

TRUST BOARD IN PUBLIC		Date: 18th December 2014	
		Agenda Item: 2.2	
REPORT TITLE:		Review of Quality, Assurance & Escalation Framework	
EXECUTIVE SPONSOR:		Des Holden, Medical Director	
REPORT AUTHOR:		Colin Pink, Corporate Governance Manager	
REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)		QGAF Task & Finish Group & Executive Committee	
Action Required:			
Approval ()		Discussion (√)	Assurance (√)
Summary of Key Issues			
<p>This report details reviews changes to the Trust Board composition and changes to quality governance that have been established throughout the calendar year, specifically the appointment of a clinical non-executive director, development of an escalation framework and changes at divisional governance level. Also described are the changes that have been made along with an assessment of their impact using examples and cases studies.</p> <p>Progress has been positive as evidenced by the CQC Chief Inspector of Hospitals inspection and feedback from TDA Board to Board. As ever there is scope for further development and improvement in specific areas.</p> <p>The Board is asked to:</p> <p>Discuss and form judgment on the effectiveness of changes at board level (composition, IPQR, BAF and risk appetite).</p> <p>Discuss and form a judgement on effectiveness of changes at divisional level.</p> <p>Consider and decide whether the Trust's escalation framework is appropriate and has demonstrated the ability to review current practice.</p>			
Relationship to Trust Strategic Objectives & Assurance Framework:			
<p>SO1: Safe -Deliver safe services and be in the top 20% against our peers SO2: Effective - Deliver effective and sustainable clinical services within the local health economy SO3: Caring – Ensure patients are cared for and feel cared about SO4: Responsive – Become the secondary care provider and employer of choice our catchment population SO5: Well led: Become an employer of choice and deliver financial and clinical sustainability around a clinical leadership model</p>			

Corporate Impact Assessment:	
Legal and regulatory implications	QGAF Assessment is an essential requirement of the Foundation Trust process
Financial implications	N/A
Patient Experience/Engagement	Included in the report
Risk & Performance Management	Included in the report
NHS Constitution/Equality & Diversity/Communication	Complies with the necessary requirements
Attachments:	

TRUST BOARD REPORT – 18TH December 2014

Assessment of the impact on quality governance that have resulted from changes to board composition and organisational governance systems

1.0 Background

As part of the formal process of assessment of the Trusts readiness to achieve Foundation Trust status Deloitte has carried out two formal reviews of the board's quality governance capability.

The second Deloitte's assessment concluded in October 2014 and awarded the Trust a score of 3.5 and made 13 recommendations all of which have an effect on quality governance. However 2 are intrinsically linked as they form both the framework for how quality is managed and how assurance is provided to the board.

These recommendations are:

- (2A) The Trust should assess the effectiveness of the changes at Board-level and the new devolved structures within the Divisions, with particular reference to the quality agenda, after an appropriate period of time
- (3B) The Trust should develop an assurance and Escalation Framework to provide the Board with assurance on how the organisation is able to identify, monitor, escalate and manage quality concerns in a timely fashion and at an appropriate level.

The first action relates to changes in the trusts Safety and Quality Committee, the changes in non-executive director composition, the formation of the executive committee for quality and risk and its sub committees and changes in line management of the central governance team to provide greater ownership and ability at divisional level.

The second action relates to the ongoing work to embed and communicate the links between divisional/speciality governance and the five executive subcommittees the Trust expects that has formed an effective escalation framework

2.0 Recent developments

Over the last year the Trust Board have made many significant improvements to quality governance which is evidenced in the Chief Inspector for Hospitals inspection report published in August 2014 where the Trust was awarded "Good" across all inspection domains.

The Trust Board and Executive team have a responsibility to ensure both divisional capability to manage clinical governance and also to build the Board level ability to scrutinise and gain specific assurance of quality governance. The Trust has implemented quality improvements to resources and infrastructure over the last year which are expected to deliver significant improvements to quality governance.

Key improvements that have been achieved include:

- The appointment of a clinical non-executive director
- The appointment of a new non-executive director bringing experience from an established and performing Trust
- An increase in clinical presentations and patient stories to the board
- The re-development of the safety and quality committee (SQC)
- The re-structure of quality governance systems and reporting from divisions through the Executive Committee for Quality and Risk to Board.
- Executive led specialty “deep dives”
- Building capability within the divisions to manage risk, audit and complaints
- Serious Incident reports presented and discussed at public board meetings

Over the last year the Trust has reviewed its Quality Governance Framework and has developed a system that is aligned with the CQC five domains of quality (Safe, Effective, Caring, Responsive and Well led).

