Acute Take Big Room' exercise whereby the multi-disciplinary team designed a new system which significantly improved the average time from decision to admit, to senior review from 12.1 to 4.4 hours. This result demonstrates what can be achieved by freeing up staff to consider current processes and challenge the status quo. We do however recognise the challenge is having the ability to free up time to do these activities.

- Of particular note is the Patient First Group consisting of 17 patient and carer representatives, who to date have provided feedback on numerous aspects of Trust service provision. This includes the Trust's PROUD behaviours consultation, communication with patients, outpatient booking systems, the My Pathway Patient App, community phlebotomy service and the patient discharge process. This small group has provided the Trust with valuable insights which have helped improve services by putting their experience at the core of changes. This demonstrates the advantages of engaging with patients and harnessing their feedback for positive change.

- Pre-Covid the Patient First Group met monthly and reported into the Patient Experience Group. Exploration of agenda setting identified that whilst volunteers felt they were able to identify areas they wanted to discuss, the reality was that generally the Trust set the agenda and determined the workplan. Greater partnership working might allow additional thoughts and views to help direct the work of the group and provide volunteers with a greater voice. We understand that Trust is out to recruit currently for more volunteers to relaunch the group post pandemic.

- One of the common issues raised with us by volunteers was the lack of a feedback loop which enabled them to understand what difference they had made. The sense was that they fed into the Trust processes, felt that they were making a difference but received limited feedback.

- The clinical audit programme was approved by Trust Executive Group in June 2022, not Audit Committee or Quality Committee. It was suggested that themes and issues from serious incident investigations should inform the programme. We would expect parity of esteem of the clinical audit programme with the internal audit programme regarding approval and oversight arrangements.

- The Clinical Audit and Effectiveness Committee reports into the Quality Committee. We heard examples of clinical audit leading to improvements including an improved process around monitoring blood pressure as a falls risk. A further example was a serious incident reported as a result of a female patient choking on a sandwich. The learning from this incident led to improved symbols on the board and pre-meal huddles to check patients with modified dietary needs.

- Quality Support Visits are well evidenced as part of the CQC action plan and were included in the update to Trust Executive Group in July 2022 which has been shared with us.

- In terms of staff development and investment in learning there are targeted programmes for Allied Health Professionals and Nurses and Midwives to support the development of skills, knowledge

and confidence for leadership. The Aspiring Clinical Leaders/Developing our Clinical Leaders programmes enabled participants to achieve the Institute of Leadership & Management Level 3 Award in Leadership.

- The Trust's LEAD framework underpins the leadership and development programme and is led by the organisational development team with input from the HR and learning and development teams. The framework for the leadership programme is communicated to staff regularly to make them aware of the various programmes that are available. We heard about the recent Expo event in Summer as one method to communicate and make staff aware of what is on offer. We were informed that an area of future focus will be the provision for coaching and mentoring with a recognition that this is a current gap. To date the offer has been senior leader level coaching and there is a desire to offer this more widely which we would support. The second element of the leadership programme pertains to the provision of specific training and development for example HR training.

- The LEAD: Clinical Director and Clinical Lead programme is targeted at those currently working as a Clinical Director or Clinical Lead. We understand that it is a 12-month programme with monthly hosted sessions ranging from finance to giving and receiving feedback. Whilst topics are agreed with delegates in advance there may also be merit in the Trust setting out a core skillset for inclusion in the programme that clinical leaders need to display in order to be effective and deliver these alongside delegate led proposals. Monthly hosted sessions are supplemented with monthly learning groups.

- The Trust uses a quality improvement methodology aligned with the Institute for Healthcare Improvement and has the first Microsystem Coaching Academy (MCA) in the UK.  This takes the approach of training across the workforce to be team coaches to enable multi-disciplinary teams to re-design and improve services. The aim is to create sustainable quality improvement and we heard examples of where this has been successful such as colorectal and gynaecology enhanced recovery. There is a recognition that the main challenge is being able to release staff and give them the headroom to undertake change activities and continue to create a culture of quality improvement. We also noted in the 'Developing our Organisation Annual Review' the successful rollout of the Microsystem Coaching Academy in that to date 300 coaches have graduated through the academy since 2012.

- It is clear that there is a lot of activity taking place within the learning, continuous improvement and innovation arena. However, similarly to the findings from the healthcare governance review we were struck with the transactional rather than transformative nature of many of the projects. There are some very passionate and capable individuals investing time and energy to these matters and good work is happening, however, faced with the operational requirements and a significant underlying deficit the Trust needs to deliver a step up in productivity and efficiency to remain sustainable. The Trust needs to consider how it can leverage its ODD and QI resource, and possibly be more directive in its usage, to link activities with findings from Model Health System, GIRFT reports etc to target opportunities in addition to qualitative improvement projects. The new Use of Resources Group and approach provides an opportunity to do this.

- Senior leaders recognised the investment by the Trust in improvement tools and resources and commented as such; "*We have incredible QI & organisational development capability*" and "*There are tools to support improvement work*",

- Whilst survey respondents were positive regarding the tools and resources, there was recognition that current operational challenges, mean that time to set aside for improvement activities is hard to come by. Survey respondents commented: "*Capacity continues to be a challenge and therefore it is difficult to spread and scale up improvement and this has become even more difficult since the pandemic.  Resulting in unwarranted variation and missed opportunities to embed good practice across the whole Trust*" and "*To deliver recovery we need to innovate and build new teams, but how do we create head space and provide support to do so*" and "*we have so much we want to change and improve but 'business as usual' is such that there is no headroom other than to fight the daily fires*".

- We have already noted earlier in the report the absence of a dedicated Research Committee within the Trust which would also strengthen senior level focus on research and innovation

activities and help drive this forward. The low profile of research activities was referenced in the senior leaders survey responses along with the strong desire to build better relationships with both local universities to build on the Trust's research capabilities and current activities.

- The Trust has secured £12m in British Research Council funding and is one of only eight cancer research funded programmes by the National Institute for Health and Care Research.
- There have been steps to raise the profile and opportunity around research and innovation with the attendance of the Medical Director, Development at directorate review meetings.
- Trust Executive Group has a formal role in research and innovation according to its terms of reference: 'Developing and supporting a culture of continuous Innovation, Research and Development'. There is limited evidence of a systematic approach to research and innovation from reviewing Trust Executive Group minutes.
- The Trust's stated risk appetite for innovation is 'open'. However, innovation was said by Management Board members to be stifled by control, risk aversion, over-emphasis on the 'financial case' in decision-making and investment, and lack of clinical autonomy. A particular comment summarised this as 'our ambitions are bolder than the organisation's'.
- 'Give It A Go Week' was mentioned as an initiative to counteract the idea that people need permission to act. We are also aware that the Trust is exploring the creation of an Innovation Fund to stimulate bottom-up change.
- We understand that the Trust is refreshing its Research Strategy which is due in January 2023 which should also generate greater focus and commitment to this.

### Recommendations

| 27. | The Trust should consider how it can release or ring fence time and provide the necessary permissions for directorates to undertake improvement activities |
|---|---|
| 28. | The Trust should consider how it can leverage greater value from its ODD and QI investment and capacity |
| 29. | The Trust should ensure that there is parity of esteem between clinical and internal audit |
| 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 |

# Other considerations

A number of more minor observations or potential improvements were also picked up during the course of our review which whilst not either central to the main feedback or material in nature are worthy of mention in supporting the Trust in terms of its overall governance improvements. These do not form part of our recommendations.

- The Integrated Performance Report should be seen as a key focus for the board. However, it is not prominent on the board meeting agenda as it is listed under Chief Executive's Matters along with a number of items that appear to be for information. We are satisfied that it does receive sufficient focus from observation of the September Board meeting and review of historic meeting minutes, but we suggest that it should be brought out as a standalone agenda item to demonstrate its profile and importance in board discussions.
- The Trust's current cover sheet has four options for report authors to choose from when indicating the 'status' of a report (we understand the status field to indicate the primary purpose of the paper): Approval, Approval & Requiring Board Approval, Debate, Note. We would suggest that 'Assurance' would be useful option.
- Committee agenda timings appear to flex standing items to fit to meeting time availability. For example, on the Finance and Performance Committee agenda both major standing items (finance report and performance report) scheduled timings flexed between 20-30 mins during the review period. Just changing agenda timings without changes to the report will not necessarily generate shorter or longer discussions thus potentially causing timing challenges for chairs.
- Trust Executive Group receive several sets of minutes for noting including Patient Experience Committee, Equality Diversity and Inclusion, Safety and Risk Committee, Capital Investment Team and Maternity Improvement Board. It is not clear from the terms of reference which meetings report to Trust Executive Group. There is generally limited discussion in relation to the meeting minutes and it is not clear whether these provide adequate oversight and generate appropriate discussion. Potential considerations could include the use of a 'chairs assurance' template to provide clearer messaging of the outcomes from meetings and/or chairs (or sponsors) of each group presenting their assurance report.
- Under para 5.7 of the Standing Orders for the Council of Governors, the Council of Governors may, at the request of the Board of Directors, appoint governors as members or to attend and/or advise at joint committees of the Board of Directors or committees of the Board of Directors. This is not in accordance with schedule 7 NHS Act 2006, and also conflicts with para 4.3 of the Trust's own constitution and should be revised.
- Minutes of Trust Executive Group are comprehensive, capturing both context of the item, the discussion and actions. Whilst actions are generally captured there are examples where this does not appear within the minutes. This may be due to the action already being captured in the paper, which the review team have not reviewed. However, the Trust may wish to ensure that there is a robust capture of actions for minuting purposes. Examples include:
  - TEG 437/22 – performance and assurance framework. Clarity was sought re role of OGN performance management framework and maternity improvement board. While it was noted that the governance processes required further clarification this was not included as an action.
  - TEG460/22 - Annual Fire Report – following a reflection it was agreed to ask the Estates Team to consider any possible impacts of increased numbers of staff working from home, particularly in corporate areas in terms of the numbers of trained fire wardens on site. This was not included as an action.
  - TEG 461/22 - Complaints and Patient Feedback – EDI analysis. It was agreed that views of the information governance team would be sought in relation to using information from Lorenzo. No action was included.
- Whilst there is evidence of challenge within minutes, the challenge is not consistently described and so it is not possible to assess from review of the minutes whether the Trust response

adequately addresses the challenge.

- Trust communications was a theme that emanated from a number of our conversations and interactions. Specifically, we heard how staff voices and particularly patient voices are felt to be filtered and left feeling corporate as opposed to hearing the more 'human' aspect sometimes. Patient experience is provided through reports and there isn't the opportunity to hear 'warts and all' without it feeling managed or scripted through videos and communication channels. This sentiment was raised with us across multiple staff interactions and also patient/carer/volunteer interactions. It is not something that typically surfaces in our reviews and is therefore worthy of mentioning.

- Finance Report
  - Front sheet summary which is helpful although no RAG rating to direct readers to areas of focus
  - Risks are prominent and quantified which is positive
  - 52 pages in length which is long for a committee or board level finance report
  - Tabular based with very busy tables with no highlighting of key points
  - 27 directorate positions as opposed to c3-4 Care Groups
  - No forecast within I&E tables and point in time data
  - I&E narrative is discursive, not visual and contains few mitigating actions (the 'so what')
  - Includes ratios and details on provisions which is positive
  - Lack of run rates or trend (graph) reporting over extended timelines
  - Staff movement tables are too detailed to highlight trends – highlight trends/issues for reader
  - Hugely detailed CIP plans – need for at committee / board level?
  - No sense of trajectory of plan for delivery of CIPs therefore no sense of whether back ended which may present risks
  - No capital reporting within finance report although in the IPR
  - Overall, quite a technical paper which reports performance but does not easily support non-executives to identify trends, understand key financial drivers and mitigating actions and provide assurance

- IPR
  - 53 pages in length which is on the lengthy side but not as long as some
  - Timeliness of data is an issue
  - 3 page Executive Summary which is narrative and doesn't easily focus discussion
  - Exception reports are provided for any indicator receiving a red rating in either month and has been benchmarked against an appropriate peer group and identified as an outlier.
  - Uses SPC which is positive
  - Potential for creating cleaner visual Executive Summary by domain using SPC icons - see Kettering Hospital IPR report as an example.
  - Exception pages include drivers and actions although many actions could be smarter e.g., falls - Focused falls improvement work continues to improve awareness of the multifactorial actions needed to reduce falls: lying and standing blood pressure, patients having items in reach, safety huddles and appropriate risk assessments. No sense of timescales, milestones, impact.
  - No improvement trajectories to oversee impact of actions (more dates and accountability would also support improvement conversations)

- PMF information packs
  - Level 1
    - Dashboard and finance report (discursive on drivers, no forecast)
    - Evidenced use of Model Health System to benchmark where available which is positive
    - Workforce metrics limited, staff survey point in time, no use of in-year pulse survey to trend and Statutory and Mandatory training compliance (trend based)
    - Activity data re theatre/OP utilisation and activity levels (although timeliness issues as no actual data on graphs July 21/22 reports)

- - Quest data re falls, medication errors, VTE, PUs etc
- Level 2
  - Appears to be the same data
- Level 3
  - Mainly finance report and a few pages of activity – if autonomous level why these metrics and not workforce or quality? Does this help drive perception of being finance led organisation?
  - No dates on actions or impacts
- Agenda appears to be a standard run list – unclear if directorate have ability to influence agenda. Top-down vs bottom up.

# Recommendations

| Ref | Recommendation | Timeframe |
|---|---|---|
| 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 | 3-6 months |
| 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 | 6-12 months |
| 3. | The board should ensure ring fenced time is protected for strategy discussion at its board strategy sessions | 3-6 months |
| 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 | 0-3 months |
| 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 | 0-3 months |
| 6. | The Trust should consider how it will raise awareness of the refreshed strategy amongst staff and stakeholders | 0-3 months |
| 7. | The Trust should consider the governance arrangements to secure delivery of the sustainability strategic objective | 3-6 months |
| 8. | The Trust should consider how it will strengthen oversight and governance of its Productivity and Efficiency Programme to ensure delivery and financial sustainability | 0-3 months |
| 9. | The Trust should consider how it supports improved devolution to Clinical Directorates and Care Groups | 3-6 months |
| 10. | The Trust should ensure that Board committee membership is in line with Sch7, NHS Act 2006 | 0-3 months |
| 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 | 3-6 months |
| 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. | 3-6 months |
| 13. | The Trust should consider the role of Clinical Management Board and its relations with Trust Executive Group | 3-6 months |
| 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 | 6-12 months |
| 15. | The Trust should consider how it will strengthen the consistency of approach to directorate management meetings | 3-6 months |
| 16. | The Trust should consider how it can improve the timeliness of reporting and discussions | 3-6 months |
| 17. | The Trust should consider how it operationalises risk appetite into its risk reporting and decision-making processes | 3-6 months |
| 18. | The Trust should ensure that the Corporate Risk Register Report continues to evolve to provide insight to Board over the management of the Trust's most significant operational risks | 3-6 months |
| 19. | The Trust should ensure that operational areas understand the Trust's risk management process and can differentiate between | 3-6 months |

| | risks and issues | |
|---|---|---|
| 20. | The Trust should ensure that Board and committee level reports are written to provide assurance and support oversight of improvements | 0-3 months |
| 21. | The Trust should ensure that there are robust data quality checks in place for QUEST dashboard outputs | 0-3 months |
| 22. | The Trust should ensure that its IT infrastructure and system interoperability support safe, high-quality healthcare | 6-12 months |
| 23. | The Trust should consider how it captures all patient engagement activity and shares the learning cross Trust where appropriate | 6-12 months |
| 24. | The Trust should consider how and where qualitative feedback is used to assure Board and committees over the quality of services | 3-6 months |
| 25. | The Trust should consider how it responds to feedback regarding wanting a more authentic style of communications | 6-12 months |
| 26. | The Trust should consider how it widens whole board exposure and participation in Trust external activities | 3-6 months |
| 27. | The Trust should consider how it can release or ring fence time and provide the necessary permissions for directorates to undertake improvement activities | 6-12 months |
| 28. | The Trust should consider how it can leverage greater value from its ODD and QI investment and capacity | 6-12 months |
| 29. | The Trust should ensure that there is parity of esteem between clinical and internal audit | 3-6 months |
| 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 | 6-12 months |

