Bay Governance Blog

Improving the Quality of Healthcare for our Patients

University Hospitals of Morecambe Bay NHS Foundation Trust

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Director of Governance

Does the law allow STPs to succeed?

The concept of Sustainability and Transformation Partnerships (STPs) has changed since they were introduced (as Sustainability and Transformation Plans) in the NHS's Shared Planning Guidance of December 2015 and positioned as a means of delivering on the objectives of the Five Year Forward View, published the year before.

Originally conceived of (and announced) as simple plans to encourage so-called 'place-based planning', i.e. planning on the basis of the needs of local populations, rather than on the needs of individual organisations), STPs have since evolved in a number of ways:

- First, STPs are now being treated as the NHS's 'single planning unit' in any given geography and, thus, are assuming responsibility for decision making which had previously been the preserve of commissioners and / or providers;
- Second, STPs are increasingly seen as a means through which financial control can be exerted – with control totals now being applied to STP geographies;
- Third, STPs are becoming increasingly formalised, with the basic rules of governance and management (described as a 'support chassis') introduced by NHS England in March 2017.

Despite these changes, however, STPs still have no identity in law: their decisions are only those of their constituent organisations acting in concert (and each constituent organisation may have their own decision-taking processes and legal duties and obligations). Their success (or otherwise) is, therefore, quite rightly being seen as a question of:

- How capable and willing these constituent organisations are to work together;
- Whether STPs have the tools and governance arrangements to reach collective decisions, particularly when individual constituent organisations are disadvantaged;
- Whether the law needs to be changed to give STPs a formal status and formal powers.

STPs need to ensure that their constituent organisations are aligned and in agreement on their ambitions and how they can be achieved.

The extent to which STPs have secured this alignment to date is largely a function of the strength of pre-existing relationships and partnerships: organisations in certain areas of the country (such as Devon and Manchester) have historically held very strong relationships, which provides the platform on which progress in implementing STPs can be made.

There has been widespread support for the concept of place-based planning in the health service for many years and the theoretical benefits such an approach can deliver in terms of integration, efficiency and, ultimately, improved outcomes for patients. Many stakeholders in the health community see STPs as key mechanisms through which these benefits may finally be realised.

Mary

The Governance Hub

The Hub is busy at the moment spinning lots of plates! We have been working closely with the Patient Safety Team to assist them in a programme of streamlining processes and automation to ensure that patient safety incidents are being dealt with as robustly and efficiently as possible.

The team is expanding! We are bringing on board an Analyst to work alongside us and assist with providing reports to and from the division. This will help to add consistency to our organisations reporting and assurance to ensure that all information is dealt with appropriately from Ward to Board as per the WESEE process.

New Central Investigation Support Unit (CISU)!

The aim of the CISU is to provide guidance and support for any members of staff/team undertaking a patient safety investigation.

The CISU team will be a 'virtual team' that will remain in their current post and undertake investigation cases on a rota basis and will provide support to the lead investigator and the investigation team.

We are pleased to announce that the date to send in expressions of interest for the CISU has now closed and that 12 people within the division have been successful in joining the CISU Team.

As the unit is in its infancy, the roles, processes and procedures are still being formalised and a program of training for the team is also being finalised.

Further information will be available in due course.

Louise, Joe, and the 'Hub' team

CLAIMS & INQUESTS

From the Legal Services Department

In our last article, we introduced you to the Department and told you about clinical claims. This time, we tell you about Inquests and inform you of a name change.

What is a Coroner?

A Coroner is an independent judicial officer. In the past they could be medically or legally qualified but nowadays they must be legally qualified, although some have medical training too.

What is an inquest?

An inquest is a legal investigation into the circumstances of a death. The purpose of an inquest is to answer 4 specific questions:

- who died?
- when did they die?
- where did they die?
- how did they die?

When is an inquest required?

The Coroner investigates deaths where the cause of death is violent or 'unnatural', unknown, or where the deceased died in state detention. Often the Coroner's investigation, which may involve a post mortem examination, reveals the deceased died of natural causes, in which case an inquest is not required.

What happens at an inquest?

The Coroner obtains witness statements as part of his or her investigation. If an inquest is held, some or all of these witnesses are called to a hearing to give oral evidence. An inquest is attended by the Coroner, the witnesses and the family of the deceased, all of whom are present in court together. Sometimes there may also be media attendance. Witness evidence is heard and the Coroner and the family (or occasionally their legal representatives) can ask the witnesses questions. At the end of the inquest, the Coroner sums up the evidence and gives a conclusion (which used to be called a verdict).

What if an inquest involves Trust staff?

