

Board of Directors Meeting

Report

Subject: QUALITY GOVERNANCE FRAMEWORK

Date: 26th March 2015

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Background

As a result of the CQC report received in July 2014 and the recommendation to Monitor the Trust remain in Special Measures for a further 6 months. TMB and the Board of Directors agreed in October 2014 that it was now prudent to revisit all of the elements of the QGF. In order to ensure a comprehensive self-assessment it was agreed to again include the wider leadership team in the process of assessing the Trust's position. The outcome of the self-assessment was presented to the Board of Directors in December 2014 and showed a self-assessed score of 3.5

Subsequently a confirm and challenge event was undertaken on 15th January 2015 and the outcome of this was reported to TMB in January 2015.

The QGF cannot be reviewed in isolation of the Trust's current improvement plans and therefore the Corporate Services Department has assessed, whilst subjective in some areas, the self-assessed QGF score against the RAG rating within the QIP and SMART action plans.

The Trust's Quality Improvement Plan and SMART action plan are deliberately focused on supporting the Trust's successful removal from Special Measures status at its next CQC inspection by providing for specific improvements in the areas identified for improvement by the CQC or areas where barriers exist to deliver sustainable and embedded improvement. The QGF questions, while more generic in nature, have been aligned with these improvement plans in the table below, in order to identify current risks to achievement against the previously agreed trajectory and to unify some of the QGF actions necessary to continue that improvement trajectory and maintain a score of below 4 such that there is mitigation against duplication of effort and/or of reporting.

QGF Question		Self-Assessment Dec 14	Quality Improvement Plan Action		SMART Action Plan	
STRATEGY			Action	Timescale for implementation	Barrier	
1A	Does quality drive the trust's strategy?	0.0	1.0 Recruitment and retention of a credible and competent Board of	31 st March 2015	2.0	Need to increase pace of change and decision making

				Directors equipped with the skills to deliver the strategic priorities of the trust			
1B	Is the board sufficiently aware of potential risks to quality?	0.5	4.0	Ensure Trust Risk Management processes are robust including appropriate identification of risks, incidents, mitigation and learning at all levels in the organisation	28 th February 2015	8.0	Untested risk committee assurance processes
CAPABILITIES AND CULTURE							
2A	Does the board have the necessary leadership, skills and knowledge to ensure delivery of the quality agenda?	0.5	3.0	Implement our leadership strategy with appropriate focus at divisional and service lines to support our leaders to deliver the strategic objectives	31 st March 2015	2.0	Need to increase pace of change and decision making: Utilise the Executive appraisal process to support and develop Executive Directors
2b	Does the board promote a quality-focused culture throughout the trust?	0.0	2.0	Develop our culture to ensure it is focused on delivery of 'Quality for All' and staff feel valued and empowered to do an excellent job and are proud to work for our Trust	31 st March 2015	1.0	Need to strengthen Medical/ clinical Engagement
PROCESSES AND STRUCTURE							
3A	Are there clear roles and accountabilities in relation to quality governance?	0.0		No actions identified		2.0	Need to increase pace of change and decision making:

							Review portfolios of existing directors to ensure corporate responsibilities are shared and sustainable
3B	Are there clearly defined, well understood processes for escalating and resolving issues and managing quality performance?	0.5	5.0	Ensure that staff receive appropriate and timely feedback from incidents and complaints and that actions taken and lessons learnt are shared across the divisions to improve quality and safety	31 st March 2015	2.0	Need to increase pace of change and decision making:
			6.0	Build safe and effective staffing levels with escalation processes to meet unpredicted demand	31 st March 2015	Executive capacity to adopt a Performance Management approach to managing complex organisational priorities	
3C	Does the board actively engage patients, staff and other key stakeholders on quality?	0.5	13.0	Strengthen the processes to enhance staff performance, ensuring the availability of skilled and competent staff	31 st March 2015	3.0	Actively promote a more responsive demeanor within the organisation in response to some stakeholders concerns in this regard: All Exec team members respond appropriately to concerns raised from Divisions

							All Exec team members respond appropriately to concerns raised by CCG All Exec team members respond appropriately to concerns voiced from CQC
MEASUREMENT							
4A	Is appropriate quality information being analysed and challenged?	0.5		No actions identified		4.0	Inadequate bed management processes & systems Integrity of performance data
4B	Is the board assured of the robustness of the quality information?	0.5					No actions identified
4C	Is quality information used effectively?	0.5					

The confirm and challenge event focused on the questions which had scored the highest during the self-assessment process, these are identified in the section below

1b – is the board sufficiently aware of potential risks to quality?

