

Oxford University Hospitals NHS Foundation Trust

An independent review of leadership and governance arrangements

15 January 2019 | Final Report

This Final Report is strictly private and confidential and has been prepared for the Board of Directors of Oxford University Hospitals NHS Foundation Trust. This Final Report is prepared for the Board of Directors as a body alone, and our responsibility is to the full Board and not individual Directors. It should not be communicated to any third party without our prior written permission. For your convenience, this document may have been made available to you in electronic as well a hard copy format. Multiple copies and versions of this document may, therefore, exist in different media. Only the final signed copy should be regarded as definitive.

Private and confidential

Board of Directors

Oxford University Hospitals NHS
Foundation Trust
John Radcliffe Hospital
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15 January 2019

Dear Board of Directors

An independent review of leadership and governance arrangements

In accordance with our Engagement Letter dated 16 July 2018 (the 'Contract'), for an independent review of leadership and governance arrangements at Oxford University Hospitals NHS Foundation Trust (the 'Trust'), we enclose our Final Report dated 15 January 2019 (the 'Final Report').

The Final Report is confidential to the Trust and is subject to the restrictions on use specified in the Contract. No party, except the addressee, is entitled to rely on the Final Report for any purpose whatsoever and we accept no responsibility or liability to any party in respect of the contents of this Final Report. This Final Report is prepared for the Board of Directors as a body alone, and our responsibility is to the full Board and not individual Directors.

The Final Report must not, save as expressly provided for in the Contract, be recited or referred to in any document, or copied or made available (in whole or in part) to any other person.

You are responsible for determining whether the scope of our work is sufficient for its purposes and we make no representation regarding the sufficiency of these procedures for the Trust's purposes. If we were to perform additional procedures, other matters might come to our attention that would be reported to the Trust.

We have assumed that the information provided to us and management's representations are complete, accurate and reliable; we have not independently audited, verified or confirmed their accuracy, completeness or reliability. In particular, no detailed testing regarding the accuracy of the financial information has been performed.

The matters raised in this Final Report are only those that came to our attention during the course of our work and are not necessarily a comprehensive statement of all the strengths or weaknesses that may exist or all improvements that might be made. Any recommendations for improvements should be assessed by the Trust for their full impact before they are implemented.

Yours faithfully



Deloitte LLP

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Executive Summary

Executive Summary

Key findings

We have conducted an independent review of leadership and governance arrangements at Oxford University Hospitals NHS Foundation Trust ('the Trust') as per the Services outlined in our scope on page 12. Our review findings are set out within this report in accordance with the four Well-led framework KLOEs, which form part of our scope:

Section A - Board leadership (KLOE 1)

Section B - Governance arrangements (KLOE 4)

Section C - Risk & performance management (KLOE 5)

Section D - Information & data quality (KLOE 6)

Our overall conclusions in relation to these four KLOEs are summarised below, followed by a more detailed summary of findings and recommendations on pages 6 to 10 of this Executive Summary.

Board leadership (KLOE 1)

- The Trust is undergoing a significant period of change in relation to its Executive Directors (ED), with a number of recent and pending changes. Despite this ongoing transition, the Board has retained a reasonable level of cohesion, which reflects positively on the role of Non-Executive Directors (NEDs) in particular. There is a need though to further strengthen the capability and capacity of the Board to more closely align skills with key strategic priorities, particularly in relation to the workforce and digital transformation agendas. There are also ongoing requirements to improve cohesion amongst EDs and the Board more generally. Recent and pending changes to Board composition represents an excellent opportunity to undertake a more structured approach to ED and Board development than has been the case in the recent past. There is also an imperative to significantly raise ED and NED visibility and their profile across the Trust.

Governance arrangements (KLOE 4)

- There are several areas of good practice in relation to governance and leadership (including clinical governance and leadership) at the

divisional level, but we have material concerns regarding the lack of standardisation in governance arrangements, with reporting especially remaining an issue at the divisional, directorate and particularly Clinical Service Unit (CSU) levels. It is critical that the accountability and performance frameworks which are currently under development provide sufficient guidance to improve consistency in governance arrangements and performance review at all levels. There should also be improved executive focus for this important initiative.

Risk & performance management (KLOE 5)

- We observed high levels of organisational awareness regarding the reporting and escalation of risks. Whilst we have made a number of recommendations for refining the Trust approach to risk management, the overall standard at the Trust is high and compares well with other NHS organisations. The Trust has made significant progress with Divisional Performance Review (DPR) meetings since the time of our 2017 review, but it is widely recognised that the maturity of these meetings remains relatively low and will require material ongoing development.

Information & data quality (KLOE 6)

- There is a range of performance reports used across various levels of the Trust, from Board level through to the CSU level. However, our overall conclusion is that there should be a comprehensive re-design of the entire suite of performance reports at every level of the organisation. A material and recurring theme across the reports we reviewed is that reports are overly detailed, narrative heavy and need to focus on exceptional matters. There is also a need for the Board to introduce greater pace in relation to implementation of the Trust's digital strategy.

Executive Summary

Key findings

We outline below a detailed summary of our key conclusions in relation to these four KLOEs, as well as our corresponding recommendations.

A. Board leadership (KLOE 1)

A.1 Executive Director leadership

- The CEO's vision for the Trust is widely supported by colleagues. It is recognised that there is potential for increasing both CEO visibility and day-to-day involvement in running the business. Some progress has been reported in relation to these two areas, but ongoing focus is required.
- There is ED strength in a range of functional areas and a number of EDs are developing positively into their roles. We have also noted improvements in the level of executive team collaboration since our 2017 review. However, observations and interviews indicate ongoing elements of silo working amongst the executive team. The pending arrival of new EDs presents an ideal opportunity to focus on a structured executive team development programme. The launch of the Affina programme is a good step in this respect.
- There is a need to further strengthen the capability and capacity of the executive team, to match the key strategic priorities of the organisation, by creating dedicated Board level leadership positions focused on workforce and digital transformation. In addition, there is a need to enhance the collective depth in executive level leadership experience of running major hospital operations, with the appointment of a substantive Chief Operating Officer (COO). External stakeholders have also flagged ED capacity as an issue and there is scope for a dedicated focus on partnerships to be added to an ED portfolio, potentially aligned to a new appointment for digital transformation.
- We also note leadership capacity gaps at Director/Deputy ED level, which further compounds capacity constraints on ED portfolios. We believe that additional appointments should be made at this level, for example in relation to estates and commercial. Appointments at Director/Deputy ED level should be considered in parallel to the development of a formal ED succession plan which the Trust does not currently have in place.

- Visibility of EDs is a significant issue and is fuelling many negative perceptions across the organisation which in turn is undermining the credibility and effectiveness of the ED team. This issue should be addressed as a priority through a formal engagement plan aimed at building ED physical presence as well as increasing the effectiveness of digital media and corporate communications in building ED profile.
- External stakeholders have reflected positively on improvements in relationships with the Trust and we have received particularly good feedback regarding interaction with a number of EDs.

A.2 Non-Executive Director leadership

- The Trust has a distinguished and experienced Chair who enjoys high levels of respect amongst Board members and other stakeholders. We also observed a supportive working relationship between the CEO and Chair, including a healthy level of challenge where required. The Chair's retirement will create a leadership gap but Board members recognise the opportunity to bring a brand new perspective to the Board.
- The NEDs have a wide range of skills and have impressed us as individuals during interviews and observations. We also note that NEDs work together collaboratively as a cohort and have observed a range of supportive behaviours in meetings. The NED cohort has particular strength in commercial areas but is also well served with three NEDs who have clinical backgrounds. There are currently two NED vacancies and, similar to the situation with EDs, we believe that these vacancies should be used to align NED skills to key strategic objectives. Specifically, the Council of Governors should consider filling these vacancies through the appointment of NEDs with relevant experience in workforce and digital transformation.
- Similar to the point discussed in relation to EDs, NEDs have limited levels of visibility across the organisation and externally.

Executive Summary

Key findings

[A.3 Board dynamics](#)

- Our observation of the Board is that it is a relatively cohesive unit and operates in an open, transparent and respectful manner. There is clearly a transitional period given the ongoing changes in ED leadership but we commend NEDs in particular for bringing a level of continuity and stability during this period. Separately, we observed professionally run Board meetings which follow many areas of good practice. There is however scope for improving the effectiveness of Board debate as observed discussions had relatively low impact at times, particularly in the public Board session. The Board has also had limited structured development in recent times and the arrival of a new Chair, NEDs and EDs presents an excellent opportunity to focus on a programme of development to support ongoing Board effectiveness.

B. Governance arrangements (KLOE 4)

[B.1 Board committees](#)

- Our overall review of committees is generally positive with many insightful and challenging discussions observed. However, there is scope for more consistent scrutiny from NEDs and EDs across the various committees, and effective scrutiny from committees should feature as part of a Trust Board development programme. We would also have expected to see greater organisational participation in the observed Quality Committees (QCs). Furthermore, the Finance and Performance Committee (F&PC) agenda in the observed meetings was heavily skewed toward finance, at the expense of performance. We also note potential for improving the effectiveness of committee escalation by streamlining updates, whilst similar to our commentary in section D.1, the volume of information presented to the committees more generally is excessive.
- There is a need for the committee structure to be more clearly aligned with the Trust strategic priorities through making provision for dedicated Board committee time to focus on the workforce and digital transformation agendas.

[B.2 Divisional governance arrangements](#)

- The executive team, and the CEO in particular, have actively sought to engage Divisional Directors (DD) within the extended leadership team through attendance at Trust Management Executive (TME) and at private Board/seminars. This engagement has recently been extended to include an informal session with DDs prior to TME. The role of DDs in the TME and Board could be more clearly defined to ensure that the Trust gets the most out of their presence, and similarly there is potential for DDs to more actively contribute in these forums. Separately, there remains potential benefits in bringing together EDs and the wider Divisional Leadership Teams (DLTs) from each division in some form of regular senior operational forum.
- We have observed several areas of good practice in relation to governance and leadership at the divisional level, including ongoing refinements in relation to the operation of Divisional Management Executive (DME) meetings and performance review meetings since our 2017 review. However, we continue to have fundamental concerns regarding the lack of standardisation in governance arrangements, and reporting especially, at the divisional, directorate and CSU levels. This issue needs to be tackled as a priority, supported by the accountability and performance frameworks. These frameworks are currently under development, which is a positive step, but the initiative needs to gather pace and the Trust should ensure there is clearer executive focus on this important activity.

[B.3 Clinical governance arrangements](#)

- We observed good levels of clinical leadership and involvement but there is a need to set expectations regarding the frequency and format of clinical governance meetings for all staff and at all levels of the organisation. These arrangements should be clearly captured in the emerging accountability and performance frameworks and presented structurally within a clinical governance structure organisation chart.

Executive Summary

Key findings

[B.3 Clinical governance arrangements \(continued\)](#)

- We observed many positive aspects to the Clinical Governance Committee (CGC), and in particular good levels of engagement from those present. However, the Chief Medical Officer (CMO) and the Chief Nursing Officer (CNO) should be formal members of the CGC. Meeting discussion and accountability would also benefit from a standardised divisional clinical governance reporting template.
- Our discussion with staff at all levels found variable communication of learning taking place across the Trust, with limited information being driven back down through the organisation from the CGC.
- Our interviews with staff found a positive incident reporting culture, with all front line staff we spoke with explaining that they were actively encouraged to report incidents and near misses. However, directorates, divisions and the CGC should more consistently track incident closure rates and backlogs through formal reporting to ensure that any issues in this area are visible and are acted upon.

C. Risk & performance management (KLOE 5)

[C.1 Risk Management](#)

- The Trust has a sophisticated approach to risk management and the Board and committee approach to risk management is robust. We note potential for improving the articulation of risks across the Corporate Risk Register (CRR) and the Trust should consider setting expectations regarding the frequency of risk reviews at all levels of the organisation. We also note the ongoing need to monitor the effectiveness of TME in overseeing risks, with a view to deciding whether a dedicated executive forum is required to oversee the CRR.
- We observed high levels of organisational awareness regarding the reporting and escalation of risks, and received positive feedback in relation to the support and responsiveness of risk and governance practitioners at the corporate and divisional levels. We do note however that there is potential for improvements in a number of areas, including the ongoing management of actions to mitigate risks, usability of the current risk management system, and consistency in the process for the escalation of risks from the directorate and CSU levels.

[C.2 Performance management](#)

- The Trust has re-introduced monthly and quarterly Divisional Performance Review (DPR) meetings since the time of our 2017 review. This is viewed as a positive development by a range of DLTs and EDs. However, it is widely recognised that the maturity of these meetings remains relatively low and will require material ongoing development. Our observation is that the quality and focus of information is not at the requisite standard to service and guide the meetings and that there is a need for EDs to take a more collegiate approach in relation to preparation for and participation in these meetings. In addition, there is insufficient focus on quality metrics and a lack of active clinical ED participation in these meetings. It is critical that the emerging accountability and performance frameworks provide sufficient guidance to the functioning of these meetings and that the ED approach to DPRs is incorporated in the executive team development programme.
- We did not observe directorate level performance reviews as part of this review but understand that divisions are holding monthly directorate performance review meetings with individual directorates which is a positive aspect of governance at the Trust.

D. Information & data quality (KLOE 6)

[D.1 Reporting](#)

- There is a comprehensive set of reports used across various levels of the Trust, from Board level through to the CSU level. Our overall conclusion is that there is significant scope to refresh and refine the Trust approach to reporting at all levels of the organisation. A material and recurring theme across the reports we reviewed is that reports are overly detailed, narrative heavy and need to focus on exceptional matters. Furthermore, reports would benefit from shifting the emphasis from 'what has happened' to 'what is being done', to include greater focus on action planning and monitoring as well as a more forward looking perspective more generally.

Executive Summary

Key findings

D.1 Reporting (continued)

- We also note a significant level of duplication across reporting, with the same reports appearing in multiple meetings. In addition, the Integrated Performance Report is not appropriately integrated, with a heavy bias towards operational and financial performance. There is also a level of fragmentation in reporting, particularly in relation to the presentation of nursing and medical reports as part of the quality agenda and the presentation of workforce data, which is spread across several disparate reports. Lastly, there are widespread inconsistencies in the use of divisional and directorate reporting, as discussed further in section B.2.