The changes to quality governance allows staff at divisional level, through the divisional governance, meetings to escalate matters of concern relating to quality to the Board through the Executive Committee for Quality and Risk (ECQR) and its sub committees.

Each division has a governance group which reports to and can be instructed by the 5 Executive sub-committees for quality and risk. Output of ECQR is a standing item on the SQC agenda as is report from the Clinical Quality Review Meeting (CQRM). This allows the board through the SQC Chair monthly report to ask for further work or seek further clarification on issues raised or supporting agenda items such as patient stories or the Integrated Performance and Quality Report (IPQR).

Divisional teams also now have a simple process for escalating issues from divisional governance through the relevant sub-committees of the Executive Committee for Quality, Risk and up to the SQC and public Trust Board. This is supported by the Trust’s incident reporting system and when necessary the whistleblowing policy

3.0 Evaluation of changes at Board level

3.1 Board

The newly appointed clinical NED joined the Trust in August 2014. As part of the normal review process the Chairman will undertake a formal six months review by the end of February 2015. The Board has already seen a positive impact from the clinical NED which includes:

- Skilled knowledge and robust clinical challenge at Board meetings and at Board sub-committee level including the Safety and Quality Committee.
- The ability to translate clinical conversations and discussions at the Board into experience from a clinical frontline as well as from a strategic perspective with clearly articulated examples

- Significantly improved the diversity of the board that would not otherwise be present. This has already been verified by external partnership working with regulators and from a board development perspective.
- Skilfully articulating the 15-step challenge to understanding key issues from a patient perspective.
- Highlighted issues of assurance to the Board detailed in the annual safeguarding report (Public Board 30th October 2014) and worked with the Chief Nurse to ensure assurances are robust.
- Reviewed the actions taken for the management of oral methotrexate following the second never event and provided the Board with assurance that plans were sound and fit for purpose.

3.2 BAF and IPQR examples

Over recent years the Board Assurance Framework (BAF) and Integrated Performance and Quality Report (IPQR) have developed to become fundamental tools for board level management of risk and performance. Each are now standing items on the agenda and provide assurance and a vehicle for facilitating strategic decisions.

The IPQR is a report that includes presentation of quality data, supporting narrative of performance, actions that the Executive team are taking and qualitative feedback from patients relating to specific examples of patient care. It has developed to focus the data on key issues of strategic importance and quality assurance and has recently started to provide a 13 month trend analysis. The IPQR is broken into sections, each presented by a different executive member of the board which facilitated the Board's conversation of quality governance, assessing assurance and challenge. The board has taken assurance in improvements of the Trust's quality governance framework by following the escalation demonstrated by the information in the IPQR which is taken from the sub committees of the Executive Committee for Quality and Risk.

The Board Assurance Framework (BAF) focuses on long term strategic risks which have been identified as part of the implementation of strategy. The BAF includes significant operational risks where they pose an unacceptable level of risk to long term strategy. The Significant Risk Register (SRR) details significant operational risks which have either been identified by the Executive Team or Divisional management.

The BAF has developed over the last two years to focus on strategic risks and assurance and has also received significant attention to improve layout and function. It has become a standing item for discussion, driven improvements in the management of the Trust's significant risk register and healthy discussion and challenge on matters of strategic risk, evidenced by minutes of Trust Board throughout the financial year. This has been supported by the Board development of a shared risk appetite that guides decision making on which risks challenge, tolerate and a healthy understanding on which risks to seek and accept.

As described below the SRR and its linkage to the BAF has become a very visible element of quality governance and the Trust's escalation framework at Board level.

3.3 Escalation framework

During 2013 the Trust reviewed its governance framework. The Trusts governance and performance reviewed the existing framework and recommend an alternative structure, an executive quality committee supported by a series of sub committees aligned to the domains of quality described by the CQC. The subcommittee would focus on the data, risk and reports available which were generated by the divisions and specialities. These sub committees report to the Executive Committee for Quality and Risk (ECQR) which in turn feeds through to the Safety and Quality Committee (SQC) of the Board. This was adopted at the start of 2014 and forms the quality governance and escalation framework for the Trust (appendix 1).

For those closely involved in the system this has been a step change in governance and communication systems. There are now many clear formal, routes from divisional governance to the SQC and the Board. These include, the divisions receive performance and quality indicators with 2 weeks of month end, and these are then reviewed in week 3 by the relevant quality subcommittees and can escalate issues to the ECQR in week 4. This is then discussed and included for discussion at month end at Public board, safety and quality matters are then discussed at the SQC in greater detail within the following weeks. This represents a formal channel of escalation to public board that is both timely and managed by appropriate seniority and competent staff. There are examples of SQC taking work in more detail either from Trust Board (e.g. patient stories and operational effect at the margins of the 95% ED four hour performance target) and from the interrogation of Divisional / ECQR subcommittee issues (e.g. NIV see below).

