

Trust Board meeting: Thursday 1 March 2012  
 TB2012.15

<b>Title</b>	Update on the development of the Trust's Quality Assurance System
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<b>Status</b>	A paper for information to update on the progress of the software implementation project to support improved assurance from floor to Board.
<b>History</b>	None.

<b>Board Lead(s)</b>	Ms. Eileen Walsh, Director of Assurance			
<b>Key purpose</b>	<b>Strategy</b>	Assurance	Policy	Performance

## Summary

The paper updates the Board on the development of information systems to support the Trust's quality agenda, accreditation and regulation, and strengthen the overall system of internal control and assurance provided to the Board.

## Introduction

1. As part of the work to strengthen the Trust's overall governance arrangements, the Assurance Directorate is leading several streams of work to redesign the approach to assurance and the processes that support this. This includes:
  - How assurance is provided to the Board
  - Improving the process for managing risk registers and how they link to the Board Assurance Framework
  - Using regulatory standards and accreditation as a means to improve quality, safety, and the management of risk
2. As a tool to support this, the Trust is currently implementing Allocate Software's online product, HealthAssure. HealthAssure is a risk, governance and assurance tool that provides a framework to support managing regulatory regimes, standards, and risks. It gives a near real-time concise view of the Trust's position against these requirements and will be used as part of the Trust's system for providing assurance to the Board.
3. The software contains a range of applications, as a solution that is simple to use, helps promote staff and organisational engagement, and includes reporting tools and visual dashboards.

## Implementation at Oxford University Hospitals NHS Trust

4. The project to implement HealthAssure began in August 2011. The Trust's Director of Assurance and Assurance Project Manager have worked with Allocate to design and build the system for use across the organisation. Initial set up was completed in September 2011 and a demonstration giving an overview of the system's capability and how it might be used in the Trust was provided to the Quality Committee. Since then work has continued to prepare for implementation and rollout across the Trust, supported by work programmes reviewing the Trust's systems for risk management, arrangements for providing assurance to the Board, and work to strengthen the Trust's approach to regulation and accreditation.

## Care Quality Commission Essential Standards of Quality & Safety

5. "CQCAssure" is the application designed to address the reporting, self assessment and evidence gathering needs against the Care Quality Commission's (CQC) Essential Standards of Quality & Safety. The application is made up of the elements:
  - CQC Essential Standards of Quality & Safety
  - CQC Judgement Framework
  - CQC Hygiene Code (Code of practice for the prevention and control of HCAIs)
  - CQC Quality & Risk Profile
  - CQC Provider Compliance Assessment reports

6. The design has been tailored to support the Trust's reporting structures. The current setup allows for an overview of compliance, aggregation and break downs through the following levels:
    - Trust or Corporate overview
    - All seven locations registered with the CQC (John Radcliffe, Horton, Churchill, Nuffield Orthopaedic Centre, and Chipping Norton, Wallingford and Wantage Maternity Units)
    - Clinical and non-clinical divisions
    - Clinical and non-clinical directorates
  7. Implementation has begun and will be phased in its approach:
    - 7.1. **Phase 1:** Baseline assessment and entry of the Trust overview and all registered locations – to be reported to the Board Quality Committee in March.
    - 7.2. **Phase 2:** Development and testing of evidence gathering systems to support compliance against the standards, piloted at Divisional, Directorate and service level. Agreed areas for the pilot are Estates, the complete Musculoskeletal & Rehabilitation Services Division, and the Women's Services Directorate. Progress and results of the pilots will be reported to March's Quality Committee. A compliance review is also being carried out across Trauma Services which will be incorporated when complete.
    - 7.3. **Phase 3:** Rollout of a standardised approach to evidencing compliance across all clinical and non-clinical areas will continue through Spring and Summer 2012. This will include linking CQC compliance with the integrated performance management framework being developed, and quality improvement in clinical areas.
  8. In addition to supporting a more proactive approach to regulation and accreditation across the Trust, the application has strong visual reporting tools to aid in monitoring compliance in line with the CQC's Setting the Bar scoring and tracking Quality & Risk Profile (QRP) estimate trends over time.
  9. Moving forward, with the Trust's agreement, the Care Quality Commission will submit the QRP data directly to the HealthAssure system via a live data feed to automate the process. This means the Trust will have the ability to view its QRP data at a top level or detailed level alongside the organisation's own self-assessment of compliance. The combined view assists in identifying areas that require attention.
- NHS Litigation Authority Risk Management Standards for Acute Trusts & Clinical Negligence Scheme for Trusts (Maternity)**
10. "NHSLAAssure" and "CNSTAssure" are the applications to manage the two NHS Litigation Authority assessments. They contain the three levels of attainment required (policy, practice, and performance) across the 50 criteria. The applications are ready for use and Oxford University Hospitals will have the revised standards for 2012/13 installed ready for go live on 28<sup>th</sup> February.
  11. The Accreditation Department is currently planning rollout to support the project to take the Trust to achieve NHSLA level two against the acute standards. Initial

