

## Independent 360 Degree Assessment of NHS Sheffield CCG

Governing Body meeting

7 March 2018

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<b>Purpose of Paper</b>	
For the Governing Body to note the information provided and approve the outline plan to engage staff and partners on developing an improvement plan for approval at May's governing body meeting.	
<b>Key Issues</b>	
<p>In November, 2018 NHS England commissioned an independent assessment of NHS Sheffield CCG's leadership and culture as part of their role as our regulator.</p> <p>All CCG staff, CCG governing body members, and senior managers from partner organisations were offered the opportunity to speak to the assessor either face to face or over the phone during November, December and January.</p> <p>The report recognised the CCG has 'a great number of strengths' and also areas for improvement.</p> <p>We have taken the report seriously. We accept the findings and recognise we need to do more, and are committed to tackling all the issues.</p>	
<b>Is your report for Approval / Consideration / Noting</b>	
For noting and approval.	
<b>Recommendations / Action Required by Governing Body</b>	
The Governing Body is asked to note the information provided and approve the outline plan to engage staff and partners on developing an improvement plan for approval at May's Governing Body meeting.	
<b>Which of the CCG's objectives does this paper support?</b>	
<p><b><i>Which of the CCG's objectives does this paper support?</i></b></p> <p>5. Organisational development to ensure the CCG can achieve its aims and objectives and meet national requirements.</p> <p>Principal risk 5.5 Insufficient workforce, talent management and succession planning could lead to inability to deliver organisational objectives and priorities.</p>	

**Are there any Resource Implications (including Financial, Staffing etc)?**

Not for this paper but there will be staffing resource to engage staff and partners and to develop and implement the plan.

**Have you carried out an Equality Impact Assessment and is it attached?**

Not required for this paper.

**Have you involved patients, carers and the public in the preparation of the report?**

Not required for this paper.

## **Independent 360 Degree Assessment of NHS Sheffield CCG**

### **Governing Body meeting**

**7 March 2019**

#### **1. Background**

In November, 2018 NHS England commissioned an independent assessment of NHS Sheffield CCG's leadership and culture as part of their role as our regulator.

They asked Denise McLellan a former NHS chief executive from the West Midlands to carry out the assessment as someone who is independent to the organisation and to the Sheffield.

Sheffield CCG governing body members received the report in February.

Denise McLellan's full report (written in the format of a 24 page presentation) is shown in Appendix A.

#### **2. The assessment**

All CCG staff, CCG governing body members, and senior managers from partner organisations were offered the opportunity to speak to Denise either face to face or over the phone during November, December and January.

During this period, Denise spoke to 87 people: 51 CCG staff (15% of staff), all governing body members, senior managers in partner organisations and Healthwatch Sheffield. Patients were not interviewed.

#### **3. The findings**

The report recognised the CCG has 'a great number of strengths'. This included being rated as "good" in 2018 by NHS England for the second year running as part of an annual assessment known as the Improvement Assessment Framework. The assessor notes this is "an achievement in the current NHS context".

The positive findings of the report include:

- CCG staff are committed.
- The CCG has a range of plans to transform services.
- Governing body is committed to improving outcomes for local people but members are not always visible to staff.
- Our mental health strategy and planning is well integrated.
- CCG is making good progress as a system in reducing the number of delays in transferring medically fit patients from hospital was highlighted.
- CCG has a good range of initiatives to improve staff health and wellbeing - these were well received by staff.
- Deputy directors and clinical directors have been well developed and feel empowered to deliver change.
- In general, relationships with statutory partners are good.

The assessor made recommendations on areas of improvement for the CCG to make around culture, leadership and values. These findings are:

#### Leadership

- Need for a more proactive, strategic narrative on the role and priorities of the CCG linked to Sheffield Accountable Care Partnership (ACP) and South Yorkshire and Bassetlaw Integrated Care System (ICS).
- Delivery of strategy is not always evident to partners, particularly on community and primary care.
- Clearer decision making structures are needed, particularly around role of ICS and ACP.
- There were issues around the HR team being part of quality team (cited in the report as the 'nursing directorate').
- Some long-standing issues with continuing healthcare processes and recommended need to engage families in receipt of CHC funding.
- Need for a stronger voice for children and young people on governing body.
- The role of clinical directors isn't fully realised.
- Visibility of governing body members to staff

#### Values and culture

- Behaviours of leaders did not always live and breathe CCG's values, as some people were affected by the ongoing HR investigation
- Some staff didn't feel supported by senior managers particularly around underperformance or handling of bullying cases.
- Some staff felt career opportunities weren't always fairly offered.

