

Board of Directors

Report

Subject: QUALITY GOVERNANCE FRAMEWORK

Date: 29th JANUARY 2015

Author: SHIRLEY A CLARKE, DEPUTY DIRECTOR OF CORPORATE SERVICES

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

Executive summary

In January 2014 Monitor informed the Trust it had failed to meet its Discretionary Requirements with respect to quality governance having been externally assessed by PWC (January 2014) as having a quality governance score of 4.

Since January there has been a monthly report to the Board of Directors describing progress against each of the elements of the Quality Governance Framework (QGF) from the executive lead.

In July the Trust Board approved an overall QGF score of 3 as recommended by the Trust Management Board as determined by the evidence of the progress achieved.

However in light 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 proposed process and timetable was agreed by both TMB and the Board of Directors.

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

It was agreed by the Board of Directors a confirm and challenge session would be undertaken to focus on the key areas for review. As a result of this a confirm and challenge session was undertaken on 15th January 2015 which sought to provide assurance against the QGF questions which scored the highest during the self-assessment process

The Confirm and Challenge session focused on 6 key areas some of which had been highlighted in the internal mock CQC inspection report as requiring further development:.

Panel 1 – Infection Control
Panel 2 – Organisational Learning
Panel 3 - Documentation
Panel 4 - Staffing
Panel 5 - Flow
Panel 6 – CIP 2015/16

Each panel consisted of 3 Non-executive directors who heard presentations from the leads for each area.

The panel members reported at the end of the session regarding levels of assurance

Actions required by the Board:

1. The Board of Directors are invited to note the report
2. The Board of Directors are invited to comment on how the contents of the report impact on their assurance in respect of the Quality Governance Framework
3. The Board of Directors are requested to highlight any issues identified in the report which it deems appropriate for further action or investigation

Relevant Strategic Priorities (please mark in bold)	
To consistently deliver a high quality patient experience safely and effectively	To develop extended clinical networks that benefit the patients we serve
To eliminate the variability of access to and outcomes from our acute 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 – Failure maintain the quality of patient services demanded Principal risk 4 – Failure to deliver and maintain clinical sustainability
Details of additional risks	n/a
Links to NHS Constitution	Duty of Quality
Financial Implications/Impact	
Legal Implications/Impact	Failure to deliver robust quality 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

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Background

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- 1b – Is the board sufficiently aware of potential risks to quality?
- 3b – Are there clearly defined, well understood processes for escalating and resolving issues and managing performance?
- 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?

This Confirm and Challenge session forms part of a rolling programme which aims to improve Quality Governance across the Trust, through the robust challenge of current processes. These sessions are an opportunity for Non-Executive Directors to answer the question frequently posed to the organisation by Monitor *‘How do you know?’* And *‘How do the people you rely on for information know?’*. The sessions seek to provide assurance in respect of the areas being presented.

Monitor defines 3 levels of assurance:

- Assurance** Being assured because the board has reviewed reliable sources of information and is satisfied with the course of action
- Assumption** Being satisfied that there is no evidence to the contrary
- Reassurance** Being told by the executives or staff that performance or actions are satisfactory

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Each panel consisted of 3 Non-executive directors who heard presentations from the leads for each area.

The panel members reported at the end of the session regarding levels of assurance

Infection Control – Panel 1 fully assured no further actions or follow up required.

Organisational Learning – Panel 2 fully assured of the process, however the panel were not adequately assured the resources are sufficient to embed throughout the organisation.

Documentation – Panel 3 fully assured of the process. The panel had significant concerns regarding consistency of implementation. The panel also raised concern in respect of medical documentation.

Staffing – Panel 4 fully assured with regarding to nursing and radiology staff. The panel raised concerns regarding medical staffing and required this together with medical documentation to form part of the Confirm and Challenge programme

Flow – Panel 5 assured the process and projects in place would now like to see the impact of the changes.

2015/16 CIP – Panel 6 not assured and requested the next Confirm and Challenge session focus solely on this area.

All panels recognised the amount of change being implemented in the organisation and were aware of the current pressures in the system all of which were having an impact on staff. In light of this all the panel members expressed thanks to all staff working above and beyond in delivering excellent patient care.

The panels did raise some concerns and overall four key issues emerged from the session:

- Concerns regarding local leadership
- Insufficient performance management
- lack of accountability
- Inadequate consequences

It was agreed these would be raised with senior management teams.

Actions required by the Board

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