

Overall Rating				RAG	Key Gaps	Key areas of Assurance	Evidence	
Strategy	1A	Does Quality drive the Trust strategy?	0.5	Is there a Quality Strategy in place?	Green	Board Sign off,Executive sign off	Quality Strategy- draft, Minutes of Board	
				Are the quality goals known across the Trust?	Green	Not known across the Trust- Developing a plan	Known to Executive and Clinical Leads - 5 Quality Priorities	Communication Strategy,14/15 objectives, IPQR, RR, BAF, quality account
				Does the Board track performance relative to the goals	Yellow	SQC was not working - QRCC(Exec. Committee)	Set up of new Executive Quality structure, BAF, SRR, Risk Register	MBQR,SQC,IBQR, TOR , Minutes
	1B	Is the Board aware of potential risks to quality?	1	Does the Board understand current and future risks to quality?	Yellow	Horizon scanning	Board aware of future risks to quality	Risk Register
				Are quality risks reflected in the risk registers?	Green		Risk Register, BAF	Patient experience, Patient Safety and Clinical effectiveness risks reflected(RR and BAF)
				Are there mitigating action plans?	Green	Timeliness of action plans	There are up to date action plans	Risk Register action plans
				CIP impact on quality/awareness of?	Green	Q/A process and training/embedding(Paper to Board 28/11)	IWC notes and Executives 2012/13	CIP programme
				CIP impact assessments ?	Green	Q/A process and training/embedding	IWC notes and Executives 2012/13	CIP programme
				Is there a sign of processes for CIPs	Green	Q/A process and training/embedding	IWC notes and Executives 2012/13	CIP programme
				Are front line staff able to raise concerns?	Yellow	Do not have adequate raising process for raising concerns	Whistleblowing Policy, Staff survey,Incident reporting,Divisional process, one- one with manager, HR department	Divisional Meetings,Staff survey, Datix, one to one with HR manager
Monitor on-going impact on quality?	Green			Quality Impact Assurance Policy, Regular Divisional meetings				
Is there evidence of CIPs being rejected?	Green	Notifying the Board of CIP's Rejected	Audit trail of CIP Rejections, past and new process	CIP rejected- Cleaning Staff offering drinks				
Capabilities and Culture	2A	Does the Board have the necessary leadership,skills and knowledge to ensure the delivery of the quality agenda?	0.5	Does the Board and quality sub committees have appropriately qualified NEDs and Executives?	Yellow	No Clinical NED	Reasonably Qualified	Conversations through Board by NED
				Are Board members knowledgeable about the Trust's quality performance?	Green	Clinical protocols	IPQR,SQC,patient stories, sub -communities(papers circulated- Board Challenge)	Capital Programme signed by Board
				Are Board members able to interpret quality metrics?	Green		Board conversations(IPQR)	Foresight work
				Are Board members comfortable challenging executives on clinical issues?	Green		Board conversations	NED's- Deep Dives
				Are Board members comfortable with the basic structures underpinning quality?	Yellow	Work on - Executive committee(prepare for new plans)	Quality Oversight Structure	Presentations to Executives
				Has the Board had a demonstrable impact on quality performance?	Green	Quality Strategy to pick up	Modular wards, Theatres investment(investment on clinical staff)	IPQR, agenda and minutes
	2B	Does the Board promote a quality focussed culture through the Trust?	0.5	Does the Board play an active leadership role in quality?	Green		Ward walk arounds,Horizon Scanning, staff meetings	Walk arounds(diaries), all staff email
				Does the Board encourage staff empowerment on quality ?	Yellow		Clinical presentations, Divisional teams, all staff meeting	Presentations, emails,agenda, minutes, GE on going work
				Is the importance of quality communicated to staff?	Green		Communication of quality is intergral part of the strategy	Quality account
	3A	Are there clear roles and responsibilities in relationship to quality governance?	0.5	Does the Board as a whole understand its ultimate accountability for quality?	Green		Emphasis at the Board	Foresight review
Are there defined lines of accountability into directorates and services?				Yellow	Structures- not understood- Further work required	Structures beginning to be formulated	Presentation to Executives	
Are quality performance discussions a key element of Board discussions?				Green		IPQR(Performance Report)	Foresight review. IG performance report, minutes, complaints report	