Although we're disappointed with some of the findings of the report and we accept them and recognise we need to do more.

As a CCG, we have been open about our challenges. Up and down the country, the NHS is under a lot of pressure. Nationally there's concern about funding, staffing, increasing inequalities and pressures from a growing and ill population. Sheffield CCG is no exception.

Over the last 18 months, we have had a number of new executive directors and governing body members at a time of big pressures and working more in partnership as part of ICS and ACP. These many competing priorities and big challenges have stretched the capacity of the CCG's senior leaders.

#### **4. Action taken since November**

We have taken the report seriously. We accept the findings and recognise we need to do more, and are committed to tackling all the issues.

Progress has been made since the assessment includes.

- We have been open and transparent with staff, and have actively engaged staff on areas of improvement sharing they key findings to proactively seek their views.
- Started to engage stakeholders on our narrative.

- Held workshops to progress joint commissioning arrangements with the council. This is ambitious programme of work to improve the integration of health and social care for Sheffield people.
- The HR team is now part of the accountable officer's team, a corporate directorate.
- Our draft annual plan is better aligned to Shaping Sheffield plan, the overall health and care plan for the city. This helps show how we will deliver our bit of this significant plan.
- Widely promoted our Freedom to Speak Up: Raising Concerns (Whistleblowing) policy. The purpose of the policy is to support employees in their right and duty to raise concerns safely, at the earliest opportunity and in the right way.
- Appointed a deputy chief nurse and a new senior manager in the CHC team who will both provide senior strategic leadership.

Before Denise carried out her review, we worked hard to improve how people can raise issues for improvement or issues that might be concerning staff. This included holding confidential drop-sessions with trade unions.

The national staff survey which was carried out from September to December shows that staff morale, the CCG acting fairly in terms of career progression and promotion, and the number of staff recommending the CCG as a place to work are higher than national average for CCGs. The full results are shown in paper D.

## **5. Developing an improvement plan**

We will develop an improvement plan to systematically address all the issues in the report.

This will be a comprehensive and inclusive plan covering all areas for improvement. These will be triangulated from the 360 independent assessment, the latest staff survey, communications survey, and the drop-in sessions with staff side. This will be presented to governing body in May.

We are keen to develop a plan that represents the views of all our staff. We will engage staff on this in special workshops in March, working in partnership with the CCG's staff forum.

A key part of the plan will be around the development of a staff engagement framework and strategic advice on the development and delivery of the future people and OD (organisation development) strategy. This will include a review of the approach to current policies and procedures and impact of existing interventions in the context of the independent review, staff survey results and other feedback from staff and to understand degree of alignment with other organisational strategies.

## **6. Recommendations**

For the Governing Body to note the information provided and approve the outline plan to engage staff and partners on developing an improvement plan for approval at May's governing body meeting.

# Independent 360 Degree Assessment of the Culture, Values and Leadership of Sheffield Clinical Commissioning Group

Commissioned by NHS England in November 2018

Report prepared in January 2019

Assessor: Denise McLellan

# Background

- This Report was commissioned by NHS England in November 2018 to provide an opportunity for senior leaders and interested parties within the Clinical Commissioning Group (CCG) and across the City to offer their views on the culture, values and leadership of Sheffield CCG.
- Such an assessment is part of NHS E's responsibility as the CCG's regulator.
- The independent assessment was undertaken by Denise McLellan, a former NHS Chief Executive with no known local connections.
- NHSE expects Sheffield CCG Governing Body to review the assessment and to prepare and subsequently agree an improvement plan to address any issues identified. Regular reports should be made to the Governing Body and NHSE in relation to progress. The improvement plan should include details of how the report and the improvement plan will be communicated to staff and stakeholders within Sheffield.