D.2 Data quality and information governance

- The digital and information portfolio has lacked sufficient executive leadership and attention in recent months, due to changes in personnel. There is a need for the Board to introduce greater pace in relation to the implementation of the Trust's digital strategy, and to ensure appropriate resourcing is in place to deliver it.
- Interviewees were clear that the Trust does not suffer from a lack of data, but that it cannot consistently convert the data it has into useful and insightful information/analysis from which decisions can be taken. Of particular note for some interviewees is the challenge faced accessing or obtaining data at the CSU level.
- We also note a number of areas for enhancing the Data Quality and Information Governance framework, including updating the Data Quality Strategy to ensure that it includes a range of SMART objectives/aims, introducing an ongoing programme of DQ training, and strengthening clinical engagement at the Information Governance and Data Quality Group (IGDQ Group).

Key Recommendations

A summary of our recommendations can be found on pages 49-50. The high priority recommendations, in order of priority are outlined below:

- **The CEO should consider the appointment to dedicated ED level positions for workforce and digital transformation, as well as the appointment of a substantive COO. In addition, consideration should be given to strengthening Director/Deputy ED level capacity in estates, commercials and partnership working (although this could be aligned to a new ED portfolio, for example with the digital transformation ED role). This process could be aligned to the development of an explicit succession plan for all ED positions.**
- **The Trust should fundamentally revisit its approach to reporting throughout the organisation to promote a more integrated, focused, consistent, less fragmented and streamlined format of reporting at all levels of the organisation. The IPR used at Board committee level should be used as the 'anchor point' from which to design, develop and ultimately role out a consistent suite of reports across the Trust.**
- **The Trust should consider accelerating work underway to implement the Trust wide accountability and performance frameworks and increase executive focus on this area. This recommendation should be implemented in conjunction with R11, which relates to the roll-out of a consistent suite of performance reports across the Trust.**
- **The Council of Governors should consider, in consultation with the Chair, the possibility of using the current two NED vacancies to add recent and relevant NED skills and experience in workforce and digital transformation.**

Executive Summary

Key findings

Key Recommendations (continued)

- **The Chair should oversee the design and commence the early stages of implementation of a structured Board development programme aimed at improving Board impact and effectiveness. This should reflect the development areas identified throughout this report, including those related to increasing Board impact and improving the effectiveness of NED and ED contributions to Board committees.**
- **The Board should consider developing an engagement plan aimed at improving perceptions regarding the level of organisational engagement and visibility. This should consider actions to improve physical presence as well as refinements to the Trust approach to digital media and corporate communications. This process could be aided by the CEO and others meeting a small number of peer organisations, where there are high levels of organisational visibility. We would be happy to facilitate this process.**
- **The Trust should more closely align its committee structure with its strategic priorities, potentially to include a non-executive led Workforce Committee and a Digital and Information Committee which meets on an as required basis. It should also consider streamlining and re-formatting committee updates to ensure that they are structured around the key risks and actions.**

[Next steps](#)

We suggest that the Board considers the findings outlined within this report and develop a response in relation to the matters raised. This response should clearly outline how the Board proposes to implement our various recommendations, and describe how the Board will monitor progress going forward.

Review scope

Introduction

Review Scope

Our approach

Our approach to delivering the project scope has consisted of the following key activities:

1. Conducting a **desktop review of key supporting information**. This has included a review of: Board and relevant committee papers; divisional performance information; and relevant risk and strategy documents;
2. Conducting 1-1.5 hour non-attributable **interviews with each member of the Board**;
3. Conducting 1 hour non-attributable **interviews with members of staff** across a selection of clinical and operational roles;
4. An **observation** of a **private and public Board meeting** on 12 September 2018;
5. We **observed a number of Board and executive committees** including the 8 August 2018 and 10 October 2018 Finance & Performance Committee; the 8 August 2018 and 10 October 2018 Quality Committee; the 13 September 2018 Trust Management Executive; and the 17 October 2018 Clinical Governance Committee;
6. We conducted **Divisional observations and interviews** including observing a selection of Divisional Management Executive meetings; observing a selection of Divisional Performance Review Meetings; interviews with Divisional Leadership Teams; and interviews with a selection of directorate level leadership teams;
7. Undertaking a **Board survey**, to which 13 out of 13 Board members responded;
8. Undertaking a **staff survey** to which we received 567 responses (5% of staff), including 344 clinical staff and 223 non-clinical staff;
9. Conducting three **focus group** with a range of clinical and non-clinical staff;
10. Conducting ten **service visits** to a range of departments and wards where we met a range of staff members; and

11. A **Board workshop** to present our initial findings, held on 8 October 2018.

Scope

This review has focused on four Key Lines of Enquiry (KLOE) of the NHSI Improvement Well-led framework. Our approach has been developmental in nature, with a view to drawing on best practice to inform future development activities at the Trust. Specifically, we have undertaken a 'focused' review of the Trust's leadership and governance arrangements against the following KLOEs:

- KLOE1: is there leadership capacity and capability to deliver high quality, sustainable care?
- KLOE 4: Are there clear responsibilities, roles and systems of accountability to support good governance and management?
- KLOE 5: Are there clear and effective processes for managing risks, issues and performance?
- KLOE 6: Is appropriate and accurate information being effectively processed, challenged and acted on?

Within these specific KLOEs, we have focused on a number of specific areas as follows:

1. Effectiveness of the Board of Directors in delivering the strategic and operational agenda, in particular the timely and effective scrutiny and oversight by the Board of the Trust's operations (including strategy, financial, quality and operational performance).
2. Effectiveness of the governance arrangements at divisional and directorate levels, (including quality governance arrangements and the strength of clinical leadership), how they are monitored and evaluated by the Board and Executive Team.
3. Application of the risk management system by divisions and the Board for the identification and escalation of risks.

Introduction

Review Scope (continued)

Scope (continued)

4. Effectiveness of the developing systems to hold the divisions and directorates to account, including the performance management framework and the accountability framework (demonstrating accountability from floor to Board, and process for earned autonomy). Specifically addressing the level of engagement and delivery of improvement plans.
5. Provision of timely accessible information to staff and the Board to enable their understanding of performance, providing them with the ability to challenge and identify areas for improvement, including data quality and the connectivity and interdependencies of information to enable the right level of triangulation.

Surveys

Throughout the body of this report we have presented the findings from our Board and staff surveys. The key for these graphs is as follows:

SA	Strongly agree
A	Agree
SI A	Slightly agree
SI D	Slightly disagree
D	Disagree
SD	Strongly disagree
CS	Cannot say

Glossary

Throughout the body of this report, we include reference to a number of terms and abbreviations. A full glossary of terms can be found at on page 15.

2017 Review

We reference a Deloitte 2017 review throughout this report. This relates to a Divisional Leadership Review issued to the Trust on 31 August 2017.

Glossary of terms

Glossary of terms

BAF	Board Assurance Framework	F&PC	Finance and Performance Committee
Board	Board of Directors of Oxford University Hospitals NHS Foundation Trust	GDE	Global Digital Exemplar
CCIO	Chief Clinical Information Officer	IGDQ Group	Information Governance and Data Quality Group
CEO	Chief Executive Officer	IPR	Integrated Performance Report
CGC	Clinical Governance Committee	KLOE	Key Line Of Enquiry
CD	Clinical Director	MRC	Medicine, Rehabilitation and Cardiothoracic Division
CIDO	Chief Information & Digital Officer	NED	Non Executive Director
CMO	Chief Medical Officer	NHS	National Health Service
CNO	Chief Nursing Officer	NHSI	NHS Improvement
COO	Chief Operating Officer	NOTSC	Neurosciences, Orthopaedics, Trauma, Specialist Surgery and Childrens' Division
CRR	Corporate Risk Register	NRLS	National Reporting and Learning System
CSS	Clinical Support Services Division	OUH	Oxford University Hospitals NHS Foundation Trust
CSU	Clinical Service Unit	RCA	Root Cause Analysis
DCS	Director of Clinical Services	RMS	Risk Management Strategy
DGM	Divisional General Manager	RTT	Referral to Treatment
DLT	Divisional Leadership Team	SIRI	Serious Incident Requiring Investigation
DPR	Divisional Performance Review	SuWOn	Surgery, Womens' and Oncology Division
DHNG	Divisional Head of Nursing and Governance	TME	Trust Management Executive
DME	Divisional Management Executive	Trust	Oxford University Hospitals NHS Foundation Trust
DQ	Data Quality	QC	Quality Committee
ED	Executive Director		

Observations and commentary

Section A

Board leadership (KLOE 1)

A. Board leadership (KLOE 1)

A.1 Executive Director leadership

- **The CEO's vision for the Trust is widely supported by colleagues. It is recognised that there is potential for increasing both CEO visibility and day-to-day involvement in running the business. Some progress has been reported in relation to these two areas, but ongoing focus is required.**
- **There is ED strength in a range of functional areas and a number of EDs are developing positively into their roles. We have also noted improvements in the level of executive team collaboration since our 2017 review. However, observations and interviews indicate ongoing elements of silo working amongst the executive team. The pending arrival of new EDs presents an ideal opportunity to focus on a structured executive team development programme. The launch of the Affina programme is a good step in this respect.**
- **There is a need to further strengthen the capability and capacity of the executive team, to match the key strategic priorities of the organisation, by creating dedicated Board level leadership positions focused on workforce and digital transformation. In addition, there is a need to enhance the collective depth in executive level leadership experience of running major hospital operations, with the appointment of a substantive COO. External stakeholders have also flagged ED capacity as an issue and there is scope for a dedicated focus on partnerships to be added to an ED portfolio, potentially aligned to a new appointment for digital transformation.**
- **We also note leadership capacity gaps at Director/Deputy ED level, which further compounds capacity constraints on ED portfolios. We believe that additional appointments should be made at this level, for example in relation to estates and commercial. Appointments at Director/Deputy ED level should be considered in parallel to the development of a formal ED succession plan which the Trust does not currently have in place.**

- **Visibility of EDs is a significant issue and is fuelling many negative perceptions across the organisation which in turn is undermining the credibility and effectiveness of the ED team. This issue should be addressed as a priority through a formal engagement plan aimed at building ED physical presence as well as increasing the effectiveness of digital media and corporate communications in building ED profile.**
- **External stakeholders have reflected positively on improvements in relationships with the Trust and we have received particularly good feedback regarding interaction with a number of EDs.**

A.1.1 Chief Executive leadership

The CEO has a clear vision for the Trust. His ability to think innovatively and his preparedness to challenge the status quo is a key strength in our view. Interviewees have indicated that there is good buy-in to the CEO's vision from the Board and that colleagues are generally supportive of the CEO.

The CEO, and other Board members, recognise ongoing potential for the CEO to assume a more 'hands-on' approach to overseeing day-to-day business at the Trust, as well as to increase his visibility and presence across the organisation.

In terms of taking a hands-on approach, EDs have indicated that whilst there is scope for refinements, the perception that the CEO can appear 'detached' from the detail at times does not always reflect the reality. Specifically, EDs have described a way of working where the CEO sets expectations, gives EDs space to act, but then takes action if they do not deliver. Regardless, the CEO has sought to make ongoing refinements in this area and colleagues have noted positive changes in recent months. Our observation is that the CEO was closely involved in divisional performance discussions and appeared to have a good grasp of the detail. Whilst we can see the need to continue addressing this balance between CEO strategic oversight and 'hands-on' management, in our opinion progress is being made in the right direction.

A. Board leadership (KLOE 1)

A.1.1 Chief Executive leadership (continued)

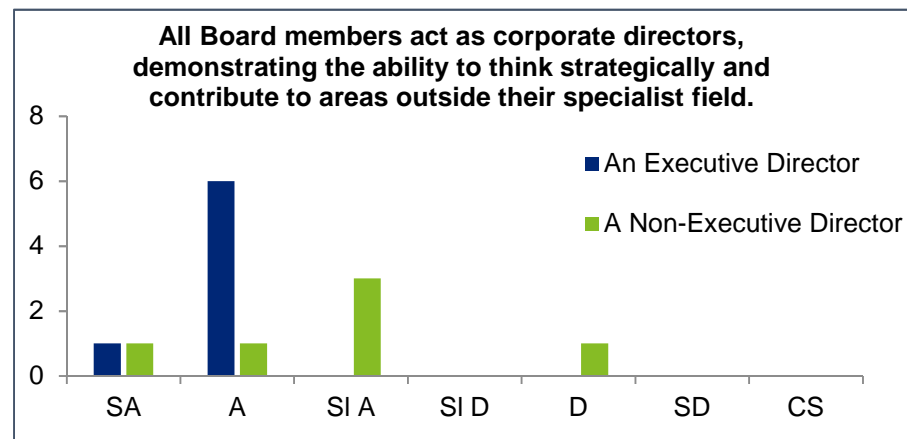
With regards to CEO visibility, interviewees and respondents to our staff survey have consistently referenced a perception of low levels of CEO visibility across the Trust. This is a material issue, and whilst this is an acknowledged development area, we have not observed sufficient pace or depth in actions to address this particular issue. In our view, the CEO would benefit from visiting other NHS organisations to observe good practice in relation to CEO approaches to building organisational visibility and engagement.

See R3 (Board engagement)

A.1.2 Executive Director cohesion

There are a number of EDs who have demonstrated strengths in their respective portfolios and continue to develop positively within their roles. In addition, we have observed improvements in the level of collaboration amongst EDs, actively supported by the CEO, since the time of our 2017 review. However, our observations and interviews indicate that there remains a material level of silo working across executive portfolios. This dynamic will invariably improve with time but the pending arrival of the new CMO, and potentially other additions to the executive team to boost capacity, presents an ideal opportunity to focus on a structured executive development programme. We are not aware of such a programme being in place during the recent past but are positive regarding the decision to introduce the Affina executive development programme in November 2018. It is important though that the CEO continues to reflect on ongoing activities, formal and informal, which are aimed at team building and multi-disciplinary executive working. Interestingly, our Board survey indicates a disparity between NED and ED views in relation to contributions outside of specialist fields, suggesting potential for further reflection amongst EDs regarding this point.

