

Board of Directors Meeting in Public - Cover Sheet

Subject:	External Well-led Review – Recommendations, Progress Report		Date: 4 th August 2022	
Prepared By:	Shirley A Higginbotham, Director of Corporate Affairs			
Approved By:	Shirley A Higginbotham, Director of Corporate Affairs			
Presented By:	Shirley A Higginbotham, Director of Corporate Affairs			
Purpose				
The purpose of this paper is for the Board to receive assurance regarding progress against the achievement of the recommendations identified in the final report from the Grant Thornton Well Led Review March 2022			Approval	
			Assurance	x
			Update	
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
xx		x	x	
Identify which principal risk this report relates to:				
PR1	Significant deterioration in standards of safety and care			x
PR2	Demand that overwhelms capacity			x
PR3	Critical shortage of workforce capacity and capability			x
PR4	Failure to achieve the Trust's financial strategy			x
PR5	Inability to initiate and implement evidence-based Improvement and innovation			x
PR6	Working more closely with local health and care partners does not fully deliver the required benefits			x
PR7	Major disruptive incident			x
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change			x
Committees/groups where this item has been presented before				
Executive Team 20 th July 2022				
Executive Summary				
<p>Grant Thornton undertook an external Well-led review of the organisation, delivering its final report to the Trust in March 2022.</p> <p>The Well-Led review is an important assessment for the Trust, not only because trusts are expected to advise NHSE/I of any material governance concerns that have arisen from the review and the action plan in response to those concerns, but more importantly because it provides the opportunity for the Trust to fully understand the strengths and weaknesses of its current governance arrangements and implement actions at an appropriate pace.</p> <p>The initial report detailing the 15 recommendations was presented to Board in April 2022</p> <p>This report provides progress against those recommendations, noting 8 are complete and 7 are not yet due.</p>				

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Date: 4th August 2022

Author: Shirley A Higginbotham, Director of Corporate Affairs

Grant Thornton undertook an external Well-led review of the organisation, delivering its final report to the Trust in March 2022.

This Well-Led review was undertaken during the Covid-19 pandemic. All interviews and meeting observations were undertaken virtually using MS Teams.

The Well-Led framework for governance reviews considers 8 key lines of enquiry (KLOEs):

The table below summarises the assessment of the Trust’s performance against the 8 key lines of enquiry outlined in NHSI’s Well-Led framework. The 2018 Well-Led report ratings for comparison.

NHSI Well-Led framework			
#	KLOE	2018 rating	GT rating
1	Is there the leadership capacity and capability to deliver high quality, sustainable care?	GREEN	AMBER/GREEN
2	Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?	AMBER/GREEN	AMBER/GREEN
3	Is there a culture of high quality sustainable care?	AMBER/GREEN	AMBER/GREEN
4	Are there clear responsibilities, roles and systems of accountability to support good governance and management?	AMBER/GREEN	GREEN
5	Are they clear and effective processes for managing risk, issues and performance?	GREEN	GREEN
6	Is appropriate and accurate information being effectively processed, challenged and acted on?	AMBER/GREEN	AMBER/GREEN
7	Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?	AMBER/GREEN	GREEN
8	Are there robust systems and processes for learning continuous improvement and innovation?	AMBER/GREEN	AMBER/RED

Overall, 15 recommendations, were identified in the report, there were no high-level recommendation; three medium level recommendations; and 12 low level recommendations

8 actions were due for completion at the end of June 2022, these have all been completed, 6 actions are due for completion by the end of September 2022 and 1 by the end of December 2022. Progress against these actions are detailed in the report below

No.	Risk	Recommendation	Action	Lead		Timeline
KLOE 1. – Is there the leadership capacity and capability to deliver high quality, sustainable care?						
1	Medium	<p>Internal v external priorities</p> <p>The Director of Human Resources is a joint post with Nottinghamshire Healthcare NHS Foundation Trust. However, due to the way the portfolio of work is arranged and the existence of a strong deputy this appears to and is reported to work well.</p> <p>The Director of HR is also prominent in the Integrated Care System (ICS) leading the people agenda and this workload needs to be regularly reviewed to ensure it remains manageable.</p> <p>Recommendation:</p> <p>As external priorities become more apparent in the establishment of the ICS a watching brief should be reviewed to ensure executives continue to have sufficient bandwidth to undertake their portfolio of work.</p>	<p>All joint posts with Nottinghamshire Healthcare have ceased</p> <p>Complete</p>	Chief Executive Officer		June 2022
2	Low	<p>Succession planning</p> <p>The Trust had undertaken a formal succession planning exercise for its executive roles in 2019, and this is best practice. It is important to refresh this periodically and this should be completed following the appointment of the CEO.</p>	<p>A report will be presented to the Nomination and Remuneration Committee</p> <p>Progress update: Draft report presented to the CEO – to be further</p>	Chief Executive Officer	Not yet due	September 2022