# Process

- NHSE wrote to a wide range of individuals in November 2018 inviting them to participate. This list included all staff, CCG Governing Body members, senior staff at local NHS bodies, the Council and Healthwatch.
- The assessor undertook face to face or telephone interviews as well as receiving written comments. Interviews were offered on neutral premises.
- Participants were assured of confidentiality; comments were non attributable.
- 87 individuals were interviewed – 51 CCG staff from all levels, all Governing Body members, 15 senior officers in statutory partners, some former staff and a third sector body.
- No service visits nor independent analysis of data were undertaken. No patients were interviewed.
- Emerging themes were triangulated, then tested with senior CCG staff, before the report was submitted to NHSE.

# Context

- Sheffield CCG is large, serving a population of 601,000, with 82 GP practices and a budget of £848m p.a.
- It is coterminous with Sheffield City Council and with three well regarded NHS Foundation Trusts locally, as well as an innovative primary care organisation.
- Most practices have good Care Quality Commission ratings.
- The CCG is part of the innovative South Yorkshire and Bassetlaw Integrated Care System ( ICS) .
- The CCG is assessed by NHS E, its regulator as ‘good’ – an achievement in the current NHS context.
- The CCG Annual Report 17/18 highlights the ongoing improvements the CCG is making.
- The system has made good progress in reducing delayed transfers of care in recent months.
- CCG organisational values: Progressive; Empowering; Compassionate and Caring; Fair, Honest, Responsive and Accountable.

# Overview of Findings – 1

- Sheffield CCG has a great number of strengths and in no sense is it a failing CCG.
- The assessor noted committed staff and a range of plans to transform services further.
- Many of those interviewed acknowledged that there is a number of aspects of culture, values and leadership that could be further improved.
- The CCG's potential for excellence has been hampered by executive team turnover, leading to a relatively new executive team without a shared narrative or detailed underpinning strategies. Additionally, some decision making processes are unclear. This has caused frustration, resulting sometimes in poor behaviours from senior staff, which are not aligned to values.

# Overview of Findings – 2

- Separately, there are some longstanding issues within the Nursing Directorate, exacerbated by issues relating to Continuing Health Care processes. As these were not part of the formal terms of reference for this assessment, they have been reported separately to the Director of Nursing in NHSE (Yorkshire and the Humber) to inform ongoing work between the CCG and the Council.
- Many of the individual findings would be replicated in other CCGs, but the combination of them in Sheffield is likely, without change, to result in a downward trajectory.

# Themes for Improvement

Findings have been grouped around five areas for improvement, with a focus on culture, values and leadership:

- Strategy
- Governing Body
- Executive Team
- Human Resources Management
- Partnerships and Public Engagement

After each set of findings are suggestions for improvement.

# Theme for Improvement – Strategy – Findings

- The multi-partner Sheffield place-based plan (Shaping Sheffield, Jan 2017), is perceived as good.
- The current operational plan for the CCG is not well aligned to the place-based plan.
- Detailed delivery strategies are not evident to partners – notably relating to community and primary care.
- The mental health strategy and planning arrangements are considered to be well integrated.
- The leadership team is perceived to lack a clear strategic narrative about the role and priorities of the CCG – instead it is reactive.
- Middle managers report conflicting interpretations of high level strategies from the senior team and ambiguity regarding the decision-making roles of the CCG, ICS and the Sheffield Accountable Care Partnership.

# Theme for Improvement – Strategy – Suggestions for Improvement

- In developing this year's operational plan ( 2019/2020) the team should ensure clearer links to the place-based plan and the ICS strategy.
- The Governing Body should oversee the development of a CCG strategy and implementation plan that clearly identifies the CCG role with priorities and milestones in key programme areas – all aligned to the place- based plan and the ICS strategy.
- The executive team should develop a clear narrative about the unique role and contribution of the CCG – and test this with partners.

# Theme for Improvement – Governing Body – Findings – part 1

- Governing Body ( GB) members are strongly committed to improving outcomes for local people. GB meetings are generally described as well-chaired with a good level of debate. Regular GB development sessions are held with external facilitation.
- An ongoing investigation involving GB members has placed its unity under strain. GB members do not feel they have sought or received the right advice. Communication regarding progress and responsibilities has been poor. Rumours have circulated widely partly due to the lack of meaningful communication from the GB, as well as disclosures from those involved.
- The GB is not considered visible within the organisation. The GB is not perceived to seek feedback from a sufficiently wide variety of sources.