# Appendix 1 – Engagement Schedule

**Interviews**

| Name | Role | Organisation |
|---|---|---|
| Annette Laban | Chair | Sheffield Teaching Hospitals NHS FT |
| Shiella Wright | Non-Executive | Sheffield Teaching Hospitals NHS FT |
| John O'Kane | Non-Executive | Sheffield Teaching Hospitals NHS FT |
| Gul Nawaz Hussain | Non-Executive | Sheffield Teaching Hospitals NHS FT |
| Tony Buckham | Non-Executive | Sheffield Teaching Hospitals NHS FT |
| Chris Newman | Non-Executive | Sheffield Teaching Hospitals NHS FT |
| Rosamond Roughton | Non-Executive | Sheffield Teaching Hospitals NHS FT |
| Maggie Porteous | Non-Executive | Sheffield Teaching Hospitals NHS FT |
| Toni Schwarz | Non-Executive | Sheffield Teaching Hospitals NHS FT |
| Kirsten Major | Chief Executive | Sheffield Teaching Hospitals NHS FT |
| David Black | Medical Director (Development) | Sheffield Teaching Hospitals NHS FT |
| Jennifer Hill | Medical Director (Operations) | Sheffield Teaching Hospitals NHS FT |
| Neil Priestley | Chief Finance Officer | Sheffield Teaching Hospitals NHS FT |
| Michael Harper | Chief Operating Officer | Sheffield Teaching Hospitals NHS FT |
| Vicki Leckie | Interim Chief Operating Officer | Sheffield Teaching Hospitals NHS FT |
| Chris Morley | Chief Nurse | Sheffield Teaching Hospitals NHS FT |
| Mark Gwilliam | Director of HR & Staff Development | Sheffield Teaching Hospitals NHS FT |
| Sandi Carmen | Assistant Chief Executive | Sheffield Teaching Hospitals NHS FT |
| Mark Tuckett | Director of Strategy and Planning | Sheffield Teaching Hospitals NHS FT |
| Julie Phelan | Communications and Marketing Director | Sheffield Teaching Hospitals NHS FT |
| Paula Ward | Organisation Development Director | Sheffield Teaching Hospitals NHS FT |
| Judith Green | Corporate Governance Manager | Sheffield Teaching Hospitals NHS FT |
| Martin Hodgson | Lead Governor | Sheffield Teaching Hospitals NHS FT |
| Joe Saverimoutou | Deputy Lead Governor | Sheffield Teaching Hospitals NHS FT |
| Steve Barks | Vice Chair, CoG Nomination and Remuneration Committee | Sheffield Teaching Hospitals NHS FT |
| Irene Mabbott | Freedom to Speak Up Guardian | Sheffield Teaching Hospitals NHS FT |
| Paulette Afflick-Anderson | Freedom to Speak Up Guardian | Sheffield Teaching Hospitals NHS FT |
| Liz Puddy | Freedom to Speak Up Guardian | Sheffield Teaching Hospitals NHS FT |
| Emma Latimer | Executive Place Director | South Yorkshire and Bassetlaw ICB |
| Richard Jenkins | Chief Executive | South Yorkshire and Bassetlaw Acute Federation |
| Martin Havenhand | Chair | South Yorkshire and Bassetlaw Acute Federation |
| Andy Hilton | Chief Executive | Primary Care Sheffield |
| Chris Husbands | Vice Chancellor | Sheffield Hallam University |
| Ruth Brown | Chief Executive | Sheffield Children's NHS FT |
| Sarah Jones | Chair | Sheffield Children's NHS FT |
| Kate Josephs | Chief Executive | Sheffield City Council |
| Ella Sprung | Volunteer | Maternity Voices Partnership |

**Focus Groups**

| Name | Role | Date |
|---|---|---|
| Council of Governors | Governors | 26th October 2022 |
| Management Board | Senior leader feedback | 3rd October 2022 |
| Management Board | Senior leader feedback | 17th October 2022 |
| Patient Experience Forum | Staff and patient feedback | 25th October 2022 |
| LGBTQ+PROUDER network | Staff feedback | 18th October 2022 |
| Race Equality and Inclusion network | Staff feedback | 20th October 2022 |

**Meeting observations**

| Forum | Date |
|---|---|
| Board of Directors | 27th September 2022 |
| Council of Governors | 27th September 2022 |
| Quality Committee | 3rd October 2022 |
| Finance & Performance Committee | 12th September 2022 |
| People Committee | 12th September 2022 |
| Trust Executive Group | 2nd November 2022 |
| Diabetes & Endocrine Executive Management Meeting | 6th October 2022 |
| Diabetes & Endocrine Performance Management Framework | 21st September 2022 |
| Renal Directorate Management Team | 20th September 2022 |
| Renal Performance Management Framework | 30th September 2022 |
| Anaesthesia & Operating Services Executive Management Meeting | 29th September 2022 |
| Anaesthesia & Operating Services Performance Management Framework | 20th September 2022 |

# Appendix 2 - Survey results

## Trust Board members and attendees

**LEADERSHIP**
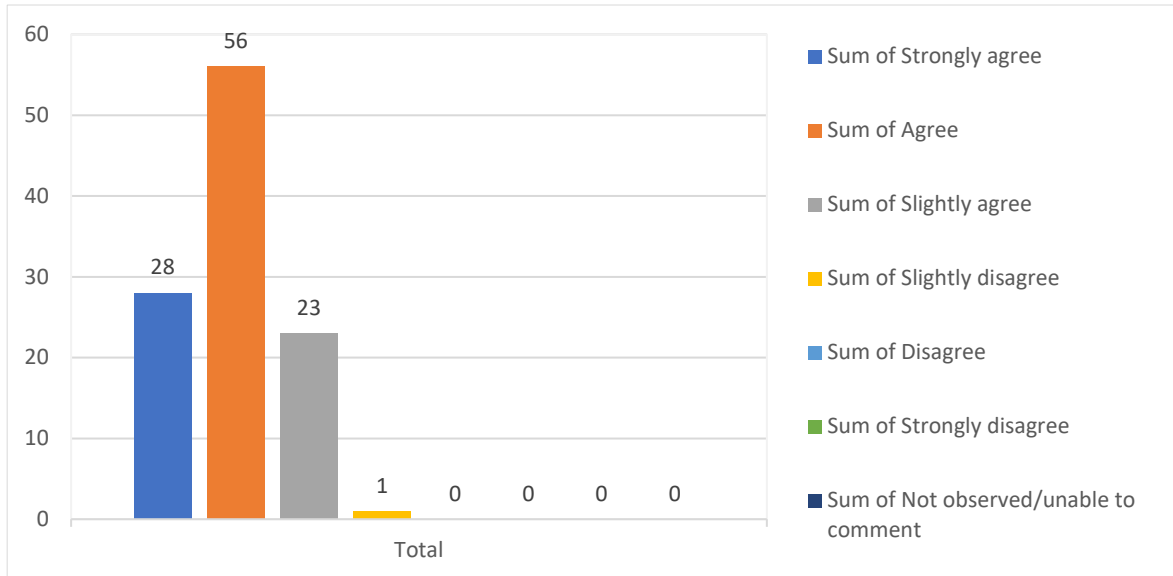


The above table shows the total aggregate number of responses across each answer option for all of the Leadership domain survey questions for Trust Board members and attendees.

## STRATEGY



The above table shows the total aggregate number of responses across each answer option for all of the Strategy domain survey questions for Trust Board members and attendees.

Chart 1 (top left):

Y-axis: 0, 2, 4, 6, 8, 10, 12, 14

Legend:
- Sum of Strongly agree
- Sum of Agree
- Sum of Slightly agree
- Sum of Slightly disagree
- Sum of Disagree
- Sum of Strongly disagree
- Sum of Not observed/unable to comment
- Sum of No response/unanswered

Values: 7, 7, 3, 0, 1, 0, 0, 0

X-axis label: I am confident that the vision, values and strategy have been developed in collaboration with staff, service users and external partners.
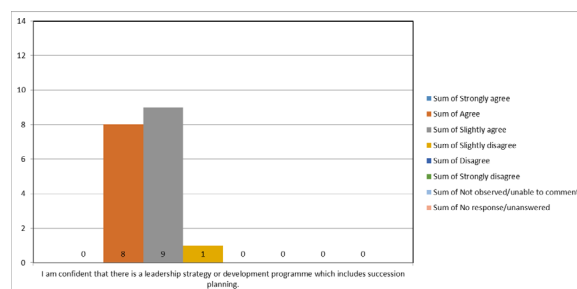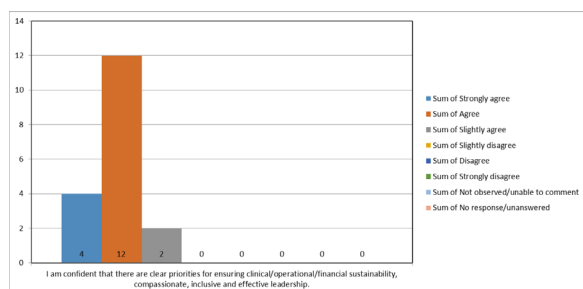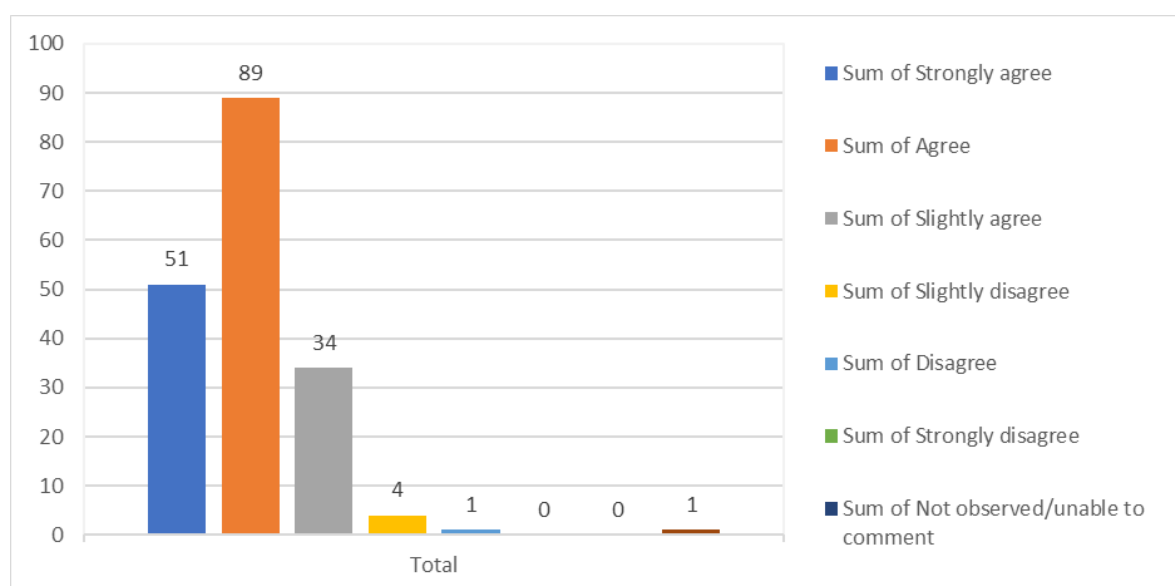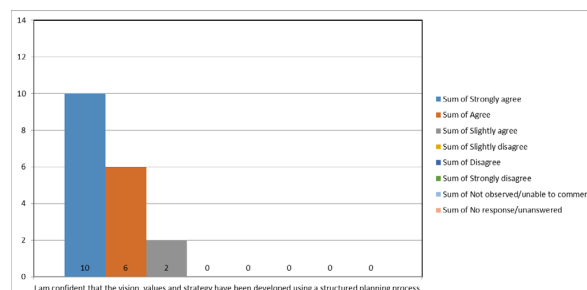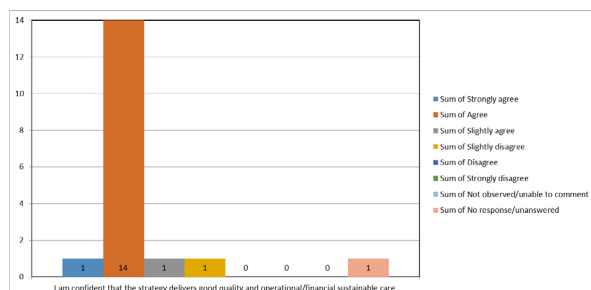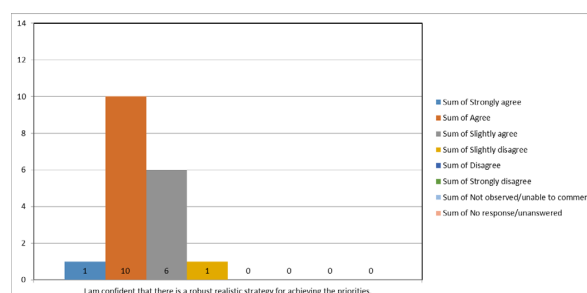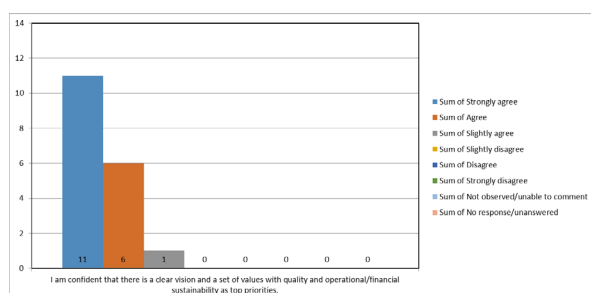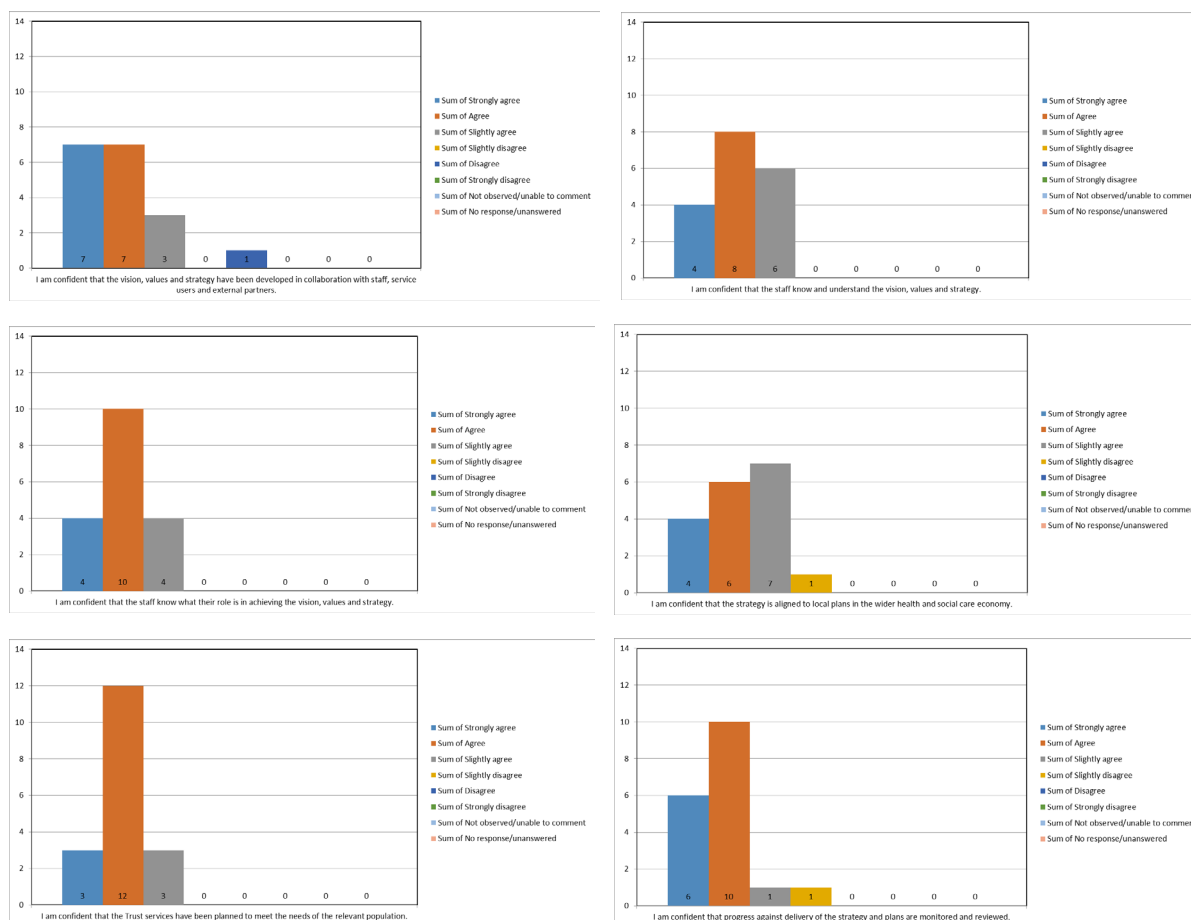
Chart 2 (top right):

Y-axis: 0, 2, 4, 6, 8, 10, 12, 14

Legend:
- Sum of Strongly agree
- Sum of Agree
- Sum of Slightly agree
- Sum of Slightly disagree
- Sum of Disagree
- Sum of Strongly disagree
- Sum of Not observed/unable to comment
- Sum of No response/unanswered

Values: 4, 8, 6, 0, 0, 0, 0, 0

X-axis label: I am confident that the staff know and understand the vision, values and strategy.

Chart 3 (middle left):

Y-axis: 0, 2, 4, 6, 8, 10, 12, 14

Legend:
- Sum of Strongly agree
- Sum of Agree
- Sum of Slightly agree
- Sum of Slightly disagree
- Sum of Disagree
- Sum of Strongly disagree
- Sum of Not observed/unable to comment
- Sum of No response/unanswered

Values: 4, 10, 4, 0, 0, 0, 0, 0

X-axis label: I am confident that the staff know what their role is in achieving the vision, values and strategy.

