

Board of Directors Meeting

Report

Subject: QUALITY GOVERNANCE FRAMEWORK

Date: 26th JUNE 2014

Author: SHIRLEY A CLARKE, DEPUTY DIRECTOR OF CORPORATE SERVICES

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 Board reviewed the evidence at the March 2014 meeting and approved a reduction in the score of question 3c from 0.5 to 0.0 reducing the Trusts overall score from 4.0 to 3.5. The trust wrote to Monitor at the end of March with the evidence of the improvement and the results of this self-assessment.

The trajectory shows QGF question 3a being fully assured for reduction to 0.0 in June 2014, a full assurance report will be provided to Trust Management Board in July to recommend reduction in the score to the Trust Board in July 2014.

RECOMMENDATION

1. The Board is invited to note the update actions to deliver the trajectory to reduce the Trusts QGF score further as indicated

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

REPORT

Board of Directors Meeting

Subject: QUALITY GOVERNANCE FRAMEWORK

Date: 26th JUNE 2014

Author: SHIRLEY A CLARKE, DEPUTY DIRECTOR OF CORPORATE SERVICES

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

BACKGROUND

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 Board reviewed the evidence at the March 2014 meeting and approved a reduction in the score of question 3c from 0.5 to 0.0 reducing the Trusts overall score from 4.0 to 3.5. The trust wrote to Monitor at the end of March with the evidence of the improvement and the results of this self-assessment.

To monitor further progress against each of the QGF questions each question has been allocated an executive lead who will provide evidence monthly and a trajectory of when the relevant question will attain a score of 0.0.

The trajectory shows QGF question 3a being fully assured for reduction to 0.0 in June 2014, a full assurance report will be provided to Trust Management Board in July to recommend reduction in the score to the Trust Board in July 2014.

The Monitor guidance in respect of the Quality Governance framework identifies under each question areas of best practice, the executive lead of the question will use this information to measure progress and evidence achievement.

Development of an Improvement Trajectory

The table below indicates the progress in month against each of the QGF questions

	QGF Question	PWC Assessment Jan 2013	TB Self-Assessment Oct 2013	PWC assessment Jan 2014	June Position	Date forecast to achieve score of	Executive Lead

						0.0	
1a	Does Quality drive the trust Strategy?	1.0	0.4	0.0	0.0	Jan 2014	P Wozencroft
1b	Is the board sufficiently aware of potential risks to quality?	1.0	0.5	0.5	0.5	July 2014	K Rogers
<p>June Update</p> <p>The Board Assurance statement is submitted to the Trust Board twice a year, in March and September.</p> <p>A revised process for the management of the BAF has been approved by the Audit and Assurance Committee.</p> <p>The details the role of the lead executive committees, TMB and the Audit and Assurance Committee, in challenging new board assurance report to assure themselves that the strategic objectives will be delivered.</p> <p>A pilot board assurance report will be presented to the Audit and Assurance Committee for approval 24th July 2014 and to the Business Planning and Investment Committee 22nd July 2014.</p> <p>The Board Assurance Framework and Corporate Risk Register will have been through the new process before the production of the September Board Assurance Statement in September 2014.</p>							
2a	Does the board have the necessary leadership and skills and knowledge to ensure delivery of the quality agenda?	1.0	0.2	0.5	0.5	Sept 2014	K Rogers
<p>June Update</p> <p>A Board Development Masterclass is scheduled for 27th June in respect of Data Quality the session will include: why measure? why variation matters? Run and SPC charts and how to read them, Can I trust the numbers? etc.</p> <p>A board effectiveness review which is scheduled in Q3, will be undertaken by Foresight.</p>							
2b	Does the board promote a quality-focused culture throughout the Trust?	1.0	0.4	0.0	0.0	Jan 2014	K Fisher