# Theme for Improvement – Governing Body – Findings – part 2

- The views and experience of GB General Practitioners (GPs) have been affected by the on-going HR investigation. This has impacted on their view of the leadership of the CCG. A majority of GB GPs sought a more reflective and strategic style as well as a more value-based approach to leading the organisation.
- Stakeholders were not certain the executive team had the right combination of skills to move the CCG forward in the current environment, especially in relation to developing strategy.
- It is felt that the GB could themselves have been more proactive in identifying strategic priorities and requiring more detailed strategies – as predecessor bodies have.
- In the past GB meetings were not as well arranged and some presenting felt unsupported and challenged inappropriately. The memory sits beyond those directly affected and creates a barrier to effective engagement.
- The GB is felt to lack a strong and effective voice for Children and Young People and not to have contributed effectively to the recent SEND CQC/ OFSTED inspection.

# Theme for Improvement – Governing Body – Suggestions for Improvement

- Once the ongoing investigation is finalised the GB should undertake a review of how it was handled and embed the outcomes in the ongoing development plan for the GB.
- Members of the GB should consider how they can be more visible to staff, in all parts of the CCG, and ensure they receive intelligence and feedback from a wide variety of sources.
- The GB needs to identify a small number of ambitious priorities and seek detailed strategies from the leadership team to underpin delivery of the CCG's high level vision.
- The GB should review the skills within its executive team and consider whether these are the right combination to lead the CCG forward.
- The GB should address the perception that it is not supportive of those presenting at its meetings.
- The GB needs to strengthen the children and young people's voice through training and support to all members, especially those with lead responsibilities, and ensure strategies are aligned to those of the Council.

# Theme for Improvement – Executive Team – Findings – part 1

- The executive team has now stabilised following a period of turnover. The continuing energy of the Accountable Officer to drive transformation is commendable. The Accountable Officer is considered visible to many staff, who appreciate the effort she puts into staff briefing.
- There has been a good range of programmes to improve staff engagement and well-being which are generally appreciated by commissioning staff.
- There has been some good development work with third tier staff including clinical directors and these staff generally feel empowered to use their considerable experience and knowledge to drive change.

# Theme for Improvement – Executive Team – Findings – part 2

- The recent part-time secondment of the Accountable Officer to the ICS offers opportunities for the CCG, but has reduced the Accountable Officer's visibility internally and externally. The backfilling arrangements are not fully supported either internally or externally.
- The majority of the executive team has not previously operated at Board level, with the notable exception of the finance director. This is evident to middle grade staff and external stakeholders. The team is not perceived as consistent nor strategic and seems unable to learn from corporate memory. This is particularly evident in community and primary care.
- Sustained disagreements between executive team members are visible to others and have not been addressed effectively.

# Theme for Improvement – Executive Team – Findings – part 3

- Middle managers and external stakeholders report that when plans are not delivering there is a tendency to push middle managers harder rather than understand and unblock complex issues or reassess priorities.
- Staff and stakeholders perceive that when the leadership team wishes to address underperformance of a member of staff, this is not handled in a way that is aligned to NHS and organisational values.
- The potential of the Clinical Directors (experienced, sessional GP leaders) to lead prioritised programmes of clinical transformation has not been fully achieved due to the lack of an agreed role, supporting strategies, clear management accountability and appropriate decision-making structures. The achievements in mental health, despite these issues, highlight how effective Clinical Directors could be.

# Theme for Improvement – Executive Team – Suggestions for Improvement – part 1

- In this time of change (e.g. in relation to the ICS) the executive team should ensure that commissioning processes and decision-making structures for transformation programmes are clear to all.
- The executive team needs to spend more time agreeing a shared position on key issues which are aligned to strategic intentions and communicate these consistently e.g. by emphasising alignment to the place-based plan.
- Where programmes are not delivering, there needs to be a collaborative consideration about the root cause and how this can best be unblocked.
- The executive team needs to consider how their actions are perceived by staff and seek to emphasise organisational values in a deliberate and consistent way.
- The Team should build on the good work to improve staff communication to create a strategic organisational development plan which starts with values and addresses future ICS developments. This should link to individual director's appraisals and personal development plans as well as GB development.

