

Date of Meeting: 30/04/2013	Agenda Item No: 5.4	Enclosure: 7
Intended Outcome:		
For noting	For information	For decision ✓
Title of Report: Quality Governance Framework – Quarterly Update		
Aims: To update the Board on the current position of the Quality Governance Assessment and they key areas of work still to be delivered in order to fully achieve all the requirements set out in the Monitor Quality Governance Framework.		
Executive Summary: The Monitor Quality Governance framework consists of ten key questions which are used to test the robustness of quality governance at applicant trusts. Specifically Monitor want to ensure evidence is in place that show: <ul style="list-style-type: none"> boards accurately understand the quality of the care their organisation provides; boards are able to assess and mitigate risks to quality; quality is seen as a responsibility of the entire board, not only the medical and nursing directors; and trusts are committed to continuous quality improvement, and have put in place the tools to address poor performance. Whilst the Trust is progressing achieving Foundation Trust status by being acquired by Northumbria NHS Foundation Trust (NHFT) it is important that the Board reviews its position against the quality governance assessment now in order to demonstrate that quality arrangements are in place, which will also contribute to the safe transition and handover to the new organisation. In July 2012, Northumbria Healthcare NHS Foundation Trust commissioned Professor Rob Wilson, Medical Director from South Tees Hospitals NHS Foundation Trust to undertake an independent assessment of the Trust’s governance arrangements against the framework. The outputs from this work have been reviewed by the Governance Acquisition Workstream. The Trust Board received an update report in January 2013 regarding the movement in the assessment scoring. This report updates the Board on the current position and outlines details of the independent assessment which will be undertaken by KPMG in May 2013.		
Specific implications and links to the Trust’s Strategic Aims:		
We deliver excellent clinical outcomes along closely integrated pathways		✓
We provide excellent patient-centred services		✓
We deliver excellence in safety, quality and regulatory compliance		✓
We deliver efficient care and work within budgets		
Recommendations: That the Board Approve the content of the report.		
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**TRUST BOARD APRIL 2013
QUALITY GOVERNANCE
ASSESSMENT**

1. INTRODUCTION

The Monitor Quality Governance framework requires all aspirant and existing Foundation Trust’s to assess where the organisation is against the Quality Governance framework set out by Monitor. The Framework comprises of ten core questions:

Strategy	Capabilities and culture	Processes and structure	Measurement
<p>1A Does quality drive the trust’s strategy?</p> <p>1B Is the board sufficiently aware of potential risks to quality?</p>	<p>2A Does the board have the necessary leadership, skills and knowledge to ensure delivery of the quality agenda?</p> <p>2B Does the board promote a quality-focused culture throughout the trust?</p>	<p>3A Are there clear roles and accountabilities in relation to quality governance?</p> <p>3B Are there clearly defined, well understood processes for escalating and resolving issues and managing quality performance?</p> <p>3C Does the board actively engage patients, staff and other key stakeholders on quality?</p>	<p>4A Is appropriate quality information being analysed and challenged?</p> <p>4B Is the board assured of the robustness of the quality information?</p> <p>4C Is quality information used effectively?</p>

In November 2011, the Trust started to review with NHFT the Trust’s evidence to demonstrate that the above requirements were in place. In July 2012, Northumbria Healthcare NHS Foundation Trust commissioned Professor Rob Wilson, Medical Director from South Tees Hospitals NHS Foundation Trust to undertake an independent assessment of the Trust’s governance arrangements against the framework. The report has been circulated to all Board members.

The outputs from this work have been reviewed by the Governance Acquisition Workstream during the last four months. A detailed action plan is in place to address the specific areas of improvement which is being monitored on a fortnightly basis through the workstream.

This report summarises the current assurance in place against each of the core areas as well as confirms the key pieces of work which are still to be delivered.

A dashboard has been developed to track the improvements in the quality governance risk ratings, and is attached at Appendix two. The current quality risk rating for the Trust is Amber Red with a score of 4.0.

2. STRATEGY

2.1 Does quality drive the Trust's strategy?

Assurance

- The Trust Board has approved the safety and quality priorities/goals which will drive year on year improvements. These goals focus on the *safety* of care given to patients, how *effective* we are at delivering care, the *experience* of our patients as well as *innovation*. The priorities were launched across the Trust to ensure they are visible for patients and staff.
- The Board has approved the overarching approach to quality improvement.
- The Trust and Clinical Business Unit 'Plans on a Page' have been completed and approved by the Board which have safety and quality at the centre of the plans.
- The corporate safety and quality regulatory report has been aligned to Northumbria Healthcare NHS Foundation Trust.
- The Safety, Quality and Experience reporting to the Board has been enhanced to clearly update the Board on improvements and delivery of agreed plans to improve safety and the quality of care.
- The Trust has approved a Quality Account for 2012/13.
- The annual plan was agreed and provided to the TDA on 5th April this included our safety and quality priorities for 13/14.

Work still to be achieved

- Governance, Risk and Quality Strategy to have an interim update in advance of acquisition to ensure changes to process and introduction of new committees are clearly defined and understood. This will also include the Northumbria Healthcare NHS Foundation Trust quality improvement approach which has been adopted by the Board in November 2012.