R1: The CEO should reflect on ongoing actions and behaviours aimed at promoting team building and influencing multi-disciplinary executive working, with a view to adding additional activities, formal and informal, aimed at complementing the Affina executive development programme.



A.1.3 Executive Director capacity

There is a need to further strengthen the capability and capacity of the executive team to match the key strategic priorities of the organisation. Specifically, it is imperative that the Trust has dedicated ED leadership for workforce and digital transformation at the Board level. This is critical in our view given that workforce recruitment, retention and development is one of the biggest challenges facing the Trust; and that the Trust has not leveraged its Global Digital Exemplar (GDE) status while information at the Trust remains relatively under developed (See section D.2, reporting).

In addition, interviewees have consistently referenced potential for increased levels of collective executive level experience and credibility in leading complex hospital operations, particularly given the recent departure of certain EDs. The team would benefit in our view from the appointment of a substantive COO to oversee all aspects of operational delivery.

A. Board leadership (KLOE 1)

A.1.3 Executive Director capacity (continued)

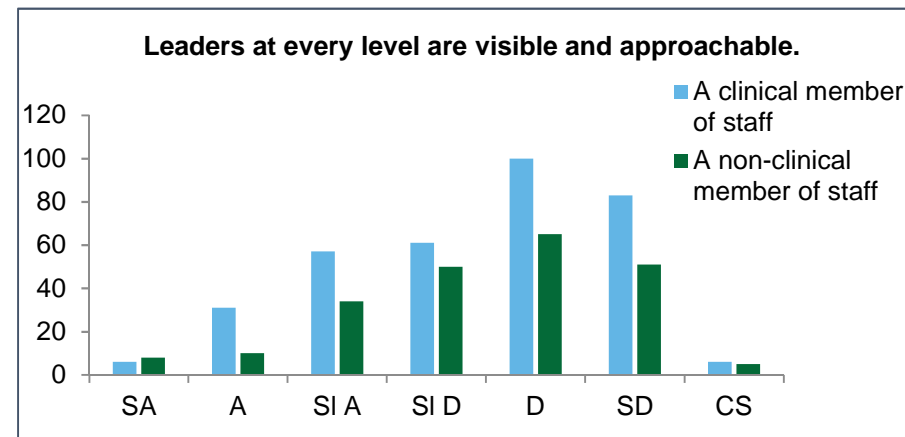
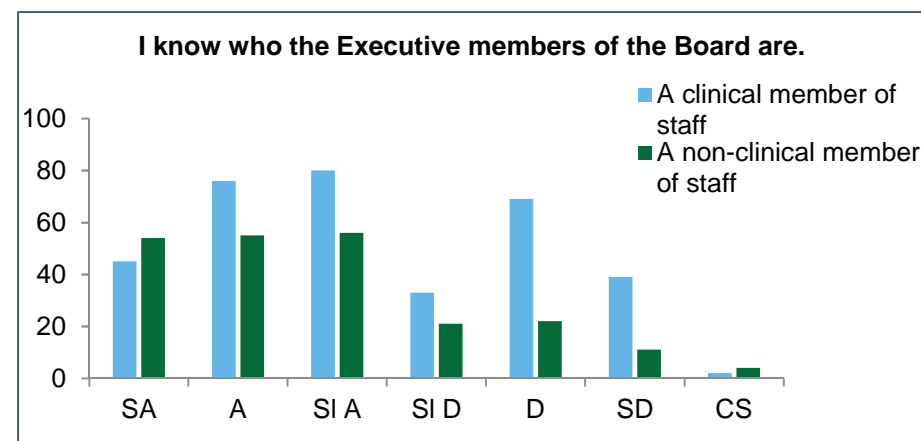
We also note leadership capacity gaps at Director/Deputy ED level, which further compounds capacity constraints on EDs, including in relation to estates and the commercial agenda. Commissioners have also indicated a perception that there is a need for additional capacity at the Trust, including to focus on external engagement (see A.1.5 for further detail). This situation may warrant further Director level capacity, in combination with formal ED level responsibility being assigned for partnerships. This could for example be combined with the new ED post for digital transformation, given the strong partnership working component of both portfolios.

In addition, we note the absence of formal succession plans for ED and Director/Deputy ED positions. The appointment to new EDs and Director level posts presents an excellent opportunity to consider the professional development of post holders through a structured approach to succession planning for all ED positions. Formally setting-out this intention may also support the Trust in appointing suitably qualified candidates to the Director level roles if they view the opportunity as a stepping stone to a more senior position, obviously subject to performance.

R2: The CEO should consider the appointment to dedicated ED level positions for workforce and digital transformation, as well as the appointment of a substantive COO. In addition, consideration should be given to strengthening Director/Deputy ED level capacity in estates, commercials and partnership working (although this could be aligned to a new ED portfolio, for example with the digital transformation ED role). This process could be aligned to the development of an explicit succession plan for all ED positions.

A.1.4 Executive Director internal visibility

Similar to the situation with the CEO described above, visibility of EDs more generally has been described as a significant issue during our interviews, focus groups and in our staff survey as shown below.



This sentiment is also fuelling many negative perceptions across the organisation, which is undermining the credibility and effectiveness of the ED team. Areas of negative perception raised by interviewees, and in the staff survey, include views that the ED team has lost inertia, takes a short-term focus and is too externally facing. Many of these negative views are unfair in our view and based on perception. Regardless, there is an imperative to actively focus on dispelling these perceptions. The executive team therefore needs to reflect on the quality, frequency and effectiveness of interaction from all EDs across the organisation.

A. Board leadership (KLOE 1)

A.1.4 Executive Director internal visibility (continued)

Given the scale of the organisation and the restrictions on physical presence, the ED team should also consider whether the role of corporate communications needs to evolve to support this engagement exercise. The evidence suggests that there is scope for improvements as key initiatives, such as the Magnet programme and GDE, do not have the internal exposure we have observed in other organisations.

R3: The Board should consider developing an engagement plan aimed at improving perceptions regarding the level of organisational engagement and visibility. This should consider actions to improve physical presence as well as refinements to the Trust approach to digital media and corporate communications. This process could be aided by the CEO and others meeting a small number of peer organisations, where there are high levels of organisational visibility. We would be happy to facilitate this process.

A.1.5 External stakeholder engagement

We have interviewed several key external stakeholders as part of this review. External stakeholders have reflected positively on improvements in relationships with the Trust over the last 12 months, and the interaction with members of the ED team in particular.

Specifically, external stakeholders have consistently referenced a more open, transparent and collaborative working relationship. They indicate that this has been facilitated by a change in approach from some newer members of the team. They have also pointed to ongoing improvements in CEO engagement, including a more system based approach and weekly interactions between the CEO and commissioners. The introduction of system CEO escalation calls has also been described as helpful.

On a more developmental note, stakeholders have also reflected a perception that the Trust is consistently firefighting and they are concerned about team capacity. This point relates to internal capacity as well as capacity to interact with external stakeholders and as such the Trust may benefit from creating more dedicated executive time to

deal with external partners. External stakeholders also point to potential for ongoing improvements in communications, more insightful and higher quality information and increased access to and engagement from the wider Board.

See R2 (executive portfolio for partnerships)

A.2 Non-Executive Director leadership

- **The Trust has a distinguished and experienced Chair who enjoys high levels of respect amongst Board members and other stakeholders. We also observed a supportive working relationship between the CEO and Chair, including a healthy level of challenge where required. The Chair's retirement will create a leadership gap but Board members recognise the opportunity to bring a brand new perspective to the Board.**
- **The NEDs have a wide range of skills and have impressed us as individuals during interviews and observations. We also note that NEDs work together collaboratively as a cohort and have observed a range of supportive behaviours in meetings. The NED cohort has particular strength in commercial areas but is also well served with three NEDs who have clinical backgrounds. There are currently two NED vacancies and, similar to the situation with EDs, we believe that these vacancies should be used to align NED skills to key strategic objectives. Specifically, the Council of Governors should consider filling these vacancies through the appointment of NEDs with relevant experience in workforce and digital transformation.**
- **Similar to the point discussed in relation to EDs, NEDs have limited levels of visibility across the organisation and externally.**

A. Board leadership (KLOE 1)

A.2.1 Chair leadership

The Trust Chair is a highly distinguished and experienced Chair, who enjoys high levels of respect amongst Board members and other stakeholders interviewed. The Chair and CEO also work closely together in a supportive and collaborative manner, although we are also aware of there being a healthy level of challenge in the relationship. The Chair is coming towards the end of her term in April 2019 and the Trust is actively searching for a replacement Chair. Undoubtedly the Trust will take a period of time to adjust to a new style of leadership but Board members recognise the benefit of bringing a fresh perspective to Board leadership.

A.2.2 NED capability and capacity

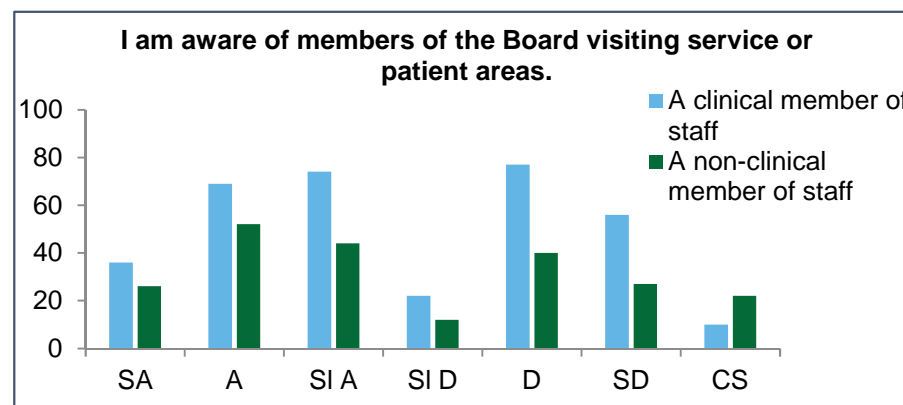
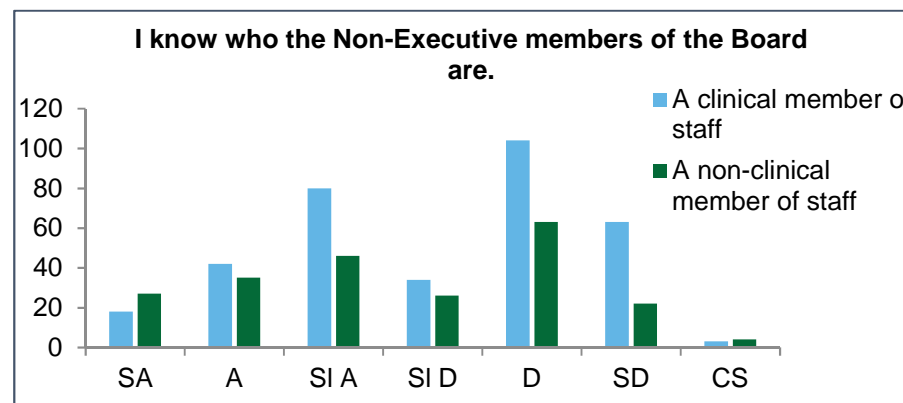
The NED cohort includes a number of highly capable individuals who have operated at very senior levels across a number of sectors. All individuals have impressed us during interview and observation with their level of insight and experience which enables them to scrutinise activities across a range of domains, including initial and follow-up questions. We observed particularly strong commercial skills and an excellent approach to questioning in the observed F&PC. The Board is also well served with three NEDs, including the Chair, who are senior clinicians. Furthermore, the cohort appear to work well together and we noted supportive and collaborative behaviours in the observed meetings and a good level of alignment across interviews. There is a tendency though for questions at times to be on areas of clarification and potential for the level of questioning to improve in some areas. We discuss this further in section A.3.2 below.

The Trust currently has two vacancies and another two NEDs come to the end of their terms towards the end of 2019. Our view is that future appointments should also be aligned to the Trust strategic priorities and in particular the cohort may benefit from specific knowledge and experience in relation to workforce and digital transformation.

R4: The Council of Governors should consider, in consultation with the Chair, the possibility of using the current two NED vacancies to add recent and relevant NED skills and experience in workforce and digital transformation.

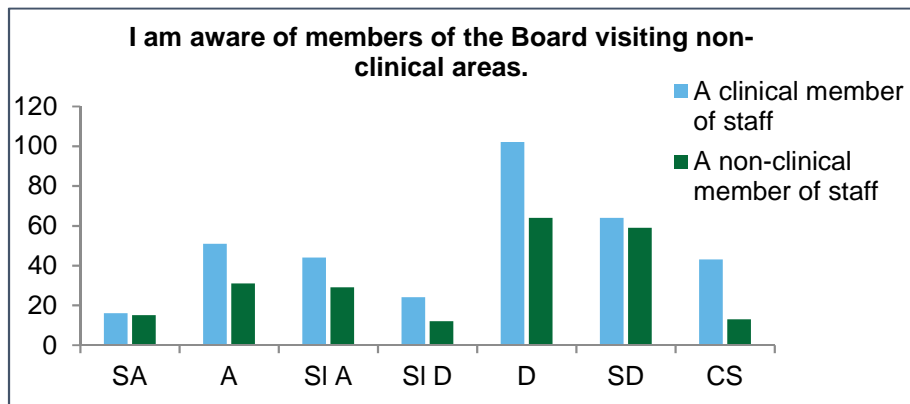
A.2.3 NED impact and visibility

Similar to the situation with EDs discussed above, NEDs have limited levels of visibility across the organisation. This point is evident from our interviews with staff, where NED visibility was referred to as being a particular problem. It also comes across clearly in our staff survey in a number of areas including staff knowing who NEDs are and awareness of the Board visiting clinical and non-clinical areas.



A. Board leadership (KLOE 1)

A.2.3 NED impact and visibility (continued)



The issue is further compounded by the fact that the one NED who featured most in staff discussions regarding being visible has now left the Trust. The absence of this particular NED would therefore likely lead to a further deterioration in the responses to our survey shown alongside.

