Sheffield Health and Social Care NHS
NHS Foundation Trust

C2 - Trust Board Response - Dec 14

Trust Board Response to the Review of Culture and Practice LDS Provider Services

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On behalf of
The Board of Directors, Sheffield Health and Social Care Trust

Background

On 27th July 2013 Sheffield Health and Social Care NHS Foundation Trust's Executive Directors Group commissioned a review into culture and practice at one supported living unit and one registered care home within the Learning Disability provider services. The terms of reference are attached at Appendix 1. The Trust's Directors commissioned the review when concerns were raised following a range of serious incidents, safeguarding investigations, disciplinary investigations and a specific inquest. In October 2013 the Executive Directors Group extended the review of culture and practice to all eight SHSC learning disability registered care homes and supported living units in order to gain a better understanding of the standards of care across all social care settings and to ensure in due course a confident level of assurance about improvements in the quality of care being provided. The Trust Board and its commissioners and regulators were kept informed throughout the review.

The Board received the Confidential report into the Review of Culture and Practice LDS Provider Services at its meeting on 7th May 2014 and accepted in full the recommendations. The Board had a number of concerns about the quality and style of the report.

In the overall summary paragraphs statements, the report highlighted that the review had discovered a range of practice within the services:

> *"It is the authors' opinions that the DMT should be commended for the numerous issues they have identified, addressed and continue to address. It is also important to recognise that this review could be seen to overemphasise many of its negative findings. However, it should be recognised that the Review Team interviewed and observed many highly skilled, committed and compassionate staff. Many of the managers and support staff endeavour to provide a high standard of care and are committed to improving the quality of life of their service users…"*
>
> *"Many teams and services were able, through effective leadership to maintain high standards of care. However, many teams were not able to maintain standards to an acceptable level. However, although difficult to elicit, the experience of service users was generally reported as being good".*
>
> *"At its best the philosophy of care and the dedication of the staff group was commendable. Despite the aforementioned concerns, many staff and teams were able to provide excellent care. Despite limited resources, limited skills and knowledge, limited access to expertise many teams were able to provide acceptable levels of care"*

However, those summary statements were not supported by the detail within the report. A section within the report highlighted the limitations of the methodology as follows:

> *"This review consists of significant subjective interpretation of data from interviews. Triangulation occurred when comparison with other data, from other methods of collection, occurred. Although validity may be viewed as questionable rigour is drawn from the examination of data from these further methods of data collection. Conclusions drawn from the data may also be questionable with regard to reliability. Much of the interpretation has been derived from the interviews with significant personnel and although opinion should be seen as valid, it is important to recognise the limitations of such methodology.*
>
> *However, it is the firm belief of the review team that the findings within this section reflect a true and accurate view of the Service, at the point of review"*

The Board did not find an adequate explanation for the subjectivity and lack of rigour within the report. Many words were in bold typeface and presented as quotes, without attribution. A number of the key statements presented this way were in fact the views of the author, for example: "entitled or distorted care", "dysfunctional teams", "false entitlement", "pathologically powerful cliques".

The Board was also concerned about the lack of specifics and detail, without which it would not be possible to adequately be assured about improvements. For example the terms "a number of", "many", "some" and "often" were used over 200 times in the report.

It was confirmed to the Board that the primary concerns regarding standards of care were at the two areas that were the original subjects of the culture and practice review: Mansfield View Locality and Cottam Road Residential Care Home. The Board requested that a summary report be written in a more objective style that made it much clearer what specific practices had been discovered where. This was received by the Trust Board at its meeting on 2nd July 2014 and the recommendations were accepted in full. The Board also received at that meeting the report on the Review of Patients' Monies commissioned from and produced by KPMG. The Board accepted those recommendations in full and established a project team to deliver the action plan.

Following discussions with Sheffield Clinical Commissioning Group, the Board agreed that a formal Trust Board response was required that specified the Board's consideration of the findings from the reviews and included an integrated action plan. In reaching its conclusions and approving this report, the Board has been informed by the remaining inquiry team member, evidence from other audit reports and data, CQC inspection reports and findings and visits by Board members to the services.

