

**Executive Summary**  
**Report to the Board of Directors**  
**Being Held on 24 September 2024**

<b>Subject</b>	Board Development Framework
<b>Supporting TEG Member</b>	Sandi Carman, Assistant Chief Executive
<b>Author</b>	Sandi Carman, Assistant Chief Executive
<b>Status</b>	A* - Review and Approve

**PURPOSE OF THE REPORT**

To present to Board of Directors the final Board Development Framework designed to guide the learning and improvement work of the Board.

**KEY POINTS**

Establishing and implementing a Board Development Framework is important because it ensures that the Board continuously evolves; enhancing its effectiveness in governance, leadership and strategic decision-making. It provides a structured approach to identifying and addressing development needs, fostering a culture of learning and improvement.

This Framework builds on the excellent developments undertaken over the last couple of years which have included:

- PROUD behaviours
- Compassionate Leadership
- Strategic Risk Management - Board Assurance Framework
- Well-led Development Review and Action Plan
- Equality, Diversity and Improvement (EDI) Development Programme
- Human Factors
- Patient Safety Incident Response Framework (PSIRF) and Quality Governance
- Effective challenge
- Insights Development

The attached Framework and Plan provide assurance to the Trust and independent regulators by outlining how the Board of Directors effectively manages and supports its ongoing development.

For 2024/25 it is proposed that the focus of Board development is primarily PROUD Improvement which supports the NHS IMPACT (Improving Patient Care Together) national approach.

[NHS IMPACT](#) was launched in 2023 with the aim of supporting all NHS organisations, systems and providers to have the skills and techniques to deliver continuous improvement. The Trust completed a NHS IMPACT self-assessment, the outcome of which was approved at Trust Executive Group. The launch of PROUD Improvement and the proposed development programme for members of the Board are intentional and prioritised actions following that assessment and have been designed to strengthen further and better embed a culture of continuous improvement across our organisation.

**IMPLICATIONS**

<b>Aim of the STHFT Corporate Strategy</b>		<b>✓ Tick as appropriate</b>
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

Board of Directors is asked to **APPROVE** the Board Development Framework and **AGREE** the Annual Board Development Plan attached at Appendix A.

## APPROVAL PROCESS

Meeting	Date	Approved Y/N
Trust Executive Group	13/9/24	Y
Board of Directors	24/9/24	

# Board of Directors' Development Framework

## 1. Introduction

The Board of Directors is dedicated to being a Learning Board that fosters a culture of identifying emerging needs, gathering feedback, and supporting continuous learning. To succeed, it must strike a balance between behaviours and processes, ensuring a dynamic approach to development.

This involves:

- Creating a supportive learning environment, reinforced by leader behaviours.
- Establishing concrete learning processes and practices.

## 2. Purpose

The purpose of this framework is to ensure the Board continuously learns and adapts, providing strategic leadership that fosters an open culture and high-quality care. This framework sets out the context for development and the mechanisms by which the Board will create and approve the Annual Board Development Plan (Appendix A).

## 3. Scope and exceptions

This policy applies to:

<b>Setting</b>	Trust-wide
<b>Individuals</b>	Board of Directors and Senior Managers who attend the Board.
<b>Speciality</b>	Trust-wide

## 4. Policy context

There are a number of national frameworks that guide the development of the Board. For example, [The NHS Leadership Competency Framework for Board members](#) (February 2024) sets out six leadership competency domains:

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Driving high-quality and sustainable outcomes</li> <li>• Setting strategy and delivering long-term transformation</li> <li>• Promoting equality and inclusion, and reducing health and workforce inequalities</li> </ul> | <ul style="list-style-type: none"> <li>• Providing robust governance and assurance</li> <li>• Creating a compassionate, just and positive culture</li> <li>• Building a trusted relationship with partners and communities</li> </ul> |
|---|---|

These competency domains are aligned to [Our NHS People Promise](#), [Our Leadership Way](#) and the [Seven Principles of Public Life](#) (Nolan Principles).