We understand that the Trust has a programme of ED/NED walk-about, which report back into the QC and Board. However staff have indicated that there is not sufficient diversity in the range of Board members who participate in this initiative and that there have been a number of cancelled service visits. Our experience of walk-about type initiatives is that they are ineffective in isolation and it is important to build them around a much wider programme which also includes opportunities for more informal interactions. As such, it is imperative in our view that the Chair works with the NEDs to design and implement a structured programme of engagement which includes a combination of formal and informal activities. We also note that similar feedback was received from external stakeholders regarding visibility and as such this programme should be internally and externally focused. Similar to the point with EDs, and recognising the limitations on NED time, this programme should also consider the role of corporate communications in raising the profile of the Chair and NEDs.

See R3 (engagement plan)

A.3 Board dynamics

- **Our observation of the Board is that it is a relatively cohesive unit and operates in an open, transparent and respectful manner. There is clearly a transitional period given the ongoing changes in ED leadership but we commend NEDs in particular for bringing a level of continuity and stability during this period. Separately, we observed professionally run Board meetings which follow many areas of good practice. There is however scope for improving the effectiveness of Board debate as observed discussions had relatively low impact at times, particularly in the public Board session. The Board has also had limited structured development in recent times and the arrival of a new Chair, NEDs and EDs presents an excellent opportunity to focus on a programme of development to support ongoing Board effectiveness.**

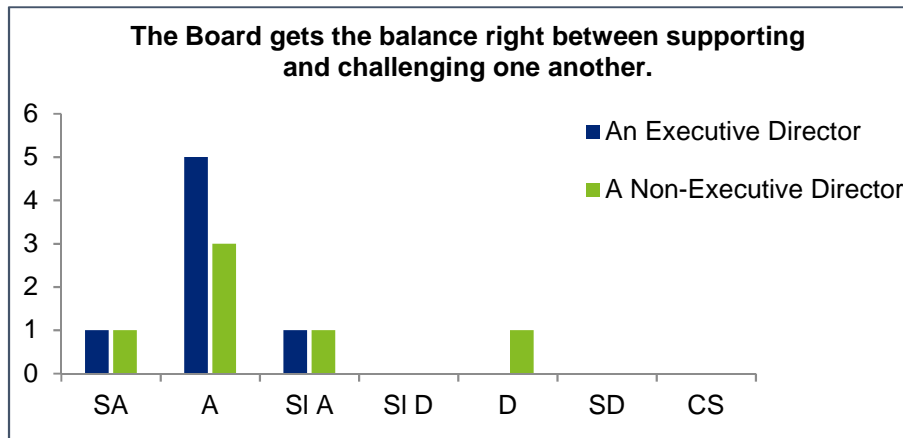
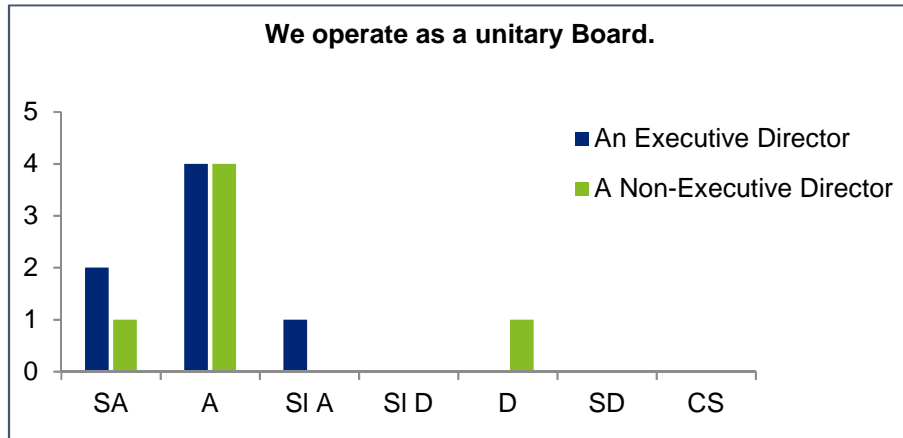
A.3.1 Board cohesion

Whilst the executive team is going through a transitional period as discussed in A.1.2 above, our observation of the Board is that it is a relatively cohesive unit which operates in an open, transparent and respectful manner. Furthermore, there are no obvious tensions between EDs and NEDs and we generally observed professional and supportive behaviours amongst EDs and NEDs. Our Board survey also reflects this point with the majority of respondents indicating a Board which is operating in a unitary manner, with the appropriate balance between support and challenge.

In our view, the NEDs should be commended for bringing a level of continuity and stability to the Board during a relatively challenging period with high levels of executive turnover. The approach and maturity of the Board during this period bodes well for the future.

A. Board leadership (KLOE 1)

A.3.1 Board cohesion (continued)



A.3.2 Board debate

We observed the 12 September 2018 Board meeting as part of our review. The meeting was professionally run in terms of proceedings and followed many areas of good practice in relation to agenda items and general quality of chairing. In addition, there were some examples of insightful questioning which brought a level of scrutiny to the meetings. However, there is scope for improving the effectiveness of meetings as we observed discussion to be relatively low impact at times, especially during the public meeting.

Specifically, there was a tendency for questions to be ones of clarification rather than providing particularly insightful or detailed scrutiny. Furthermore, although there were contributions from some Board members, a number of EDs and NEDs made limited contributions, and those contributions made did not necessarily provoke high quality and engaging discussion. We also noted a tendency for EDs to present their sections and then step back, with limited input to adjacent portfolios, which left an overall sense of low levels of executive team cohesion. Whilst we recognise the sensitivities surrounding Board meetings in public, there is scope for a more free flowing discussion and improved effectiveness in our view.

The Board meeting in private presented a more open discussion, with improved contribution from a number of NEDs in particular. EDs tended to operate in a similar manner to the Board meeting in public, although the style of presentation was less formal and more relaxed. The one exception was that the CEO was significantly more involved in this session and was clear in setting expectations and was focused on key actions emanating from discussions. Although there were a number of discussions throughout where the Board tended to focus on the process surrounding matters rather than the core risks or issues emerging. Examples of this included NHSI improvement plans and the updates from divisional performance reviews. Overall, the functioning of the Board in the public and private session highlighted potential benefits from undertaking development activities.

A. Board leadership (KLOE 1)

A.3.3 Board development

Our understanding is that the Board has had limited structured development in recent times and the Chair acknowledges the need to introduce such a programme in the future. The arrival of a new Chair, NEDs and EDs presents an excellent opportunity to focus on such a programme, although we would see the current Chair as playing a key role in formulating this programme over the next few months. The to be developed programme should include a range of activities aimed at building Board cohesion and the range of issues discussed during this report such as impactful and effective scrutiny and challenge, best practice in Board reporting and effective internal and external stakeholder engagement.

R5: The Chair should oversee the design and commence the early stages of implementation of a structured Board development programme aimed at improving Board impact and effectiveness. This should reflect the development areas identified throughout this report, including those related to increasing Board impact and improving the effectiveness of NED and ED contributions to Board committees.

Section B (KLOE 4)

Governance arrangements

B. Governance arrangements (KLOE 4)

[B.1 Board committees](#)

- **Our overall review of committees is generally positive with many insightful and challenging discussions observed. However, there is scope for more consistent scrutiny from NEDs and EDs across the various committees, and effective scrutiny from committees should feature as part of a Trust Board development programme. We would also have expected to see greater organisational participation in the observed Quality Committees (QCs). Furthermore, the Finance and Performance Committee (F&PC) agenda in the observed meetings was heavily skewed toward finance, at the expense of performance. We also note potential for improving the effectiveness of committee escalation by streamlining updates, whilst similar to our commentary in section D.1, the volume of information presented to the committees more generally is excessive.**
- **There is a need for the committee structure to be more clearly aligned with the Trust strategic priorities through making provision for dedicated Board committee time to focus on the workforce and digital transformation agendas.**

[B.1.1 Board committee structure](#)

The Board committee structure is broadly comparable with other similar organisations, with the main Trust business being conducted through the Finance and Performance Committee (F&PC) and the Quality Committee (QC), in addition to other standing committees. In addition the Terms of Reference for the main committees are broadly in line with good practice.

We note that the Trust has an executive led Workforce Committee which scrutinises the workforce agenda in detail. Whilst it is not unusual for NHS boards to cover the workforce agenda across finance and quality focused committees, there are a number of NHS organisations who choose to have a non-executive led workforce committee. This decision is often influenced by the scale of the workforce challenges faced by the organisation. In our view, the scale of the workforce agenda is

sufficiently large at the Trust to warrant a more dedicated review of workforce related issues at the Board level. This issue is compounded by the fact that workforce reporting to QC and F&PC is fragmented, as discussed in section D.1 below. Similarly, it is not unusual for a non-executive committee to periodically review the digital and information agenda when it is a major strategic priority, as is currently the case at the Trust.

We are of the view that there is a need for committee business to be more closely aligned with the workforce and digital transformation agendas. We appreciate the NED time commitments required to achieve this but have seen this constraint overcome at other trusts with the workforce committee meeting on a bi-monthly basis, often on the same day as another key Board committee. Similarly, the digital transformation focused committee can meet on an as required basis, which is typically on a quarterly basis, and is generally organised as a task and finish group.

[B.1.2 Committee escalation](#)

In line with good practice, committee escalation updates are presented to the Board as part of the governance/reporting cycle. On the whole, a consistent approach has been adopted across the committees, with these now including specific points in relation to any relevant areas of the NHSI Enforcement Undertakings. However, as with the majority of reporting, discussed in section D.1, committee updates are narrative based and contain excessive detail. Whilst the key risks and actions sections represent good practice, these sections could be brought forward within the update and the supporting narrative could be refined to take a more assurance-focused approach.

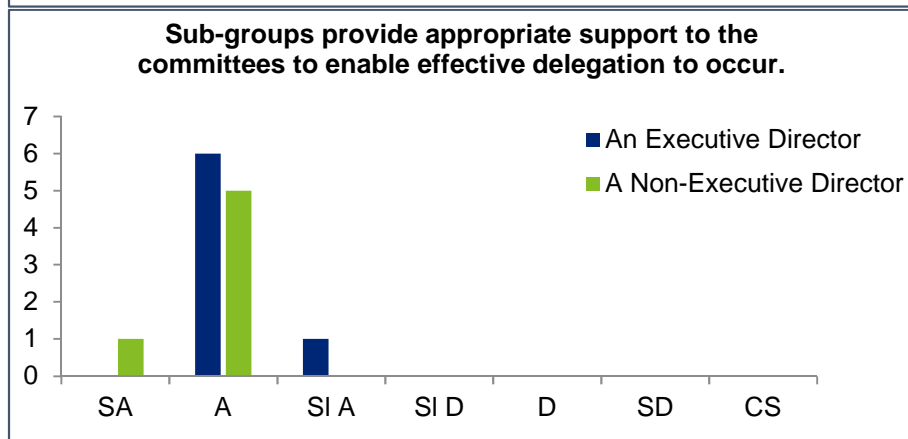
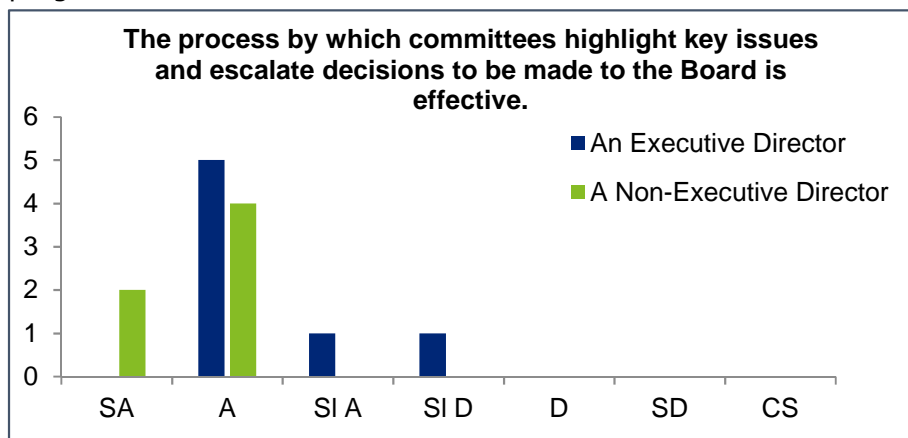
We noted similar findings in relation to escalation reporting between sub-groups, operational committees and assurance committees. For example, the update from the CGC to QC is highly detailed. Whilst this includes good practice in relation to divisional reporting, the extent of the detail renders it difficult to determine the levels of assurance taken and what actions are in place to mitigate performance concerns.