2.2 Is the Board sufficiently aware of the risks to quality?

Assurance

- The Board receives a report on the Trust's compliance with the Care Quality Commission Outcomes.
- The Board has in place an integrated risk register and assurance framework which clearly identifies the key risks relating to providing high quality care.
- The Board discusses the key risk areas in relation to the safety and quality of care.
- The Board review serious safety / service concerns with the Clinical Business Units.
- The Board review serious incidents and complaints.
- The new process for quality review of initiatives and cost improvement schemes to be approved and implemented. This will include a detailed assessment of items which could have a significant impact on the quality of care as well as pre and post implementation review. This is done and approved by the time of the submission to the TDA on 5th April

- Whilst we are more open and transparent about risk there is an ongoing issue with the escalation of risk. This is clearly a deep cultural issue which will take time to resolve but the Trust is better. To encourage the sharing of risk more, the Clinical Policy Group discusses learning from trust wide serious incidents and serious complaints and we have arranged secondments from Northumbria to work with teams, e.g., Interim Director of Education & Training to strengthen education and training as a priority.

Work still to be achieved

- Trust wide risk register is to be reviewed in view of new Clinical Business Unit structures as well as the current risks to delivering the national and local safety and quality priorities.
- Development of ownership at clinical director level will be achieved as the business unit structures are embedded.

3. CAPABILITIES AND CULTURE

3.1 Does the Board have the necessary leadership skills and knowledge to ensure delivery of the quality agenda?

Assurance

- Development of the Board has commenced with specific learning undertaken on the quality governance assessment, understanding mortality, strategic planning, lessons from the Francis Inquiry and enhanced patient flow (planned for early May)
- Leadership programme has commenced for Executive and other Directors.
- The Board discusses the key risk areas in relation to the safety and quality of care and what is being done to address them.
- Specific service reviews have commenced to improve quality performance.
- Learning from external reports on patient safety discussed at Senior Leadership Away Days in September 2012.

Work still to be achieved

- Current committee structure to be reviewed with changes recommended to the Board in March 2013. This will also include the overall plan to align the committee structures for the new organisation.
- Clarification on what external benchmarking is undertaken in relation to quality.

3.2 Does the Board promote a quality-focused culture throughout the Trust?

Assurance

- Quality and Safety is a standing and first item on the Board agenda.
- Board has supported the work to reduce mortality and reduce harm.
- The Board has supported the commitment to be fully compliant with all the CQC safety and quality outcomes
- Board development session held on the Francis Inquiry and engagement with staff via the staff road-shows has commenced to listen to staff views on the Francis Inquiry. A key area for development will be the nursing indicators and ward health checks are in place to ensure engagement and empowerment of all staff on quality

- There is a weekly scrutiny meeting in place with the Medical Director, Director of Nursing and Director of Governance to review serious incidents, complaints or other safety concerns.
- The Governance and Quality committee review specific issues in relation to quality, including direct reports from the Clinical Business Units.
- Director patient safety walks around programme in place.
- Delivery of 2012/13 clinical audit plan reported to Board and the draft plan for 2013/14 has been developed for approval by the Board in April 2013.
- Programme for the patient safety days have been finalised and issued to all staff.
- Incident reporting has improved with the Trust now higher than the national average for medium sized acute Trusts.
- Review of SUI findings now commenced and fully shared at the Clinical Policy Group.
- Clinical Audit Plan for 2013/14 includes auditing the implementation of recommendations from SUIs and Serious Complaints to ensure lessons are learned and practice is fully shared.

4. PROCESSES AND STRUCTURE

4.1 Are there clear roles and accountabilities in relation to quality governance?

Assurance

- Quality and Safety is a standing and first item on the Board agenda.
- The Trust Governance strategy describes the current system for governance from ward to Board, including the Board sub-committee to review quality.

Work still to be achieved

- Committee structure to be refined as described in section 3.1
- Governance, Risk and Quality Strategy to have an interim update in advance of acquisition to ensure changes to process and introduction of new committees are clearly defined and understood.

4.2 Are there clearly defined, well understood processes for escalating and resolving issues and managing quality performance?

Assurance

- Serious complaints, claims and incidents are reported and escalated to the Trust Board.
- Lessons learned from key clinical issues are shared and discussed at Clinical Policy Group.
- There is a performance management system to identify and address areas of underperformance.
- There is an internal audit function that reviews specific aspects of the Trusts governance systems and process as part of their internal audit annual plan.
- Clinical audit plan for 2013/14 developed to ensure any quality issues arising from SUIs and Serious Complaints are formally audited.
- New process for recording and following up internal audit recommendations has been developed for 2013/14.

Work still to be achieved

- Implementation of quarterly monitoring against the clinical audit plan for 2013/14.
- Operational escalation of key quality indicators
- Embedding a culture of escalation will take time to truly embed but as issues are highlighted the teams are responding openly and rapidly with good ideas. This demonstrates a commitment to change and move away from the past.