Implementing Improvement and sharing learning

The Board accepts the need for improvements in culture and practice across the service, and all recommendations from the reviews were accepted and form the basis of the Trust's action plan. The Trust did not wait until the production of the review report before taking action. Action was taken from the outset and throughout the period of review to address issues raised by the review team and this is described in detail in the action plan.

There were many factors highlighted in the report that presented risks to the quality of care, and the greater the number of unmitigated risks the higher the likelihood of an impact on quality. As the report states, the combination of factors allowed a culture in which poor practice developed in some areas. Given that concerns regarding culture and practice have been significant in two localities and partially noted in others, the Board accepts that governance needs to be strengthened in a number of areas within the service and the Trust.

In order to adequately identify the organisational learning from the culture and practice review, the Board needs to be assured that in future the full range of risks to quality are identified and assessed, adequate controls are put in place and robust assurance of those controls is obtained. The risks identified in the review are set out in the following categories:

- Risks from a lack of shared purpose and values
- Risks associated with care
- Risks associated with staffing
- Risks associated with structure and assurance

This structure will inform the development of the Board's assurance framework.

The Board is committed to transparency and therefore all specific concerns mentioned in the review report are noted and addressed within this structure. Where the Board has deemed it necessary, additional actions to those recommended in the reviews are identified and have been included in the action plan.

1. Developing shared purpose and values

In the Board's view, the provision of services for people with learning disabilities in the city is lacking a compelling and coherent vision and strategy that all agencies support. The residential and supported living services have, for a number of years, been anticipating change which is now underway as Sheffield City Council leads a process of deregistration. All the services exist within a challenging financial environment. Alignment around a compelling shared purpose at all levels (team, Trust and city) is essential to ensuring high quality provision. The Trust Board therefore welcomes the opportunity to co-host with Sheffield Clinical Commissioning Group and Sheffield City Council a city-wide summit for services for people with learning disabilities in Sheffield.

The residential and supported living services had been managed by officers from Sheffield City Council for a number of years as part of the Joint Learning Disability Service. The report states that Learning Disability services are peripheral to the work of the Trust, that learning disability is seen as less important at senior levels and that Recovery has less meaning in Learning Disability. The Board strongly refutes those statements.

Supporting and working towards meeting the needs of people with learning disabilities is an integral part of the Trust's work. The Trust has begun work on a needs led service, looking at access issues relating to all age and all populations, and has been working on the Sheffield Education Exchange (Recovery College). Both of these developments have the involvement of the Learning Disability Clinical Director. The Physical Health Strategy launched by the Trust has been informed by work in the Learning Disability Service around the Confidential Inquiry into the Preventable Deaths of People with Learning Disability. The former Clinical Director worked on the Greenlight Toolkit with her counterparts across all of the Trust, scoping work and gaps around access. The Deputy Medical Director is leading the implementation of the action plan. Clinical Leads within the Community Learning Disability Team (CLDT) have held workshops with provider service staff, service users and family carers to inform the development of the care pathway processes for CLDT. This information has helped shape the services. The Board has recently received several reports on Learning Disability services. For example, in May 2014, there was a focus Board development session at which there were detailed presentations, action plans and discussion on Winterbourne Concordat, CIPOLD, Greenlight Toolkit and respite care.

The service was decoupled in July 2013 and the Board believes that, under its direct management, the learning disability services can be transformed both in terms of the quality of services delivered in the transitional period and in establishing a new model for the future provision of Supported Living for people with complex needs. Co-production with service users and a fully lived life are central principles to service delivery. The underlying principles of recovery, including aspiration, enablement, choice, hope are equally important to services for people with a learning disability and operate alongside other service philosophies, aimed at addressing social inclusion through a social model of disability. The Board accepts that the services under review need to be radically different to meet the future needs of people with learning disabilities in Sheffield, and that the phrase "home not hospital" referred to in the report is not an adequate description of a future service philosophy.

2. Improving care and welfare

2.1 Finances

As part of the culture and practice review, financial audits were undertaken at and the findings suggested that significant misappropriation of finances had taken place at two locations. Both cases of theft were referred to the local Counter Fraud Specialist and the Police for further independent investigation. One member of staff was subsequently found guilty of theft and is serving a two year custodial sentence. The second case, involving two members of staff, is currently being investigated through the criminal justice system. There was no evidence of financial irregularities found at any other unit.