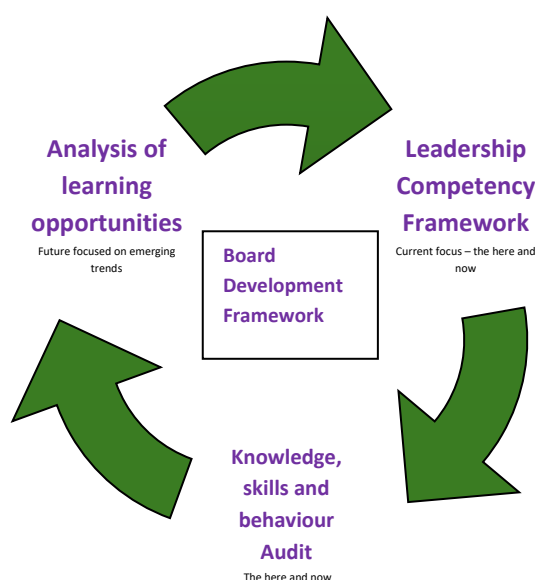
The Trust has developed a set of [PROUD Values and Behaviours](#) which are complementary to the national frameworks and guide the recruitment, policy and practice of the organisation.

All of these frameworks inform the Board’s way of working and guide the development of the Annual Board Development Plan.

## 5. Components of the Board Development Framework

### 5.1 Planning Cycle

The following activities provide insight into the Board’s development needs which when analysed collectively inform the creation of the Annual Board Development Plan.



### 5.2 Leadership Competency Framework

The [NHS Leadership Competency Framework](#) outlines key competencies required for effective leadership at all levels, ensuring leaders are equipped to meet the challenges of delivering high-quality care in a complex and evolving environment. The framework emphasises the importance of personal qualities, such as integrity and resilience, alongside practical skills like strategic thinking, team building, and improving services. By fostering these competencies, the framework aims to enhance leadership that drives positive change, promotes innovation, and improves patient outcomes.

Assessment against this framework will enable the creation of an Annual Board Development Plan that addresses any areas for improvement or development.

### 5.3 Analysis of learning opportunities

The table below provide a summary of the types of learning opportunities experienced by the Board. Analysis of this information provides a rich information source that informs the Annual Board Development Plan ensuring it is future focused and sighted on emerging trends.

<p><b>Horizon Scanning</b></p> <ul style="list-style-type: none"> <li>• Shelford Group Executive Forums</li> <li>• National and Local Professional Forums</li> <li>• National NHS publications, legislation and guidance</li> <li>• NED Networking</li> <li>• Internal Audit Service Workshops</li> <li>• National briefings / email bulletins / letters e.g. NHS Providers On the day briefing,</li> <li>• External Audit Service Technical Bulletin</li> <li>• SYB Audit Chairs etc</li> </ul>	<p><b>External standards / audits / inspections</b></p> <ul style="list-style-type: none"> <li>• CQC Inspection (Including Well-led review)</li> <li>• Internal Audit Plan</li> </ul>	<p><b>Statutory Inquiries</b></p> <ul style="list-style-type: none"> <li>• Examples include Infected Blood Inquiry, Covid-19 Inquiry, Thirlwall Independent Inquiry, Fuller Inquiry</li> </ul>	<p><b>Board led processes</b></p> <ul style="list-style-type: none"> <li>• Well-led Development Review</li> <li>• Board and Committee Effectiveness Review</li> <li>• Board Skills, Knowledge and Experience Audit</li> <li>• Board meeting reflections</li> <li>• Board Strategy and Development Sessions</li> <li>• Board Development / Mandatory Training e.g. Safeguarding, Cyber Security, EDI</li> </ul>	<p><b>TEG led processes</b></p> <ul style="list-style-type: none"> <li>• Trust Executive Group TEG Time Out</li> <li>• TEG 360-degree feedback</li> <li>• Learning from Incidents</li> <li>• Post project reviews</li> </ul>
--	---	--	--	--

### 5.4 Knowledge, skills and behaviour Audit

Building on the NHS Leadership Competency Framework the Knowledge, skills and behaviour audit is based on the historical [Senior Leader Occupational Standards](#) framework and will provide further insight into the Board and its development needs.

### 5.5 Synthesis and evaluation

Analysis of the outcomes of the processes described in sections 5.2-5.4 above provides rich information for synthesis and evaluation. This will in-turn inform the Annual Board Development Plan, the template for which can be found at Appendix A.

The Annual Board Development Plan will be presented to the Board each September for approval.

