






## REFRESHED QUALITY GOVERNANCE ASSURANCE FRAMEWORK

### ACTION & DELIVERY PLAN – v0.5 – June 2016

QGAF Question	Monitor Commentary	Monitor Provisional Score 2015	Trust Action	Trust Evidence of compliance & Timescale	Lead	RAG & Residual Score
<b>Strategy: 1B</b>  Is the Board sufficiently aware of potential risks to quality?	CIP process missing elements of good practice, relying on strong executive involvement rather than processes. Adequate for CIP programme for 2015/16 but would need to be improved for higher risk schemes in future. A/G score is dependent on the view that the Board is capable of strengthening current processes and making improvements in the future as they are required.	<b>A/G</b>  <b>0.5</b>  	Board to review QIAs for 2015/16	Completed – May 2015 – Board report and minutes	<b>PS</b>	<b>G</b>  <b>0.0</b>  <b>Moving to Green (0.0)</b>  <b>when all actions complete</b>
			Board approved initial 2016/17 CIP plan	Completed – June 2015 – Board report and minutes	<b>PS</b>	
			Board to review 2014/15 QIA PIR	Complete – August 2015 – Board report and minutes	<b>FA/DH</b>	
			Completion of 2016/17 CIP plan, schemes & QIAs	Indicative CIP plan presented to Public Board Dec 2015	<b>PS</b>	
			Twice yearly review of 2015/16 CIPs & with a focus on Quality Impact	Due – @ Board - Jan 2016 & July 2016	<b>FA/DH</b>	
Review of CIP process & mechanisms – outcome reported to Board.	Complete Dec 2015, Internal Audit review reported to AAC Jan 2016	<b>PS</b>				
<b>Processes &amp; Structures: 3A</b>  Are there clear roles and accountabilities in relation to quality governance?	The Trust has some missing good practice. The quality of SQC papers are variable, in particular the quality report and the timing of the 5 quality sub-groups means that on occasion the latest quality information is not reported to SQC. This impacts the ability of the sub-committee to provide assurance to the Board on quality mitigated to some extent by other mechanisms through which the SQC has oversight of quality issues and the strength of clinical and executive management.  There is no forum for holding divisions to account for performance as a whole; although	<b>A/G</b>  <b>0.5</b>  	Content of Quality Report & Integrated Performance Report to be signed-off by Directors with review of narrative	Actioned and ongoing	<b>BE/CP</b>	<b>G</b>  <b>0.0</b>  <b>Moving to Green (0.0)</b>  <b>when all actions complete</b>
			Review sub-committee reporting to ensure timely escalation & timing of 5 quality sub-committees, impact and reporting to SQC in order to improve assurance to SQC and Board	Initial review completed. TOR updated to reflect risk management processes.	<b>CP</b>	
			Executive Committee to review & document processes for holding divisions to account & recommend a refreshed process which is document &	Complete - divisional performance reviews reinstated  Ward “heat maps” triangulated into a monthly report for ECQR & SQC.	<b>ECQR</b>	

	executives are satisfied they have oversight of divisional performance as a whole though executive committee meetings.		implemented	Developing speciality heat maps	BE/CP	
<b>Processes &amp; Structures: 3B</b>  Are there clearly defined, well understood processes for escalating & resolving issues & managing quality performance?	There are some elements of good practice but some areas of weakness. The Trust is aware of weaknesses in incident reporting, clinical audit and complaints; plans to address these are at an early stage (particularly for the latter two areas). A number of escalation processes are not well documented or clear (such as the risk management policy, QIAs and reporting through sub-committees) and there is currently no clear plan to improve in these areas.	<b>A/R</b>  <b>1.0</b>  	Risk management policy to be revised & updated to include role of sub-committees in reviewing & escalating risks  Quality sub- committee ToR to be updated to include responsibility for reviewing & escalating risks  Complaints reporting to be included in Quality Scorecard, IPR and reported to SQC  Clinical Audit plan for 2015/16 to be reflective of required changes  Clinical Audit progress report to be reported to SQC  6 monthly report to the Board on complaints, incidents, clinical audit etc. on progress, themes etc.,	Completed  Completed  Completed  Completed  SQC monitoring clinical audit programme  Regular theme specific reports being reviewed at Board and SQC	KH/FA  CP/GFM  KH/FA  JP/DH  JP/DH  JP/KH	<b>A/G</b>  <b>0.5</b>  <b>Moving to Green (0.0)</b>  <b>when all actions complete</b>
<b>Measurement: 4A</b>  Is appropriate quality information be analysed and challenged?	The Trust has some missing good practice, with no speciality/ward level dashboards, although the Trust has plans to introduce ward/speciality level dashboards. The Trust also has plans to introduce metrics to allow monitoring of performance against specific quality goals and strategic risks.	<b>A/G</b>  <b>0.5</b>  	Ward/speciality dashboards currently being piloted. A clear reporting implementation plan in place.	Completed Ward and Service Scorecards now available online each month  Programme of embedding into speciality and ward governance - June 2016	BE/AS  Execs	<b>A/G - 0.5</b>  <b>Moving to Green (0.0)</b>  <b>when all actions complete</b>
<b>Measurement: 4B</b>  Is the Board assured of	The Trust has some significant areas of missing good practice, including no individual owners signing off data quality prior to inclusion in	<b>A/R</b>  <b>1.0</b>	Clear process for data quality sign-off which is consistently implemented for IPR & Quality Report	Process In place – Oct 2015	BE/AS	<b>A/G</b>  <b>0.5</b>

the robustness of the quality information?	reports (although draft dashboards are circulated to divisions prior to reporting), and a lack of clearly documented controls and processes for data quality. The Board has no oversight of the quality of data reported, although the Trust has plans to introduce kite marks. The Trusts Quality Accounts were qualified in both 2012/13 and 2013/14.		<p>Review of implementation of data quality strategy, including introduction of quality kite mark</p> <p>Process in place to enable Board to have clear data quality oversight.</p> <p>External Audit on 2014/15 Quality Account Unqualified</p> <p>External Audit on 2015/16 Quality Account Unqualified</p>	<p>Initial review of dashboards and reporting presented to SQC Oct 15. Final report to be completed</p> <p>DQ Element to be added to scorecards – Planned for Q2 2016/17</p> <p>Achieved – June 2015</p> <p>TBC - June 2016</p>	<p><b>BE/AS</b></p> <p><b>BE/AS</b></p> <p><b>DH/GFM/LW</b></p> <p><b>DH/LW/CP</b></p>	<b>Moving to A/G when actions completed</b>	
			Process to be put in place to ensure oversight of all other “Green” QGAF rating for sustainability – CP/GFM	<p>On-going</p> <p>Formal review planned March 2016 including review of TOR of committees</p>	<b>CP/GFM</b>		
<b>TOTAL SCORES 2015</b>		<b>3.5</b>	<b>TOTAL CURRENT SCORES June 2016</b>				<b>1.5</b>