

Agenda Item:

Board of Directors Meeting

Report

Subject: QUALITY GOVERNANCE FRAMEWORK

Date: 27th MARCH 2014

Author: SHIRLEY A CLARKE, HEAD OF PROGRAMME MANAGEMENT

Lead Director: KERRY ROGERS, DIRECTOR OF CORPORATE SERVICES/ COMPANY SECRETARY

EXECUTIVE SUMMARY

Monitor wrote to the Trust after the January 2014 progress review meeting reiterating that the Trust has failed to meet its Discretionary Requirements with respect to quality governance, having been externally assessed in January (by PWC) as having a quality governance score of 4. The Trust informed Monitor it expects to achieve a score of 3.5 by the end of February 2014. Monitor expects the Trust to write to them with evidence of the improvement and the results of its self-assessment by the end of March 2014.

The Monitor guidance in respect of the Quality Governance framework identifies under each question areas of best practice.

The Executive team, with reference to the output from the Confirm and Challenge event in 2013 and on 13th February 2014, had identified that there were areas within the Quality Governance Framework that the Trust could now evidence had improved sufficiently over recent weeks, especially through the focus of the NEDs (following the C&C event) and the focus of assurance work across the Trust to deliver confidence to the Board of the quality of healthcare systems and delivery in connection with the CQC visit. The Executive Team believed that the greatest improvement, in order to move from 0.5 to zero (no domain has an externally validated score above 0.5) would be within Processes and Structures

3a Are there clear roles and accountabilities in relation to Quality governance?

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

RECOMMENDATION

1. The Board is invited to approve the reduction in scores recommended by the Trust Management Board:
 - a. 3a Score 0.0
 - b. 3b Score 0.5 retained until further improvement evidenced.
2. The Board is invited to agree the trajectory to reduce the Trusts QGF score further as reported verbally by the Trust Management Board following their deliberations on 24th March 2014 through which an improvement trajectory will be agreed.
3. The Board is invited to call upon the work it has completed to assure individuals of the realities of the quality of care delivery at the Trust gleaned from involvement in C&C sessions, ward and department unannounced visits, IATs and other triangulated

intelligence sources to inform Board’s acceptance of the improvements made since PWC’s report in January.

Relevant Strategic Objectives (please mark in bold)	
Achieve the best patient experience	Achieve financial sustainability
Improve patient safety and provide high quality care	Build successful relationships with external organisations and regulators
Attract, develop and motivate effective teams	

Links to the BAF and Corporate Risk Register	
Details of additional risks	n/a
Links to NHS Constitution	Duty of Quality
Financial Implications/Impact	
Legal Implications/Impact	Failure to deliver against the Keogh Actions 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

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BACKGROUND

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The Executive team, with reference to the output from the Confirm and Challenge event in 2013 and on 13th February 2014, had identified that there were areas within the Quality Governance Framework that the Trust could now evidence had improved sufficiently over recent weeks, especially through the focus of the NEDs (following the C&C event) and the focus of assurance work across the Trust to deliver confidence to the Board of the quality of healthcare systems and delivery in connection with the CQC visit. The Executive Team believed that the greatest improvement, in order to move from 0.5 to zero (no domain has an externally validated score above 0.5) would be within Processes and Structures

- 3a Are there clear roles and accountabilities in relation to Quality governance?
- 3c Does the board actively engage patients, staff and other key stakeholders on Quality?

The Board have previously (October 2013) self-assessed as 0.4 against each of these questions, and PWC independently scored the Trust as 0.5 against these questions in January 2014.

The Trust Management Board reviewed the evidence provided and the areas identified for further improvements against each of the areas of best practice for the questions above and approved the scores recommended by the Executive Management Team of

- 3a Score 0.0
- 3b Score 0.5 retained until further improvement evidenced.

Development of an Improvement Trajectory

The table below identifies progress against all the QGF Questions:

Quality Governance Framework		PWC January 2013 Quality Governance Review	Trust self - assessment October 2013	PWC December 2013 Quality Governance Review assessment
No:	Question			
1a	Does quality drive the trust's Strategy?	1.0	0.40	0.00
1b	Is the Board Sufficiently aware of potential risks to quality?	1.0	0.50	0.50
2a	Does the board have the necessary leadership and skills and knowledge to ensure delivery of the quality agenda?	1.0	0.20	0.50
2b	Does the board promote a quality-focussed culture throughout the Trust?	1.0	0.40	0.00
3a	Are there clear roles and accountabilities in relation to quality governance?	1.0	0.40	0.50
3b	Are there clearly defined, well understood processes for escalating and resolving issues and managing performance?	1.0	0.50	0.50
3c	Does the board actively engage patients, staff and other key stakeholders on quality?	1.0	0.40	0.50
4a	Is appropriate quality information being analysed and challenged?	1.0	0.30	0.50
4b	Is the board assured of the robustness of the quality information?	4.0	0.50	0.50
4c	Is quality information being used effectively?	1.0	0.30	0.50
TOTAL		13.0	3.9	4.0

Significant improvements have been achieved since the initial PWC review in January 2013. Based on the recommendations of TMB the Trust must now develop improvement plans for the remaining QGF questions to reduce the score further. These improvement plans will be monitored regularly by TMB. Which will enable both TMB and the Trust Board to assess the Trusts performance against the framework, enabling it to identify gaps or shortcomings at the earliest opportunity, ensuring the QGF is dynamic and closely aligned to the BAF and assurance activity of the Trust Board.

The Trust Management Board deliberated a trajectory in March 2014 and this will be reported verbally to the Trust Board.

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