The Trust has a Standard Operating Procedure (SOP) on providing statements and attendance at inquest, which you can find in the Procedural Documents Library. The Coroner's office requests statements via the Legal Services (LS) Department and the LS team identify the relevant staff and co-ordinate the provision of statements. Guidance is provided and the team is always happy to provide further advice and support.

Must I be involved?

Medical and nursing staff have a professional obligation to cooperate with internal and external investigations; but, just because you provide a statement, this does not necessarily mean you will be called to attend an inquest. If you are, support and guidance is available.

What is a PFD (Regulation 28 report)?

Coroners are under a duty to make reports to a person or organisation where they believe that action should be taken to prevent future deaths. Such reports are called Prevention of Future Death (PFD) reports. All PFD reports and responses must be sent to the Chief Coroner and are shared with interested persons and published on his website.

Do you have any statistics?

During the period 1 April 2016 to 31 March 2017, the Trust was notified of 108 inquests and 88 inquests were heard during the same period.

NHSLA name change

The NHS Litigation Authority (NHSLA), which we told you about last time has changed its name to NHS Resolution. NHSR has launched a five year strategy, which extends its role beyond claims management to focus on prevention, learning and early intervention, to avoid unnecessary court action. This is expected to improve the experience for those who are injured and address the level and cost of negligent harm.

Ranu and the Legal Team

PATIENT EXPERIENCE

Introduction of a new software system to capture patient feedback

From 1 April 2017, UHMBT moved to a new software system for collecting Friends and Family Test (FFT) feedback. **Envoy Messenger** is supported by Healthcare Communications. It is a very sophisticated software tool which allows us to securely deliver our FFT question and undertake additional patient surveys too.

We can use a variety of survey methods with this system – tablets, paper, online access and SMS & IVR messaging (text & voice messaging to mobile and land line telephones). Automated monthly reports will still be sent out; but, in addition, this system allows staff to access the system themselves whenever they like .

Healthcare Communications
Every patient counts
Text Voice Agent Online Post Email Kiosk

Introductory sessions have been taking place and if anyone still needs log-on access to the new system, or if you have any immediate queries, please email Patient Experience and FFT Inbox PatientExperienceandFFTInbox@mbht.nhs.uk

Fliss, Patient Experience Manager

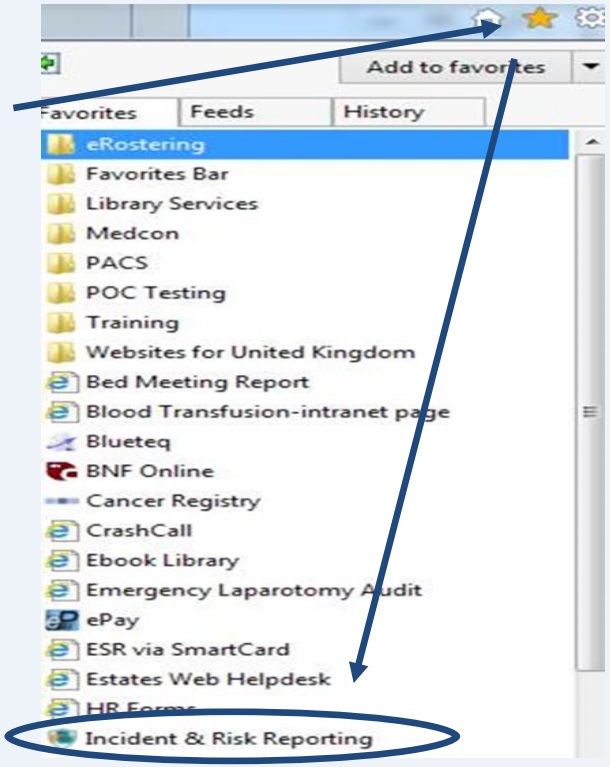
PATIENT SAFETY

I am now settling into my new role and would like to thank teams for making me so welcome.

In last month's blog, we updated you on some of the recent changes to the incident reporting system. During June, we will begin our safety support visits. These will help guide you and your teams through recent changes whilst also helping you resolve any day to day issues that you may experience. The visits will be in collaboration with the Health and Safety Team and will, therefore, provide you with a broad range of guidance, advice and support to help you manage your health and safety responsibilities. In order to arrange a visit please contact **Natalie Hartley** on **45260.**

Remember, the new Ulysses user guides and useful links are accessed via the Ulysses System home page.

1. To view these, log into Ulysses via the **intranet**.
2. Log into Ulysses using your usual computer user ID and password.
3. The user guides and useful links are situated on the right side of the home page. Click on the link to open the document.