		<p>Some Trusts include the NED skills in this exercise as this can help to identify any gaps and target skill sets of future appointments.</p> <p>Recommendation:</p> <p>Following the appointment of the Chief Executive post the Trust should refresh its succession planning and consider extending the exercise to include NEDs and Divisional triumvirate team members</p>	<p>discussed with the Executive Team in August 2022, once all Executives are in post.</p>		
3	Low	<p>Structured visits programme</p> <p>The structured quality visit programme where NEDs and Executive Directors undertake more formal visits to the services has been suspended and is planned to be reinstated when the Covid-19 restrictions on access to clinical areas allow. This will be particularly helpful to the new NEDs as they familiarise themselves with the Trust's services.</p> <p>Recommendation:</p> <p>As soon as Covid 19 restrictions allow the Board should reinstate its structured visits programme to its services. This will be particularly beneficial to the new NEDs and existing NEDs who have missed the opportunities to undertake</p>	<p>Visits did commence once restrictions were lifted unfortunately these have now been paused due to the increase in COVID infections across the Trust.</p> <p>Visits will re-commence as soon as current restrictions are lifted, schedules for visits have been developed and are in place.</p> <p>Complete</p>	Chief Nurse	June 2022

		face to face activities				
KLOE 2 – is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?						
4	Low	<p>Quality Strategy</p> <p>A new Quality Strategy is in development. A working draft version was presented at the November 2021 Quality Committee. The new strategy will run from 2022-2025 and has four campaigns on delivery quality care:</p> <ol style="list-style-type: none"> 1. Create a positive practice environment to support the delivery of safest and most effective care 2. Excellent patient experience for users and the wider community 3. Strengthen and sustain a culture of continuous quality improvement and learning 4. Deliver high quality care through kindness and supporting each other <p>It is not clear however how the third campaign links to the improvement techniques and training that are currently being rolled out in the Trust and this should be made more explicit</p> <p>Recommendation</p> <p>The Quality Strategy should more explicitly document the quality improvement methodology that is being rolled out within its campaign to strengthen and sustain a culture of</p>	<p>The Quality Strategy will detail the quality improvement methodology embedded throughout the Trust</p> <p>Progress update: The Draft Quality Strategy was approved by Quality Committee in April 2022, further work is underway to establish success measures for each of the campaigns including ensuring the improvement methodology embedded.</p>	Chief Nurse	Not yet due	September 2022

		continuous quality improvement and learning.				
KLOE 3 – Is there a culture of high quality sustainable care?						
5.	Low	<p>Freedom to Speak up Guardian meetings with Divisions</p> <p>The Guardian has regular meetings within one Division as these were established by her predecessor however does not regularly meet with all of the Divisional triumvirates, generally only meeting with them to discuss specific cases.</p> <p>Recommendation:</p> <p>The FTSU Guardian should schedule regular meetings with the Divisional triumvirate teams to develop relationships and establish a more proactive approach</p>	<p>Regular meetings with all triumvirates have been scheduled</p> <p>Complete</p>	Director of Corporate Affairs		June 2022
6.	Low	<p>Freedom to Speak Up Guardian meetings with the Guardian of Safe Working Hours</p> <p>Nationally the data suggests medical staff tend not to use FTSU mechanisms to raise concerns and in some trusts we see the Guardian of Safe Working Hours used to raise a broad range of issues. The Trust has successfully recruited a doctor to a FTSU Champion role and this may encourage medical staff to speak up if they have concerns. The FTSU Guardian does not meet with the</p>	<p>Regular meetings with the Guardian of Safe Working Hours have been scheduled</p> <p>Complete</p>	Director of Corporate Affairs		June 2022