The Executive Directors Group commissioned an external review of Residents Financial Services and the handling of patients' monies both within Learning Disabilities and across all Trust services. This review was undertaken and completed by KPMG and the recommendations were received, reviewed and accepted by the Trust Board in full on 2nd July 2014.

The culture and practice review report also highlighted that subsistence policy was being inadequately applied and that some staff incorrectly believed such practice was an entitlement and that the practice was sanctioned by managers.

The Directorate Management team commissioned an investigation into staff subsistence procedures. Although historically permissible as a therapeutic activity, it is considered to be unacceptable unless appropriately authorised. Robust approval processes at cross service level have been established.

2.2 Mental Capacity Act

The report states that it was unclear that best interest was being followed, that there were restrictions taking place without appropriate considerations (such as restricting access to certain areas within a house or to activities), decisions should have been constantly reviewed were not and this was not seen as a care deficit. It was also not always evident that Alternatives to Restraint Policy was followed.

The Board recognises that there was a gap in leadership and training in relation to the Mental Capacity Act, which has now been addressed. This gap, and the subsequent lack of training for staff that was addressed in the Care and Compassion training, contributed to a lack of robustness in ensuring people's rights under the Act.

Over the last month, the Mental Capacity Act Steering Group Terms of Reference and Strategy has been refreshed and a new Practice Development Group has been established to promote best practice. A systematic audit of records within the residential/supported living services has taken place and reporting and monitoring arrangements are in place. The MCA/DOLS priority work plan for 2014/15 has been produced.

2.3 Medication

Concerns were raised regarding the proper handling, management and administration of medications.

An audit of PRN Medication was carried out across all provider service areas in February 2014. The aim of the audit was to measure compliance to the PRN medication standards across learning disability accommodation based service areas. A specific focus being on the use of PRN medication in response to pain and/or behaviours that challenge services. The PRN medication standards measured were as follows:

- Non medication based interventions being considered
- Assessing and documenting capacity
- A plan to measure outcomes using objective measures
- If the person lacks capacity has a prescriber considered the capacity bill or the mental health act
- Behaviour being assessed
- Evidence of interdisciplinary involvement
- Target behaviour being identified

2.4 Choice and respect

The report states that "certain teams had eroded to allow practices and values to emerge that could be described as institutional, misguided and distorted". The specific practices that were described were :

Overemphasis on task completion of domestic duties taking precedence over individual care
Shopping collectively rather than individually
Bed before night staff on duty

The report explains that although choice was recognised by staff it became limited where there was time pressure/ capacity shortfalls. The Board accepts that there is a balance between supporting everyone individually and organising staff for this to happen and believes more creative approaches could be tried. Where staffing levels have a significant impact on the ability to provide person centred care, this needs to be reported through the Trust's incident process.

The report contains quotes from staff commenting on the lack of respect demonstrated by other staff:

You know when there's a problem when staff don't knock before entering – it says so much
Jeremy Kyle show blasting on three televisions – at least two residents don't watch TV
Watch DVDs to pass the time
Treat homes as if their own
Spending time getting ready for a night out after work
It's as if they forget why we're here – you wonder what else is going on

All support workers attended the two day care and compassion training earlier this year, which included discussion of values. Furthermore, the Trust has recently undertaken work to set out the expectations of behaviour of all staff in relation to its values. This work will support managers to develop an engaged team culture with a clear focus on meeting the needs of people who use services.

Forgetting why we're here is a lack of engagement in the real purpose of the work. The Trust has committed to developing coaching capability in microsystems quality improvement methodology and the Board believes this approach is appropriate to supported living services. We will ensure that this approach is made available to the provider services, so that staff are engaged in improving the way they work for the benefit of service users – rather than an approach which is reliant only on staff challenging each other / informing managers.

2.5 Meaningful activity

The report states that there is "evidence that care plans relating to social activities not carried out". Also mentioned are "the dearth of meaningful activities, lack of physical activity, boredom and social activities not always provided".

Care plans have been reviewed by the Service Director to reflect and ensure activities take place. In some areas staffing levels have been increased to meet this priority. The Directorate will give further consideration about monitoring this in future, as it is a key indicator of service quality.