B. Governance arrangements (KLOE 4)

B.1.2 Committee escalation (continued)

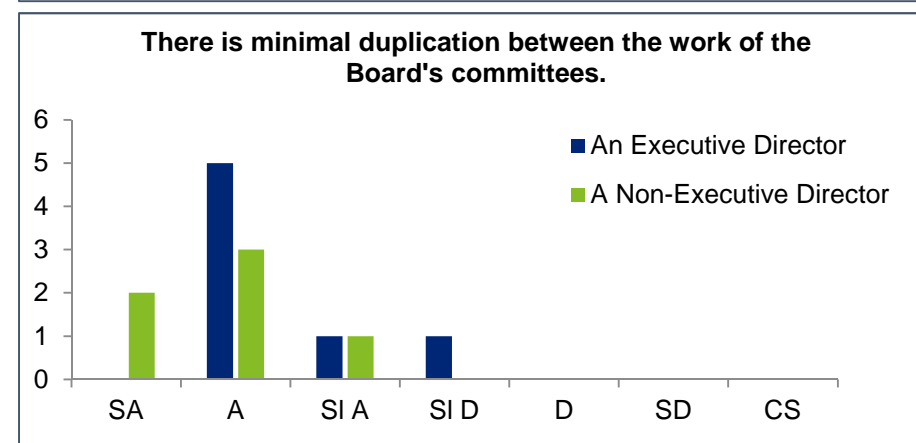
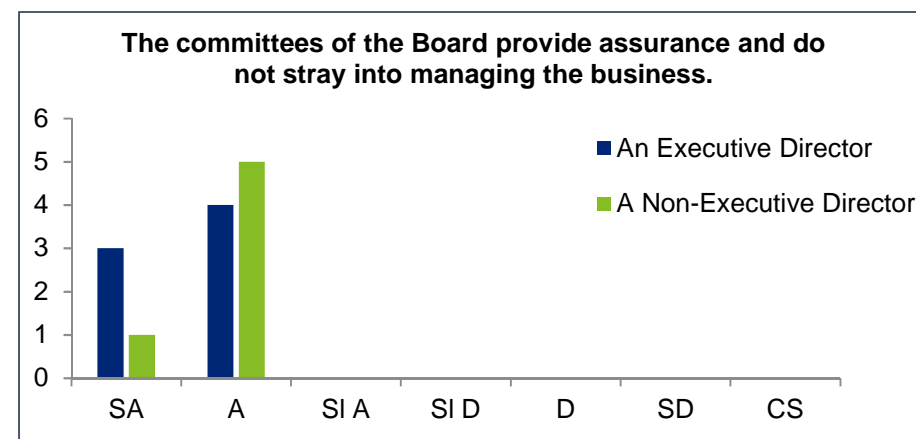
R6: The Trust should more closely align its committee structure with its strategic priorities, potentially to include a non-executive led Workforce Committee and a Digital and Information Committee which meets on an as required basis. It should also consider streamlining and re-formatting committee updates to ensure that they are structured around the key risks and actions.

Our observation regarding the effectiveness of escalation is not fully aligned with the results of the Board survey, suggesting that committee escalation should feature as a component of the Board development programme.



B.1.2 Committee escalation (continued)

We have observed the August 2018 and October 2018 F&PC and QC as part of this review. Our observations indicate appropriately strategic agendas, some good supporting analysis, deep-dives across a number of areas, generally good quality debate and dynamic use of the risk register. F&PC stood out in particular in terms of the quality of analysis, debate and insightfulness of NED questioning. Our Board survey also reflected positively on committees in terms of not straying into managing business, and to a lesser extent that there is minimal duplication cross committees.



We provide a more detailed summary of our reviews of F&PC and QC below.

B. Governance arrangements (KLOE 4)

B.1.2.1 Quality Committee

We observed the QC meetings on 8 August and 10 October 2018 and set-out our overall views below.

In terms of positive aspects, we noted good robust discussion across both meetings, with helpful and diplomatic contributions from NEDs. We also observed some good ED contributions, with some EDs playing a key role in triangulating information and holding to account. The meetings were also used effectively to conduct deep dives into a number of areas. For example, we observed a particularly engaging discussion at the October 2018 meeting following a presentation from Haematology leads regarding derogation from NICE guidelines. The committee handled the discussion in a professional and supportive manner but was clear on the potential risks to the Trust.

We also noted updates on NHSI undertakings on workforce and governance plans as well as an excellent update on never events from the Acting CMO. There was exemplary use of risk registers, with the CRR used on a dynamic basis throughout the meetings, and a detailed update from Clinical Governance Committee as well as detailed quality report. We were also impressed with a new and innovative exceptions report which uses Statistical Process Control analysis

With regards to development points, there is still potential for improvements in a number of areas including greater levels of insight, scrutiny and frequency of questioning from NEDs and more consistent and impactful contributions from all EDs. In addition, whilst there was good ownership of the quality and safety agenda by the CMO and CNO in the August 2018 meeting, there is scope for closer integration as the medical and nursing agenda items come across as disparate agenda items.

Similar to our commentary in section D.1 below, the volume of information presented to the committee was excessive. For example, there were 16 pages of minutes from CGC and 45 narrative heavy pages in the Quality Report plus seven detailed appendices. The Quality Report would benefit from improved signposting, use of dashboards and crisper summaries.

Finally, the meeting is too corporately focused, with no divisional representation. Linked to this point, there was also scope for improved clinical representation at the meetings.

B.1.2.2 Finance and Performance Committee

We observed the F&PC meetings on 8 August and 10 October 2018 and set-out our overall views below.

The Chair had changed between our observations but both meetings were constructive and well chaired. We noted particularly confident chairing at the October 2018 meeting and incisive and insightful NED scrutiny from certain NEDs which added impact and contributed to a more effective meeting at times. There was also a level of sophistication to the observed meetings with advanced analysis supporting a number of areas such as the medium term plan sustainability analysis. It was also positive to see some divisional participation at the F&PC, although some of the presentations and discussions could have been more structured.

We would like to have seen more consistent and wider ranging ED contributions to the meetings as not all portfolios were represented in meetings and discussion was heavily centred on the CFO. We also observed a tendency at times for some EDs to go into detail when the discussion would have benefited from other portfolios being brought into the conversation.

Similar to our commentary throughout, there is scope for streamlining the level of detail in papers as well as a need to reduce the level of detailed narrative appearing in papers. In addition, the meetings were dominated by the finance agenda with insufficient time allowed for the performance agenda. For example, performance accounted for less than 15 minutes of the October 2018 meeting, which lasted for over three hours in total. We understand though that this is not always the case in F&PC.

See R5 (Board development)

B. Governance arrangements (KLOE 4)

B.2 Divisional governance arrangements

- **The executive team, and the CEO in particular, have actively sought to engage Divisional Directors (DD) within the extended leadership team through attendance at Trust Management Executive (TME) and at private Board/seminars. This engagement has recently been extended to include an informal session with DDs prior to TME. The role of DDs in the TME and Board could be more clearly defined to ensure that the Trust gets the most out of their presence, and similarly there is potential for DDs to more actively contribute in these forums. Separately, there remains potential benefits in bringing together EDs and the wider Divisional Leadership Teams (DLTs) from each division in some form of regular senior operational forum.**
- **We have observed several areas of good practice in relation to governance and leadership at the divisional level, including ongoing refinements in relation to the operation of Divisional Management Executive (DME) meetings and performance review meetings since our 2017 review. However, we continue to have fundamental concerns regarding the lack of standardisation in governance arrangements, and reporting especially, at the divisional, directorate and CSU levels. This issue needs to be tackled as a priority, supported by the accountability and performance frameworks. These frameworks are currently under development, which is a positive step, but the initiative needs to gather pace and the Trust should ensure there is clearer executive focus on this important activity.**

B.2.1 Divisional connectivity with the corporate level

The executive team and the CEO in particular have actively sought to engage Divisional Directors within the extended leadership teams. This has included informal meetings before TME, participation in TME and attendance at private Board and seminars. This initiative is very positive in our opinion and is well received by DDs and DLTs. It is important though that there is greater clarity over the expected contribution of DDs to these forums as our observation of TME and Board was that their

participation wasn't always meaningful. This also runs the risk that DD time is not effectively utilised and that the initiative has a negative impact. In our view there is a need to include specific agenda items in these meetings for the DDs, such as upward reporting from divisions in a more structured way. Our observation is also that the DDs have a role to play in coming forward in these meetings to make a proactive contribution.

In terms of wider DLT connectivity with the corporate level, we are aware of regular cross-divisional meetings amongst professional groups. For example, divisional nursing leads meet with the CNO on a weekly basis and similarly there is a regular meeting for DMDs and other senior medics with the CMO. We also understand that a regular meeting between DGMs and the Director of Clinical Services has recently been reinstated. Furthermore, there is an opportunity for a selection of senior divisional leaders to meet with EDs as part of key forums such as the elective care and emergency care forums. In addition, DLTs regularly meet members of the executive team at monthly DPR meetings, as discussed in section C.2 below.

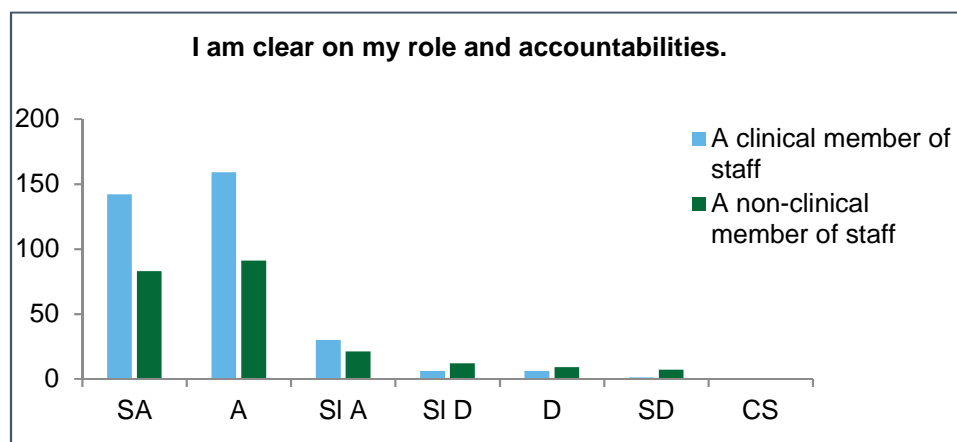
These initiatives are all positive and the level of connectivity between divisional and executive level leadership is good in our view. However, there is not a senior operational forum where multi-disciplinary teams are represented from all of the divisions. Such a senior leaders' operational forum is common practice and a critical component of a best practice governance structure. It is the most effective mechanism for considering and resolving cross-divisional issues in a timely manner. Multiple interviewees have indicated that such a forum would be beneficial to the Trust. It is important to stress though that such a forum is not a core decision-making Trust forum but rather a problems solving group which has the appropriate depth and breadth of seniority around the table to resolve issues in a timely and efficient manner.

R7: The Trust should seek to improve divisional connectivity with the corporate level by formalising the role of DDs at TME and private Board meetings and through potentially introducing a form of senior operational leaders' forum, consisting of EDs and DLTs from each division.

B. Governance arrangements (KLOE 4)

B.2.1 Divisional governance arrangements

Our 2017 review was specifically focused on divisional governance, and with the exception of the Children’s and Women’s Division being absorbed with SuWOn and NOTSC and a change in DD for CSS, most of our original conclusions remain relevant. Specifically, we note many areas of good governance including engaged leadership teams, many examples of multi-disciplinary working and generally good levels of personal and collective accountability amongst DLTs. Clarity over roles and accountabilities for all staff is also clearly captured in our staff survey below.



We also observed professionally run DMEs, DGBs and some good examples of performance review meetings at the divisional and directorate levels. In fact, we note improvement in several of these forums from previously with more structure, focus and scrutiny in some DMEs as well as a more robust approach to directorate accountability in DMEs and performance review meetings. Some DLTs reported having reflected on findings from the previous review but particularly in relation to DMEs and directorate interaction. We also note that SUON has introduced monthly performance review meetings with each directorate, with DD and CD attendance mandatory. The DMD role has also become more established in divisions than previously.

We have not observed directorate meetings as part of this review but have received reports of directorate leadership operating at a good standard through replicating the divisional model. We also understand that directorate boards are in place, with these used to run the same performance review process with CSUs. Accountability is also described as improving in certain CSUs.

The main areas where we have not observed the level of improvement that we would have anticipated is in relation to introducing a level of standardisation in practices across divisions and down through directorates. Specifically, there remains material inconsistencies in how individual divisional and directorate meetings are run in terms of style of papers, use of directorate heat maps and integrated performance reports, written and verbal reporting up by directorates (including amount of time set aside for this activity) and approach to performance review meetings. In addition, CSU level leadership and governance remains relatively under developed and there are reports of a lack of investment into CSU level leadership and as such, still a degree of inconsistency at the CSU level and scope for greater accountability. Other examples discussed under the clinical governance section below include a lack of consistency as to whether there are local quality dashboards and team meetings are highly variable, with some having them each month, while others hadn’t had one for a long time.

There is also a sense of frustration at a perceived lack of authority and autonomy for divisional and directorate leadership teams. Interviewees reported holding discussions with executives in relation to this area but have not seen any tangible impact.

The accountability and performance frameworks under development will set expectations regarding earned autonomy and help establish a level of standardisation in governance and leadership arrangement across the Trust. This initiative is a step in the right direction but we are of the view that it needs to increase its pace and there should be improved executive focus on this important initiative.

B. Governance arrangements (KLOE 4)

B.2.1 Divisional governance arrangements (continued)

R8: The Trust should consider accelerating work underway to implement the Trust wide accountability and performance frameworks and increase executive focus on this area. This recommendation should be implemented in conjunction with R11, which relates to the roll-out of a consistent suite of performance reports across the Trust.

B.3 Clinical governance arrangements

- **We observed good levels of clinical leadership and involvement but there is a need to set expectations regarding the frequency and format of clinical governance meetings for all staff and at all levels of the organisation. These arrangements should be clearly captured in the emerging accountability and performance frameworks and presented structurally within a clinical governance structure organisation chart.**
- **We observed many positive aspects to the Clinical Governance Committee, and in particular good levels of engagement from those present. However, the CMO and CNO should be formal members of CGC. Meeting discussion and accountability would also benefit from a standardised divisional clinical governance reporting template.**
- **Our discussion with staff at all levels found variable communication of learning taking place across the Trust, with limited information being driven back down through the organisation from the CGC.**
- **Our interviews with staff found a positive incident reporting culture, with all front line staff we spoke with explaining that they were actively encouraged to report incidents and near misses. However, Directorates, Divisions and the CGC should more consistently track incident closure rates and backlogs through formal reporting to ensure that any issues in this area are visible and are acted upon.**

B.3.1 Clinical governance structure

We also observed professionally run DMEs, DGBs and some good examples of performance review meetings at the divisional and directorate levels. In fact, we note improvement in several of these forums from previously with more structure, focus and scrutiny in some DMEs as well as a more robust approach to directorate accountability in DMEs and performance review meetings. Some DLTs reported having reflected on findings from the previous review but particularly in relation to DMEs and directorate interaction. We also note that SUON has introduced monthly performance review meetings with each directorate, with DD and CD attendance mandatory. The DMD role has also become more established in divisions than previously.