Aligning this question with the QIP and SMART action plan ratings offers reasonable assurance this element is being sufficiently addressed and supports the Boards self-assessed score.

3B – Are there clearly defined, well understood processes for escalating and resolving issues and managing performance?

Reviewing this question in light of the QIP and SMART action plan shows that although this question is being progressed, all actions are not yet completed in order to provide full assurance to the board. However the Board’s self-assessment of 0.5 clarifies the board’s contention that additional action was necessary which is defined through the QGF scoring matrix definition for this score that existing plans ‘Partially meet expectations but confident in management’s capacity to deliver green performance within a reasonable timeframe’.

4a – Is appropriate quality information being analysed and challenged?

4b – Is the board assured of the robustness of the quality information?

4c – Is quality information being used effectively?

These questions are not sufficiently addressed within either the QIP or SMART action plans to enable adoption of the same rationale. However, the specific issue of Business Intelligence and Data Quality have risen up the agenda over recent months and have

driven the design and focus of the delivery engine and portfolio of the Delivery Director and so it would be prudent to reassess these ratings and trajectories following appointment of the Delivery Director and the commencement of implementation of the Delivery Engine.

In light of the analysis above the board may also wish to consider the level of assurance received with regard to the following questions:

2b - Does the board promote a quality-focused culture throughout the trust?

Medical Engagement is RAG rated as red on the SMART action plan. However, the QGF is not dedicated solely to this particular element of quality focus. The activities in relation to Quality for All, engagement with Doctors through April Strategy, Board shadowing, patient stories and roll out of organizational learning are all areas of focus which are continuing to be improved and promoted by the Board which the Board may consider support the continued self-assessed rating of 0.0 which is defined on the QGF scoring matrix as *‘Meets or exceeds expectations’*

3c - Does the board actively engage patients, staff and other key stakeholders on quality?

CCG and CQC engagement are RAG rated as red on the SMART action plan. However this QGF question is not focused solely on this particular element of engagement, therefore the board may wish to consider the actions already implemented in this regard as identified in 2b above, and may also consider therefore the appropriateness of the continuing relevance of the Board self-assessed rating of 0.5 which is defined on the QGF scoring matrix as *‘Partially meets expectations but confident in management’s capacity to deliver green performance within a reasonable timeframe’*.

It is therefore proposed that the next confirm and challenge event will focus on the elements of the QGF not sufficiently addressed through the QIP or SMART action plan updates.

Recommendations

1. The Board is invited to agree existing ratings remain relevant in light of this analysis or alternatively, instruct the lead directors for the QGF questions to provide detailed assurances within a prescribed timeline.

Relevant Strategic Priorities (please mark in bold)	
To consistently deliver safe, effective a high quality care achieving a positive and staff and patient experience	To develop extended clinical networks that benefit the patients we serve
To eliminate the variability of access to and outcomes from our acute and community services	To provide efficient and cost-effective services and deliver better value healthcare
To reduce demand on hospital services and deliver care closer to home	

Links to the BAF and Corporate Risk Register	Principal Risk 1 – Inability to maintain the quality of patient services demanded
Details of additional risks	n/a
Links to NHS Constitution	Duty of Quality
Financial Implications/Impact	

Legal Implications/Impact	Failure to deliver robust governance increases likelihood of continuance of Regulatory enforcement action
Partnership working & Public Engagement Implications/Impact	n/a
Committees/groups where this item has been presented before	n/a