The risk management system has also been aligned with this framework meaning that any risk agreed by divisional governance will be discussed by the relevant sub-committee of the ECQR and if appropriate be included in the Trust's significant risk register at Public board within a month of it being recorded.

The framework above is the main formal escalation framework for quality matters. This is supported by a series of other structures and policies for escalating issues to the executive team and members of board (appendix 2). The main examples of this are the incident reporting system (major harm and never events alerts for Executive team), Clinical Specialist Sub-groups (such as IPCAS) which include board members, the deep dive program, availability for informal discussion with executive team and in extreme cases whistleblowing systems.

3.4 Divisional governance changes

During quarter 2 of 2013/14 the Trust consulted staff and redeployed its central integrated governance team and to the clinical divisions. This was to give greater responsibility of effecting quality governance within the divisions. The main driver for this was the expressed need to have greater control and integration of the quality agenda and of resources to better manage the governance issues at source.

This has delivered a great deal of improvement in the Trust's quality governance, the clearest example of which has been clinical attendance at all levels of quality governance forum and the ability to articulate and manage issues which would previously have been left

to the corporate team. This is visible at SQC, ECQR and most notably at the safety and effectiveness subcommittees which are regularly attended by medical staff who openly discuss problems, share best practice and provide appropriate challenge and agree solutions which are monitored on a regular basis.

For example the management of non-invasive ventilation has been discussed regularly throughout the last year. The Chief of surgery highlighted a recent review of NIV cases highlighted by crude mortality indicators during 2014. This review had identified issues where NIV was being used during end of life care with and not deaths related to the use of NIV. This review was considered at both the effectiveness sub-committee and ECQR in November 2014, led by the Chief of Surgery and reported to SQC for assurance in December 2014. This is a significant improvement in the quality and effectiveness of the Trust's systems when compared to the linkage between the previous management board for quality and risk and the SQC.

There are however still outstanding issues and opportunities for further improvement. They include the management of serious incidents and clinical audit.

3.5 Case study's and effect of Divisional changes to governance resources.

3.5.a The patient safety sub-committee reviews incident trends and serious incident management. During the calendar year the number of serious incidents related to falls with fracture were identified as an unacceptably high rate, the ECQR considered and added the issue to the SRR and resolved to review the Trust's strategy for reducing falls with significant harm. As such the Executive Team considered recruiting a Consultant Nurse falls specialist and carried out a review of available information included in the annual patient falls report to Board. The Consultant Nurse commenced in December 2014 and the Safety and Quality Committee expects to see and updated falls strategy within the financial year.

3.5.b Divisional governance structures have developed a framework for reviewing mortality and escalating issues to the Trust's mortality group and effectiveness sub-committee. As such there are now multiple examples of the effectiveness committee, ECQR and SQC discussing issues of crude mortality, HSMR and Dr Foster alerts. This can be specifically evidenced in the November ECQR minutes which highlight issues raised and discussed by the Chiefs of Medicine and Surgery and the assurances provided to the SQC in December 2014.

3.5.c The patient experience sub-committee continues to be a source of patient commentary being reviewed and reported to public Board. The IPQR has recently included patient commentary and reviews Friends and Family Test (FFT) scores. The Trust's FFT scores benchmarks very favourably for the emergency department and inpatient scores, however as reported in the August IPQR the patient experience sub-committee is aware of lower than national average scores reported by postnatal cases. As such the sub-committee is conducting focus groups with patients to try and better understand the issues linked to these scores.

3.5.d The national emergency department targets are seen as both an indicator of performance and quality and as such they receive a great deal of attention internally (indicators reviewed as part of Internal Audit review of BAF risks, green report) and

externally. The access and responsiveness committee regularly reviews ED quality and performance indicators and escalated the Trust's ED performance risk for inclusion in the SRR during October; the sub-committee also escalated the quality risk related to "right bed first time". The Executive Committee for Quality and Risk agreed the inclusion of the two risks to the SRR and recommended to the Board that the ED performance risk was included on the BAF in October.

3.5.e The workforce sub-committee has developed a reporting system which receives regular reports from each division, this has been a particularly useful source of shared learning and discussion of specific workforce issues and the impact they have. This system has allowed the ECQR to request information and seek assurance whilst systems for recording and reporting information improve to meet the needs of the Finance and Workforce Committee. The best examples of this are reviews of nursing staff without PIN numbers and nursing turnover highlighted by issues recorded in the CQC intelligence monitoring risk profile throughout 2014.