Our visits to front line services highlighted a high degree of variability in relation to the frequency and coverage of local ward/team meetings. In many areas, senior team meetings (for example amongst band 6 nurses) take place on a monthly basis and receive feedback from directorate clinical governance meetings. However, for lower bands and for staff working outside of the nursing or medical professions, meetings were less frequent. For example, in the emergency department staff told us that a 'multi band' meeting had not taken place since February 2018 and on a ward we visited a staff member had not attended a team meeting since the end of 2017. As a result, we find scope for the Trust to be more proactive in ensuring teams have time to discuss incidents, complaints, patient feedback and the learning identified from within their own area and other parts of the Trust.

Our visits to front line service also found variability as to whether quality metrics were being used in all services, with many staff having no or low awareness of how their ward or team was performing in relation to quality and safety. We are aware that the CNO is in the process of introducing a matron's dashboard to ward areas and observed this being used effectively in practice within Cardiology. However, this is in the process of being rolled out but we understand that the plan is to implement common quality and safety KPIs for all teams. We would anticipate these KPIs to be used at team meeting for discussion and to enable benchmarking between wards and services as a tool to drive improvement.

B. Governance arrangements (KLOE 4)

B.3.1 Clinical governance structure (continued)

Our review found directorate and divisional level governance meetings taking place regularly and these meetings are well attended, with good levels of engagement from clinical staff (including medical staff). The majority of staff we spoke with during our service visits were clear as to role played by the clinical governance forums in their directorate. We however found variability as to the frequency of directorate governance meetings, with some described as being monthly and others taking place quarterly. Given their common agenda we would expect these forums to take place at a consistent frequency across all directorates.

The Trust was unable to provide us with an organisational chart which describes the current clinical governance structures and how various elements interface with each other. We feel this would be helpful internally both as a tool for staff and also as a means of clarifying lines of reporting. Aligned to this we found duplicate reporting going to multiple forums. A clear accountability and escalation framework for clinical governance would help to highlight where this is the case and provide the Trust with a means of reducing variation.

B.3.2 Clinical Governance Committee

The Trust operates a monthly Clinical Governance Committee which is chaired by the acting CMO. We observed this meeting to be well attended by Divisional Medical Directors and governance leads, with good representation from members of the corporate nursing team. The acting CMO has chaired this meeting for some time in her capacity as the Deputy CMO, along with a former Deputy CNO. The CMO and CNO are not formally member of this committee and it would be good practice for them to be members, attend regularly and play key leadership roles in this meeting.

We observe the Clinical Governance Committee to cover a broad agenda across patient safety and clinical effectiveness and that there are high levels of engagement in its business from those in attendance. The meeting was well chaired, with good holding to account of those responsible for actions that were overdue. However, we also found a number of areas where the committee requires further improvement in order to function more effectively. In particular, there is significant scope to improve the consistency and quality of divisional reporting into CGC.

We found these divisional reports to be of poor quality, highly variable in their presentation, and often lacking a clear executive summary. This was in addition to them containing some inaccurate or conflicting data and in a number of cases presenting Trust-wide data rather than divisional data. Generally speaking the divisional reporting was not sufficiently assurance focused.

Our discussion with staff at all levels found variable communication of learning taking place across the Trust. In particular there is limited information being driven back down through the organisation from the Clinical Governance Committee to highlight key areas and opportunities for Trust-wide learning. Whilst some directorates have developed local learning newsletters which present themes and trends from incidents and complaints, this approach is variable. We also found inconsistencies in the extent to which themes and trends from incidents and complaints were being considered at the divisional level.

B.3.3 Patient safety and incident reporting

Our interviews with staff found a positive incident reporting culture, with all front line staff we spoke with explaining that they were actively encouraged to report incidents and near misses. This triangulates well with the Trust featuring in the top 25% of trusts in the NRLS data for incident reporting. Staff were also highly positive about the consistency with which they received email and verbal feedback after reporting an incident. Governance staff within each division also undertake an initial review of all incidents of moderate harm and above daily.

We did however find variability as to how robustly and routinely incidents are reviewed and closed down on the Datix system. For example, the MRC division reported in October 2018 as having 1500 open incidents on the system, with some open incidents dating as far back as 2016. Corporately a SIRI forum is in place which is chaired by the Deputy CMO (currently acting CMO), with the CNO and Director of Assurance in attendance. This meeting has a clear approach to classifying serious incidents for reporting and investigation purposes.

B. Governance arrangements (KLOE 4)

B.3.4 Clinical leadership and engagement

We observed good levels of clinical engagement with the clinical governance agenda across the activities undertaken as part of this review. We also observed clinical leadership being discharged effectively at the divisional level governance forums we observed. Aligned to this, we received positive feedback from staff during our interviews regarding the leadership and integrity of the divisional directors.

A number of those interviewed cited issues relating to lines of accountability for clinical staff and clinical leaders, and that in the past a lack of clarity in this area had led to inconsistent holding of individuals to account and some clinical leaders not assuming leadership responsibility. It is important to highlight that a number of staff did point to the fact that the issue of accountability has improved.

R9: The Trust should consider the various observations made within section B.3 regarding refinements to its clinical governance arrangements. We would specifically highlight the need for consistency in 'multi-band' team meetings and directorate governance meetings; CMO and CNO membership of CCG; standardisation of divisional clinical governance reporting; improved cascading of learnings from CCG; and more consistent tracking of incident closure rates and backlogs.

Section C

Risk & performance management (KLOE 5)

C. Risk & performance management (KLOE 5)

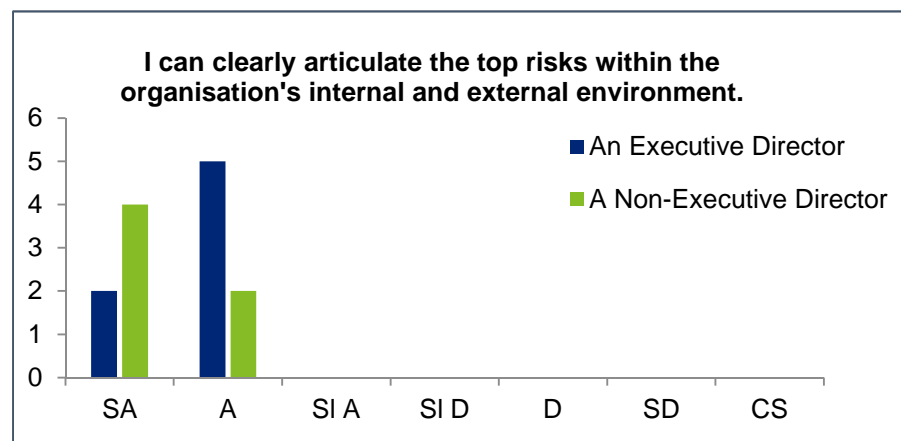
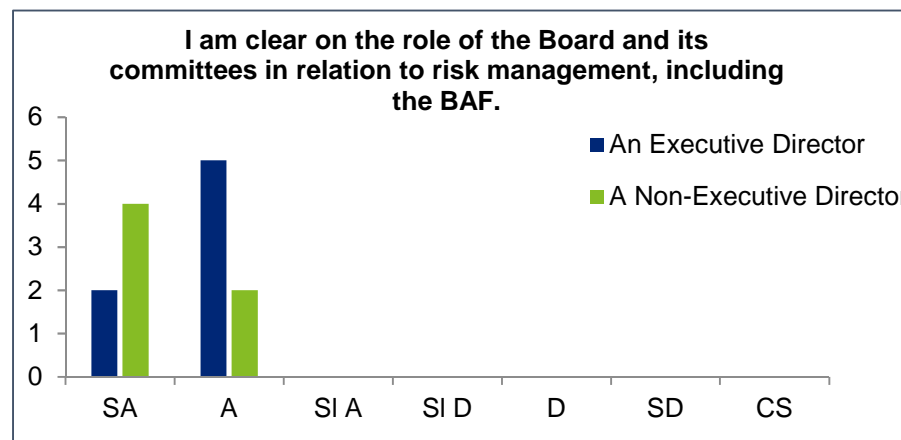
C.1 Risk management

- **The Trust has a sophisticated approach to risk management and the Board and committee approach to risk management is robust. We note potential for improving the articulation of risks across the CRR and the Trust should consider setting expectations regarding the frequency of risk reviews at all levels of the organisation. We also note the ongoing need to monitor the effectiveness of TME in overseeing risks, with a view to deciding whether a dedicated executive forum is required to oversee the CRR.**
- **We observed high levels of organisational awareness regarding the reporting and escalation of risks, and received positive feedback in relation to the support and responsiveness of risk and governance practitioners at the corporate and divisional levels. We do note however that there is potential for improvements in a number of areas, including the ongoing management of actions to mitigate risks, usability of the current risk management system, and consistency in the process for the escalation of risks from the directorate and CSU levels.**

C.1.1 Corporate risk management

We found Board and committee level arrangements and reporting in relation to risk management to be robust, with the committees receiving regular reporting, including consistent presentation of the Board Assurance Framework (BAF) and Corporate Risk Register (CRR). This reporting incorporates many aspects of good practice including use of heat maps to present the risk profile of the organisation, trend indication and target scores on the CRR report, and effective use of executive summaries to highlight key changes and movement on the BAF and CRR. We found scope for improvement in relation to the risk descriptions in the CRR, divisional risk register and BAF, as in a number of instances these are unclear and do not assist the reader to understand what the risk is (for example risk 4.11 "aspects of medicine management identified as needing improvement").

The Board has held a series of workshops on risk to refresh the organisation's risk appetite and to review the risk management strategy, including a workshop to review the BAF and CRR in November 2017. Our observation of the Board and committees found them to make effective and meaningful use of the BAF and CRR to drive debate and provide assurance. This is also borne out through our interviews and Board survey, which found high levels of clarity as to the role of the Board and committees in relation to risk management.



C. Risk & performance management (KLOE 5)

C.1.1 Corporate risk management (continued)

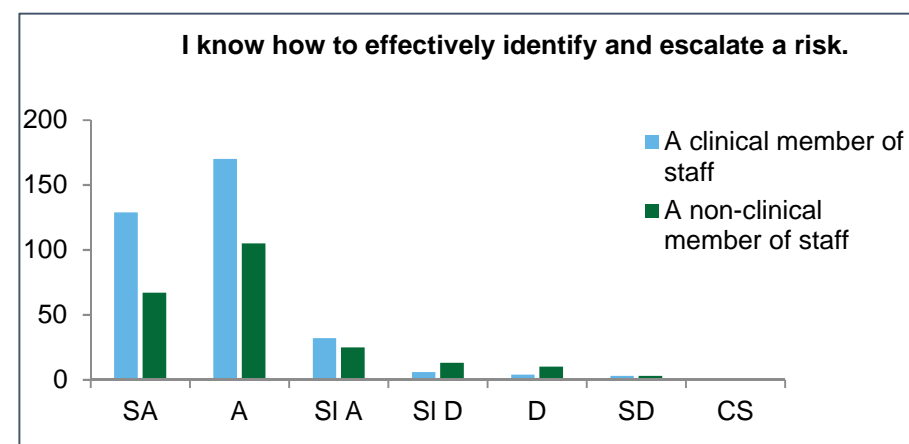
The Trust's Risk Management Strategy (RMS) is updated on an annual basis, with the most recent update going to TEC and the Trust Board in November 2018. The Trust also has a Risk Management Toolkit, which complements the RMS, although we note that the Toolkit has not been updated since January 2016. The Toolkit is due for its scheduled three yearly update in January 2019, although we would suggest annual updates in-line with the RMS.

The RMS reflects much of the current process in place, with risk registers regularly reviewed at divisional, directorate and CSU level as standing items on agendas at each of these levels. There is however some inconsistency as to the frequency of this review, with some directorates and divisions undertaking this monthly and others quarterly. We would expect this to be standardised across the Trust. Similarly we would expect regular review of the CRR by a dedicated executive level group. Although TME periodically receives the BAF and CRR throughout the year, with an excellent supporting summary highlighting changes, there may be a need for a greater rhythm to the consideration and review of corporate risks. A number of organisations have established an executive chaired risk management committee to undertake this task.

C.1.2 Organisational risk management

We received positive feedback regarding the supportiveness and responsiveness of divisional and corporate risk and governance practitioners as a source of advice and guidance in relation to risk management. This is aligned to good awareness amongst staff we interviewed regarding how to report and escalate a risk through the Trust's governance structures. This point is also demonstrated in our staff survey results below.

However, a number of staff reported issues relating to the action taken in response to risks once they had been identified and escalated, with a general view expressed that whilst the Trust is good at identifying and reporting risks, it is less good at determining and implementing actions in response. This triangulates with our own observation of divisional and directorate meetings where, whilst risk registers were considered, discussion tended to focus on the review of risks rather than the actions to mitigate.



Whilst we found good examples of escalation of risk up through the structure to divisional and Trust level, risk scoring is not currently being used consistently as one of the triggers for escalation. For example, whilst the Risk Management Toolkit stipulates that a risk scoring 15 and above should automatically be escalated to a divisional agenda, this is not happening consistently in practice suggesting the need to provide ongoing support and training at the directorate and CSU levels.

Staff frequently complained about the usability of the current risk management system in use at the Trust, with some citing instances of using excel spreadsheets to maintain their risk registers, which is not good practice. More generally, feedback from staff described the system as clunky, and in particular staff expressed concern that they were unable to identify what had changed on the risk register or who had made changes using the current system.

R10: The Trust should consider the various observations made within section C.1 regarding refinements to its risk management arrangements. We would specifically highlight the need to ensure that all risks are described consistently and present a clearer articulation of the risk identified; and that there is greater consistency in practices across the Trust, including frequency of reviewing risk registers, implementation of actions and escalation of risks.