Training update

RLI				FGH			
Incident Reporting		Incident Investigation		Incident Reporting		Incident Investigation	
15/06/2017	09:30-10:30	15/06/2017	11:00-12:00	20/06/2017	10:00-11:00	20/06/2017	11:15-12:30
11/07/2017	09:30-10:30	11/07/2017	11:00-12:00	18/07/2017	10:00-11:00	18/07/2017	11:15-12:30
15/08/2017	09:30-10:30	15/08/2017	11:00-12:00	22/08/2017	10:00-11:00	22/08/2017	11:15-12:30
12/09/2017	09:30-10:30	12/09/2017	11:00-12:00	19/09/2017	10:00-11:00	19/09/2017	11:15-12:30
10/10/2017	09:30-10:30	10/10/2017	11:00-12:00	31/10/2017	10:00-11:00	31/10/2017	11:15-12:30
14/11/2017	09:30-10:30	14/11/2017	11:00-12:00	21/11/2017	10:00-11:00	21/11/2017	11:15-12:30
05/12/2017	09:30-10:30	05/12/2017	11:00-12:00	19/12/2017	10:00-11:00	19/12/2017	11:15-12:30

1:1 and group sessions can be organised at any of our sites to suit your needs.
Training is also available for management of Alerts and for Risk Registers please contact Sharon on Ext 46640 for further details

Nicky and the Patient Safety Team

UHMB LIBRARY SERVICES

Challenge yourself to read dangerously with UHMB's Library!

Do you always read the same authors? Want to try something different? Want to work on your mindfulness with **#FlourishAtWork**? Then sign up for the Mystery Read with UHMBT Library Services!

The Mystery Read takes place over six months. Over those six months you will read six books and make notes about how you found the book. At the beginning of every month, a package containing the mystery read for the month will be available on the main counter at RLI or FGH. Return the book the next time you are in the library. If users are based at WGH then the book will be sent via internal mail.

Your first three reads will be a complete mystery. The final three books you choose for yourself.

There's a comfy seating area available at RLI for staff who want to sit and read or take some quiet time for themselves. There is now a small collection of donated magazines in that area and the quick reads will be based in that area.

Books will be short and easy to read. Quick choice books are also available; all staff need to do is request that they would prefer a quick read when they contact the library on library@mbht.nhs.uk , or **44447** (FGH) / **46021** (RLI) to sign up for the Mystery Read.

Please note that to join the Mystery Read, staff need to be registered with the library.

For more information, please contact Kerry Booth, Assistant Librarian, at kerry.booth@mbht.nhs.uk.

I am very proud to share that UHMB's Library & Knowledge Service has been chosen once again to illustrate the innovative and valuable work done by librarians in the NHS.

Every day more than a million decisions are made across the NHS and healthcare sector and health service staff have a responsibility to ensure that evidence is obtained from research. Health Education England and the Chartered Institute of Library and Information Professionals want use our collaboration with the nursing supplies group to continue to promote **#AMillionDecisions.**

Tracey and the Library Services Team

Company Secretary

What we need to do to safeguard governance and accountability as we look at local systems of health and care?

It's worth starting by reflecting on why governance and accountability matter in our world.

They matter because:

- Providers are spending £70 billion of taxpayers' money, 9% of all public spending;
- The services providers deliver are central to the communities they serve;
- In each of those communities, providers are one of the largest local employers and often the largest public sector employer;
- An NHS provider is one of the few organisations in our national life where treatment, care or support for ourselves and our loved ones can irrevocably and profoundly change our lives - for the better, and sometimes, sadly, for the worse;
- And healthcare is also a high risk part of our national life where providers need to reduce avoidable mortality and avoidable errors and where it is right that they should give appropriate account when things do go wrong. And this is an environment where things can, do and, to a certain extent, probably always will, go wrong given the level of risk involved.

I'm struck, as a relative newcomer to the NHS, by how much time and effort NHS foundation trusts (FTs) and trusts have invested in developing effective corporate governance and ensuring appropriate accountability for what they do. And, by and large, how effective and well developed governance and accountability mechanisms in the provider sector now are.

As a foundation trust, we have developed a whole new governance model of members and governors to ensure that the board is accountable and responsive to its local community.

For all providers, the time invested in meeting the requirements of a wide ranging set of accountabilities is considerable: to commissioners; to regulators and system managers like NHS Improvement and the Care Quality Commission; to local health and wellbeing boards and scrutiny committees; and, in the case of FTs, to parliament itself.

I deliberately rehearse the list at length because I think it's important everyone in the service understands just how much time and effort has been and is being expended to ensure that governance and accountability in the provider sector are effective and fit for purpose.

But, we are now heading for a different policy framework with a different set of emphases: a framework where the local system, not the individual provider, is the focal point; where secondary care, primary care and social care are much more integrated; where competition between providers is replaced by collaboration between them, across a wider geographic footprint; where the organisational focus is on accountable care organisations, covering whole regions rather than individual providers and commissioners.