		Guardian of Safe Working Hours and this would be a useful link. Recommendation: The FTSU Guarding should arrange to meet periodically with the Guardian of Safe Working Hours as there are linkages with these roles.				
7.	Low	Awareness of detriment It is important to ensure that people do not suffer detriment as a result of speaking up. Currently, following the closure of a case, the FTSU Guardian sends out a short four question email to staff who have raised concerns, however the response rate is low and the questions do not adequately assess if there has been any detriment. Recommendation: The FTSU Guardian should formalise a process to contact staff who have raised concerns three to six months following closure of the case to discuss how they are and if they have suffered detriment as a result of speaking up	A formal process to contact staff who have raised concerns to ascertain if they have suffered detriment has been developed and implemented Complete	Director of Corporate Affairs		June 2022
8.	Low	Reporting data to capture gender and ethnicity characteristics The FTSU Guardian submits data as required to the National Guardian's Office	Future reports to Board from the FTSU guardian and Guardian of Safe Working Hours will include	Director of Corporate Affairs and Executive Medical Director	Not yet due	September 2022

		<p>and the FTSU Guardian and the Guardian of Safe Working Hours report to the Board twice a year. Neither Guardians report data by ethnic group or gender and this may offer additional information for the Board to analyse in terms of themes and trends.</p> <p>Recommendation:</p> <p>The FTSU Guardian and Guardian of Safe Working Hours should capture data by gender and ethnicity where possible to allow for additional analysis, themes and trends.</p>	<p>data by gender and ethnicity.</p> <p>Progress update: The next report due to Board from the FTSU Guardian is August 2022 and the Guardian of Safe Working Hours will present in September 2022</p>			
KLOE 4 – Are there clear responsibilities, roles and systems of accountability to support good governance and management?						
9.	Low	<p>Highlight report to the Board of Directors</p> <p>There is variance in the quality of reporting the work of the Committees to the Board. A more common approach using a quadrant style reporting could more effectively identify key issues and action taken.</p> <p>Recommendation:</p> <p>Committee Chairs should consider the use of a quadrant style report to present at the Board meeting. Headings of the 4 quadrants are commonly:</p> <ul style="list-style-type: none"> Matters of concern or key risks to escalate 	<p>A quadrant template has been developed and has been implemented from April Committees.</p> <p>Complete</p>	Director of Corporate Affairs		June 2022

		<ul style="list-style-type: none"> Major actions commissioned / work underway Positive assurances to provide Decisions made 				
10.	Low	<p>Committee Assurance</p> <p>Committee Chairs have not routinely observed the key meetings that feed into their Committee for assurance, and this should be considered on an annual basis to confirm confidence in the governance and reporting framework.</p> <p>Recommendation:</p> <p>On an annual basis NEDs who Chair Committees should observe the sub-meetings/groups that feed into their Committee to gain a view on how business is undertaken.</p>	<p>A schedule to ensure all chairs of committees observe the key meetings which feed into their committees will be developed and implemented</p>	Director of Corporate Affairs	Not yet due	September 2022
11.	Low	<p>People, Culture and Improvement Committee</p> <p>The Chair of the Committee does not routinely meet with the Lead Executive for this Committee, more ad-hoc arrangements occur. Setting up a scheduled arrangement would be beneficial to allow for regular discussion of progress, current issues and the identification of areas where further work may be indicated</p> <p>Recommendation:</p>	<p>A schedule of regular meetings prior to committee meeting will be developed and implemented</p> <p>Complete</p>	Director of People and Director of Culture and Improvement		June 2022

		The Chair of the People, Culture and Improvement Committee should set up regular meetings with the lead Executive Directors				
KLOE 5. – Are there clear and effective processes for managing risks, issues and performance?						
12.	Low	<p>Divisional Performance Reviews</p> <p>We attended the November 2021 round of Performance Reviews for all five clinical Divisions. The Performance Review meetings are well organised and mutually supportive.</p> <p>We note that Urgent and Emergency Care Division presented an informative HR performance report and whilst other Divisions talk about their HR issues, they did not include a presentation of metrics. HR performance reports are routinely created and supplied to Divisions via the HR Business Partner, and these should be presented at each Division Performance Review.</p> <p>Recommendation:</p> <p>All Divisions should ensure their HR performance report is presented for discussion at Divisional Performance Reviews.</p>	<p>All future Divisional Performance Reviews will include the presentation of their HR Performance report.</p> <p>All divisions now have an HR report which they present monthly within their DPRs</p> <p>Complete</p>	Chief Operating Officer		June 2022
KLOE 6 – Is appropriate and accurate information being effectively processed, challenged and acted on						