Chart 4 (middle right):

Y-axis: 0, 2, 4, 6, 8, 10, 12, 14

Legend:
- Sum of Strongly agree
- Sum of Agree
- Sum of Slightly agree
- Sum of Slightly disagree
- Sum of Disagree
- Sum of Strongly disagree
- Sum of Not observed/unable to comment
- Sum of No response/unanswered

Values: 4, 6, 7, 1, 0, 0, 0, 0

X-axis label: I am confident that the strategy is aligned to local plans in the wider health and social care economy.

Chart 5 (bottom left):

Y-axis: 0, 2, 4, 6, 8, 10, 12, 14

Legend:
- Sum of Strongly agree
- Sum of Agree
- Sum of Slightly agree
- Sum of Slightly disagree
- Sum of Disagree
- Sum of Strongly disagree
- Sum of Not observed/unable to comment
- Sum of No response/unanswered

Values: 3, 12, 3, 0, 0, 0, 0, 0

X-axis label: I am confident that the Trust services have been planned to meet the needs of the relevant population.

Chart 6 (bottom right):

Y-axis: 0, 2, 4, 6, 8, 10, 12, 14

Legend:
- Sum of Strongly agree
- Sum of Agree
- Sum of Slightly agree
- Sum of Slightly disagree
- Sum of Disagree
- Sum of Strongly disagree
- Sum of Not observed/unable to comment
- Sum of No response/unanswered

Values: 6, 10, 1, 1, 0, 0, 0, 0

X-axis label: I am confident that progress against delivery of the strategy and plans are monitored and reviewed.

## CULTURE

Chart (Culture):

Y-axis: 0, 20, 40, 60, 80, 100, 120, 140

Values: 42, 130, 36, 6, 0, 0, 0, 2

Legend:
- Sum of Strongly agree
- Sum of Agree
- Sum of Slightly agree
- Sum of Slightly disagree
- Sum of Disagree
- Sum of Strongly disagree
- Sum of Not observed/unable to comment
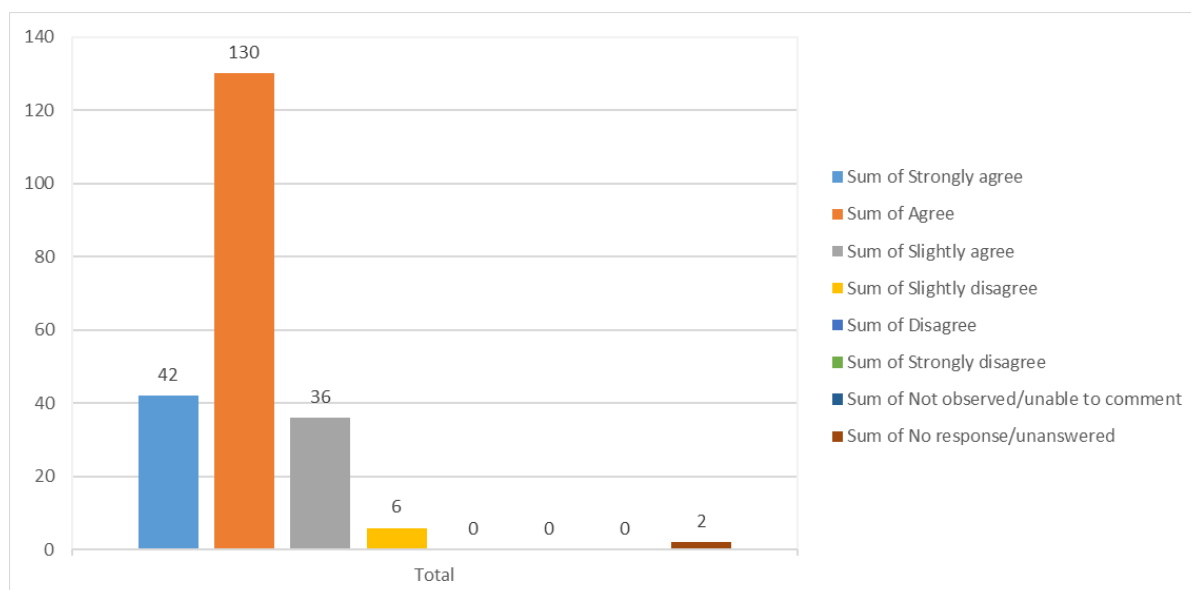- Sum of No response/unanswered

X-axis label: Total

The above table shows the total aggregate number of responses across each answer option for all of the Culture domain survey questions for Trust Board members and attendees.
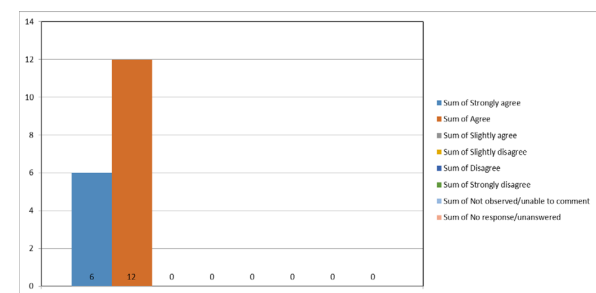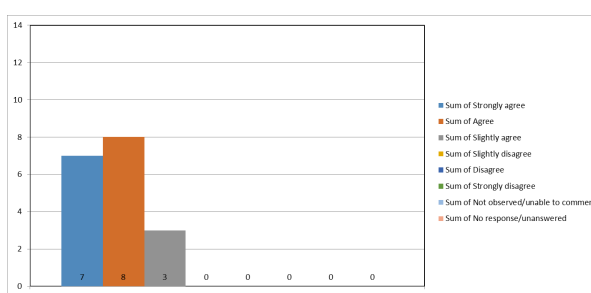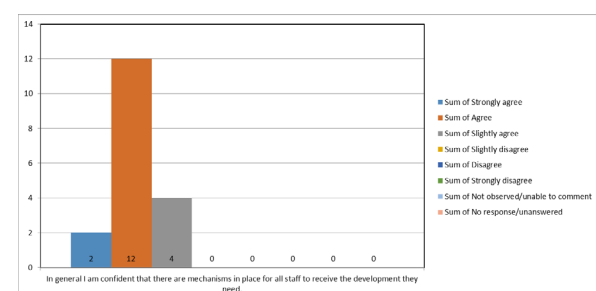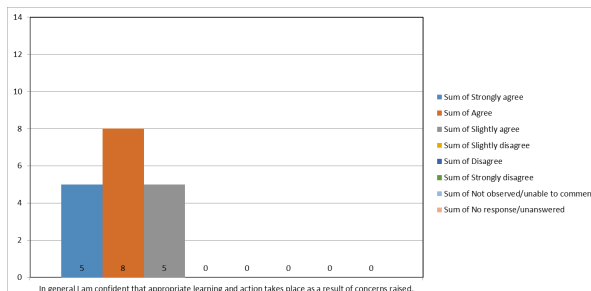
Chart 1 — In general I am confident that staff feel supported, respected and valued.

Legend: Sum of Strongly agree, Sum of Agree, Sum of Slightly agree, Sum of Slightly disagree, Sum of Disagree, Sum of Strongly disagree, Sum of Not observed/unable to comment, Sum of No response/unanswered

Values: 3, 11, 4, 0, 0, 0, 0

Chart 2 — In general I am confident that culture is centred on the needs and experience of service users.

Values: 4, 12, 2, 0, 0, 0, 0, 0

Chart 3 — In general I am confident that staff feel positive and proud to work in the Trust.

Values: 4, 13, 0, 0, 0, 0, 0, 1

Chart 4 — In general I am confident that action is taken to address behaviour and performance that it inconsistent with the vision and values, regardless of seniority.

Values: 1, 14, 2, 1, 0, 0, 0, 0

Chart 5 — In general I am confident that the culture encourages openness and honesty at all levels of the Trust.

Values: 4, 9, 4, 1, 0, 0, 0, 0

Chart 6 — In general I am confident that leaders and staff are able to raise concerns without fear of retribution.

Values: 4, 11, 2, 0, 0, 0, 0, 1

Chart 7 — In general I am confident that appropriate learning and action takes place as a result of concerns raised.

Values: 5, 8, 5, 0, 0, 0, 0

Chart 8 — In general I am confident that there are mechanisms in place for all staff to receive the development they need.

Values: 2, 12, 4, 0, 0, 0, 0, 0

Chart 9 — In general I am confident that there is a strong emphasis on safety and well-being of staff.

Values: 7, 8, 3, 0, 0, 0, 0, 0

Chart 10 — In general I am confident that equality and diversity are promoted within and beyond the Trust.

Values: 6, 12, 0, 0, 0, 0, 0, 0

## ROLES AND RESPONSIBILITIES



The above table shows the total aggregate number of responses across each answer option for all of the Roles and Responsibilities domain survey questions for Trust Board members and attendees.
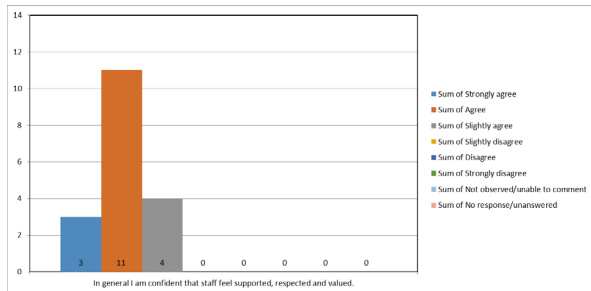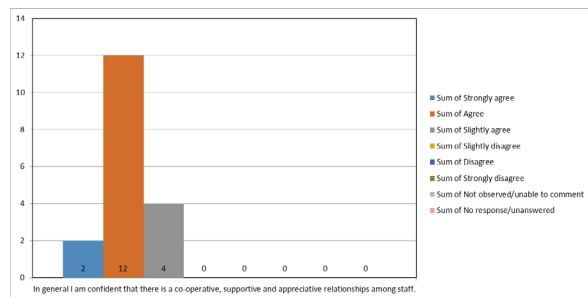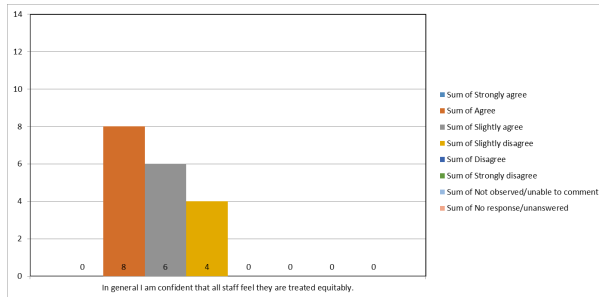
## RISK & PERFORMANCE
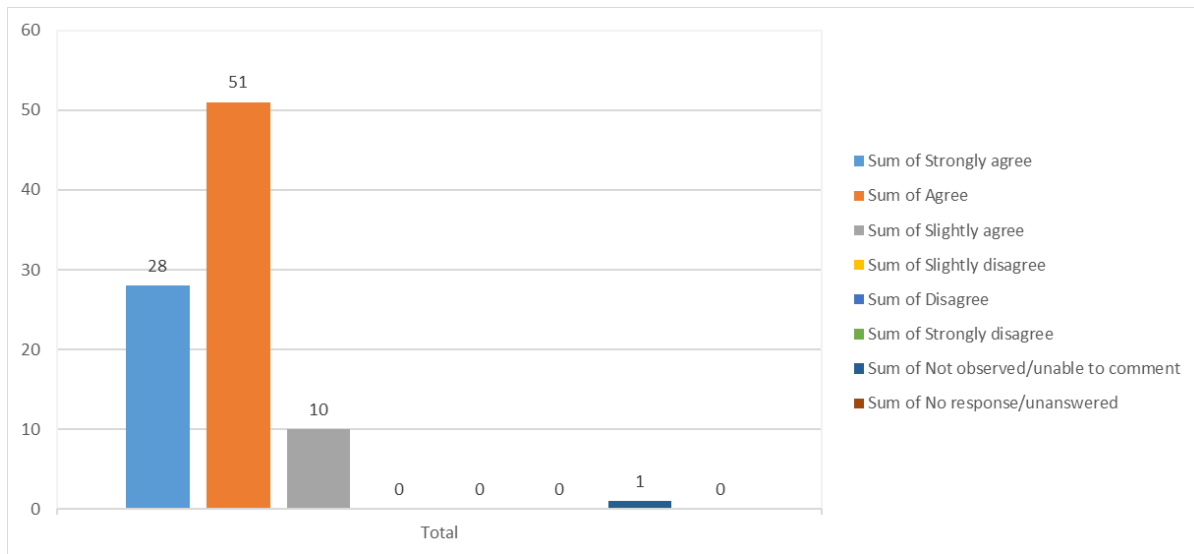


The above table shows the total aggregate number of responses across each answer option for all of the Risk and Performance domain survey questions for Trust Board members and attendees.
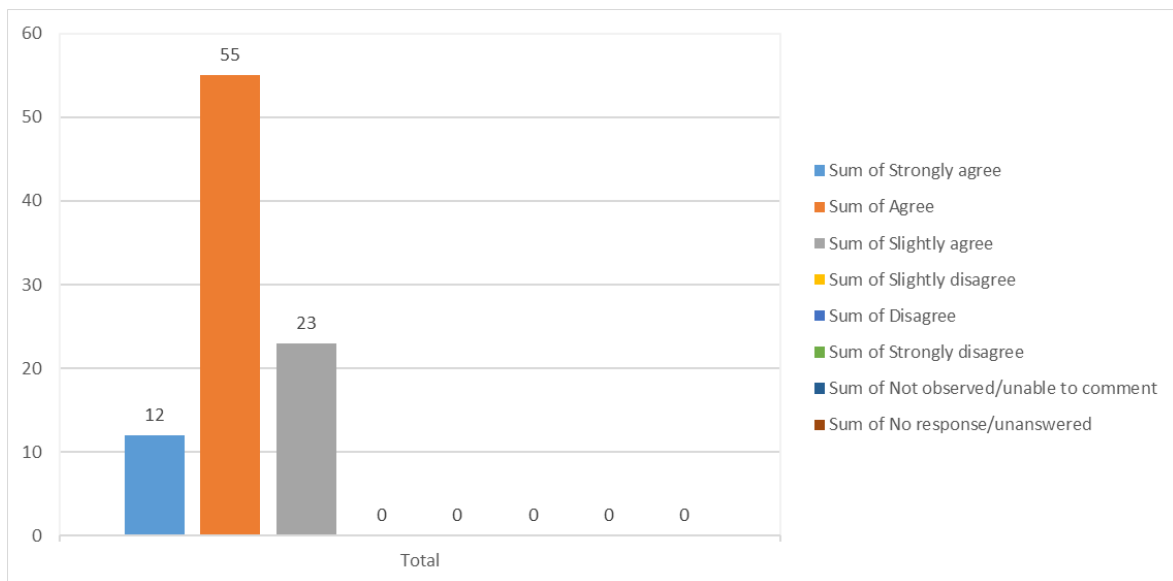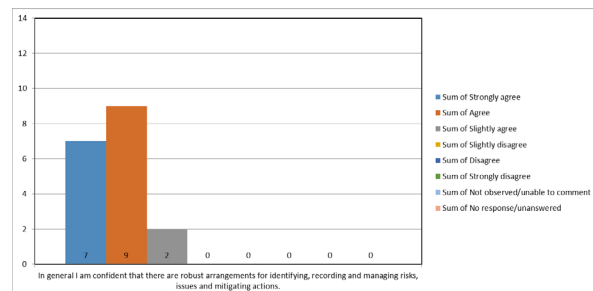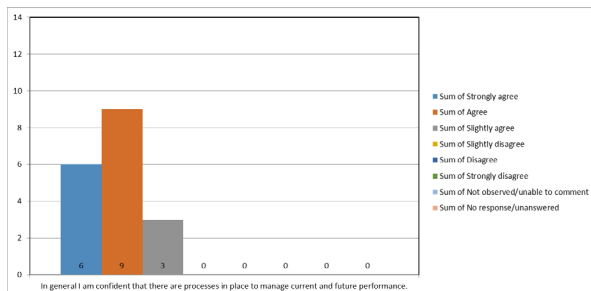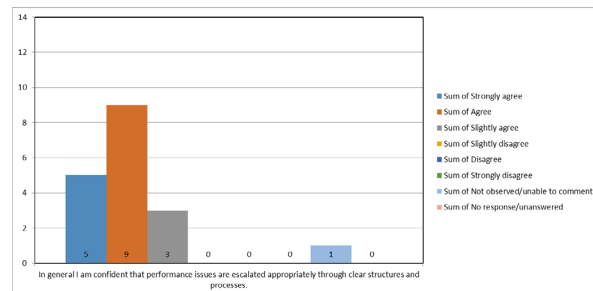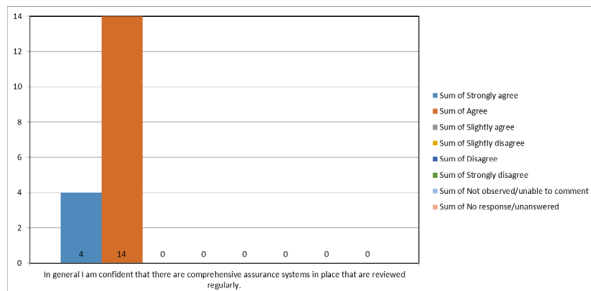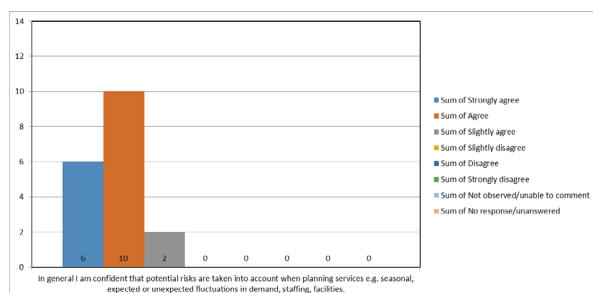
## INFORMATION
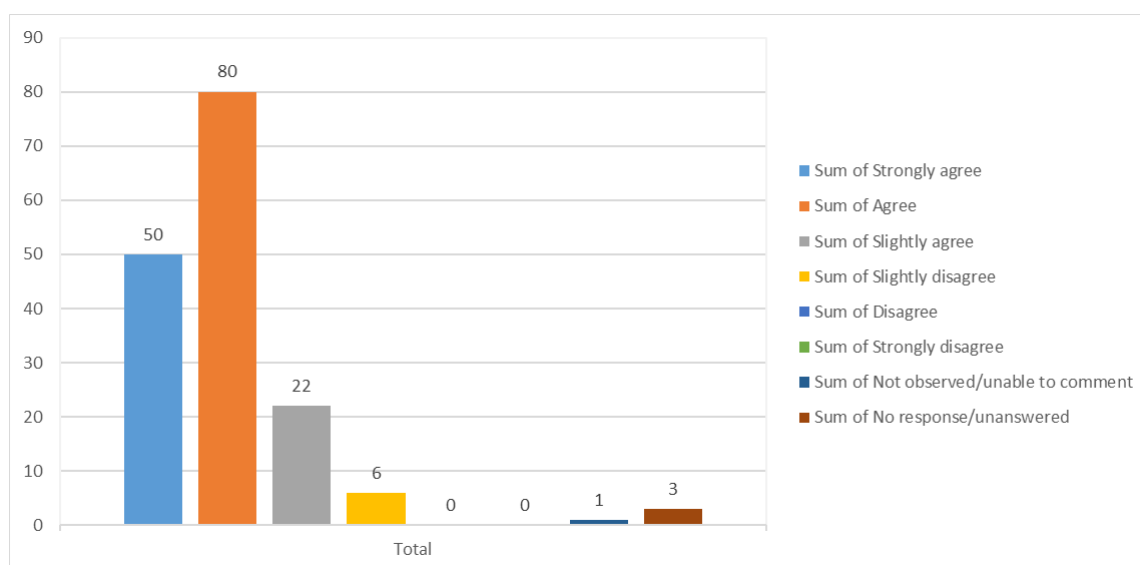