2.6 Care records

Considerable concerns were expressed about care planning in the review report, including quality, implementation and updating. It states "in many areas care plans were seemingly devalued". In response to this, the Directorate commissioned a full review of care plans across all provider service locations. This was carried out by lead health clinicians from the CLDT using a recognised audit tool. The concerns highlighted in the Review were confirmed by the audit. Care plans will be a more useful tool in supporting practice if they are more person centred and with clearer goals and evaluation. The audit also identified some positive practice in record keeping, clear risk assessments and management plans, identification of personal care needs including diet, mobility, medication and continence issues. The findings from the audits were fed back to relevant managers with action plans requested to address shortfalls in quality.

The Directorate are now revamping the whole support planning framework across the directorate. The development of care plans is a priority across all Trust services, to ensure they are oriented towards a recovery approach and are actually enabling and supporting care rather than being seen as an additional and separate task. Learning Disabilities staff are members of this cross Trust working group.

2.6 Health needs

The report suggests that there has been an emphasis on *"home not hospital"* which explains any shortfalls in identifying physical health needs. The Board finds this to be at odds with the reports conclusion that health needs are seen as a priority by staff and they are aware that they play a role. The report also goes on to say that a high level of skill and knowledge is required and asserts that many staff fall short of this knowledge. It is also asserted that many health risks have gone unaddressed and many clinicians expressed concern that they were unsure if staff could identify emerging health problems.

One example was given of a plan to meet an individual's swallowing needs not being followed. A review of the individuals needs was undertaken, expectations of staff were communicated and the Board has received confirmation that the plan is being fully implemented. The comprehensive review and audit of care plans by members of the Community Learning Disability Team ensured that all health needs have been identified and plans are in place.

The report questions the role of the CLDT in the care of people within residential services. There is a suggestion that the CLDT should have a more assertive role in the care of people living at and supported within the residential services. The report states that the teams function at a distance and do not feel it is their responsibility to ensure clinical recommendations are carried out and suggests that care co-ordination roles should be considered. However, CLDTs are commissioned to provide a city wide service not a bespoke service to our in-house services. The Clinical leads within the CLDTs have been given information on how to report any provider in the city where there are concerns about delivery of service in relation to the CLDT interventions, including our own provision. Any concerns in relation to Trust services will also be raised through the Directorate governance arrangements.

The review report describes details of a number of specific health risks that people with learning disabilities are vulnerable to and also notes that the Directorate physical health plan will focus on training, systems for referral and incorporating guidance into care plans. This is in line with the Trust and city's strategy to address the gap in life expectancy for people with a learning disability.

2.8 Placements that do not meet needs

The report stated that staffing levels have no rationale and that there is a lack of standardisation of staffing levels. Whilst the standardisation comment may indicate a lack of understanding of the ways in which the services are commissioned, there is an important issue that needs to be raised in the appropriate forum. Whilst historical funding levels and individual funding packages have been offered as explanations for this disparity, if the levels are inadequate then there are risks to the quality of care that can be delivered. High work demands will impact negatively on staff morale.

At the beginning of the review into culture and practice, staffing levels were raised in a number of localities. All packages are now assessed under eligible need and commissioners determine staffing levels. Where managers are of the view that needs cannot be met within the service, this will in future be entered onto the Directorate risk register. Dependent upon the numbers of people involved and the scale of the risk to individuals' quality of care, it may need to be escalated onto the Board level register in future.

3. Developing leadership and supporting staff

3.1 Management capacity

A number of issues were raised in the report relating to management capacity and focus. It was noted that the senior manager had, at some point in the past moved to more strategic issues. The Board recognises that there are significant demands on the capacity of the Directorate leadership team and with the scale of the transformation agenda this will continue for the foreseeable future. This will be added to the Directorate risk register and the Chief Executive will ensure that an adequate management structure is in place.

The report stated that there is a shortfall in managerial capacity, with managers managing more than one unit. There are three areas where managers are covering two units, and the deputy and team leader infrastructure has been enhanced to provide additional capacity. The report suggested that there were problems with role design and delegation and the Assistant Service Director will ensure that managerial responsibilities are appropriately delegated during periods of absence.