13.	Medium	<p>Data Quality Strategy</p> <p>The Trust's Data Quality Strategy 2018-2020 is due for review. It sets out governance arrangements involving the Data Quality Oversight Group (DQOG).</p> <p>However, the DQOG was disbanded in November 2020 as the workstreams actions had been completed. Therefore, the Trust does not currently have a stand-alone formal forum through which data quality issues are monitored and addressed.</p> <p>The Trust is currently in the process of moving to a more integrated approach, where data quality is owned and monitored across the wider governance structure.</p> <p>It is intended that updates on data quality for areas within their remit will be provided regularly through the Divisional governance structures and the Trust's Risk Management framework, but this process is not yet fully documented, and roles and responsibilities need to be clarified.</p> <p>It is however a reasonable expectation that the new postholder will formalise the governance arrangements at the time the Data Quality Strategy is refreshed.</p>	<p>Progress update:</p> <p>The Chief Digital Information Officer has implemented a Patient Information and Data Assurance Group. This group will establish and implement a Data Quality Assurance Model</p>	Executive Medical Director	Not yet due	December 2022
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		<p>Recommendation :</p> <p>Once in post the new Chief Digital Information Officer should contribute to the refresh of the Data Quality Strategy to ensure it adequately documents roles/responsibilities and the governance structure where data quality issues will receive oversight and management.</p>				
14.	Low	<p>Data Quality Assurance Indicators</p> <p>The Trust does not at present utilise a Data Quality Assurance Indicator. A data quality traffic light or kite mark could be used to appear next to key performance indicators in the SOF report to provide visual assurance on the quality of data underpinning a performance indicator. A visual indicator acknowledges the variability of data and makes an explicit assessment of the quality of evidence on which the performance measurement is based</p> <p>Recommendation:</p> <p>The Trust should consider the use of Data Quality Assurance Indicators to inform users of any data quality risks attached to the data that might impact decision making.</p>	<p>Progress update:</p> <p>A review of the key indicators is being undertaken as a pilot. This work will be concluded by the end August 2022. A paper will then be prepared for Execs and Board to agree proposals to how this will be taken forward</p>	Director of Corporate Affairs		September 2022
KLOE 7. – Are people who use services, the public, staff and external partner engaged and involved to support high quality sustainable						

		services?			
We have not made any recommendations in this area as the Trust is already working on issues identified.					
KLOE 8. – Are there robust systems and processes for learning, continuous improvement and innovation?					
15.	Medium	<p>Continuous Improvement</p> <p>The Trust has a vision for ‘Continuous Improvement at SFH’. Whilst it is clear that there is considerable improvement activity at the Trust it is not clear how the improvement activities e.g. Continuous Improvement; Pathways to Excellence; Advancing Quality programme and Clinical Audit are linked. Although staff refer to a Continuous Improvement Strategy this is not described in a document and this is required to demonstrate the breadth and depth of work, how it aligns to other strategies and to enable a better understanding for staff. During our interviews, including some Board level interviews, this area was not well articulated, with staff talking very generally about improvement activity and some staff not being familiar with what improvement methodology was in place. It is important that staff can articulate how the Trust describes and navigates its improvement activities, and this will be a key area CQC will look for assurances of an embedded and well understood approach when they talk to staff, and further work is required as a priority to achieve this.</p> <p>Recommendation:</p>	<p>Progress update:</p> <p>The QI Maturity Matrix survey results were shared with the Executive Team (8th June) and wider SLT 16th June. SLT was facilitated by independent partner the East Midlands Academic Science Network who has independently assessed the results of the maturity assessment. Recommendations will provide a new focus for QI.</p> <p>Regular Improvement development sessions with all Senior Leaders are scheduled over 2022/2023. Confirmed schedule to be completed following 16th June SLT session.</p> <p>The new Quality Strategy is aligned with the SFH vision for Continuous Improvement and the Trust approach to improvement. Thus, strengthening being</p>	Director of Culture and Improvement	September 2022

		<p>Further work is required to document and communicate the vision for 'Continuous Improvement at SFH' This will assist staff in their understanding of the breadth and depth of work and the methodologies in use.</p> <p>Outcomes of quality improvement projects should be celebrated through the Trust's services.</p>	<p>embedded throughout the Trust. Completed.</p> <p>Sharing of Quality Improvement projects will be further captured through the new AMaT audit and improvement portal. Ongoing.</p>			
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