

Board of Directors Meeting in Public - Cover Sheet

Subject:	Well-Led Review – Report	Date:	6 th February 2025		
Prepared By:	Sally Brook Shanahan, Director of Corporate Affairs				
Approved By:	David Selwyn, Acting Chief Executive				
Presented By:	Sally Brook Shanahan, Director of Corporate Affairs				
Purpose					
To report the findings from the Developmental Well Led Governance Review undertaken by Grant Thornton and agree the action plan and the associated progress monitoring arrangements.		Approval			
		Assurance	X		
		Update			
		Consider			
Strategic Objectives					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
			X		
Identify which Principal Risk this report relates to:					
PR1 Significant deterioration in standards of safety and care					
PR2 Demand that overwhelms capacity					
PR3 Critical shortage of workforce capacity and capability					
PR4 Insufficient financial resources available to support the delivery of services					
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					
PR7 Major disruptive incident					
PR8 Failure to deliver sustainable reductions in the Trust's impact on climate change					
Committees/groups where this item has been presented before					
Board of Directors Meeting in Private – 2 nd January 2025					
Acronyms					
SFH = Sherwood Forest Hospitals DPR = Divisional Performance Review ICB = Integrated Care Board ICS = Integrated Care System KLOE = Key lines of enquiry CQC = Care Quality Commission SAF = Single Assessment Framework NHSE = NHS England NED = Non-Executive Director CEO = Chief Executive Officer FTSU = Freedom to Speak Up NGO = National Guardians Office ToR = Terms of Reference BAF = Board Assurance Framework PR = Principal Risk QIA = Quality Impact Assessment IPR = Integrated Performance Reports JFP = Joint Forward Plan					

Executive Summary

This purpose of this paper is to set out the findings from the independent developmental well led review of the Trust's leadership and governance conducted by Grant Thornton UK LLP against NHS England's well led framework guidance for developmental reviews of leadership and governance (June 2017). It is important to note that the CQC updated the well-led framework under its SAF in April 2024. As part of the set up of the review, Grant Thornton mapped the revised SAF with the NHSE developmental guidance to ensure areas were aligned and could be used to support any assessment CQC may undertake using the SAF. It was agreed that the review would not cover the environmental sustainability area of the SAF as that does not map across to the current developmental framework.

This paper also has attached to it an action plan in response to the developmental actions identified to the report's findings.

The review was limited to the scope outlined in the framework guidance and did not assess whether clinical services provided by the Trust are safe, effective, caring or responsive. The summary of the review that is appended to this paper has been prepared on behalf of Grant Thornton UK LLP and is published with consent.

Overall conclusion

The report's overall conclusion is that Sherwood Forest Hospitals NHS Foundation Trust continues to be a well-led Trust. Compared to the last developmental review completed in 2021/22, the Trust has maintained strong assessments in the majority of the areas covered by the well-led KLOEs and has delivered on most of the actions agreed as part of that previous review. The Trust has strong governance processes which contain many elements of good practice. The review did not identify any significant development areas and for those development areas it did identify, the Trust was aware of them and already in the process of discussing and implementing actions to address them.

Given the contextual changes and challenges recorded below, the review noted it is a testament to the Trust's strong processes and leadership that it has been able to maintain the assessments when many other trusts will have struggled with their impact. The report goes on to remark that the development areas identified are largely as a consequence of those changes.

Context

There are some important contextual points which have impacted on the assessments compared to the previous review including:

- The Trust being in a transitional period for leadership during which there have been significant changes to the Board, both Executive and Non-Executive, with many acting up arrangements, including the Chair and Chief Executive. There are also some recognised gaps in skills and experience with the Board. This is likely to continue in the short-term with posts currently advertised for Non-Executives (to which successful appointments have now been made) and Executive roles.
- Challenges within the wider system with partners in the Nottingham and Nottinghamshire ICS having a number of high-profile challenges on quality, operational and financial performance of services.
- Financial pressures and scrutiny including increasing financial challenges at the Trust and the wider system resulting in the Trust's inclusion in the NHS E Financial Investigation and Intervention regime and the Trust receiving support to improve its financial performance.

Good practice

The review identified the continuation and operation of many good practice areas across the framework including:

- ✓ Trusted, supportive and open leadership style
- ✓ Succession planning evident and delivering in all leadership roles
- ✓ Development and mentoring programmes for all staff levels
- ✓ Strong and deep affinity across the organisation to its CARE values
- ✓ Effective divisional performance management
- ✓ Board strategically focussed
- ✓ Warm and welcoming culture
- ✓ Risk recognition and management processes embedded.

Action Plan

The action plan sets out those for the five key development areas - Leadership, Improvement, Strategy, Leadership and Freedom to Speak Up - including the allocated action and task leads, the due date and the Committee for sign off.

It is proposed that progress reporting to Board is scheduled to coincide with the groups of action due dates in July 2025, November 2025 and June 2026, with an additional report in February 2026 to provide assurance that the final actions are on track for timely completion.

Recommendations

The Board is asked:

- To receive the summary of the Developmental Well Led Governance Review undertaken by Grant Thornton, and
- To agree the action plan and the dates proposed for reports on progress to be presented to the Board.