Is there a well functioning quality governance sub committee or equivalent forum?				Yellow	three to four months time	Recently reviewed the structure- re-organised with Chairman	Presentation to Executives	
Are all relevant issues escalated to the Board in a timely manner?				Green		Where possible	CNO, Audit comm report, complaints, SI,risks	
Are issues discussed by the Board resolved quickly and effectively?				Green		Digital Dictate, community beds conversation,serious incidents, serious complaints	minutes of meeting	

Processes and Structure	3B	Are there clearly well defined, well understood processes for escalating and resolving issues and managing quality?	1	Are processes in place to ensure trust wide shared learning from quality issues?		Divisional level, Audits,strengthened loop around Divisional meetings		
				Is quality governance covered by internal audit?		Annual Audit programme	Division's agenda and minutes	
				Is there a whistle-blower process for staff?		Policy- update	Process within the policy	Whistle blowing policy
				Are there incentives and consequences for quality performance?		Incentives need to be reviewed in light of quality changes	Target training-WACH,Performance review process, Staff awards	WACH training, Staff awards ceremony
	3C	Does the Board actively engage patients,staff and other key stakeholders on quality?	0.5	Are patients actively engaged on quality?		Feedback suggests it stops at senior level-More work to be done	Your care matters	Patient Experience Committee minutes, agenda
				Are staff actively engaged on quality?		More work identified to engage with staff	Quality Account, emails from CEO to all staff(weekly)	Mortality work,Infectious Control,Dementia Champ, Health and Well Being Board,CEO emails, Quality Account
				Are stakeholders across the broader healthcare landscape actively engaged on quality?			LTB, HWB, CMTs, CQRM,Social Care,Nursing homes	Minutes , agendas
				Are quality outcomes communicated broadly and transparently?		Internally- e.g.more TV screens	Weekly message internally	All staff emails, TV monitors, Divisional meetings
Measurement	4A	Is appropriate quality information being analysed and challenged?	0.5	Does the Board review a quality dashboard on a monthly basis?		Quality Dashboard	Board minutes	
				Can the Board justify the selection of metrics it reviews?		Performance metrics reviewed several times (in line with TDA metrics)	Performance report(Change on Trust Performance in the last three years)	
				Is the Board dashboard fed by more granular information and reports that are reviewed at sub committee level?		New ECQRCC will ensure more adequate and robust process in place	TOR, minutes	
				Is there an active focus on developing new quality metrics?		Enhancing quality, Bed occupancy measure and patient moves	IPQR report,agenda and minutes	
	4B	Is the Board Assured of the robustness of the quality information?	1	What ongoing control of measures are in place to ensure accuracy of data?		Data quality strategy -revised- work to do	Purpose and scope of EC QRCC	IPQR report, agenda and minutes
				Does all data have clear source and ownership?		Data quality strategy -revised- work to do	New mechanisms to embed ownership	IPQR agenda and minutes
				Is there an effective clinical audit process focussing on clinical performance?			Clinical audit programme	Internal Audit Review, Divisional meetings, SQC minutes and agenda
				Do concerns identified in audit lead to an action?			Audit programme	Divisional meetings, agenda and minutes
				What was the Trusts performance on recent coding accuracy reviews?		Lack of audit on accuracy, but performs on other levels	Good in timeliness	Clear reports -poor accuracy
	4C	Is Quality information used effectively	0.5	Is Information presented clearly and consistently?			Good reporting	Various committee papers
				Is information compared or benchmarked internally and externally?		Health and Safety reporting	Where possible we do so and consider scope for improvement	Incident reporting, NRLS, CQC reporting, Dr Foster
				is Information reviewed by the Board up to date?			Board papers are up to date when reviewed by board	Board papers(agenda and minutes)
				Is the Information humanised?			Patient stories,actual numbers,clinical presentations	Presentations,performance reports, Your care matters reports
				Is there evidence of performance improvements resulting from monitoring quality metrics?			Learning from complaints, incidents and mortality,stroke, infection prevention	Patient stories,mortality rates