C. Risk & performance management (KLOE 5)

[C.2 Performance management](#)

- **The Trust has re-introduced monthly and quarterly Divisional Performance Review meetings since the time of our 2017 review. This is viewed as a positive development by a range of DLTs and EDs. However, it is widely recognised that the maturity of these meetings remains relatively low and will require material ongoing development. Our observation is that the quality and focus of information is not at the requisite standard to service and guide the meetings and that there is a need for EDs to take a more collegiate approach in relation to preparation for and participation in these meetings. In addition, there is insufficient focus on quality metrics and a lack of active clinical ED participation in these meetings. It is critical that the emerging accountability and performance frameworks provide sufficient guidance to the functioning of these meetings and that the ED approach to DPRs is incorporated in the executive team development programme.**
- **We did not observe directorate level performance reviews as part of this review but understand that divisions are holding monthly directorate performance review meetings with individual directorates which is a positive aspect of governance at the Trust.**

The Trust has held Divisional Performance Review (DPR) meetings in the past, but these were not in place at the time of our 2017 review. At that time, the CFO had initiated a finance focused performance review format where monthly review meetings were held with individual DLTs to discuss performance and the Director of Clinical Services chaired a regular performance review meeting focused on RTT. We concluded that the Trust was a significant outlier given the absence of a formal executive performance review meeting and advised that these meetings should be reinstated as a priority. We specifically recommended that the reinstated meetings should require substantial executive attendance, cover the range of access, finance, quality and workforce metrics, and provide the right balance between holding to account and support for divisions.

We understand that monthly DPRs were subsequently expanded to cover the operational performance and quality agendas. In addition, a quarterly review meeting, chaired by the CEO, was introduced earlier in 2018. The quarterly review meeting is intended to take a more strategic perspective on divisional performance, successes and challenges. The overall consensus from interviewees is that the introduction of multi-domain DPRs is a positive step but that it is still early days and that a period of time will be required before the meetings are operating effectively. This is particularly the case for the quarterly meetings as they are still maturing having only been held three times since their introduction. DLTs have indicated though that there have been ongoing improvements to the monthly meetings which has in part improved their effectiveness.

We have observed a number of monthly DPRs as part of this review and would concur that DPRs are going through a transitional period. In terms of strengths, we observed some good examples of multi-disciplinary working from DLTs and a willingness to engage in robust debate with EDs. We also noted some impactful debate in relation to the finance agenda across DPRs, and to a lesser extent the operational performance agenda, with good contributions from the CFO and Acting Director of Clinical Services. This dynamic is invariably influenced by the fact that the finance-focused review meetings have been running for a longer period of time, although we have also been informed that there is often a more balanced agenda in monthly DPRs. In addition, we have been informed that the CEO has been clear on expectations and accountability in the quarterly meetings he has attended.

C. Risk & performance management (KLOE 5)

[C.2 Performance management \(continued\)](#)

We are of the view that there are a number of areas for ongoing improvements to DPRs. This includes the need for a more structured approach to meetings as the discussion often appeared disjointed, not helped by the fact that the information presented could have been more focused and exception based. For example, there was not a divisional specific IPR for all meetings and it was occasionally unclear to us what information EDs were using to inform questions and debate. We discuss reporting and the need for improvement in IPR further in section D.1. We also noted that the executive team did not always come across as fully coherent in these meetings and often gave the impression that there had been limited preparation for the meeting and that the team had not discussed the key areas of focus prior to the DPRs. EDs also came across at times as being somewhat disengaged from the meeting. This is clearly an area for future focus and the executive development programme should include a module which specifically considers the ED approach to DPRs. We would also highlight that the quality agenda does not feature prominently enough in DPRs, with a lack of quality metrics and participation from clinical EDs.

We did not observe directorate level performance reviews as part of this review but understand that divisions are holding monthly directorate performance review meetings with individual directorates which is a positive aspect of governance at the Trust.

Similar to our commentary in other parts of this report, we would expect the emerging accountability and frameworks to play a role in introducing increased structure and guidance in relation to performance reviews at the corporate level as well as ultimately at divisional, directorate and CSU level.

See R1 (Executive team development)

See R8 (Accountability and performance frameworks)

See R11 (Performance reporting)

Section D

Information & data quality (KLOE 6)

D. Information & data quality (KLOE 6)

D.1 Reporting

- **There is a comprehensive set of reports used across various levels of the Trust, from Board level through to the CSU level. Our overall conclusion is that there is significant scope to refresh and refine the Trust approach to reporting at all levels of the organisation. A material and recurring theme across the reports we reviewed is that reports are overly detailed, narrative heavy and need to focus on exceptional matters. Furthermore, reports would benefit from shifting the emphasis from 'what has happened' to 'what is being done', to include greater focus on action planning and monitoring as well as a more forward looking perspective more generally.**
- **We also note a significant level of duplication across reporting, with the same reports appearing in multiple meetings. In addition, the Integrated Performance Report is not appropriately integrated, with a heavy bias towards operational and financial performance. There is also a level of fragmentation in reporting, particularly in relation to the presentation of nursing and medical reports as part of the quality agenda and the presentation of workforce data, which is spread across several disparate reports. Lastly, there are widespread inconsistencies in the use of divisional and directorate reporting, as discussed further in section B.2.**

D.1.1 Over-arching reporting trends and findings

We found elements of good practice in reporting in certain areas of the Trust, but our review of reporting at all levels from Board to CSU level generally found significant scope to refresh and refine the approach to reporting. We include specific commentary in subsequent sections, but there are a number of common findings across reporting, which we set-out below.

Conciseness of reporting - There is a tendency to include excessive detail in narrative based reports at all levels of the Trust, and a need to strip-back and rationalise reporting across the organisation. For example, in some cases, reporting packs stretched to over 400 pages. Coupled

with this point, there is a need for more consistent use of exception based reporting at all levels.

Action based, forward looking reporting - The current approach to reporting leans towards describing 'what has happened', with less emphasis on the critical issues and 'what is being done as a result'. Linked to the point above, there is scope for reporting to shift its focus from recent historic performance to a more forward looking approach.

Integrated reporting - The IPR is predominantly focused on operational performance, with separate reports presented in relation to quality and financial performance and limited presentation of workforce data. An improved IPR would provide the basis from which the Trust wide approach to performance reporting could be improved.

Workforce reporting fragmented – More generally, the reporting of workforce data is fragmented throughout the Trust, with a need to have more a more consolidated and consistent approach to the presentation of workforce metrics.

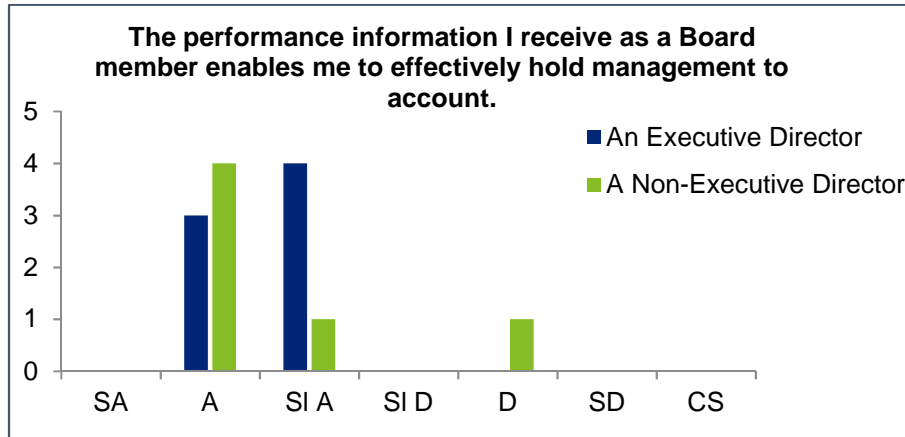
Duplication of reporting – the same reports are appearing across multiple meetings without customisation of the volume of content to match the particular audience the information is being presented to. For example, identical finance reports are presented to the Trust Board, F&PC and TME, whilst the same Quality Report is received by the Clinical Governance Committee (CGC), Quality Committee (QC) and Trust Board.

Inconsistencies in divisional and directorate reporting – a number of examples of good practice at the divisional and directorate levels but a significant level of variation in styles of reporting that would benefit from standardisation. For example, inconsistent use of heat maps, IPRs and variations in the way in which directorates report into divisional management meetings.

The results of our Board survey highlights Board awareness regarding the effectiveness of the performance information received by the Board, with a tendency towards the disagree end of the spectrum. Although we would have anticipated a more skewed result given the conclusions from our review of reporting.

D. Information & data quality (KLOE 6)

D.1.1 Over-arching reporting trends and findings (continued)



D.1.2 Domain specific commentary

D.1.2.1 Financial reporting

Finance reporting

We note that the Trust receives a dedicated finance report within each public session, with the reporting demonstrating elements of good practice, such as:

- The transparency of reporting is good, particularly with regards to the use of contingencies and presentation of the underlying position;
- This clarity on the underlying run-rate and position is further supported by the Trust's focus on EBITDA (earnings before interest, tax, depreciation and amortisation) as a key performance metric, as opposed to an approach that solely focuses on the control total and reported positions. This focus extends to the divisional level, with a good degree of detail included to provide an understanding of divisional run-rate and areas of significant challenge; and
- Positive reporting in relation to cash-flow, with a combination of rolling

forecasts and exception reporting used to report the position and the key drivers impacting cash levels.

However, our review also found scope for further development. In particular, we noted that:

- There is a need for a refreshed format and style to more clearly extract key messages, exceptions and mitigating actions. In line with the over-arching findings, the Trust's finance report is heavily narrative based and descriptive;
- The descriptive nature of the report is also largely historic in its focus and core financial reporting would benefit from greater consideration of forecast positions. We do note recent, specific reporting to F&PC in relation to Full Year forecasts;
- The same finance report is presented to the Trust Board, F&PC and TME and we would expect to see a pyramid structure to reporting where the information becomes more focused as it moves up the organisation; and
- Coverage of the finance report could be extended to provide forums with a greater update of CIP and efficiency schemes progress.

D. Information & data quality (KLOE 6)

D.1.2 Domain specific commentary (continued)

D.1.2.2 Quality reporting

The Trust has a range of reporting in place in relation to quality, safety and clinical governance matters. The core of this agenda is reported via the Board Quality Report, which is received by the CGC, QC and Trust Board. In addition to the Board Quality Report, further subject specific reports are also covered in relation to matters such as serious incidents and infection prevention and control. We have reviewed a range of quality focused reporting, noting the following areas of good practice:

- Good use of an up-front dashboard to summarise recent performance across a range of quality metrics, with any performance hotspots covered in further detail in subsequent exception reporting snapshots;
- Clear reference and progress reporting in relation to the Trust's quality priorities, with this comparing favourably to other organisations;
- Examples of clear and concise reporting in relation to recent incidents and root cause analysis (RCA) outcomes. In particular, we note the snapshot reporting to the QC in relation to RCA investigations and the associated actions;
- A number of constructive deep-dive reports to aid the committee's understanding of critical issues, such as the analysis of 12 hour breaches from a quality/safety perspective; and
- Certain examples where the reporting extracts learning from recent trends or reviews. For example, recent QC reporting highlighted learning from divisional mortality reviews, with a good degree of detail included.

However, our review also noted a number of areas where the Board Quality Report could be further improved, including:

- The snapshot reporting for dashboard exceptions is inconsistently applied. The snapshots provide helpful context with regards to recent performance in their respective areas. However, there is little

indication of the level of risk associated with this performance and what mitigating actions are being taken to manage this risk;

- The report is currently split between 'medical' and 'nursing' quality matters, with the current approach reinforcing traditional silos between the professional groups. Furthermore, 'nursing' metrics appear towards the back of a lengthy report and, as a result, it can take a significant amount of time before key metrics such as pressure ulcers or falls are considered;
- There are examples of learning being extracted and highlighted. However, this is not consistent throughout the report and there is a need for points of learning to be more explicitly highlighted. Such reporting is in place in the form of the Never Event Improvement Plan, but there is a need for a more continuous learning approach;
- The above finding is particularly the case in relation to QC serious incident reporting, whereby the format would benefit from greater focus on actions and learning taken. The report provides good quality, descriptive information but is less clear on what is being done in response; and
- As with other areas of reporting and in line with over-arching feedback in this report, the Board Quality Report and other quality focused reporting are dense and there is a risk that the level of detail could mask key performance issues. Despite the up-front dashboard, the subsequent reporting does not consistently highlight the key issues and what actions are being implemented in response.

D. Information & data quality (KLOE 6)

D.1.2 Domain specific commentary (continued)

D.1.2.3 Workforce reporting

A range of workforce data is presented at Trust Board and committee level, including through the IPR and Board Quality Report, with a dedicated Workforce Committee in place to provide detailed review. We also recognise the workforce planning updates reported to F&PC, with some useful information provided in relation to the Trust's workforce context and a comparison with the national and local picture. In addition, divisional level workforce hotspot information is a helpful tool for guiding subsequent discussion.

However, the approach to workforce information is disjointed and given the scale and urgency of the workforce challenge facing the Trust, we would expect workforce reporting to receive much greater attention at Board level in particular. We note the specific workforce improvement plan currently being developed in light of NHSI's Enforcement Undertakings and this provides an opportunity to re-focus the way workforce matters are considered at Board level.

D.1.2.4 TME reporting

Performance reporting to TME is largely in line with that received at assurance committees and Trust Board, with the Board Quality Report, Finance Report and IPR all presented at these meetings. In addition to these core performance reports, TME also receives ad hoc / exceptional updates on matters such as improvement plans and significant business cases. The TME agenda is heavy and there is scope to consolidate reporting going to TME to promote greater focus on matters of exception across the agenda.

Linked to the above, our observations also noted significant time used for verbal updates in relation to NHSI Improvement Plans. It is important that these plans and their progress gets sufficient coverage at this forum, particular given the opportunity it represents for cross-organisation and cross-divisional interaction.

R11: The Trust should fundamentally revisit its approach to

reporting throughout the organisation to promote a more integrated, focused, consistent, less fragmented and streamlined format of reporting at all levels of the organisation. The IPR used at Board committee level should be used as the 'anchor point' from which to design, develop and ultimately role out a consistent suite of reports across the Trust.

D.1.2.5 Divisional and directorate reporting

see section B.2 above.

