1. **Purpose**
   - **What is the key reason and context for this paper from the Board’s perspective?**
     Following the enquiry into concerns about standards of care at Mid Staffordshire NHS Foundation NHS Trust, a Healthcare Commission investigation followed. This report updates the Board on progress against recommendations.

2. **Key Issues**
   - **What are the key issues that the board needs to consider regarding this matter?**
     The report includes progress on the three external governance reviews which were commissioned following integration.

     The Manchester Patient Safety Framework tool (MaPSaF) was used to assess the organisation and although the organisation had a good basis for safety and quality, there was a need for continued focus on embedding governance within the organisation.

     **Progress to date on issues highlighted by the external reviews:**

   a) **Governance**

      **The Governance Review Programme**

      The Governance review programme amalgamates all the actions that arose from the two external reviews of quality and governance, issues arising from S4BH and CQC reviews, 177 separate actions, grouped into 20 projects, 55 complete (complete is action implemented and evidence received that intended change is embedded. Programme Board is EDMT, meets monthly ie Chaired by CE. Deadline for completion, March 2012, on target

      Range of issues e.g. training (MAST), induction, communications, risk management etc

   b) **Incident reporting**

      SCT has a new SI policy agreed and implemented, Introduction of Safeguard (online reporting) makes all incidents easier to report, All SI’s recorded, tracked and monitored in SI tracker reported to EDMT, Introduction of Serious Incident Review Group to monitor all SI’s, Evidence of learning and subsequent improvement e.g. pressure sores, Training programme of Root Cause Analysis, All senior managers being trained in RCA (Root Cause Analysis) and investigation
c) **Raising concerns**

Constant promotion / reassurances to staff to report cases – issues are being reported to senior managers via:

- CEO corporate induction sessions for all staff / CEO staff lunch seminars
- Promotion of the SCT Whistle blowing policy
- Staff sessions with EDMT (where issues are discussed and action plans compiled to address concerns)

**d) Standards of care** –

- Patient Safety and Performance report to the board
- Matrons Reports to the board
- Reviewing SI and other incidents
- Visits to services to hear from the “floor”
- Visits to stakeholders to correlate assumptions with facts
- Internal audit and service reviews present either sub committees, at SCT Board, or in seminars.

**e) Staff training and development**

SCT has continued to affirm the importance of mandatory training and development of all staff

- Current level of appraisals = 66% (reported to the SCT Board in August 2011)
- Year end SCT = 100% internal target (SHA target = 80%)
- We have reaffirmed our commitment to 100% appraisals; we have streamlined the paperwork, developed easy-to-use KSF outlines, supported and trained managers to deliver quality appraisals. We have raised the visibility of appraisals with a Trust-wide published league table, we are monitoring appraisal rates at board level, and we have introduced performance management including the use of the capability procedure for managers failing to improve compliance levels.

**Progress on the Frances report following the Mid Staff Investigation**

The attached spread sheet maps out SCT’s progress on the Francis report recommendations.
3. Action required from the Board

<table>
<thead>
<tr>
<th>Decision</th>
<th>Approval</th>
<th>Assurance</th>
<th>Information and / or discussion</th>
</tr>
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</table>

4. Committee Approval

<table>
<thead>
<tr>
<th>Committee</th>
<th>Chair</th>
<th>Date reviewed</th>
<th>Assurance</th>
<th>Further information for Board</th>
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5. Source

<table>
<thead>
<tr>
<th>Accountable Director</th>
<th>Author</th>
<th>Lead manager</th>
<th>Date of Meeting</th>
<th>DMT date approved</th>
<th>Link to further reading</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr John Omany, Executive Medical Director</td>
<td>Dr John Omany, Executive Medical Director</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Reference information

6. Strategic Objective(s) to which this paper relates

- Develop flexible and innovative care based on patient-centred design
- Improve patient experience and raise the quality of care
- Sustain and improve our financial strength
- Become a thriving Foundation Trust supported by excellent staff and public engagement

7. CQC Registration – Impact assessment

<table>
<thead>
<tr>
<th>Outcome Standard(s)</th>
<th>Location(s) affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Assurance of ongoing compliance</td>
<td>Relevant to all outcomes</td>
</tr>
<tr>
<td>b) New Registration requirement</td>
<td>N/A</td>
</tr>
<tr>
<td>c) Amendment to existing Registration</td>
<td>N/A</td>
</tr>
<tr>
<td>d) De- registration required</td>
<td>N/A</td>
</tr>
<tr>
<td>e) Breach in registration</td>
<td>N/A</td>
</tr>
<tr>
<td>f) Not applicable</td>
<td>N/A</td>
</tr>
</tbody>
</table>
8. **Patient Safety impact**
   This report has positive impact on patient safety.