3.2 Management capability

The Board agrees that the quality of team functioning is linked to the quality of management and staffing governance is critical if quality is to be assured.

The report states that inconsistent and weak management was evident in a small number of units although it does not go on to specify which ones. Managers at the two units of most significant concerns were replaced at or around the commencement of the review, Cottam Road (June 2013) and Mansfield View (October 2013).

The report states that team managers were not aware of local practices although no detail is provided on this. It is the Board's view that the task of the leader is to ensure the delivery of a quality service by enabling and supporting staff. Managers must engage with tenants and staff if they are to assure themselves of the quality of care for which they have ultimate responsibility. A leadership development group has been established within the Directorate with support from the Organisational Development team. In addition to a programme to develop engaging leadership for team managers, a programme for team leaders focussing on supervision and care planning will also be delivered.

Given that the quality of managers is so critically linked to the quality of care, the Workforce and OD Committee will request an annual report on the experience of managers in the Trust, to ensure that leaders of large staff teams are adequately supported and equipped for the role.

3.3 Staffing capacity

The report states that flexi staff are excessive in a number of areas. The Board is aware that this will primarily be permanent staff working additional hours and a plan is in place to reduce the numbers of staff working excessive hours within the Trust, which is being closely monitored by the Workforce and OD committee. The report identified other risks to staffing capacity including vacancies held to save money, temporary contracts due to service change and high sickness levels. The risks to quality as a result of deregistration is on the Board's risk profile and the Board needs further assurance of the adequacy of controls in relation to staffing levels, including escalation levels. This will be addressed under the Trust wide work on staffing capacity and capability.

3.4 Staff skills and development

The report acknowledges that there are a wide range of staff training interventions available to staff including a10 day induction programme, a competency booklet and health training, but then goes on to suggest that the impact of this training was limited and cascade training had limited impact on practice. Whilst no evidence was provided for this assertion, the Directorate has delivered two days care and compassion training for all support workers, which included values and Mental Capacity Act updates, which was evaluated by course attendees as relevant to their roles.

The Board accepts that the presence of training plans varied across the service and that there are weaknesses in mandatory training compliance. An action plan is in place to address the mandatory training weaknesses across the Trust. In addition, each area within these services now has its own register of training attended and scheduled.

The need identified in the report for communication and health assessment skills will form part of the Directorate's training plan for 2015/16.

3.5 Staff Engagement

Team dynamics and climate

The report states that managers are overly embroiled in staffing issues and that management of staffing issues takes an inordinate amount of time. The report also states that HR practice left managers unable to act and individual personnel issues were left unresolved. The HR data suggests that managers in these services are taking action in relation to disciplinary matters. Managers have confirmed in a joint workshop with Human Resources Directorate managers that it is managing capability and performance that is the challenge. HR clinics have been established to discuss with managers complex cases and HR are working directly alongside managers to support and resolve sickness management issues. In addition, the Trust has invested in the delivery of crucial conversations training for all managers in this aspect of the role, which many find difficult. All managers of these services will attend that training.

The report states that "some managers are bullies, some managers have favourites" and "many staff felt threatened and had become defensive in their dealings with managers. and also that "power with strong staff groups where there was institutionalised behaviour " and "powerful cliques that management couldn't challenge and bullied staff.

The report states that there were a number of examples of unhelpful approaches to dealing with conflict, and staff versus staff complaints was a trigger for the culture and practice review. This included inability to resolve conflict without union, staff making unreasonable demands, using complaints procedures to solve personal disagreements or problems, an expectation of union involvement in some routine management interactions and using sickness as an influencing strategy.

Human resources data on complaints and grievances does not correlate with this description of the culture, nor does an analysis of the staff attitude survey data, in which the ratings for the Disabilities directorate are generally higher than for the rest of the Trust. However, a culture of bullying is a serious concern to the Trust Board and, given the degree of change and uncertainty currently being faced by the staff group, a staff climate diagnostic will be undertaken. The Board believes that enhancing the focus on staff experience and engagement in this service could lead to benefits for both staff and service users. Putting energy into developing a more engaged, supported and motivated workforce could reduce the hours and focus on resolving staffing problems.