The above table shows the total aggregate number of responses across each answer option for all of the Information domain survey questions for Trust Board members and attendees.
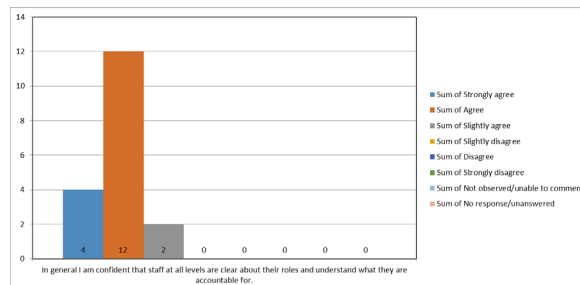
## ENGAGEMENT



The above table shows the total aggregate number of responses across each answer option for all of the Engagement domain survey questions for Trust Board members and attendees.
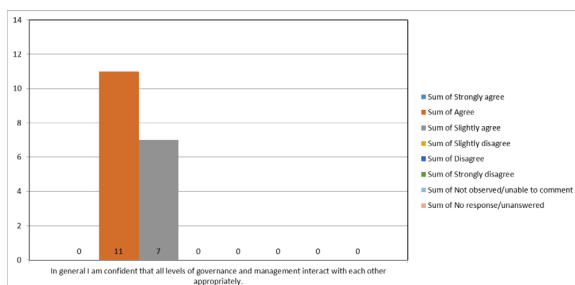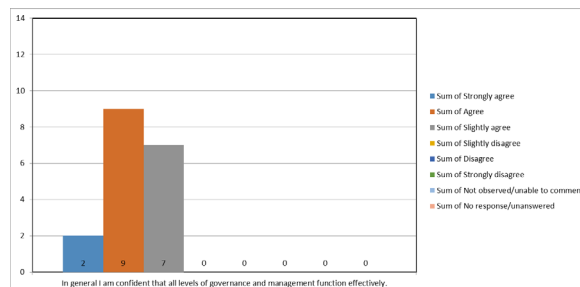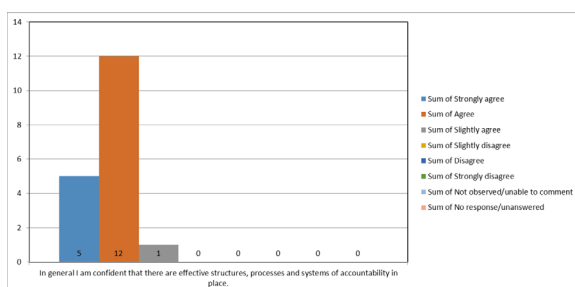
In general I am confident that staff views are gathered and acted on to shape and improve services and culture.

Sum of Strongly agree
Sum of Agree
Sum of Slightly agree
Sum of Slightly disagree
Sum of Disagree
Sum of Strongly disagree
Sum of Not observed/unable to comment
Sum of No response/unanswered

4 | 10 | 4 | 0 | 0 | 0 | 0 | 0



In general I am confident that Service Users and External Partners' views are gathered and acted on to shape and improve services and culture.

0 | 8 | 8 | 2 | 0 | 0 | 0 | 0



In general I am confident that staff are actively engaged so that their views are reflected in the planning and delivery of services.

0 | 8 | 10 | 0 | 0 | 0 | 0 | 0



In general I am confident that there are positive and collaborative relationships with external partners to build shared understanding of challenges and needs of relevant population.

2 | 11 | 3 | 1 | 0 | 0 | 0 | 1



In general I am confident that there is transparency and openness with all stakeholders about performance.

8 | 8 | 2 | 0 | 0 | 0 | 0 | 0

**LEARNING**



Sum of Strongly agree
Sum of Agree
Sum of Slightly agree
Sum of Slightly disagree
Sum of Disagree
Sum of Strongly disagree
Sum of Not observed/unable to comment
Sum of No response/unanswered

18 | 74 | 47 | 17 | 0 | 0 | 5 | 1

Total

The above table shows the total aggregate number of responses across each answer option for all of the Learning domain survey questions for Trust Board members and attendees.
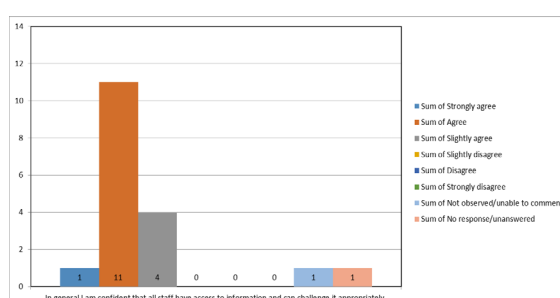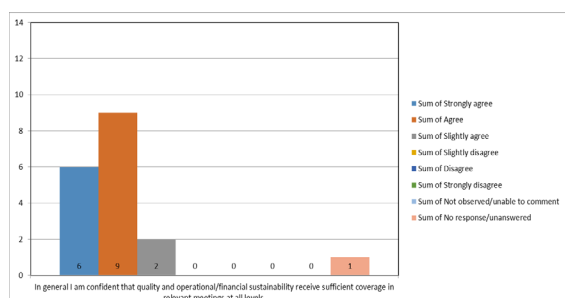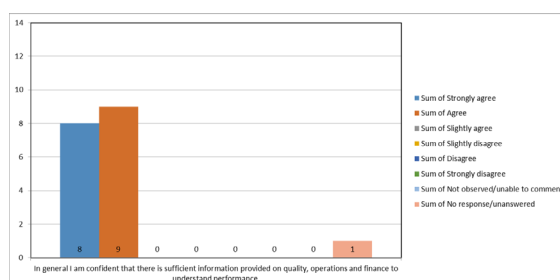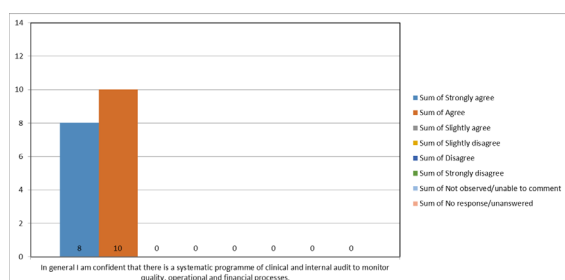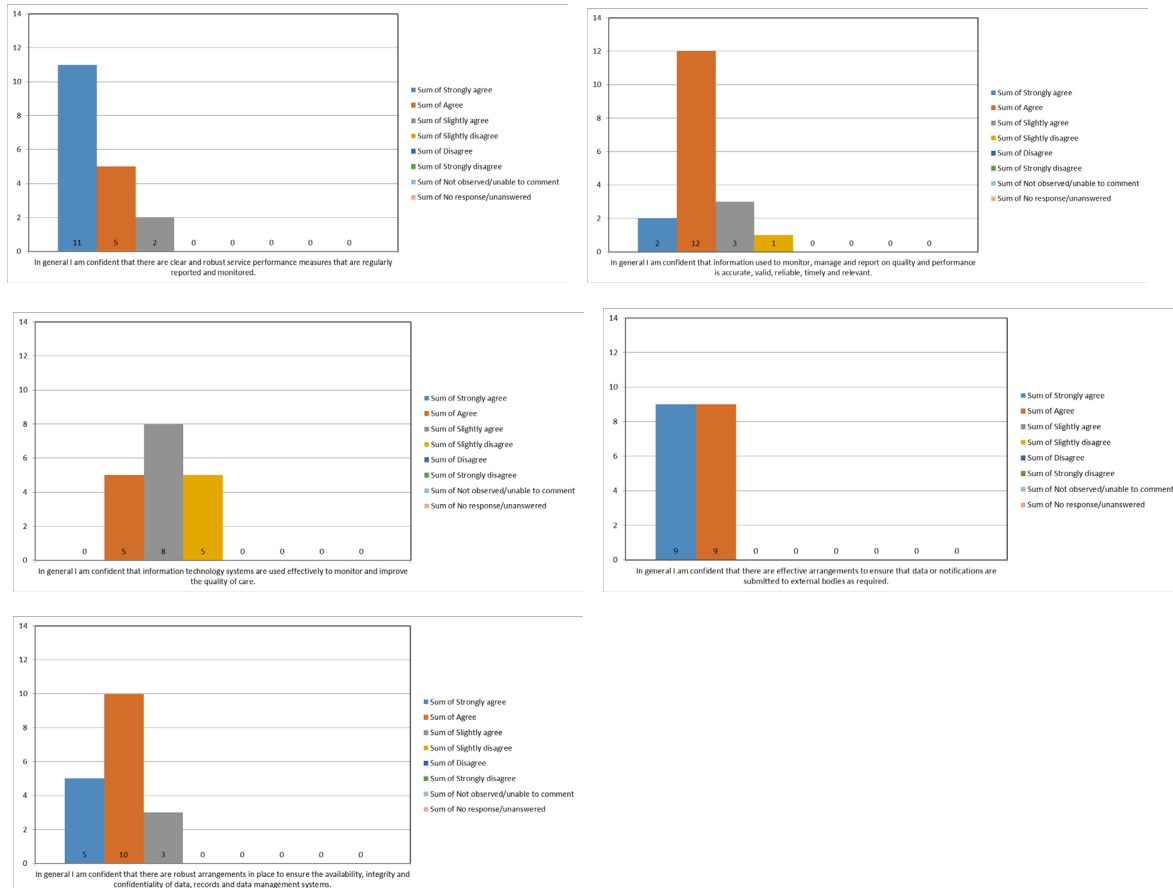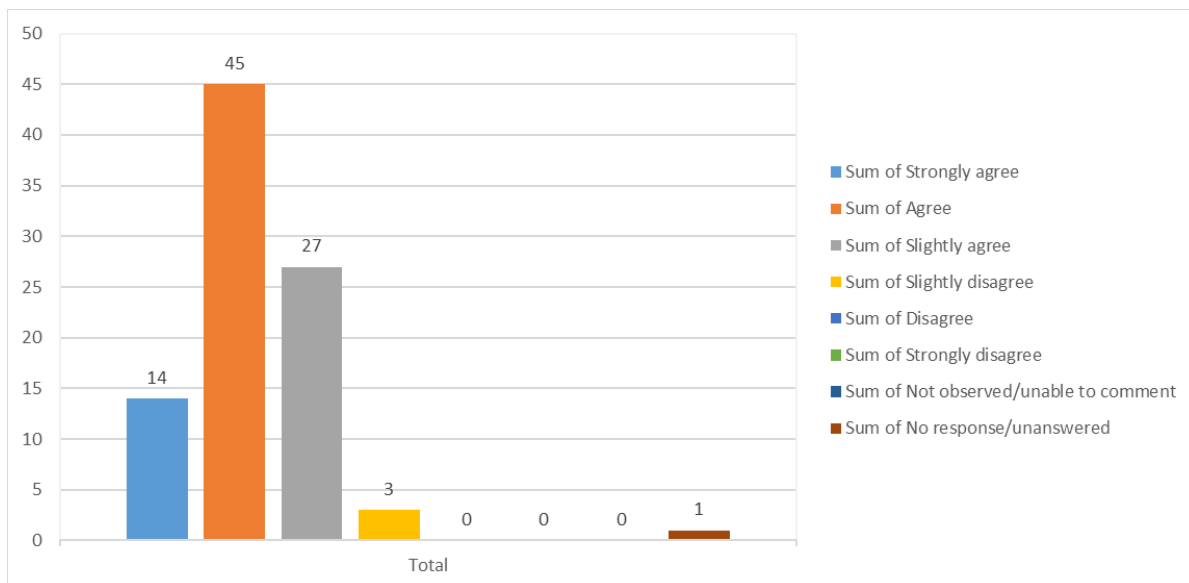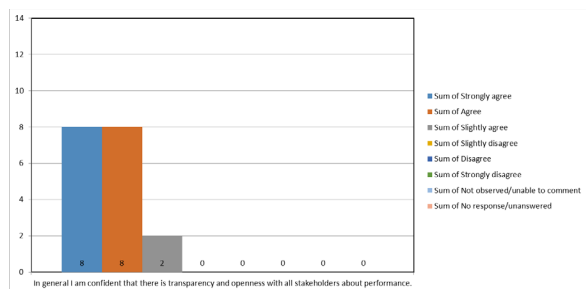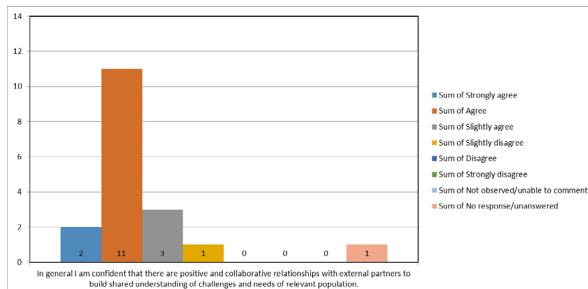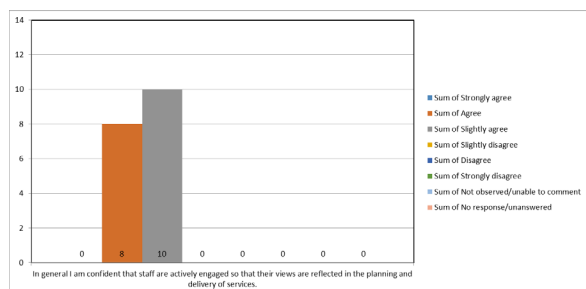
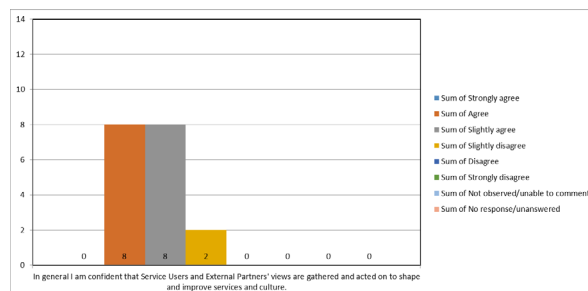In general I am confident that leaders and staff strive for continuous learning, improvement and innovation.

Sum of Strongly agree
Sum of Agree
Sum of Slightly agree
Sum of Slightly disagree
Sum of Disagree
Sum of Strongly disagree
Sum of Not observed/unable to comment
Sum of No response/unanswered

4  11  3  0  0  0  0  0

In general I am confident that there are standardised improvement tools and methods in place.