9. **Equality & Diversity impact**
   [text]

10. **NHS Constitution impact**
    In preparing this paper the principles, responsibilities and pledges of the NHS Constitution have been considered and where appropriate incorporated
I briefed the board last month in relation to the findings of the Francis report.
As the board is aware the inquiry into Mid Staffordshire NHS Foundation Trust followed concerns about standards of care and a Healthcare Commission investigation. The inquiry heard evidence from patients, relatives and staff. The Francis report listed 18 recommendations for Mid Staffs and other boards to consider.

The board of Mid Staffs have recently applied to have FT status removed, to allow them to implement the recommendations and to regain public trust.
Mid Staffs and Governance Reviews 22nd April 2010
The board is also aware that, as part of the integration programme with West Sussex Health and the management contract planning for East Sussex Community Heath, a series of external governance reviews were commissioned.

The three reviews, WSH, ESCH, and SDHT, were led by Eileen Walsh, Director of Assurance, Guys and St Thomas’ FT NHS Trust. All three have now been completed and have been reported to Andy Painton, CEO, Simon Turpitt, Chair, and me.

I am in the process of distilling the findings and recommendations into action plans for the three services to implement changes required.

The Manchester Patient Safety Framework tool (MaPSaF) was utilised to assess / challenge the three services. Based on the individual ratings determined for each of the nine dimensions, the review team scored the overall organisational level of maturity on MaPSaF matrix.

**WSH:*** Following application of the MaPSaF to the feedback obtained from staff interviews, the review team concluded that West Sussex Health’s approach to patient safety and quality represented **Level C** on the maturity matrix. This equates to an organisational culture described within the framework as ‘Bureaucratic’.

**ESCH:*** Scored as predominantly **Level C** Bureaucratic (6 dimensions), with three dimensions showing a tendency towards a proactive culture. The impact of the score indicates that the organisation has achieved good results and still requires continued focus to achieve a strong patient safety and quality culture.
SDHT: Based on the individual ratings determined for each of the nine dimensions, the review team scored the overall organisational level of maturity on the MaPSaF matrix as predominantly Level C- bureaucratic.

In essence these scores are equally concerning. They indicate organisations that have achieved a good basis for safety and quality but still require continued focus to achieve a mature culture from “front line services to the Board”.

There was not great variation in the areas that need addressing. Listed below are common themes that run through the reports.

It would be beneficial for the board to debate these and to seek a common understanding of how to develop “practical governance” and embed it into the new organisation.

Themes:

- **Incident reporting** – the processes and systems in place for staff to report incidents are not as robust as could be. This leads to inconsistency in reporting and a difficulty in measuring changes / improvements / lessons learnt
- **Raising concerns** – although SDHT fared better than the other two, all three services should build on the concept of supporting staff to raise concerns.
- **Organisational culture** – again SDHT fared better than the other two here, but even here staff had noted a change in the past six months. The overall view of staff in all three services was that the top team did not support them, were too focused on money rather than safety, in one service bullying was seen as an organisational cultural behaviour. All services need to develop a more open, fair and supportive approach that promotes good behaviour and challenges bad behaviours
- **Governance understanding** – all three services have work to do to embed governance into the every day. SDHT was seen as making vast strides to improving staff understanding and in demystifying the CQC expectations. However, even in SDHT, staff struggled to answer basic questioning on the regulations and compliance expectations.
- **Standards of care** – all three services have work to do to ensure good standards of care delivery are maintained. Evidence was found of good examples of care, but also of poor care delivery leading to patient harm or potential harm
- **Record keeping** – all three services raised concerns in regards to documentation and record keeping
- **Staff training and development** – appraisal, mandatory training, skills development, and understanding of professional conduct / compliance was sketchy in all three services. Supervision is also an area for development

I have attached the Creating a Patient Safety culture action plan that was developed for WSH. A similar exercise to produce an action plan has now commenced for ESCH. In relation to SDHT, I had already led a review of governance and a “Practical Governance” clinical governance strategy, and transformation plan has been produced. This is now being revised in light of the review findings and will be developed into a business plan. The latest version of this is included in the board’s papers.