4.3 Does the Board actively engage patients, staff and other key stakeholders on quality?

Assurance

- Information on how the Trust is performing against key quality measures is reported and discussed in public.
- The Board records patient stories and one patient has approved his story to be told following a serious complaint, which commenced at the staff road shows in April 2013.
- We are planning to listen to patient stories at our Patient Safety Day – this is an Organisational Development day for staff. This encourages emotional connection and is a welcome and positive step.
- The Trust has significantly invested in a real time patient experience programme and the early results are now reported to the Board
- Engagement with senior managers on the outcomes of the staff survey.
- The Board reviews the complaint and serious incident information on a monthly basis.
- The Governance Committee has reviewed the outcomes from the staff survey and how the issues will be taken forward.
- A workforce committee has been established as a subcommittee of the Board to allow greater focus on the quality issues relating to our staff.
- The Chief Executive and other Directors engage with the local Health and Wellbeing Scrutiny Committee and Cumbria LINK on items regarding the quality of care.
- Our Shadow Board of Governors started in April and we have encouraged them to be involved.

Work still to be achieved

- Engagement of patients as part of the specific service reviews to be confirmed and reported.

5. MEASUREMENT

5.1 Is appropriate quality information being analysed and challenged?

Assurance

- Board development days have taken place and are planned to ensure all members have the right information to challenge and ask the right questions.
- Board reports have changed to provide a deeper analysis of the root causes and the action plans to address the specific causes.
- Data quality standards are being used to guide the Board such as 18 weeks referral to treatment.
- Walk-rounds are in place by Board members to challenge and observe standards of care.

- Clinical Business Unit Directors are involved in the discussions to challenge and validate the discussions we are holding at the Board.
- Where more challenge, is required the Board has determined that external advice is required in the form of Intensive Support Teams or external teams, which can be evidence in key areas such as delivery of the emergency care standard, 18 week referral to treatment target and the management of C-Difficile.

Work still to be achieved

- Board development session on the delivery of 18 weeks is planned for April.

5.2 Is the Board assured of the robustness of the quality of information?

Assurance

- The Board has a clinical and internal audit programme in place.
- A position statement on the performance in national audits has been prepared.
- Coding accuracy is in line with national standards.
- Outstanding issues register/audit log is in place for all internal audit recommendations.

Work still to be achieved

- Written document to be prepared to confirm information accuracy, validity and completeness.
- A process for escalating internal audit reports with limited or no assurance to be agreed and implemented by April 2013.

5.3 Is quality information used effectively?

Assurance

- Information contained in existing reports is clear and consistent.
- Information is benchmarked and compared with other Trusts in terms of clinical outcomes.
- All safety and quality priorities to be measured and reported to the Board in March 2013. These are at an early stage of development so some information is in its infancy whereas with more successful NHS FTs this information would be embedded and in place for longer than 3-4 years. For example, discharge summaries have improved from 30% to 79% within 24 hours by the use of weekly measurement and reporting and challenge.

Work still to be achieved

- Longer term evidence to demonstrate how quality information has successfully improved quality performance, e.g., NEWS reporting overtime will demonstrate how there is a link to the reduction in our mortality and harm rates.

6. SCORING THE TRUSTS POSITION ON THE GOVERNANCE ASSESSMENT

The initial review of the Trusts quality governance arrangements by Northumbria Healthcare NHS FT confirmed an overall score quality risk score of 8.0.

Based on additional information of assurance by the North Cumbria executive team in early July this score was assessed at 5.5 and validated by Professor Rob Wilson in September.

In January 2013, this position was reviewed and a score of 3.5 was confirmed.

The work complete during quarter four of 2012/13 has moved this position to 4.0. The key reason for the change relates to the escalation of risk items regarding the delivery of a national target, which have been identified as requiring improvement during quarter 4 2012/13.

6.1 Independent Assessment by KPMG

The Trust will undergo an independent assessment against the Monitor Quality Governance Framework in May 2013. The programme for the assessment will include a review of key documents/information, interviews with Board members and other Directors as well as staff focus groups.

It is important to highlight that there is even greater scrutiny by Monitor on FT applications, which can be evidence by deferrals of NHS Trusts in April 2013 who have outstanding CQC compliance issues as well as further work required to embed quality governance.

Whilst the Trust is progressing with the acquisition in order to ultimately achieve Foundation Trust status, the scrutiny Monitor will apply on quality governance for the entire 'group' will remain significant.

In April 2013, Monitor published a guide for Boards of provider organisations on *Quality governance: How does a Board know that its organisation is working effectively to improve patient care*, a copy has been circulated to all Board members. This guidance is to be reviewed in conjunction with the Monitor Quality Governance Framework.

7. CONCLUSION

Significant progress continues to be made on embedding quality governance across the organisation. Work is still required in a number of areas which are outlined in this report and plans are in place to address these areas over the forthcoming months.

The Trust will be undergoing an independent assessment by KMPG on its quality governance arrangements which will form a key part of the acquisition requirements for the new organisation/group position.

It is important that in leading up to the acquisition the current Trust Board are focussed on the quality governance requirements and the areas of work which are still to be implemented.

8. RECOMMENDATION

That the Board APPROVES the report.

RAMONA DUGUID
ACTING DIRECTOR OF GOVERNANCE