Sum of Strongly agree
Sum of Agree
Sum of Slightly agree
Sum of Slightly disagree
Sum of Disagree
Sum of Strongly disagree
Sum of Not observed/unable to comment
Sum of No response/unanswered

3  10  3  2  0  0  0  0

In general I am confident that sufficient numbers of staff are trained to use the standardised improvement tools and methods.

Sum of Strongly agree
Sum of Agree
Sum of Slightly agree
Sum of Slightly disagree
Sum of Disagree
Sum of Strongly disagree
Sum of Not observed/unable to comment
Sum of No response/unanswered

3  7  5  2  0  0  1  0

In general I am confident that learning is shared effectively and used to make improvements.

Sum of Strongly agree
Sum of Agree
Sum of Slightly agree
Sum of Slightly disagree
Sum of Disagree
Sum of Strongly disagree
Sum of Not observed/unable to comment
Sum of No response/unanswered

0  10  6  2  0  0  0  0

In general I am confident that the Trust effectively participates in internal and external reviews.

Sum of Strongly agree
Sum of Agree
Sum of Slightly agree
Sum of Slightly disagree
Sum of Disagree
Sum of Strongly disagree
Sum of Not observed/unable to comment
Sum of No response/unanswered

6  8  3  0  0  0  0  1

In general I am confident that staff regularly take time out to work together to resolve problems.

Sum of Strongly agree
Sum of Agree
Sum of Slightly agree
Sum of Slightly disagree
Sum of Disagree
Sum of Strongly disagree
Sum of Not observed/unable to comment
Sum of No response/unanswered

1  5  5  5  0  0  2  0

In general I am confident that staff regularly take time out to review individual and team objectives, processes and performance.

Sum of Strongly agree
Sum of Agree
Sum of Slightly agree
Sum of Slightly disagree
Sum of Disagree
Sum of Strongly disagree
Sum of Not observed/unable to comment
Sum of No response/unanswered

0  5  8  4  0  0  1  0

In general I am confident that there are appropriate systems in place to support improvement and innovation work e.g. objectives and rewards for staff, data systems.

Sum of Strongly agree
Sum of Agree
Sum of Slightly agree
Sum of Slightly disagree
Sum of Disagree
Sum of Strongly disagree
Sum of Not observed/unable to comment
Sum of No response/unanswered

1  8  9  0  0  0  0  0

In general I am confident that there are processes in place to evaluate and share the results of improvement work.

Sum of Strongly agree
Sum of Agree
Sum of Slightly agree
Sum of Slightly disagree
Sum of Disagree
Sum of Strongly disagree
Sum of Not observed/unable to comment
Sum of No response/unanswered

0  10  5  2  0  0  1  0

# Senior Leadership Team

**LEADERSHIP**



The above table shows the total aggregate number of responses across each answer option for all of the Leadership domain survey questions for the Senior Leadership Team.

**STRATEGY**



The above table shows the total aggregate number of responses across each answer option for all of the Strategy domain survey questions for the Senior Leadership Team.
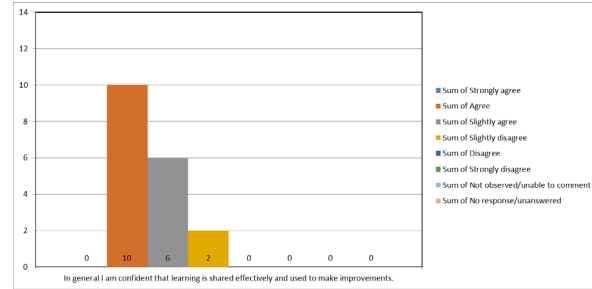
The strategy is aligned to local plans in the wider health and social care economy: Strongly agree 7, Agree 12, Slightly agree 14, Slightly disagree 3, Disagree 3, Strongly disagree 1, Not observed/unable to comment 4, No response/unanswered 0



Trust services have been planned to meet the needs of the relevant population: Strongly agree 5, Agree 16, Slightly agree 13, Slightly disagree 6, Disagree 2, Strongly disagree 0, Not observed/unable to comment 2, No response/unanswered 0



Progress against delivery of the strategy and plans are monitored and reviewed: Strongly agree 10, Agree 21, Slightly agree 7, Slightly disagree 2, Disagree 2, Strongly disagree 0, Not observed/unable to comment 2, No response/unanswered 0

## CULTURE
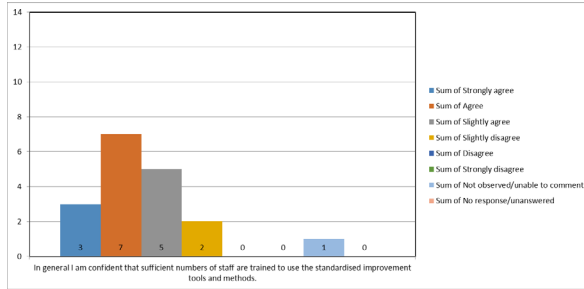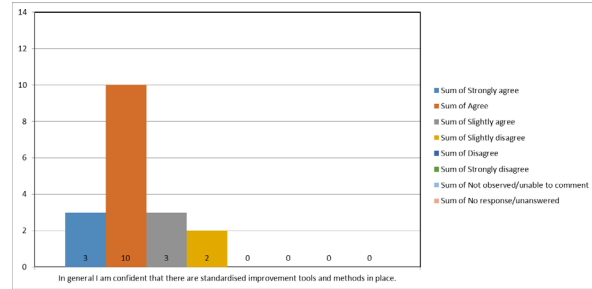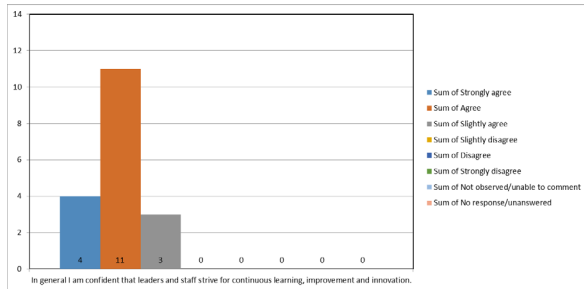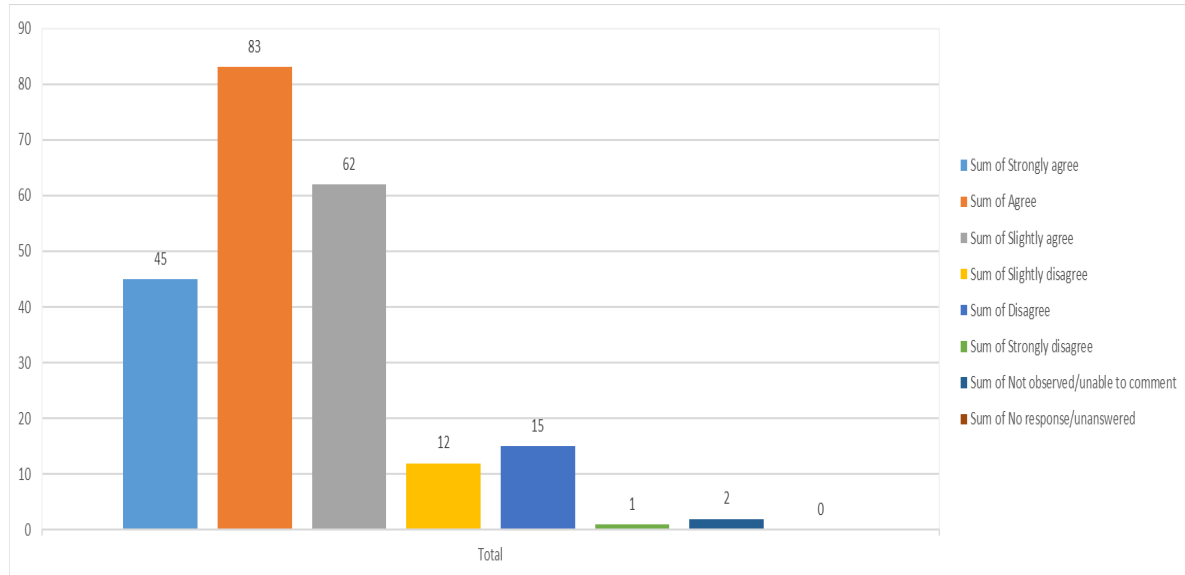


The above table shows the total aggregate number of responses across each answer option for all of the Culture domain survey questions for the Senior Leadership Team.



In general staff feel supported, respected and valued: Strongly agree 4, Agree 19, Slightly agree 12, Slightly disagree 5, Disagree 2, Strongly disagree 1, Not observed/unable to comment 0, No response/unanswered 1



In general staff feel positive and proud to work in the Trust: Strongly agree 6, Agree 17, Slightly agree 18, Slightly disagree 2, Disagree 1, Strongly disagree 0, Not observed/unable to comment 0, No response/unanswered 0

In general action is taken to address behaviour and performance that it inconsistent with the vision and values, regardless of seniority

Sum of Strongly agree: 4, Sum of Agree: 14, Sum of Slightly agree: 17, Sum of Slightly disagree: 4, Sum of Disagree: 5, Sum of Strongly disagree: 0, Sum of Not observed/unable to comment: 0, Sum of No response/unanswered: 0



In general leaders and staff are able to raise concerns without fear of retribution

Sum of Strongly agree: 6, Sum of Agree: 21, Sum of Slightly agree: 13, Sum of Slightly disagree: 3, Sum of Disagree: 1, Sum of Strongly disagree: 0, Sum of Not observed/unable to comment: 0, Sum of No response/unanswered: 0



In general appropriate learning and action takes place as a result of concerns raised

Sum of Strongly agree: 9, Sum of Agree: 17, Sum of Slightly agree: 14, Sum of Slightly disagree: 3, Sum of Disagree: 1, Sum of Strongly disagree: 0, Sum of Not observed/unable to comment: 0, Sum of No response/unanswered: 0



In general there are mechanisms in place for all staff to receive the development they need

Sum of Strongly agree: 10, Sum of Agree: 14, Sum of Slightly agree: 15, Sum of Slightly disagree: 3, Sum of Disagree: 1, Sum of Strongly disagree: 0, Sum of Not observed/unable to comment: 0, Sum of No response/unanswered: 1



There is a strong emphasis on safety and well-being of staff

Sum of Strongly agree: 9, Sum of Agree: 21, Sum of Slightly agree: 9, Sum of Slightly disagree: 4, Sum of Disagree: 1, Sum of Strongly disagree: 0, Sum of Not observed/unable to comment: 0, Sum of No response/unanswered: 0



Equality and diversity are promoted within the Trust

Sum of Strongly agree: 18, Sum of Agree: 21, Sum of Slightly agree: 5, Sum of Slightly disagree: 0, Sum of Disagree: 0, Sum of Strongly disagree: 0, Sum of Not observed/unable to comment: 0, Sum of No response/unanswered: 0

**ROLES AND RESPONSIBILITIES**



Total: Sum of Strongly agree: 17, Sum of Agree: 63, Sum of Slightly agree: 40, Sum of Slightly disagree: 3, Sum of Disagree: 4, Sum of Strongly disagree: 1, Sum of Not observed/unable to comment: 3, Sum of No response/unanswered: 1

The above table shows the total aggregate number of responses across each answer option for all of the Roles and Responsibilities domain survey questions for the Senior Leadership Team.
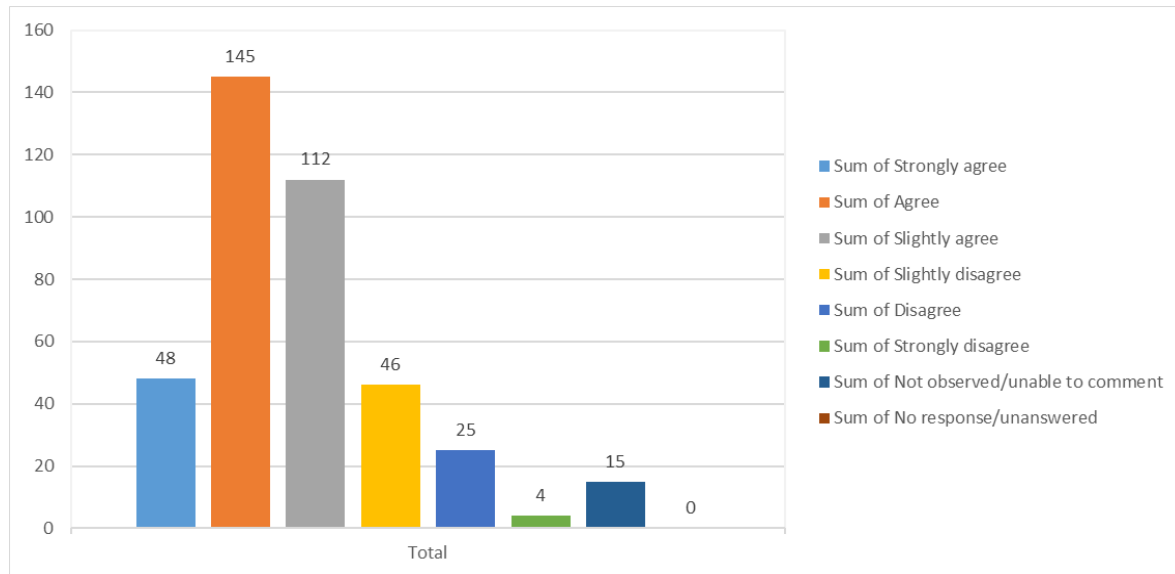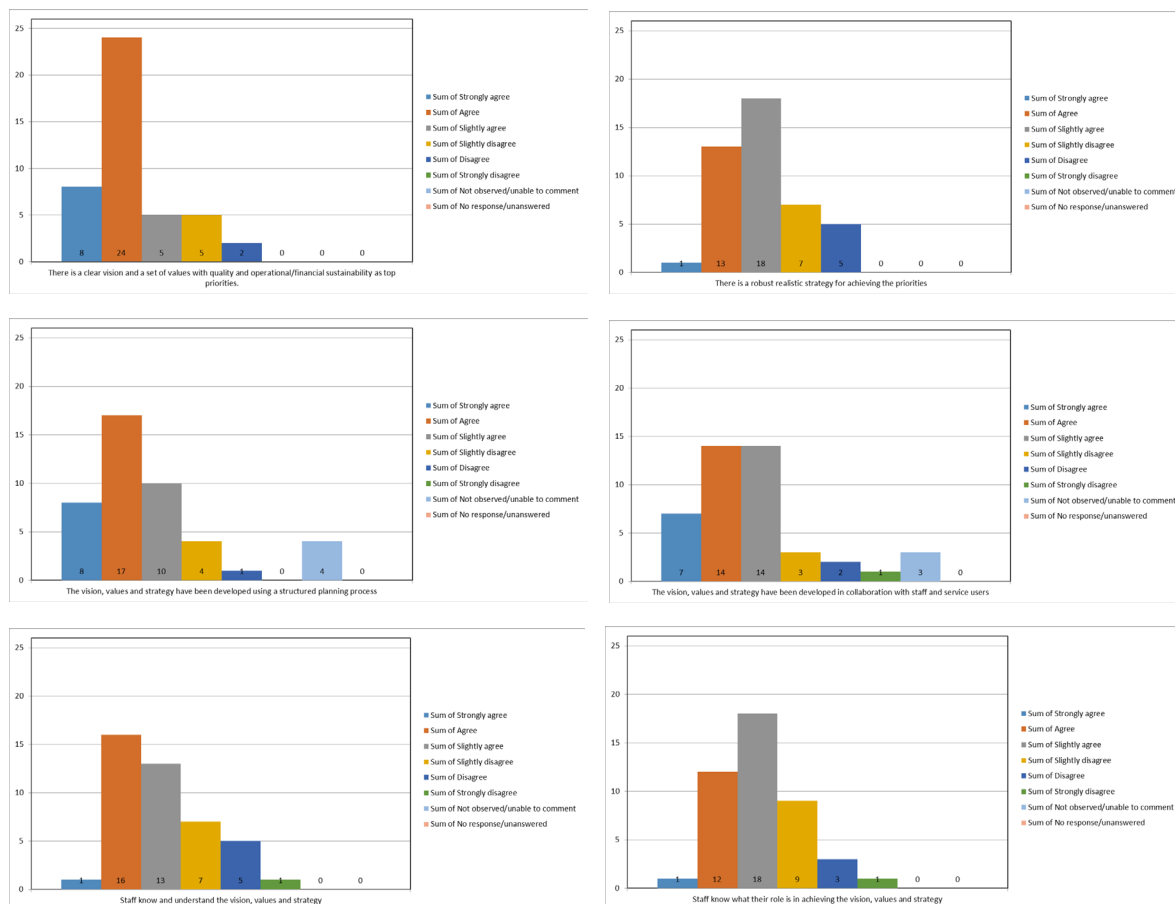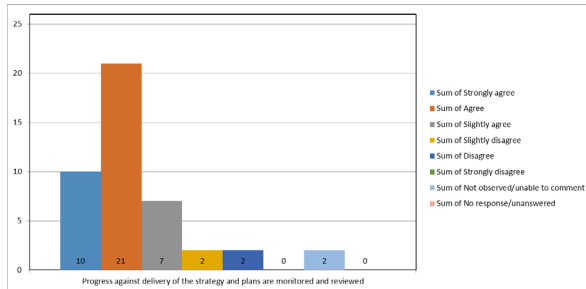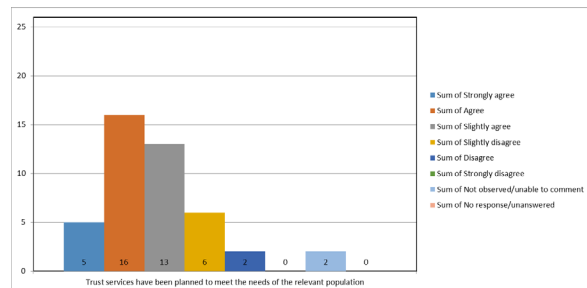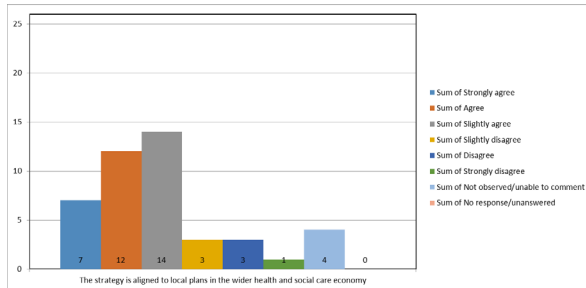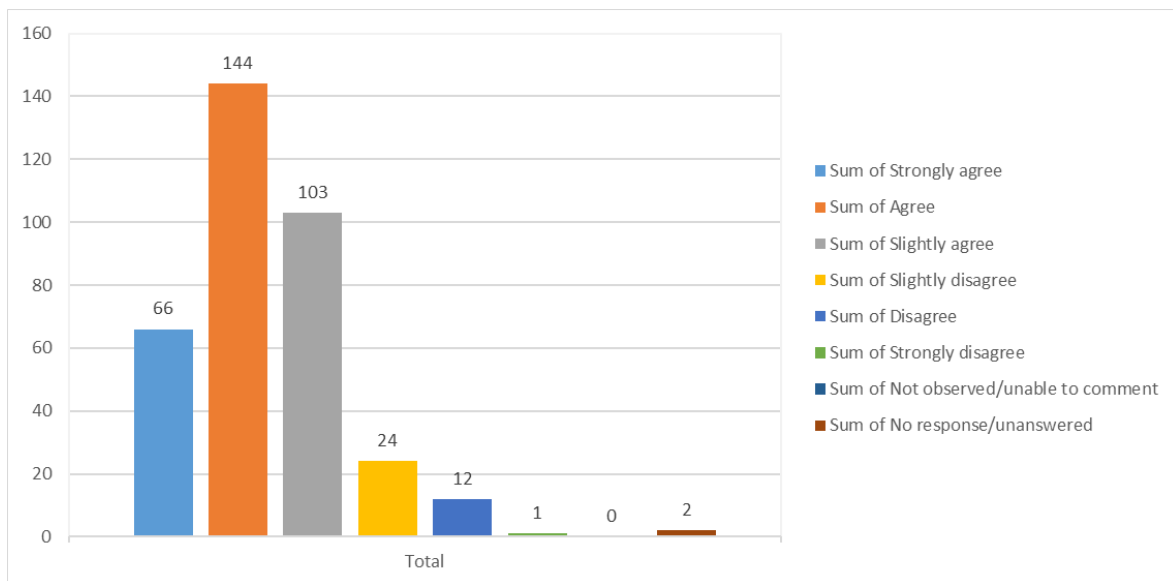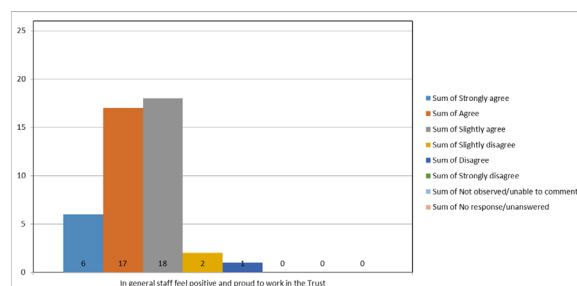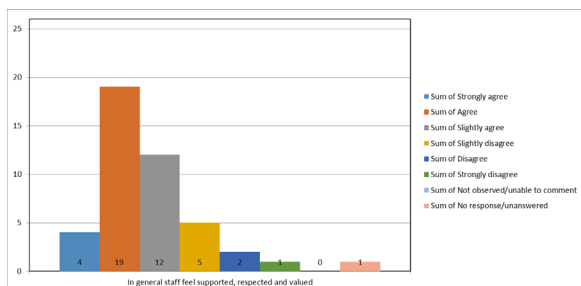
In general there are effective structures, processes and systems of accountability in place

