

Trust Board

DATE: 25 July 2012

TITLE: Quality Governance Framework Action Plan

SPONSOR: Celia Ingham Clark,
Executive Medical Director

REPORT FROM: Senga Steel, Assistant
Director of Research, Innovation and
Quality

PURPOSE OF REPORT:

For ratification prior to Trust Board approval July 2012

EXECUTIVE SUMMARY: *Attached is the action plan that has been developed to address the areas highlighted in the recent Monitor Quality assessment by RSM Tenon. Delivery of the action plan will be overseen by the quality strategy group. The action plan is presented here for ratification.*

PROPOSED ACTION: ratification

APPENDICES:

DECLARATION

In completing this report, I confirm that the implications associated with the proposed action shown above have been considered – any exceptions are reported in the Supporting Information:

- Implications for the NHS Constitution, CQC registration
- Financial, regulatory and legal implications of proposed action
- Risk management, Annual Plan/IBP
- Moving Ahead – how does this report support any of the Trust's 5 Strategic Goals

Supporting Information

RMS Tenon action plan

Domain	Recommendation	Planned action	Lead director	Timeframe	Progress
2.1 Strategy <i>Does quality drive the trusts strategy?</i> <i>Is the board sufficiently aware of potential risks to quality?</i>	1. The trust needs to more effectively communicate its 2012/13 Quality priorities to staff and patients	Short version of Quality Account to be developed	Celia Ingham Clark (CIC)	July 31 2012	
	2. Strengthen the content of the board assurance framework by being more specific in the outcome of assurances, gaps in control and assurances and actions to address gaps in assurance	Board assurance framework to be updated and consultation with NEDS with changes	Bronagh Scott	September 30th 2012	
	3. Quality impact assessment should contain the individual scheme clinical lead sign off more explicitly	Review protocol for CIP quality impact assessment	Maria DaSilva	August 31st 2012	
	4. Patient safety walkabouts should be more structured, provide a wide coverage each year and provide for more timely feedback in the quality governance system	Review frequency and reporting process for walkabouts	Bronagh Scott	August 31st 2012	
	5. Clinical audit programme oversight and monitoring should be comparable to that of internal audit in terms of profile and use	1. Include rationale for choice of audits in audit programmes 2. Update TORs audit and effectiveness committee 3. Include risk management elements in audit programmes 3. Check process for reporting to audit committee	Ihuoma Wamuo	September 30th	Audit programmes currently being updated to include this element TORS have been updated to include risk management representative
	6. Consideration should be given to a greater number of outcome based metrics along with additional specific	Review of QP and F dashboard	Maria DS	September 30th	

	HR metrics				
2.2 Capabilities and culture					
<i>Does the board have the necessary leadership and skills and knowledge to ensure delivery of the quality agenda?</i>	7. Ensure the phasing of trust board and board sub-committees maximises the provision of assurance to the trust board from sub committees	Review committee timings	CEO	August 31 st	
2.3 Structure and processes					
<i>Are there clear roles and accountabilities in relation to quality governance?</i>	8. As trust operating board matures there is a need for the full range of accountability to be discharged by the executive group whilst the quality committee takes on a more assurance and horizon scanning function	1. Ensure quality reports reviewed regularly at EC 2. EC to have monthly update of QA priorities	CEO	September 30th	
<i>Are there clearly defined well understood processes for escalating and resolving issues and managing performance?</i>	9. Greater demonstration of the risk driven nature of local clinical audits is required	1. Audit programmes to be updated with a flagging system that identifies the origin of the audit. (complaint/clinical risk/SI etc) 2. Risk management representative to be part of the audit and effectiveness committee and to bring monthly reports of clinical risk issues for consideration by the committee	Ihuoma Wamuo	August 31 st	Audit programmes currently being updated to include this element TORS have been updated to include risk management representative
<i>Does the board actively engage patients ,staff and other key stakeholders on</i>	10. Consider making quality more prominent on the trust website for example, by having a specific ‘tab’ on	Include Quality page on website. Publication of QA, QS and Q priorities with	CIC CIC	September 30 th 2012	

<i>quality?</i>	the home page and bringing together quality information in one place on the website	hyperlinks to other sites. CQUIN headlines Include patient input element			
	11. The trust should consider the development of an engagement strategy that sets out its expectations and requirements in relation to triangulation of its quality metrics with regular staff/patient/stakeholder in year feedback and ensure that this is formally fed into the trust quality governance system	Develop strategy for quality engagement	CIC	October 31 st 2012	
2.4 Measurement <i>Is appropriate quality information being analysed and challenged?</i>	12. *The trust should define a trust wide minimum data set for ward dashboards including the publication of these to staff and patients	1. Ward dashboard to be published on visible boards in ward/service areas 2. Write and implement a policy for the publication and dissemination of quality data	Bronagh Scott	October 2012	* This recommendation was in response to the draft RSM Tenon report . Subsequent discussion with the responsible director and RSM Tenon has satisfied this requirement, as ward dashboards are already published visibly, as recommended.
<i>Is quality information being used effectively?</i>	13. The trust needs to report quality information in a more timely manner to allow for effective(timely) decision making 14. The trust should consider how it might further improve its cross organisational learning opportunities	1. Review timing of data report to EC and TB 2. Spread use of message of the week 3. Share learning at annual staff conference 4. raise profile of CATS EYES as vehicle for sharing learning	Maria DaSilva Divisional directors Bronagh Scott	September 2012	