## 6. Recording Learning and Development

The STH Education, Learning, and Development Team will centrally record all learning and development activities completed by the Board.

For individual training undertaken, Board members are requested to advise the Education, Learning and Development Team of the activity completed. Click [here](#) to report the training, this will then be collated to inform future plans.

For professionally regulated colleagues it is accepted that evidence of learning and development will be collected in individual portfolios.

## 7. Evaluation of development

To assess the effectiveness and impact of each activity, the Trust will use a standard set of evaluation questions:

- Do you feel you've gained new skills and knowledge from the development session?
- Will this development help you to be more effective in your role?
- Would you recommend this development activity to your colleagues?

These questions will be accessed via a QR code after each event. The outcomes will be summarised, shared with the Board of Directors, and used to shape future learning events.

## 8. Evaluation of the programme

By reviewing the Board Development Framework every three years the Trust will ensure it remains relevant and aligned with evolving organisational goals, regulatory requirements, and best practice.

## 9. Roles and responsibilities

Role	Responsibility
Chair	Leads the Board's development, setting priorities and promoting active engagement from all Board members.
Chief Executive	Collaborates with the Chair to execute the Board Development Plan and align it with the Trust's strategic goals.
Assistant Chief Executive	Supports the Board's development by facilitating communication, coordinating development activities, and ensure that learning outcomes are documented and reviewed for continuous improvement.
Education, Learning and Development Team	To collate and summarise the development activities of the Board during the year.

## 10. Monitoring

Standard, process or issue to be monitored	Monitoring method	Monitored by	Reported to	Frequency
Annual Board Development Plan and evaluation reports to the Board.	Plan and evaluation	Policy Author	Board of Directors	Annual
Review of the Framework every three years	Review	Policy Author	Board of Directors	Three yearly

## 11. Definitions

Term	Description
N/A	

## 12. References / standards and statutory legal requirements

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 specifically:  
 Regulation 17: Good Governance  
 Regulation 5: Fit and Proper Persons Requirement (Directors)  
 Regulation 19: Fit and Proper Persons Employed  
 Regulation 18: Staffing

## 13. Associated Trust and external documents

NHS Leadership Competency Framework for Board members  
 PROUD Values and Behaviours

## 14. Appendices

Appendix A: Annual Board Development Plan (template populated for 2024/5)

## 15. Document control

Ref	Add reference number if known (this will be the same as previous version)
Version	1.0
Status	Draft
TEG sponsor	Assistant Chief Executive
Controlled Document Lead / Author*	Assistant Chief Executive

<b>Approval body</b>	Trust Executive Group
<b>Date approved</b>	18/9/24
<b>Ratification body</b>	Board of Directors
<b>Date ratified</b>	Ratification date must be recorded
<b>Issue date</b>	Issue date to be recorded when uploaded to intranet
<b>Review date</b>	Review date must be recorded (maximum 3 years)

## 16. Version history

Version	Date issued	Brief summary of changes	Author
1.0	tbc	New Framework	Sandi Carman

## 17. Consultation and review

Groups / persons consulted	Date
Trust Executive Group	18/9/24

## 18. Intended recipients

<b>Essential reading for</b>	Board of Directors
<b>Information for</b>	STH Senior Leadership and staff

## 19. Rapid equality impact assessment

<p><b>What relevant quantitative and qualitative information (data) do you have?</b>          This may include national or local research, surveys, reports or research; workforce / patient data; complaints and patient experience data, etc.</p>
<p>As the most senior leaders in the organisation the Board of Directors has responsibility to ensure its practice develops an inclusive, compassionate and culture for the organisation. This framework supports that approach by providing the opportunity for Board development.</p>