4.0 Discussion and action

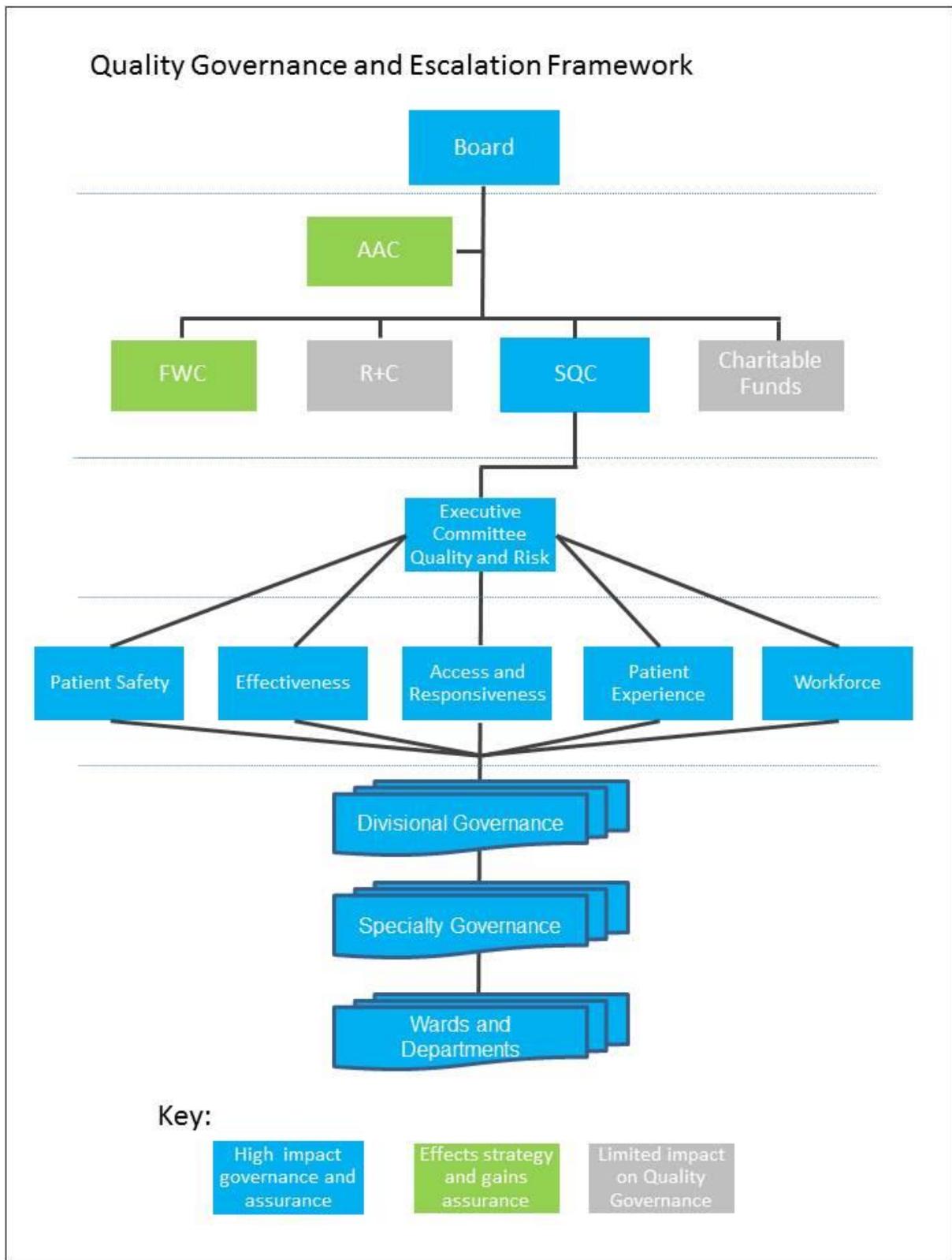
This paper provides an assessment of the effectiveness of changes at Board level to composition and reporting structures. It provides an assessment of the effect of delegating elements of quality governance and resources to divisional level. Finally it describes the current escalation framework for the Trust.

The Board is asked to.

- 1) Discuss and form judgment on the effectiveness of changes at board level (composition, IPQR, BAF and risk appetite).
- 2) Discuss and form a judgement on effectiveness of changes at divisional level.
- 3) Consider and decide whether the Trust's escalation framework is appropriate and has demonstrated the ability to review current practice.

Dr Des Holden
Medical Director
18 December 2014

Appendix 1



Appendix 2