Staff health and wellbeing

The report stated that and that managers are not able to follow sickness policy due to workload and that many teams have exceptionally high sickness levels and that sickness shows worrying trends. Following the Board's concerns regarding sickness absence, a strategy focussed on health promotion and prevention was agreed by Board in July 2014. This included establishing a case management approach to sickness absence and investment in the HR team will enable this to go ahead as an evaluated pilot from January 2015. The sickness absence levels across these services vary, with some under 2% and some over 15%. The teams with high sickness levels will be prioritised for the Trust's healthy teams process, which is being overseen by the Workforce Committee. Information from the staff climate survey identified above will also inform this work.

Supervision

The report stated a number of different things regarding supervision. It noted that some managers were confident, supervision was implemented with rigour and these managers recognised the value of supervision and could provide records, and also that there was an absence of clear processes for staff support with appraisal and supervision limited in value and application which was seen by some as not a priority or constituted passing conversations. It concluded that the quality of supervision was difficult to ascertain but it can be assumed that many staff received weak or no supervision.

It is the Board's view that supervision is an essential process for supporting and developing staff and thereby maintaining high quality services. A review of supervision, commissioned by the Board, shows similar challenges to delivering high quality supervision in the other 24 hour staffed services, and among the nursing and support worker workforces in particular. The Trust is currently developing with the university a training course in supervision for nursing staff, which will be adapted to meet the needs of non-nursing staff in residential and supported living services. The Workforce Committee has also recently requested that supervision rates are monitored as a key workforce performance indicator in future.

4. Strengthening governance through structure and assurance

4.1 Isolation

Isolation of services is a risk. Given that the Learning Disability services are geographically spread, conscious efforts need to be made to create a sense of connection and to ensure standards are maintained and developed. The Board is pleased that mechanisms have been put in place for the cross service development of practice and policy issues and is keen that the peer review takes place across Directorate boundaries and involves service users and families. Following the recent development of Board members in quality improvement methods, we will set out the Trust's expectation that all service managers should visit a site of good practice in order to learn and bring back best practice. The Board agrees with the report's recommendation to establish student placements within services and that having students provides additional opportunities to reflect on the quality of practice.

Managers of the residential services have reported that there has been a significant increase in the visibility of the Directorate senior leaders within these services.

4.2 Structure

The Board rejects the statement that it was "misaligned or disconnected". In the Board's view, this fails to acknowledge the existence of the joint learning disabilities structure that was agreed by all parties in Sheffield as the best model to meet the needs of people with a learning disability. The partnership approach reflected the Care rust ethos and was nationally recognised as good practice. The Board does not accept that it was an intention to keep the service "at arms length".

What is clear from the culture and practice review and the KPMG review is that complex management arrangements (partnerships for example) do increase risks in terms of governance. The KPMG report states that "the accountability framework led to a blurring of responsibilities and a lack of accountability within the service". In relation to financial management, responsibilities between the service, Residents Financial Services and the Housing Associations were not sufficiently clear.

The Trust will ensure that in its partnerships the governance arrangements are robust. The report highlights, for example, the poor quality of some of the environments. Clear operational arrangements are in place for managers to escalate concerns about the environment should they not be addressed. The Quality and Assurance Committee will review the governance arrangements of the Trust's partnerships by the end of March 2015.

4.3 Service user and carer voice

The review concluded that "Although difficult to elicit, the experience of service users was generally reported as being good".

The Board was disappointed that there was not a greater input from service users and their families to the culture and practice review. The report argues that there is little formal engagement with carers, friends and families. The Board is aware of many instances of service engagement with carers and family members. For example, during the period of the review there was active involvement with the families of tenants at Wensley Street and the Care Quality Commission reports have included evidence of conversations with engaged family members.

But we can do more. The Board believes there is considerable scope for increasing service user involvement, not only in their own care but in delivery of training, interviewing staff

and participating in service review processes. There are additional challenges to understanding the needs of people with learning disabilities and a Service User and Family Carer Engagement Strategy has been developed, which Sheffield Mencap has been commissioned to deliver. We will explore with carers whether a support group would be helpful to enable them to raise concerns if they have them. We will also communicate with family members the ways in which they can raise their concerns. In order to address the isolation of services and provide an added check and balance to our services, the Board supports the recommendation that every service user has a family member, friend, or advocate involved in their care.