Delete ✓ ✗ as appropriate

	Positive Impact <sup>#</sup>	Negative Impact <sup>#</sup>	Neutral Impact <sup>#</sup>	Advances equality of opportunity	Eliminates unlawful discrimination	Fosters good relations between people
Race (including nationality)	✓	✗	✗	✓	✓	✓
Religion/belief and non-belief	✓	✗	✗	✓	✓	✓
Disability	✓	✗	✗	✓	✓	✓
Sex	✓	✗	✗	✓	✓	✓
Gender Reassignment	✓	✗	✗	✓	✓	✓
Sexual Orientation	✓	✗	✗	✓	✓	✓
Age	✓	✗	✗	✓	✓	✓
Pregnancy and Maternity	✓	✗	✗	✓	✓	✓
Marriage / Civil Partnership	✓	✗	✗	✓	✓	✓
Human Rights (FREDA principles)	✓	✗	✗	✓	✓	✓
Carers	✓	✗	✗	✓	✓	✓
Other groups E.g. Travellers, vulnerable adults/children, homeless, care leavers, asylum seekers or refugees	✓	✗	✗	✓	✓	✓

**#Extent of impact**

**Positive Impact** - This will actively promote or improve equality of opportunity or address unfairness or tackle discrimination

**Negative Impact** - This will have a negative or adverse impact which will cause disadvantage or exclusion

**Neutral Impact** - There is no likely impact on any of the protected groups

List any specific equality issues and information gaps that may need to be addressed through engagement and/or further research

Nil identified

## 15.1 Analysing the equality information

In this section record your assessment and analysis of the evidence. This is a key element of the EIA process as it explains how you reached your conclusions, decided on priorities, identified actions and any necessary mitigation.

### Analysis of the effects and outcomes

Review of CQC compliance documents and Well-led reviews indicate that the culture of the Board may impact on the performance of the organisation. Development of the members of the Board will have a positive impact.

## 15.2 Outcome of equality impact assessment

No major change needed	Adjust Policy / proposal	Adverse impact but continue	Stop and remove policy / proposal
✓	x	x	x

## 15.3 Action plan

Give details of any actions required to remedy any negative impact(s) identified above:

Action to address negative impact	By whom	By when	Resource implication
N/A			

## 15.4 Monitoring, review and publication

How will the policy be monitored?	Regular review
Manager signing off EIA	Date of next review
Please provide name and job title	Date
Approved by	Date sent to EDI Team <a href="mailto:sth.equalityanddiversity@nhs.net">sth.equalityanddiversity@nhs.net</a> :
Please provide name of committee and date approved	Date
	Date published (if applicable)
	Date

## 16 Other impacts

Financial implications	Minimal and included within existing budgets
Training implications	Nil
Sustainability implications	None
Other	None

## 17 Document imprint

© Sheffield Teaching Hospitals NHS Foundation Trust 2024. All rights reserved. Re-use of all or any part of this document is governed by copyright and the 'Re-use of Public Sector Information Regulations 2015. SI 2015. No. 1415'. Information can be obtained from [sth.infogov@nhs.net](mailto:sth.infogov@nhs.net)

Policy template version 2.4

## Annual Board Development Plan

Timeframe:	September 2024 – September 2025
Sponsor:	Annette Laban, Chair
Support:	Sandi Carman, Assistant Chief Executive

The plan below provides a forward view focused on the Trust’s strategic priorities and sits alongside the Board’s Strategic Development activities led by the Chief Strategy Officer. The plan is designed to provide flexibility and evolve as the operating context changes in year. On completion of the plan a summary of all the activities will be presented to the Board.

Oct 24	<b>Effective Challenge</b>	Audit One
	<i>Well-led Development: To provide the opportunity to consolidate learning from the Effective Challenge development sessions delivered in 2024.</i>	

Dec 24	<b>PROUD Improvement</b>	Kirsten Major, Chief Executive
	<i>NHS IMPACT Self-Assessment: The launch of PROUD Improvement and the proposed development programme for members of the Board are intentional and prioritised actions following this assessment and have been designed to strengthen further and better embed a culture of continuous improvement across our organisation.</i> <i>STH Corporate Objective: To systematically build capability in quality improvement and leadership skills across the Trust to embed a culture of continuous improvement at STH, through developing a supportive management system structure to enable improvement work to succeed, focused on Trust priorities, facilitating delivery, learning, sharing, and scaling.</i>	

Feb 25	<b>PROUD Improvement</b>	Kirsten Major, Chief Executive
	As above	

April 25	<b>PROUD Improvement</b>	Kirsten Major, Chief Executive
	As above	

June 25	<b>PROUD Improvement</b>	Kirsten Major, Chief Executive
	As above	

Sept 25	<b>New plan will be published for 2025/26</b>	
---------	---	--