Legend: Sum of Strongly agree, Sum of Agree, Sum of Slightly agree, Sum of Slightly disagree, Sum of Disagree, Sum of Strongly disagree, Sum of Not observed/unable to comment, Sum of No response/unanswered

Values: 9, 23, 10, 1, 1, 0, 0, 0



In general staff at all levels are clear about their roles and understand what they are accountable for

Legend: Sum of Strongly agree, Sum of Agree, Sum of Slightly agree, Sum of Slightly disagree, Sum of Disagree, Sum of Strongly disagree, Sum of Not observed/unable to comment, Sum of No response/unanswered

Values: 5, 26, 10, 1, 1, 0, 0, 1



In general arrangements with partners and third-party providers are governed and managed effectively to encourage appropriate interaction and promote co-ordinated, person-centred care

Legend: Sum of Strongly agree, Sum of Agree, Sum of Slightly agree, Sum of Slightly disagree, Sum of Disagree, Sum of Strongly disagree, Sum of Not observed/unable to comment, Sum of No response/unanswered

Values: 3, 14, 20, 1, 2, 1, 3, 0

## RISK & PERFORMANCE



Legend: Sum of Strongly agree, Sum of Agree, Sum of Slightly agree, Sum of Slightly disagree, Sum of Disagree, Sum of Strongly disagree, Sum of Not observed/unable to comment, Sum of No response/unanswered

Total values: 16, 44, 20, 5, 3, 0, 0, 0

The above table shows the total aggregate number of responses across each answer option for all of the Risk and Performance domain survey questions for the Senior Leadership Team.



Performance issues are escalated appropriately through clear structures and processes

Legend: Sum of Strongly agree, Sum of Agree, Sum of Slightly agree, Sum of Slightly disagree, Sum of Disagree, Sum of Strongly disagree, Sum of Not observed/unable to comment, Sum of No response/unanswered

Values: 3, 25, 11, 4, 1, 0, 0, 0



There are robust arrangements for identifying, recording and managing risks, issues and mitigating actions

Legend: Sum of Strongly agree, Sum of Agree, Sum of Slightly agree, Sum of Slightly disagree, Sum of Disagree, Sum of Strongly disagree, Sum of Not observed/unable to comment, Sum of No response/unanswered

Values: 13, 19, 9, 1, 2, 0, 0, 0

## INFORMATION



The above table shows the total aggregate number of responses across each answer option for all of the Information domain survey questions for the Senior Leadership Team.
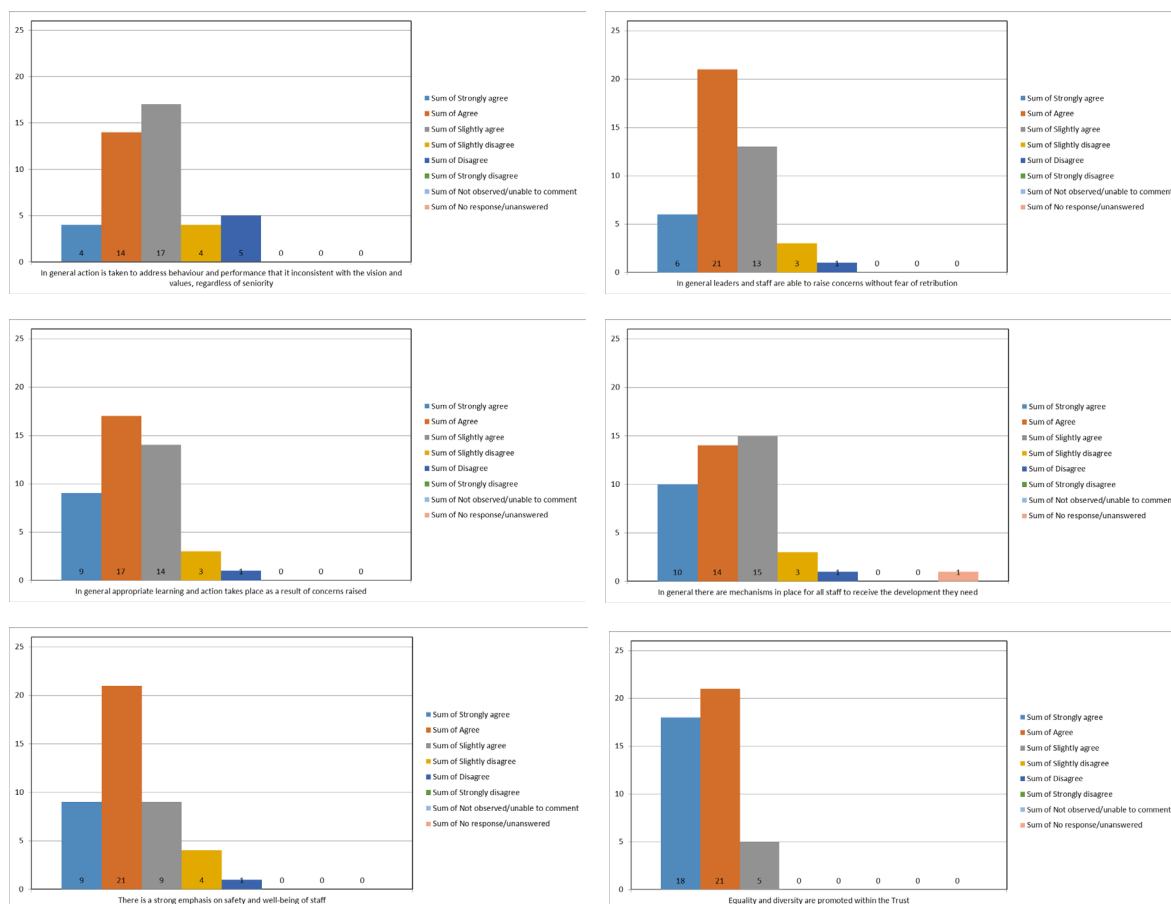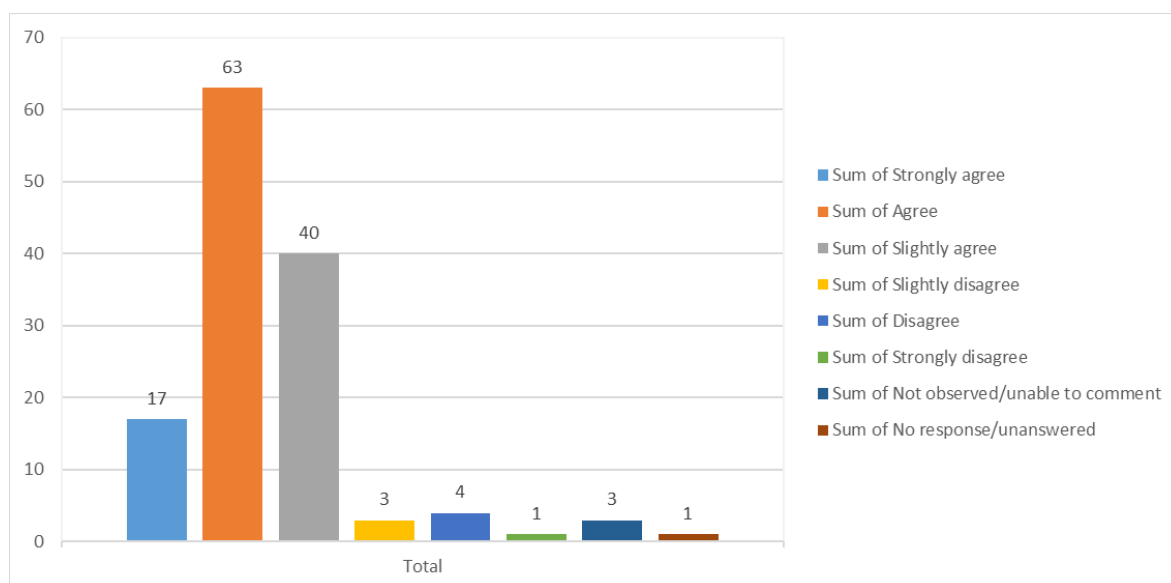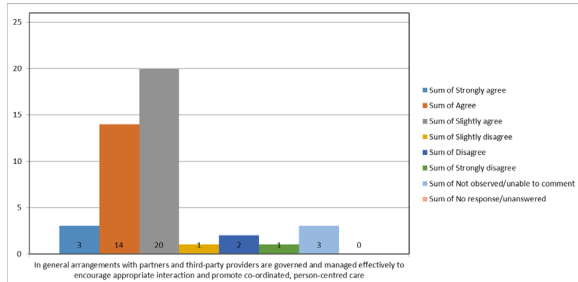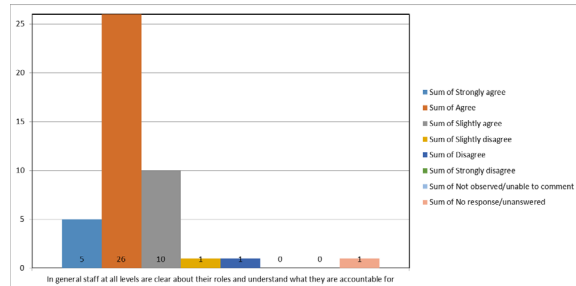
## ENGAGEMENT