3a	Are there clear roles and accountabilities in relation to quality governance?	1.0	0.4	0.5	0.5	June 2014	P O'Connor
<p>June Update</p> <p>The Executive Medical Director will formally take up his post substantively from 30th June. This concludes the actions in respect of this QGF question. Therefore a more detailed assurance report will be presented to TMB for recommendation to the Trust Board to reduce this score to 0.0</p>							
3b	Are there clearly defined, well understood processes for escalating and resolving issues and managing performance?	1.0	0.5	0.5	0.5	Sept 2014	F Steele
<p>June Update</p> <p>Clinical Audit and Effectiveness Sub-Committee has been re-established and the clinical audit forward plan is being reviewed and prioritized to ensure trust priorities are agreed within the level 1 and 2 audits.</p> <p>The Serious Incident reporting process has been revised.</p> <p>The Governance Support Unit will be fully staffed during Q2, this final action will enable assurance to be provided to TMB for recommendation to the Trust Board to reduce the score to 0.0</p>							
3c	Does the board actively engage patients, staff and other key stakeholders on quality?	1.0	0.4	0.5 (revised to 0.0 by TB in March 2014)	0.0	March 2014	S Bowler
<p>June Update</p> <p>The board has actively engaged patients, staff and other key stakeholders on quality through the divisional clinical governance process, however further work is required to fully embed and sustain the ward to board flow of information.</p>							
4a	Is appropriate quality information being analysed and challenged?	1.0	0.3	0.5	0.5	Nov 14	J Tufnell
<p>June Update</p> <p>Monthly Integrated Performance Report includes data and information on Monitor Risk Assessment Framework standards, Quality and Safety and Patient Experience.</p> <p>Quality data reports are submitted to board sub-committees chaired by NEDs prior to submission to the Board.</p> <p>Quality information is challenged through the divisional clinical governance process, however further work is required to fully embed and sustain the ward to board flow of information.</p>							

	The Trust need to develop a process of producing quality information at consultant level						
4b	Is the board assured of the robustness of the quality information?	4.0	0.5	0.5	0.5	Sept 14	J Tufnell
	<p>A Data Quality group and committee chaired by the Director of Operations has been implemented and include representatives from GSU, HR, Clinicians, Information team, infection control and divisions.</p> <p>A data quality 'kitemark' is currently being developed to RAG rate the quality of the data presented.</p> <p>The Trust is working with Newcastle to review information processes and provide improved assurance in relation to the accuracy of information. Medway PAS is still planned for roll-out in October which will significantly improve our input (with all staff receiving training) and its reporting capability. A further consequence will be the ability to improve the resources in the data quality team by moving staff from information</p>						
4c	Is quality information being used effectively?	1.0	0.3	0.5	0.5	March 2015	S Bowler
	<p>Communication Boards rolled out across the Trust including specialist areas – Children's, Maternity and Outpatients. These have been identified as best practice and the Trust has been approached by other organisations to share the process.</p> <p>Quality report has been presented in a consistent format, this builds the messages throughout the year. This is reported to the board meeting held in public and is available on the internet.</p> <p>Trend analysis of trust performance is compared to external benchmarking tools such as the safety thermometer, RAG rated and reported in the Integrated Performance Report to TB.</p> <p>Performance is reported the month following achievement i.e. February performance is reported in March.</p> <p>The Ward assurance matrix provides a drill down from Trust to division to individual ward performance and is distributed 15 working days after the month end.</p> <p>Falls deep dive information was presented to the Quality Committee and HSMR is reported on a monthly basis validated externally on a quarterly basis.</p> <p>Serious Incidents are reported as part of the Integrated Performance Report and present individual information and data to the Quality Committee such as Never Events.</p> <p>The focus on HSMR, Pressure Ulcers, reduction in Cardiac Arrest rates are examples of where information on quality has led to an improvement in quality performance.</p>						

RECOMMENDATION

1. The Board is invited to note the update actions to deliver the trajectory to reduce the Trusts QGF score further as indicated.