# Theme for Improvement – Executive Team – Suggestions for Improvement – part 2

- Any sustained disagreement between individual directors needs urgent resolution, with external support if needed.
- The executive team should determine the root cause of stakeholder concerns about strategy and a strategic approach and address these.
- The team needs to understand the specific issues within the nursing directorate and draw up an organisation-wide plan, under the leadership of the Chief Nurse with a Governing Body sponsor.
- A review needs to be undertaken of leadership and capacity relating to primary and community care commissioning-aligned to the proposed strategy.
- The role of the clinical directors should be formally reviewed to ensure they are able to achieve their potential within formal structures. Renewed efforts should be made to recruit a clinical director to lead the children and young people's programme area.

# Theme for Improvement – Human Resources Management – Findings – part 1

- The 2017 Staff Survey highlighted that work related stress and bullying and harassment were key issues, with the CCG higher than the national comparator CCGs. The Executive Team requested the Human Resources (HR) team to develop a comprehensive programme of activities to address this. These have been well attended and received by most staff. Following evaluation, this good initiative is being further developed.
- The HR team felt that ‘soft feedback’ from them has not been fully heard by the Governing Body nor the executive team.
- Staff from the Nursing Directorate (within which the HR team sits) do not feel that the HR team has maintained its independence from the Chief Nurse, resulting in a lack of trust between many members of the nursing directorate and the HR team.

# Theme for Improvement – Human Resources Management – Findings – part 2

- A range of staff from several directorates stated that internal career progression opportunities were not fairly offered.
- Stakeholder panels are typically held for senior appointments – as is considered good practice. However, on more than one occasion stakeholders, especially GPs, felt that their views had been ignored without feedback.
- There is widespread dissatisfaction amongst those interviewed as to how bullying and harassment cases have been handled and individuals supported.
- In general staff felt that that organisational values were not as prominent as they should be in defining the tone and practice of staff management and engagement.

# Theme for Improvement – Human Resources Management – Suggestions for Improvement

- The Governing Body should review the executive management structure for HR to order to provide assurance to staff of its independence.
- The Governing Body and Executive Team should create opportunities to listen to ‘soft’ feedback from HR.
- The current programmes of staff communication and staff support should be continued and developed in the context of the proposed value-based organisational development plan.
- In the short term, consideration should be given to developing a more visibly value- based approach to staff management and engagement.
- Ongoing attention needs to be paid to alignment with organisational values in recruitment, performance management and grievance processes.
- Even more support needs to be given to staff pursuing bullying and harassment cases, especially those in junior roles.

# Theme for Improvement – Partnerships and Public Engagement – Findings – part 1

- In general, statutory partners described relationships as good and many highlighted the Accountable Officer's personal commitment to their development and maintenance. The Sheffield Health and Social Care Trust considers the current relationship as the best it has ever been.
- However, below this high level feedback there were some more nuanced messages relating to a lack of strategy and a clear narrative, examples of poor judgement and frustration about lack of progress with some of the difficult issues such as joint commissioning and NHS contracts based on aligned incentives.
- The recent formal consultation on changes to urgent care was considered ill-judged and poorly planned and partners still do not feel their views have been fully considered.

# Theme for Improvement – Partnerships and Public Engagement – Findings – part 2

- The Strategic Public Experience and Engagement Committee (SPEEC), a GB sub committee is considered to be a strength of the CCG. The CCG commissioned Health Watch to undertake a review of relatives' views of CCG processes relating to Continuing Health Care (CHC) and the CCG developed an action plan in response. A relatives' support group reports that concerns continue and it is questioned whether the high level action plan fully addresses the underlying issues.

# Theme for Improvement – Partnerships and Public Engagement – Suggestions for Improvement

- The executive team should work with partners to establish a process to thoroughly understand the issues associated with joint commissioning and new models of strategic commissioning and agree a plan to progress them.
- The CCG should not recommence the review and consultation on urgent care without further discussion with partners and full completion of the initial gateway in the NHSE Service Change Assurance Process.
- The SPEEC should review engagement with relatives and patients regarding CHC processes, seeking views from a variety of sources, including the relatives' support group directly. If possible it should work jointly with the local authority to improve engagement with this stakeholder group, underpinned by integrated care pathways.

# Next steps

The Governing Body will want to consider the report and agree with NHS England:

- Timescale for development of an Improvement Plan.
- Arrangements to communicate the report and Improvement Plan to staff and stakeholders.
- Governance arrangements for delivery of the Improvement Plan.