The above table shows the total aggregate number of responses across each answer option for all of the Engagement domain survey questions for the Senior Leadership Team.
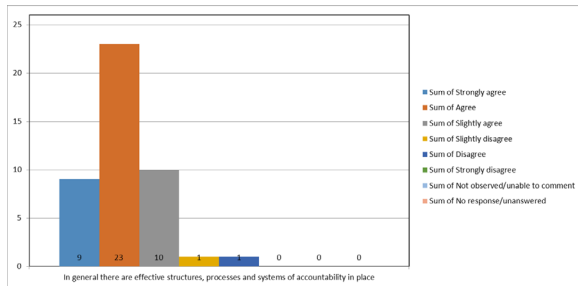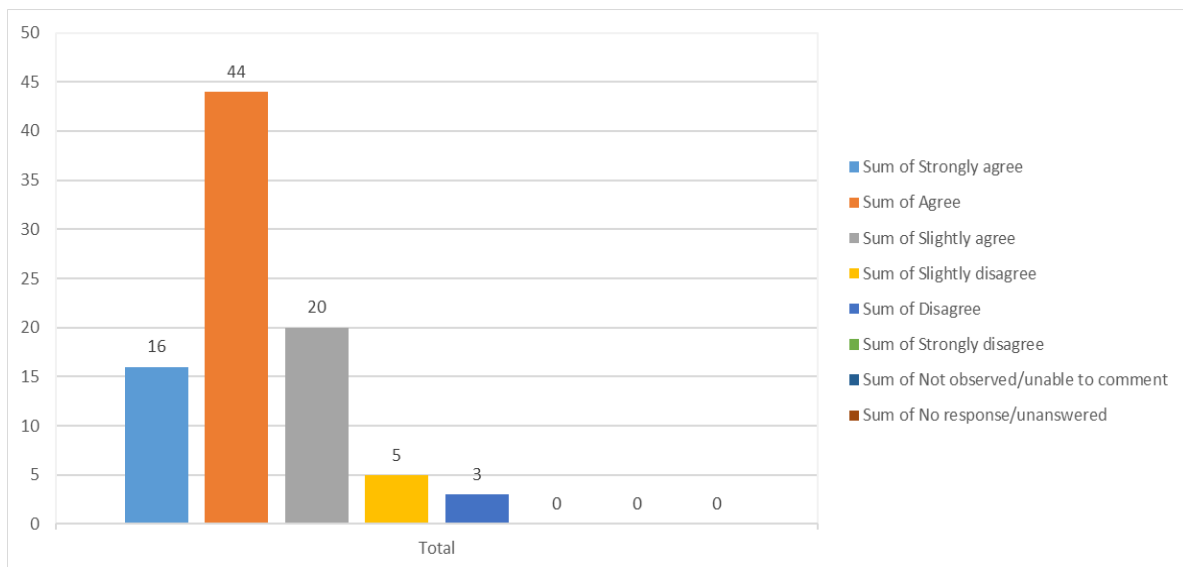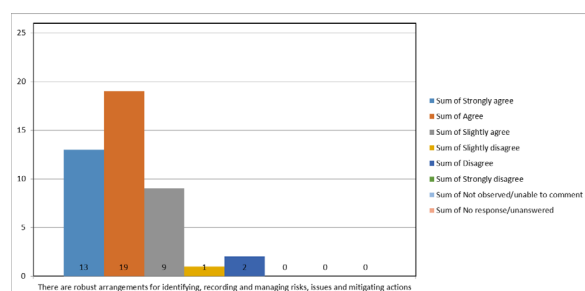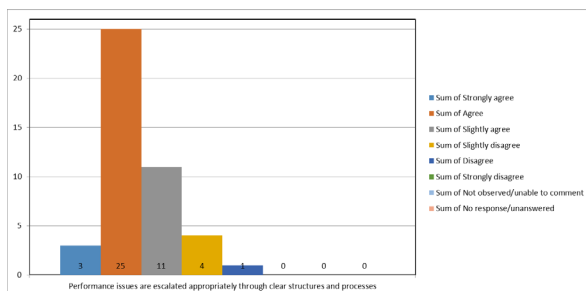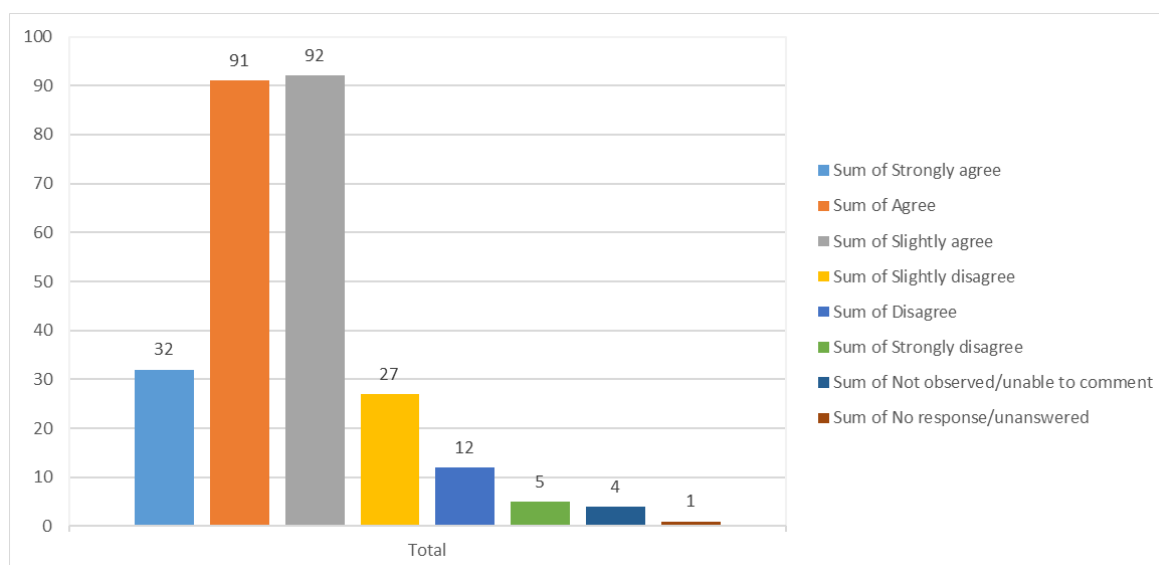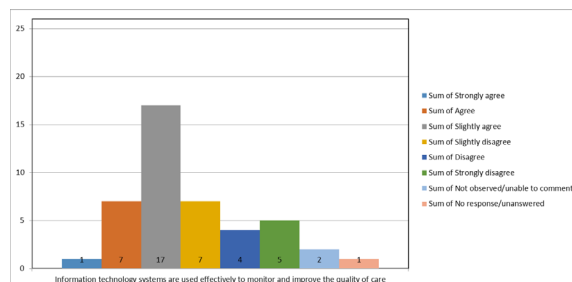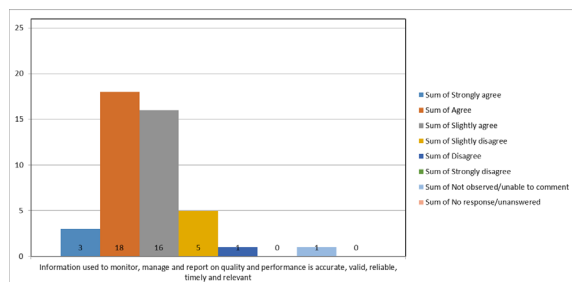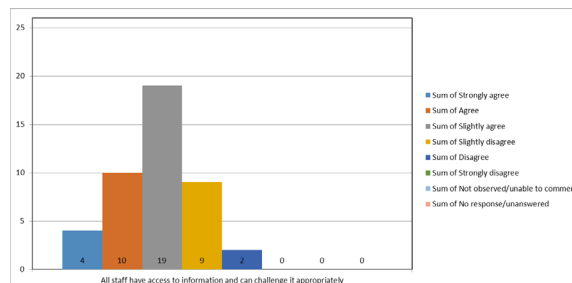




## LEARNING
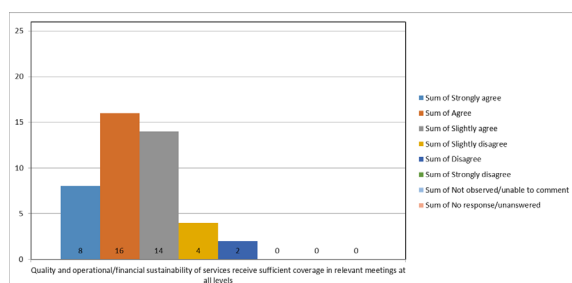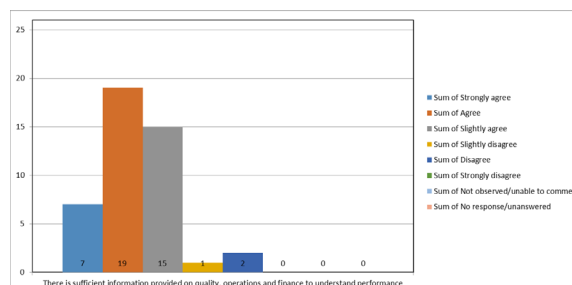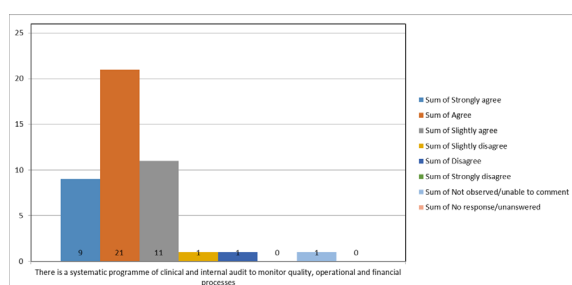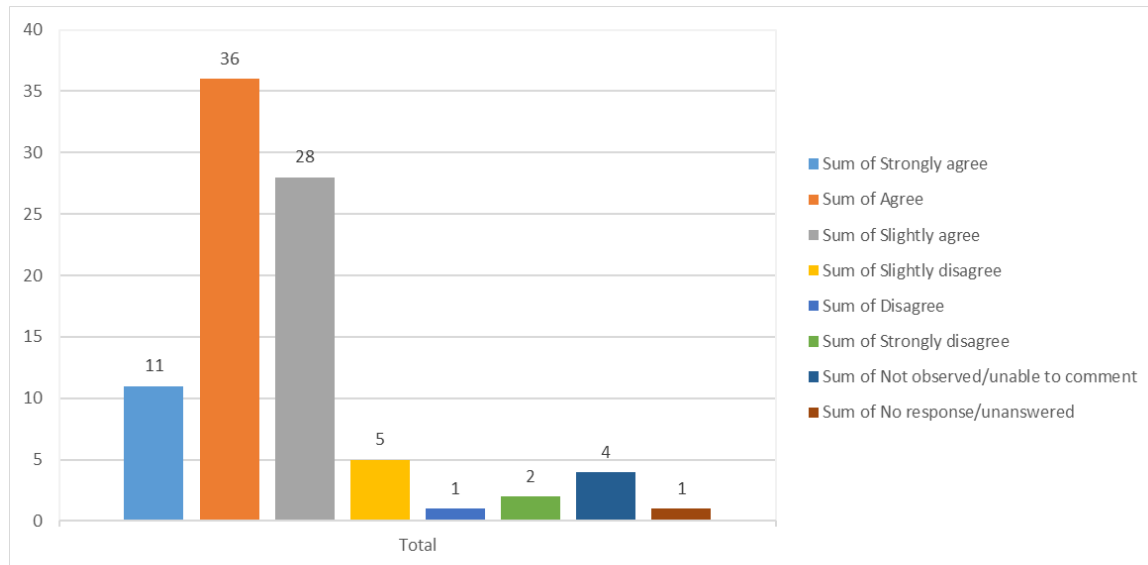
The above table shows the total aggregate number of responses across each answer option for all of the Learning domain survey questions for the Senior Leadership Team.



Leaders and staff strive for continuous learning, improvement and innovation



Sufficient numbers of staff are trained to use the standardised improvement tools and methods



Learning is shared effectively and used to make improvements



Staff regularly take time out to review individual and team objectives, processes and performance



There are appropriate systems in place to support improvement and innovation work e.g. objectives and rewards for staff, data systems



There are processes in place to evaluate and share the results of improvement work

# External stakeholders

**LEADERSHIP**
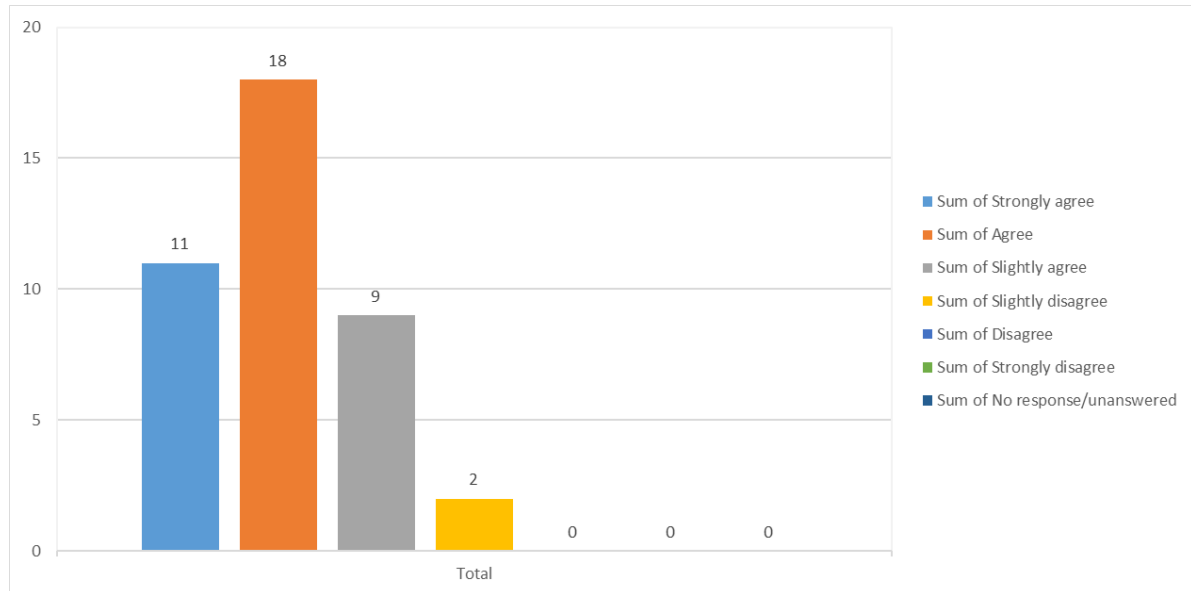


The above table shows the total aggregate number of responses across each answer option for all of the Leadership domain survey questions for External Stakeholders.
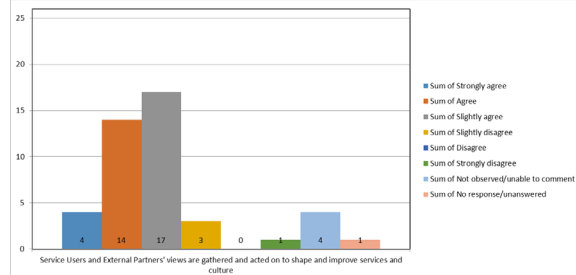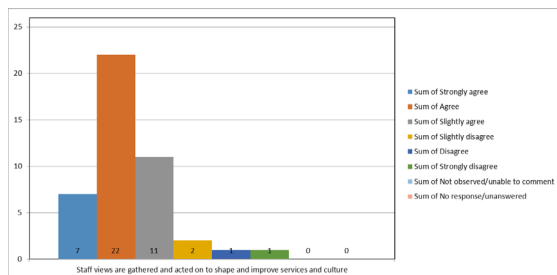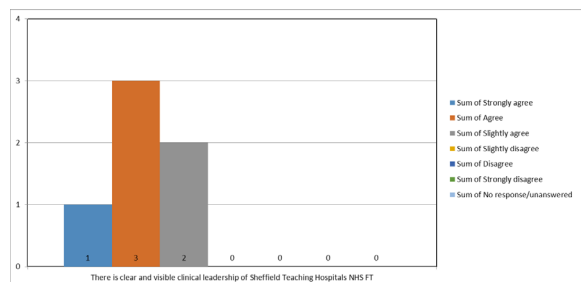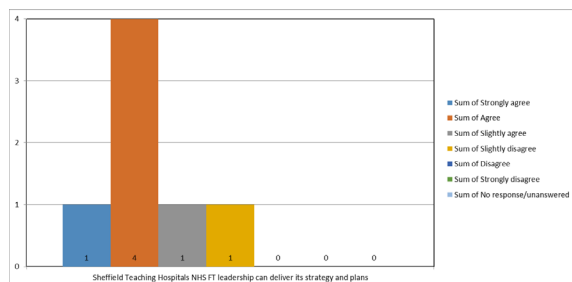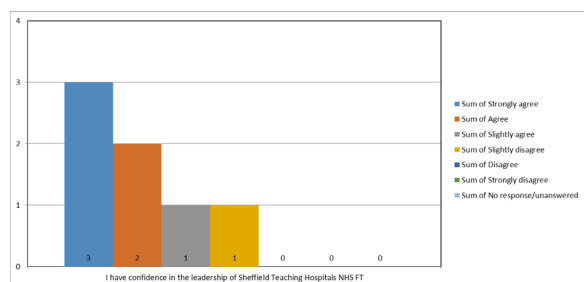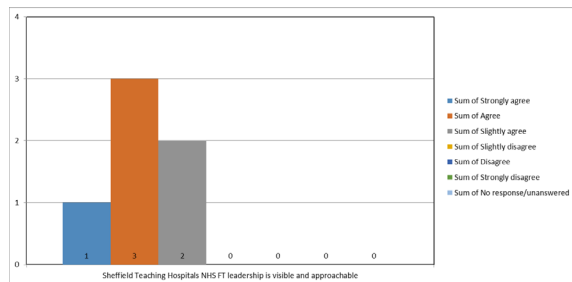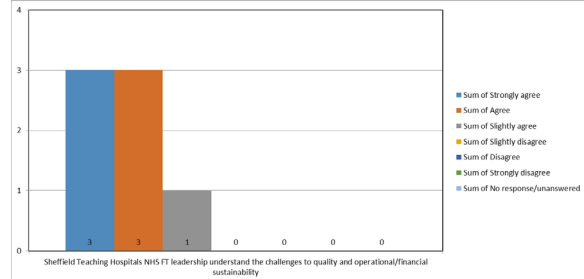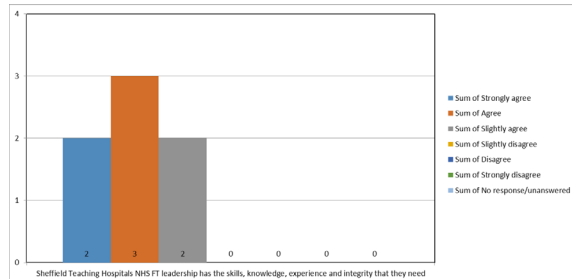
## STRATEGY
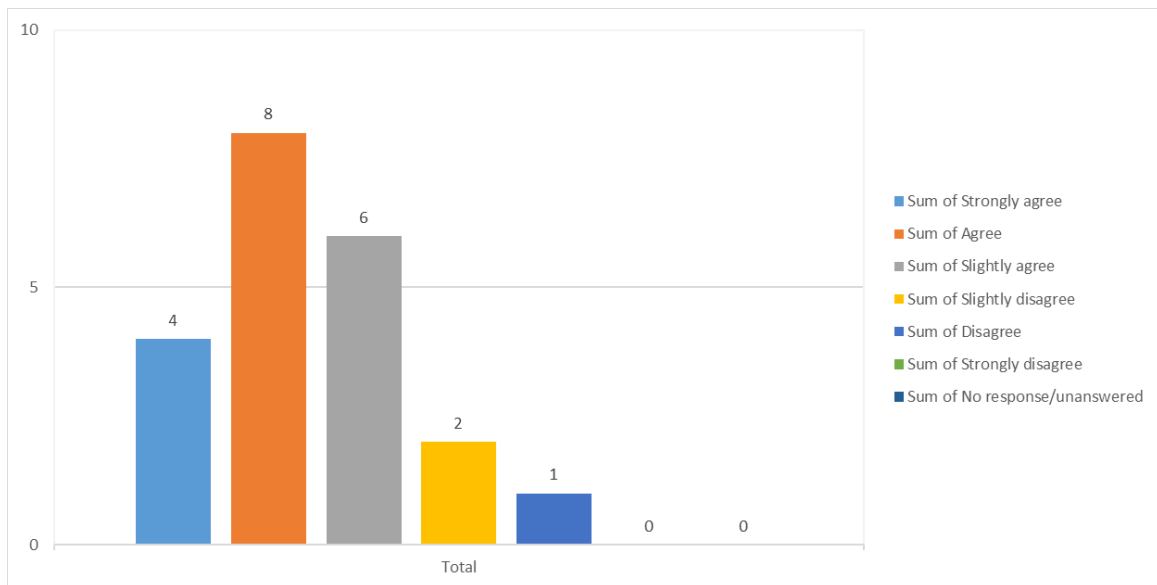