D.2 Data Quality and Information Governance

- **The digital and information portfolio has lacked sufficient executive leadership and attention in recent months, due to changes in personnel. There is a need for the Board to introduce greater pace in relation to the implementation of the Trust's digital strategy, and to ensure appropriate resourcing is in place to deliver it.**
- **Interviewees were clear that the Trust does not suffer from a lack of data, but that it cannot consistently convert the data it has into useful and insightful information/analysis from which decisions can be taken. Of particular note for some interviewees is the challenge faced accessing or obtaining data at the CSU level.**
- **We also note a number of areas for enhancing the Data Quality and Information Governance framework, including updating the Data Quality Strategy to ensure that it includes a range of SMART objectives/aims, introducing an ongoing programme of DQ training, and strengthening clinical engagement at the Information Governance and Data Quality Group (IGDQ Group).**

D. Information & data quality (KLOE 6)

D.2.1 Digital leadership

It has been acknowledged by interviewees that the digital and information portfolio has lacked sufficient substantive ED leadership and attention over the last several months, with the departure of the Chief Information & Digital Officer (CIDO), and the temporary realignment of this portfolio to the Acting DCS. In addition, a number of operational leaders have reported that there are different teams within this portfolio and variation in approaches which creates potential for responsibilities and areas of focus to be more clearly defined.

Several interviewees have also indicated a perception that the digital and information agenda needs to gather pace at the Trust, if it is to capitalise on and unlock the benefits of Global Digital Exemplar status and associated funding.

We understand that an analytics review was recently undertaken, under the leadership of the Director of Improvement and Culture. It is unclear to us what the outcome of this review was and certain interviewees have also indicated that they are unclear regarding the outputs from this piece of work. There was awareness relating to the establishment of a separate analytics team, though this was based on third hand information. The purpose and role of this team compared to other departments related to the information, data and digital portfolios was unclear. Linked to this point, certain interviewees also reported challenging resource constraints within relevant information teams, with the combination of low resource and lack of leadership being seen to impact on morale. We acknowledge though that resourcing constraints in this areas is consistent with general resourcing constraints across the Trust and the NHS more generally.

See R2 (appointment of an ED for digital transformation)

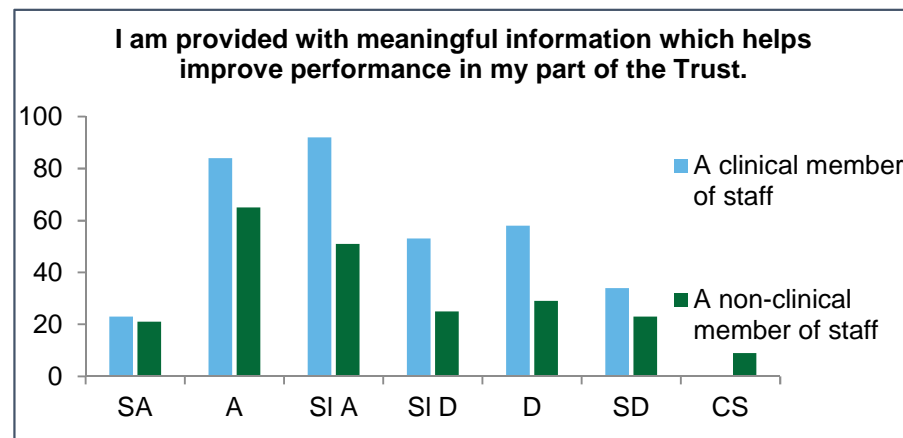
D.2.2 Systems and access to information

A number of interviewees highlighted continued frustration with the Trust's systems and information, referencing the number of systems in place and the challenges faced when working across them. As with our 2017 review, interviewees were clear that the Trust does not suffer from a lack of data, but that it cannot consistently convert the data in a timely

manner into useful and insightful information/analysis from which decisions can be taken. Furthermore, certain interviewees reported continued concerns with information quality, which can impact on the extent to which meaningful discussions can be had and actions agreed.

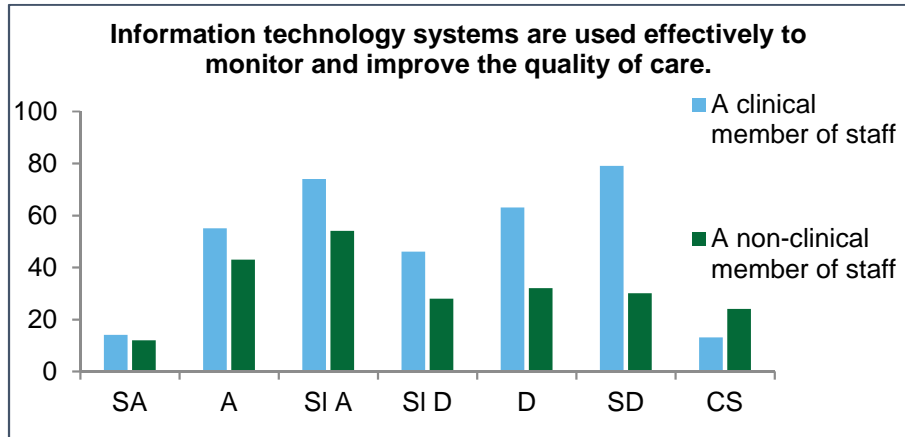
Of particular note for some interviewees is the challenge faced accessing or obtaining data at CSU level, with this often only available down to directorate level. We are aware of the Trust's long-term aims to drive local, CSU-level accountability but this remains some way off at this stage. For example, ongoing work is required to ensure that the data hierarchy is fully mapped to the CSU structure to facilitate consistent CSU specific reporting across all domains.

Staff sentiment towards the availability of good information was captured in interviews and responses to our survey, with several members of staff expressing concerns regarding the 'usefulness' of available information. Our survey below highlights a level of disagreement regarding how meaningful information provided can be in improving performance and the effectiveness of information technology systems in monitoring and improving the quality of care.

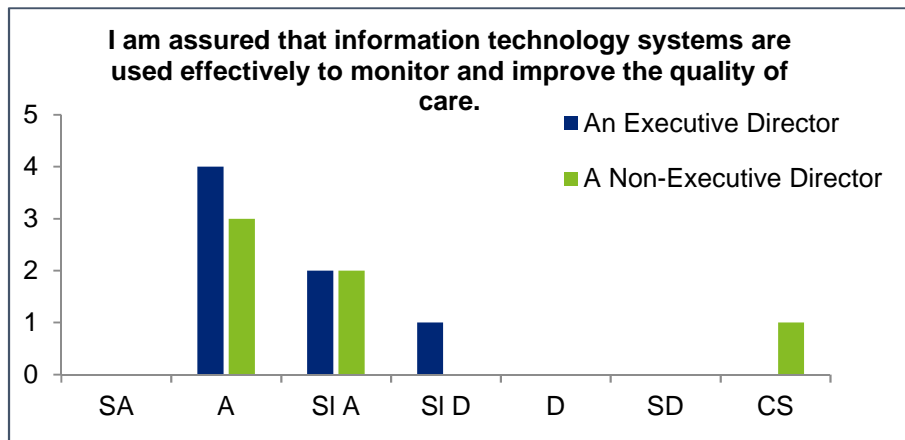


D. Information & data quality (KLOE 6)

D.2.2 Systems and access to information (continued)

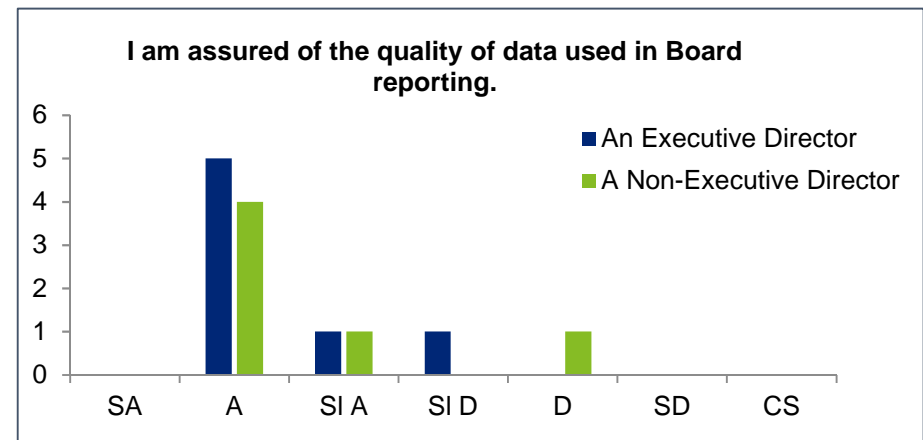


Board views regarding how effectively information technology is used to monitor and improve the quality of care were mixed, though the majority tended towards the agree end of the spectrum. It would be a useful exercise for the Board to consider the reasons for discrepancies between Board member responses to this question and staff member responses.



D.2.3 Data Quality and Integrated Governance framework

The Trust has a number of formal arrangements in place in relation to data quality and information governance. There is a dedicated data quality strategy and policy in place, in addition to a broader information governance framework. All documents have been recently reviewed and establish the respective responsibilities and requirements, with a bi-monthly Information Governance and Data Quality Group (IGDQ Group) in place to monitor progress. In addition, Board members were broadly positive regarding the quality of data used in Board reports, as outlined in our Board survey below.



Our review of the data quality strategy found that it lacks supporting detail and does not outline key objectives, aims or steps to be taken. It is largely descriptive in nature, outlining the various elements of data quality rather than what steps will be taken to achieve consistently strong performance across these areas.

We recognise the inclusion of DQ and IG training opportunities and requirements, with IG training a particularly important component of the former IG Toolkit and newly introduced Data and Security Assessment Toolkit.

D. Information & data quality (KLOE 6)

D.2.3 Data Quality and Integrated Governance framework (continued)

With regards to the IGDQ Group, our review found that the associated terms of reference cover the expected areas for this portfolio. The terms also establish broad membership requirements, with this mandating attendance from the lead ED and from DGMs. However, although the Trust has a Chief Clinical Information Officer (CCIO) in place, with positive feedback from interviewees about this individual and their role, there is scope for broader clinical engagement at the IGDQ Group. In their current format, the terms of reference only require attendance from the CCIO and Caldicott Guardian (who is also a clinician by background) and we would advise that the meetings would benefit from further clinical involvement in this agenda.

R12: The Trust should consider the various observations made within section D.2 regarding refinements to information governance and data quality. We would specifically highlight potential for improving communications around implementation plans for the digital strategy; a need to place increased emphasis on improving access to information at the CSU level; and strengthening clinical engagement at the IGDQ Group.

Appendix 1:

Summary of recommendations

Appendix 1: Summary of recommendations

Ref.	Section	Recommendation	Priority grading
R1	A.1	The CEO should reflect on ongoing actions and behaviours aimed at promoting team building and influencing multi-disciplinary executive working, with a view to adding additional activities, formal and informal, aimed at complementing the Affina executive development programme.	MEDIUM
R2	A.1	The CEO should consider the appointment to dedicated ED level positions for workforce and digital transformation, as well as the appointment of a substantive COO. In addition, consideration should be given to strengthening Director/Deputy ED level capacity in estates, commercials and partnership working (although this could be aligned to a new ED portfolio, for example with the digital transformation ED role). This process could be aligned to the development of an explicit succession plan for all ED positions.	HIGH
R3	A.1	The Board should consider developing an engagement plan aimed at improving perceptions regarding the level of organisational engagement and visibility. This should consider actions to improve physical presence as well as refinements to the Trust approach to digital media and corporate communications. This process could be aided by the CEO and others meeting a small number of peer organisations, where there are high levels of organisational visibility. We would be happy to facilitate this process.	HIGH
R4	A.2	The Council of Governors should consider, in consultation with the Chair, the possibility of using the current two NED vacancies to add recent and relevant NED skills and experience in workforce and digital transformation.	HIGH
R5	A.3	The Chair should oversee the design and commence the early stages of implementation of a structured Board development programme aimed at improving Board impact and effectiveness. This should reflect the development areas identified throughout this report, including those related to increasing Board impact and improving the effectiveness of NED and ED contributions to Board committees.	HIGH
R6	B.1	The Trust should more closely align its committee structure with its strategic priorities, potentially to include a non-executive led Workforce Committee and a Digital and Information Committee which meets on an as required basis. It should also consider streamlining and re-formatting committee updates to ensure that they are structured around the key risks and actions.	HIGH
R7	B.2	The Trust should seek to improve divisional connectivity with the corporate level by formalising the role of DDs at TME and private Board meetings and through potentially introducing a form of senior operational leaders' forum, consisting of EDs and DLTs from each division.	MEDIUM

Appendix 1: Summary of recommendations (continued)

Ref.	Section	Recommendation	Priority grading
R8	B.2	The Trust should consider accelerating work underway to implement the Trust wide accountability and performance frameworks and increase executive focus on this area. This recommendation should be implemented in conjunction with R11, which relates to the roll-out of a consistent suite of performance reports across the Trust.	HIGH
R9	B.3	The Trust should consider the various observations made within section B.3 regarding refinements to its clinical governance arrangements. We would specifically highlight the need for consistency in 'multi-band' team meetings and directorate governance meetings; CMO and CNO membership of CCG; standardisation of divisional clinical governance reporting; improved cascading of learnings from CCG; and more consistent tracking of incident closure rates and backlogs.	MEDIUM
R10	C.1	The Trust should consider the various observations made within section C.1 regarding refinements to its risk management arrangements. We would specifically highlight the need to ensure that all risks are described consistently and present a clearer articulation of the risk identified; and that there is greater consistency in practices across the Trust, including frequency of reviewing risk registers, implementation of actions and escalation of risks.	MEDIUM
R11	D.1	The Trust should fundamentally revisit its approach to reporting throughout the organisation to promote a more integrated, focused, consistent, less fragmented and streamlined format of reporting at all levels of the organisation. The IPR used at Board committee level should be used as the 'anchor point' from which to design, develop and ultimately role out a consistent suite of reports across the Trust.	HIGH
R12	D.2	The Trust should consider the various observations made within section D.2 regarding refinements to information governance and data quality. We would specifically highlight potential for improving communications around implementation plans for the digital strategy; a need to place increased emphasis on improving access to information at the CSU level; and strengthening clinical engagement at the IGDQ Group.	MEDIUM



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