We are pursuing this direction of travel at high speed. The NHS Five year forward view set out the vision. 44 Sustainable Transformation Plans have been produced – one for each region of the Country (we are part of the Healthier Lancashire and South Cumbria Sustainability and Transformation Plan). The latest planning guidance sets out the early steps everyone has to follow. And the new NHS Improvement oversight framework includes a whole domain, one of five, to assess how providers are enabling strategic change at a local system level.

The problem I want to highlight today is that I think we're in danger of leaving the governance and accountability behind. Whilst the vision, the strategy, the planning and, increasingly, the proposed delivery are hurtling towards the world of local systems, governance and accountability are still stuck in the world of individual institutions. I think this carries significant risk.

If we are to move to new care models; if we are to adopt new integrated organisational forms; if we are to deliver services effectively across a wider geographic footprint, we have to ensure that the governance of service delivery and the accountability for that service delivery remain robust and effective. This means maintaining our investment in good corporate governance by organisations but developing a more robust approach to governance between organisations and being clearer on lines of accountability at the local system level.

And although the current narrative emerging from the centre sometimes implies that we are moving from an individual institutional focus to a local system focus, the reality is that we need both. It's not an either/or. We have to find ways of making governance and accountability for individual institutions and local systems complementary not mutually exclusive. Good governance and clear accountability allow risk to be managed and mitigated. They need to be developed thoughtfully at times of peace to enable us to manage effectively in times of trouble.

We all understand the need for that local system focus. That's why so many providers are leading vanguards. That's why, in most places, providers are the key driving force behind the STP process. And that's why providers are at the front of developing new organisational forms be it the Royal Free developing a provider chain, Salford developing an accountable care organisation or Southern Healthcare developing new structures with its local GP federation.

But many of you are now asking questions about governance and accountability in these emerging structures that need urgent answers:

- What happens if an STP footprint develops plans that require an individual provider to sacrifice its individual interests for the greater good of the local system as a whole – how is that reconciled to the provider Board's, its Non-Executive Directors and its Governors' statutory duties?
- What happens if some parts of an STP agree to a plan but others don't? How far and when is it reasonable for the interests of an individual provider to be trumped by the needs of a wider local system?
- How much and what delivery will be put through STP footprints when?
- How will accountability actually work if money and delivery is allocated, managed or measured at the level of a local system rather than an individual institution?

These are just a few questions from a more extensive list. Urgent work is now needed to develop robust answers to them.

If this work isn't done there is a danger that while providers are prepared to plan at an STP footprint level, because it's just a plan, they won't be prepared to deliver services, handle money, agree to service reconfiguration, or be held to account for performance at that local system level. In other words, we can't do what we now need to do without some concentrated work on how governance and accountability will function with this new, additional, focus on local systems.

How do we go about answering these questions and doing this work? I would like to finish by suggesting three principles:

Co-production between local and national

The first is that any work must be co-produced by the centre and local institutions. Too much of the existing policy structure has been developed by the department and its arm's length bodies without appropriate consultation with frontline organisations. Front line organisations have the statutory responsibility for local delivery and they have to make the framework developed by the centre work on the ground. It is vital that skills and expertise are pooled, particularly when much of the expertise, knowledge and skill on governance and accountability reside in provider boards and other local organisations. It doesn't sit at the centre.

Compliance with the law

Secondly, the answers we develop must have a sound and explicit legal basis. While we all understand the wish to avoid primary legislation, we simply cannot pretend that the Health and Social Care Act 2012 does not exist. In a complex and risk laden sector like health care, front line boards must have the protection of a governance and accountability framework that is compliant with the law. We all know that when things go wrong, which is likely to happen more frequently if we are experimenting with new ways of working and as the overall strategic environment deteriorates, the first recourse is the law. What were the legal responsibilities and have they been met? Our system leaders need to acknowledge that provider board directors have duties set out in statute that cannot be wished away or ignored. If we don't have a legally compliant framework we are exposing our senior leaders to unacceptable risk. And when we do the difficult things we know we have to do, like reconfigure services, they will simply fall apart in our hands at the first legal challenge if they are not legally robust.

Replicate what works at individual institutional level

Thirdly, the principles of good governance we have already developed at individual institutional level should be reflected in the governance we now need to develop at a local system level. These include appropriate autonomy from the centre; clear lines of accountability, including to local communities; appropriately robust and detailed assurance and risk management systems and processes; and a degree of independent challenge from a non-executive function. A number of you have rightly pointed to these as significant issues in the current STP planning process governance. Chairs and NEDs, for example, have been unclear about the role they should be playing here.

We'll continue to raise these issues at system level, even if they make us unpopular. We will discuss these issues in the relevant networks. We will make this an important part of local planning.

Paul & Olivia - Company Secretary Team