The above table shows the total aggregate number of responses across each answer option for all of the Strategy domain survey questions for External Stakeholders.
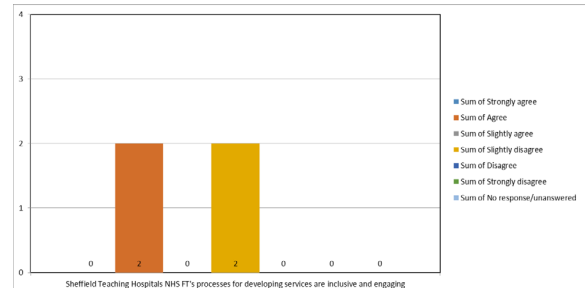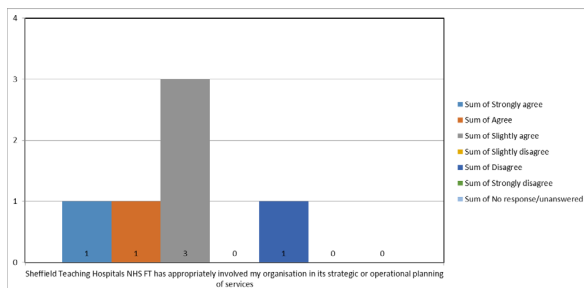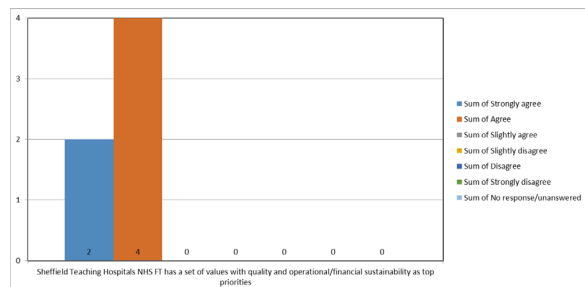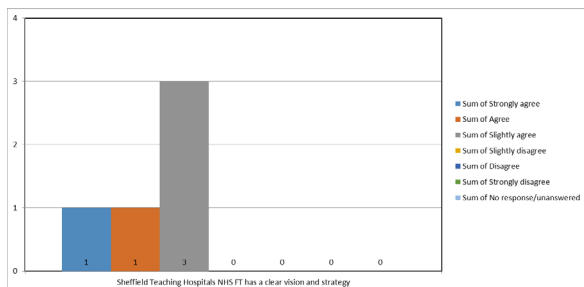
## CULTURE
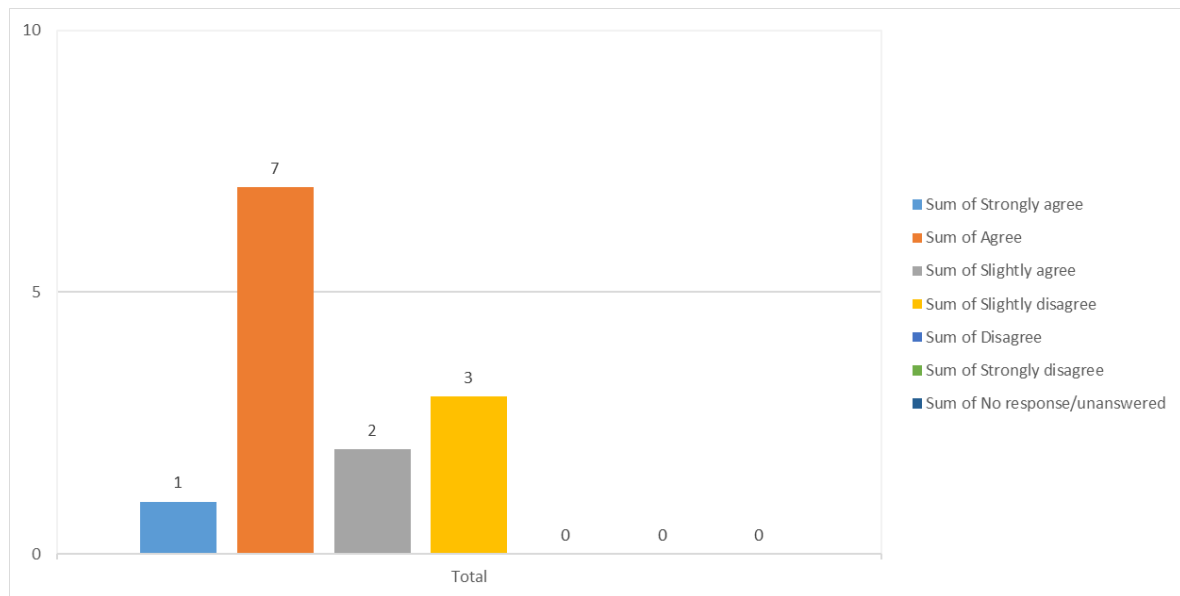


The above table shows the total aggregate number of responses across each answer option for all of the Culture domain survey questions for External Stakeholders.





## INFORMATION

The above table shows the total aggregate number of responses across each answer option for all of the Information domain survey questions for External Stakeholders.
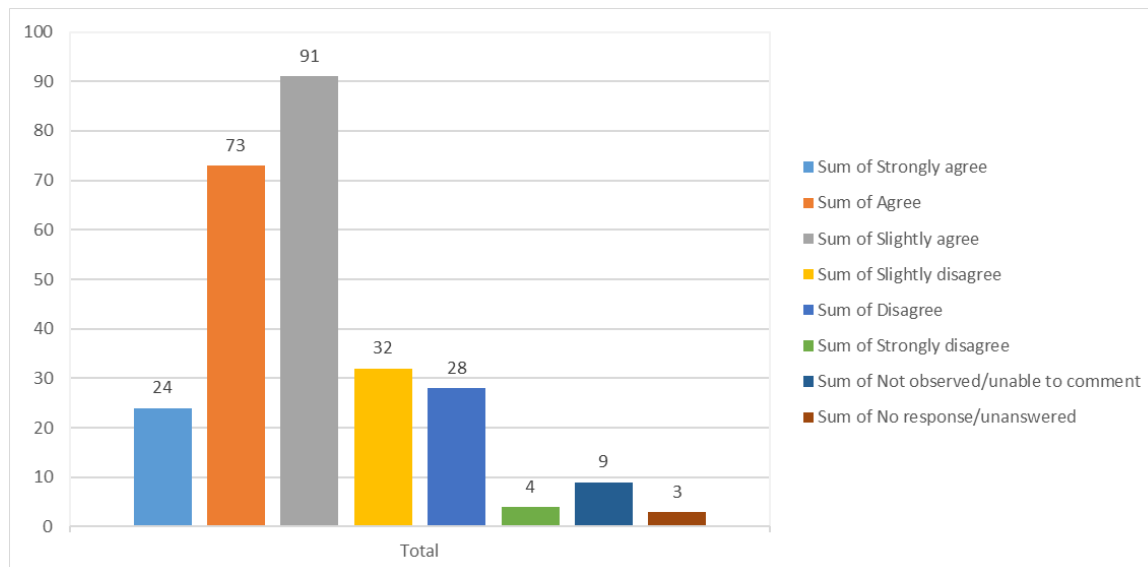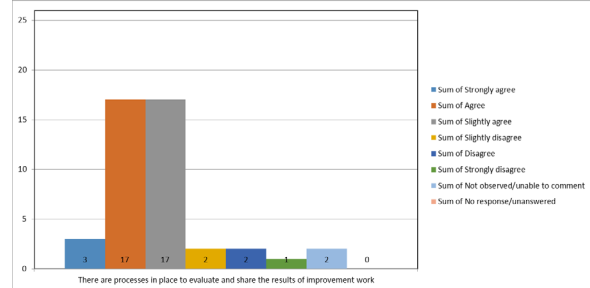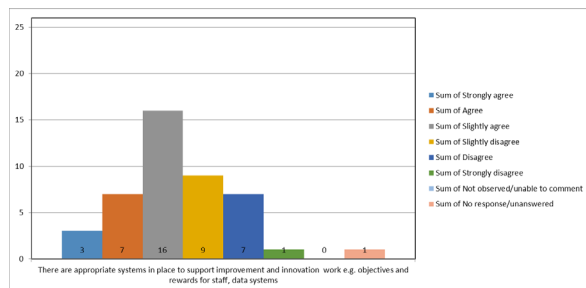

I have confidence that Sheffield Teaching Hospitals NHS FT effectively monitors the quality of the services it provides


Sheffield Teaching Hospitals NHS FT provides sufficient information on quality, operations and finance to understand performance
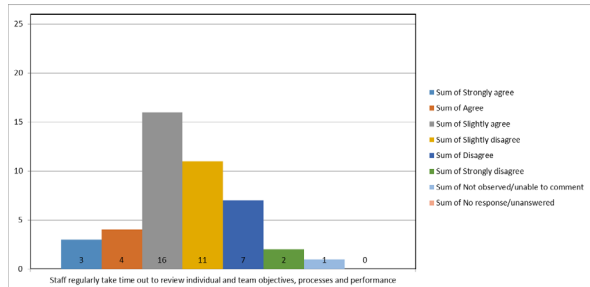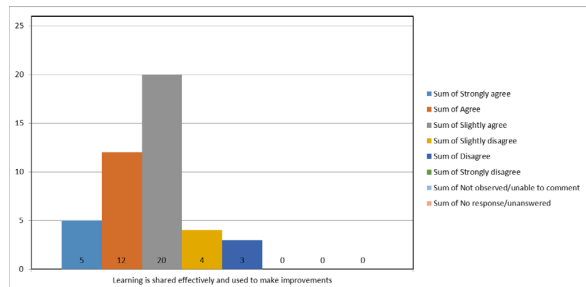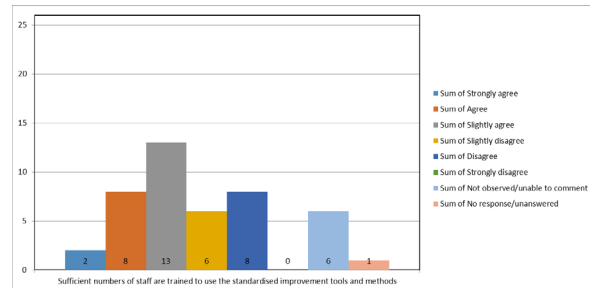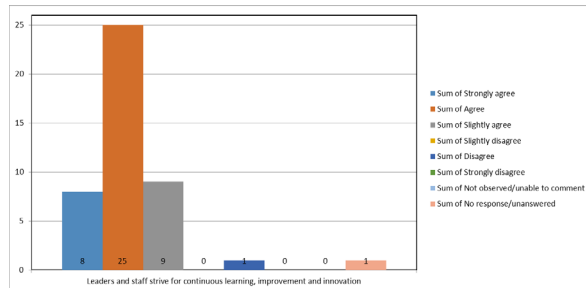
## ENGAGEMENT



The above table shows the total aggregate number of responses across each answer option for all of the Engagement domain survey questions for External Stakeholders.


Overall, Sheffield Teaching Hospitals NHS FT has engaged with you effectively during the last two years


Sheffield Teaching Hospitals NHS FT has listened to your views when you have provided them


Sheffield Teaching Hospitals NHS FT has acted on your suggestions


Sheffield Teaching Hospitals NHS FT involves and engages with the right individuals and organisations when making decisions

Chart 1: There are positive and collaborative relationships between Sheffield Teaching Hospitals NHS FT and external partners to build shared understanding of challenges and needs of relevant population

| Response | Sum |
|---|---|
| Sum of Strongly agree | 2 |
| Sum of Agree | 2 |
| Sum of Slightly agree | 2 |
| Sum of Slightly disagree | 1 |
| Sum of Disagree | 0 |
| Sum of Strongly disagree | 0 |
| Sum of No response/unanswered | 0 |

Chart 2: Sheffield Teaching Hospitals NHS FT has the necessary arrangements in place to involve external stakeholders in its delivery

| Response | Sum |
|---|---|
| Sum of Strongly agree | 0 |
| Sum of Agree | 2 |
| Sum of Slightly agree | 3 |
| Sum of Slightly disagree | 1 |
| Sum of Disagree | 1 |
| Sum of Strongly disagree | 0 |
| Sum of No response/unanswered | 0 |

Chart 3: Arrangements with Sheffield Teaching Hospitals NHS FT are governed and managed effectively to encourage interaction with external stakeholders

| Response | Sum |
|---|---|
| Sum of Strongly agree | 1 |
| Sum of Agree | 1 |
| Sum of Slightly agree | 2 |
| Sum of Slightly disagree | 1 |
| Sum of Disagree | 1 |
| Sum of Strongly disagree | 0 |
| Sum of No response/unanswered | 0 |

Chart 4: Sheffield Teaching Hospitals NHS FT understands your requirements and the challenges you face

| Response | Sum |
|---|---|
| Sum of Strongly agree | 2 |
| Sum of Agree | 0 |
| Sum of Slightly agree | 3 |
| Sum of Slightly disagree | 1 |
| Sum of Disagree | 0 |
| Sum of Strongly disagree | 1 |
| Sum of No response/unanswered | 0 |

Chart 5: Sheffield Teaching Hospitals NHS FT makes the time to understand your requirements

| Response | Sum |
|---|---|
| Sum of Strongly agree | 1 |
| Sum of Agree | 3 |
| Sum of Slightly agree | 0 |
| Sum of Slightly disagree | 2 |
| Sum of Disagree | 1 |
| Sum of Strongly disagree | 0 |
| Sum of No response/unanswered | 0 |

Chart 6: I have confidence that Sheffield Teaching Hospitals NHS FT acts on feedback it receives about the quality of services

| Response | Sum |
|---|---|
| Sum of Strongly agree | 2 |
| Sum of Agree | 3 |
| Sum of Slightly agree | 0 |
| Sum of Slightly disagree | 2 |
| Sum of Disagree | 0 |
| Sum of Strongly disagree | 0 |
| Sum of No response/unanswered | 0 |

Chart 7: Sheffield Teaching Hospitals NHS FT is effective at engaging with external stakeholders

| Response | Sum |
|---|---|
| Sum of Strongly agree | 1 |
| Sum of Agree | 2 |
| Sum of Slightly agree | 2 |
| Sum of Slightly disagree | 0 |
| Sum of Disagree | 1 |
| Sum of Strongly disagree | 0 |
| Sum of No response/unanswered | 1 |

Chart 8: I am satisfied with Sheffield Teaching Hospitals NHS FT's arrangements to involve stakeholders in its delivery

| Response | Sum |
|---|---|
| Sum of Strongly agree | 0 |
| Sum of Agree | 2 |
| Sum of Slightly agree | 1 |
| Sum of Slightly disagree | 3 |
| Sum of Disagree | 0 |
| Sum of Strongly disagree | 0 |
| Sum of No response/unanswered | 0 |

Chart 9: Sheffield Teaching Hospitals NHS FT communication is of high quality and consistent

| Response | Sum |
|---|---|
| Sum of Strongly agree | 1 |
| Sum of Agree | 2 |
| Sum of Slightly agree | 2 |
| Sum of Slightly disagree | 1 |
| Sum of Disagree | 0 |
| Sum of Strongly disagree | 0 |
| Sum of No response/unanswered | 0 |

Chart 10: Sheffield Teaching Hospitals NHS FT Board is proactive in shaping local healthcare arrangements

| Response | Sum |
|---|---|
| Sum of Strongly agree | 0 |
| Sum of Agree | 3 |
| Sum of Slightly agree | 1 |
| Sum of Slightly disagree | 1 |
| Sum of Disagree | 0 |
| Sum of Strongly disagree | 1 |
| Sum of No response/unanswered | 0 |

Chart 11: If I had concerns about the quality of local services I would know how to raise my concerns with Sheffield Teaching Hospitals NHS FT

| Response | Sum |
|---|---|
| Sum of Strongly agree | 2 |
| Sum of Agree | 4 |
| Sum of Slightly agree | 0 |
| Sum of Slightly disagree | 1 |
| Sum of Disagree | 0 |
| Sum of Strongly disagree | 0 |
| Sum of No response/unanswered | 0 |

Chart 12: Sheffield Teaching Hospitals NHS FT and my organisation work together in an effective manner

| Response | Sum |
|---|---|
| Sum of Strongly agree | 1 |
| Sum of Agree | 3 |
| Sum of Slightly agree | 2 |
| Sum of Slightly disagree | 0 |
| Sum of Disagree | 1 |
| Sum of Strongly disagree | 0 |
| Sum of No response/unanswered | 0 |