The Executive Directors Group has recently agreed to work with the CCG and other health partners to develop improved public engagement with people with learning disabilities in the city as a whole.

4.4 Raising concerns

In the report it states that there is some evidence to suggest that staff failed to report knowledge of unacceptable practice and turned a blind eye in relation to personal belongings going missing, timesheets and eating clients' food. In addition it is claimed that staff, including senior managers, were not surprised and knew of examples of this. However it later says that staff felt empowered to inform managers of practice but not to challenge colleagues. The Board is aware of a number of incidents where staff have reported concerns; several of the triggers for the culture and practice review were incidents reported by staff. The Board will ensure that advice to staff on the raising of concerns is reissued via the Chief Executives letter, is clarified on the intranet and is set out clearly in the Trust's induction process.

4.5 Assurance

The report states that there was disregard of regulatory bodies. At one locality, a weakness in addressing mandatory training had not been addressed by the time the CQC revisited the service. The manager of that service has been replaced and this incident does not, in the Board's view, constitute the disregard described in the report. The Board finds no evidence for this comment in relation to these services as a whole.

The report also states that there was reporting of facts and figures only and a lack of triangulation. The structure and nature of the annual performance review contains considerable amounts of information that is not simply facts and figures (over 20 pages). Many of the Trust's performance indicators do not apply to these services – such as waiting times, DNA rates, 7 day follow up etc. Rather than there being too much reliance on data as the report suggest, the Board is of the view that there is an absence of quality indicators for these services at Board level and that needs to be reviewed. The challenge from the KPMG review is that the annual performance review did not have sufficient depth and was not comprehensive enough as it did not challenge for example financial management. The Board accepts that there were weaknesses in the team governance arrangements, most significantly that managers did not go and see for themselves and check things out – they took it on trust. This is the difference between assurance and reassurance and this lesson will be shared across the organisation and checked out via the Directorate level performance management processes. A similar lesson emerged from the KPMG report with a need for increased challenge in addition to support.

It is also important to note that the culture and practice review was initiated because Executive Directors were paying attention to data. A range of data was considered and taken together it highlighted that something was not right. Culture and practice are most likely to vary at the level of the team and the Board's investment in a performance information system to provide team level data will enable the Trust to identify difficulties earlier in future.

The Trust's quality audit programme for next year needs to be informed by the weaknesses identified in this report.

4.6 Risk Management

A robust risk management process, that took into account the vulnerability of the service user group and the evidence from national inquiries into failures of care may have identified some of the concerns that were discovered through this process at a much earlier date, particularly in relation to patients' monies. Following discussion of the KPMG findings at the Audit and Assurance Committee, the Trust has recently commissioned an internal audit into its risk management processes.

5. Conclusion – moving forward

The culture of a service is created from a number of interacting processes and systems and therefore it follows that in order to bring about culture change, action is required on a number of fronts at the same time. The Board is satisfied that the review into culture and practice of the learning disability services sought to understand all the contributory factors to the culture. Whilst the poorest examples of culture and practice were primarily focussed in two locations, the fact that that could arise highlighted risks in the Trust's governance arrangements. Therefore, the Board has committed to a comprehensive action plan to address a wide range of systems and processes that support and enable high quality care. Lessons will be shared with all Directorates to ensure that governance is strengthened across the Trust.

As acknowledged in the report, the commitment to change and improvement began as soon as the investigation team started its work. Directorate and locality managers have been working hard to address the concerns for over a year. Progress to date is set out in the attached action plan and progress against the plan will be rigorously monitored by the Quality Assurance Committee on a six monthly basis. The Board is also pleased that the Care Quality Commission has found progress in areas previously identified as of concern. Board members have visited services and been assured that improvements have been made.

Finally, the Board welcomes the joint external review that will be commissioned by Sheffield City Council and Sheffield Clinical Commissioning Group and will contribute to ensuring that the services provided to people with a learning disability in Sheffield are services we can all be proud of.

Rosie McHugh
Director of Organisation Development/Board Secretary
26th November 2014

On behalf of
The Board of Directors, Sheffield Health and Social Care Trust

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