

Date of Meeting: 22/01/2013	Agenda Item No: 6.2	Enclosure: 5
Intended Outcome:		
For noting ✓	For information	For decision
Title of Report: Quality Governance Framework – 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 what 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 during the last four months. This report updates the Board on progress against the Quality Governance Framework and outlines the specific pieces of work which need to be delivered by May 2013 in order for the Board to confirm that Quality Governance arrangements are in place. The Trust will be assessed by KPMG on the framework March 2013.		
Specific implications and links to the Trust's Strategic Aims:		
Ensure we provide high quality, safe and effective care for all our patients including meeting essential standards of safety and quality as set out by the CQC		✓
Develop a viable integrated clinical strategy for secondary care services which is sustainable and affordable		
Develop a new healthcare facility in West Cumbria that is fit for the 21st century		
Achieve sustainable financial balance through the delivery of the Trust's internal Cost Improvement Programme, securing a viable contract income from our GP commissioners and contributing to the system wide cost reductions		
To develop and implement a successful merger or acquisition plan that enables the Trust to become part of an existing NHS Foundation Trust		
Recommendations: That the Board NOTES the content of the report.		
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**TRUST BOARD – JANUARY
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 need to be delivered by May 2013 in order for the Board to confirm that Quality Governance arrangements are in place.

A dashboard has been developed to track the improvements in the quality governance risk ratings, which will be reported to the Board again in March 2013 and is attached at Appendix two. The current quality risk rating for the Trust is Amber Red with a score of 3.5.

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 the quality strategy.
- Work has commenced on developing the Business Units and Trust's 'Plan on a Page' which will link to the development of the Annual Plan for 2013/14 and the subsequent three year forward plan.
- A draft safety and quality report has been developed to measure progress against the agreed safety and quality priorities.
- The Trust has approved a Quality Account for 2012/13.

Work still to be achieved

- The annual plan and clarity on the quality goals which will be measured year on year will be finalised and measured by the Board in May 2013.
- All safety and quality priorities to be measured and reported to the Board in March 2013.

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.
- The Board discusses the key risk areas in relation to the safety and quality of care.

Work still to be achieved

- Trust wide risk register 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.
- 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.
- 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 and understanding mortality.
- 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 item on the Board agenda.
- 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 Divisions.
- Nursing indicators and ward health checks are in place to ensure engagement and empowerment of all staff on quality.
- Internal mock assessments undertaken on compliance with CQC outcomes.
- Director patient safety walkaround programme in place.

Work still to be achieved

- Patient Safety Days will commence in April 2013.
- CQC outcomes which are not rated as green to be reviewed with a clear action plan for delivering full compliance by May 2013.
- CQC internal inspection programme for 2013/14 to be formally approved by the Board in March 2013.
- Delivery of staff training requirements by March 2013.
- Improvements on the numbers of incidents reported across the Trust to be achieved.
- Improvements on the feedback to staff on lessons learned to be implemented by March 2013.

4. PROCESSES AND STRUCTURE

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

Assurance

- Quality and Safety is a standing 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

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.
- The Trust has an approved clinical audit plan for 2012/13.

Work still to be achieved

- Audit and monitoring system to be established to review the implementation of SUI recommendations.
- A process for escalating internal audit reports with limited or no assurance to be agreed and implemented by April 2013.
- Improvement and engagement with clinical business units on the delivery of the clinical audit priorities to be reported through SMT where issues require escalation.

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.
- The Trust has a real time patient experience programme.
- 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.

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

- The Board receives a monthly report on the quality of care, which includes national and local quality priorities.
- A revised report has been developed from December 2012 to explicitly outline each of the safety and quality priorities and how they are measured.
- Use of the IHI Global Trigger tool commenced for mortality reviews.

Work still to be achieved

- Reporting on compliance with agreed clinical pathways to be reported by February 2013.
- Mapping exercise to be undertaken to ensure sub committee's, where appropriate review specific information in relation to the safety and quality priorities.
- All safety and quality priorities to be measured and reported to the Board in March 2013.

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.

Work still to be achieved

- All safety and quality priorities to be measured and reported to the Board in March 2013.

- Evidence to be identified to show how reviewing information has successfully improved quality performance.

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.

This was reviewed by Professor Rob Wilson and an updated quality risk score for the Trust was confirmed of 5.5.

From the work undertaken to date the Trust is scoring 3.5 in relation to the quality governance framework.

The key aspects of work identified which still need to be achieved will be managed through the governance acquisition work stream during February and March. A further report will be provided to the Board in March 2013.

7. CONCLUSION

The Trust is progressing achievement of NHS Foundation Trust Status through becoming acquired by Northumbria Healthcare NHS Foundation Trust. However, the requirements set out in the Quality Governance Framework must be evidenced by the organisation to ensure that it is in a sustainable position in relation to quality governance as well as being in a position to provide a single quality governance assessment for the new organisation that meets the requirements set out in the Monitor Compliance Framework.

A significant amount of work has been undertaken; however there are still key aspects of work to complete by May 2013, which are on track for delivery.

8. RECOMMENDATION

That the Board NOTES the content of the report.

RAMONA DUGUID
ACTING DIRECTOR OF GOVERNANCE

Appendix 1 – Quality Governance Assessment Dashboard