planning meetings have been held with Women's Services to discuss plans for implementation. The key benefit of the system is the functionality that supports managing the volumes of evidence required to demonstrate compliance with the standards and the project approach to assessment.

### **Board Assurance Framework and Risk Registers**

12. As part of the preparation for Foundation Trust authorisation, and to strengthen overall arrangements for providing assurance to the Board, a comprehensive review of the Board Assurance Framework (BAF) and system for risk registers was undertaken. The review action plan was presented to December's Quality and Audit Committees.
13. The committees agreed to move towards using the best practice template for the BAF published in DH's A Practical Guide for NHS Boards (2003). The Trust has worked closely with Allocate to design the "BoardAssure" application to meet this specification, including bespoke reports for future use at sub-committee meetings. The revised BAF process will ensure improved assurance on the effectiveness of controls against the Trust's principal risks. The system is live and in the process of being populated.
14. The system for risk registers has been setup in the application "RiskAssure", and will be used for all risk registers at Trust, divisional, and directorate level. This application is currently being tested before the revised BAF and Trust register are presented to March's meeting of the Quality Committee. The revised risk register system will be used to support increased awareness of risk and effectiveness of managing risk at all levels of the organisation.

### **Monitor Quality Governance Framework**

15. The "MonitorAssure" application currently contains the Quality Governance Framework. The setup matches Monitor's update to the Quality Governance Framework in 2011 and is ready to use, however the application is on hold pending updates due to the recent DH development publication.
16. Planning for implementation continues across the Assurance, Clinical Governance and Patient Experience teams to ensure that the Trust's Quality Governance Framework assessment can be fully incorporated and evidenced in the software.
17. Evidence of progress will form a key part of the process for Foundation Trust status.

### **External data sources**

18. "HealthAssure" allows the Trust to combine different quality metrics and other datasets into single dashboard views. This ensures that managers and staff can have easy visibility of the trust position. It will allow Trust staff and the Board to compare and triangulate different data sets which in turn helps build a more accurate picture of quality and areas for improvement, e.g. comparing clinical audit assessment and ward self-assessment with that of patient feedback. In addition, the software lets organisations identify gaps and then manage the related actions in a visible way so that the organisation has assurance that the improvements have addressed the gap.

19. Other external data sets can be captured to add value when triangulating quality information. In addition to the CQC's Quality & Risk profile information, the team at Allocate Software is currently working to develop an automated data feed process with Datix's incident, claims, and complaints management system.
20. Going forward OUH will explore the possibility of using other external sources, such as the Electronic Patient Record and ORBIT data.

### **Developing Assurance**

21. To support the Trust's developing assurance strategy, the Assurance Directorate have designed a function to allow an independent evaluation of the assurance by the Assurance Department against all standards and items in the system. This will support assurance and the system for internal control through the ability to report on the overall assurance opinion, identifying areas for improvements to quality and safety.
22. The software contains an algorithm, which as evidence is entered and evaluated, can be used as a tool to identify gaps or weaknesses in assurance.

### **Additional features and applications**

23. "HealthAssure" provides different ways in which standards or regulatory frameworks can be interlinked, or relationships shown, e.g. CQC Essential Standards can be mapped against strategic objectives in the Board Assurance Framework; identified items on a risk register which may affect compliance can be referenced; and overlaps between different regulatory regimes identified.
24. The Assurance Department will look to develop the use of these functions to support the assurance mapping across related areas, improved Board assurance and reduce the burden of administering accreditation.
25. "HealthAssure" includes an advanced reporting facility, allowing the bespoke reports to be designed. Reports can to be scheduled from the system and sent to a preset distribution.
26. Within its licence, the Trust has scope to use the Information Governance Toolkit application in future, and is reviewing whether the system may be used to monitor the Compliance Framework, and other assessments related to Foundation Trust authorisation.

### **Conclusion**

27. Work continues to redesign the Trust's assurance processes to ensure the effective management of quality, safety and risk. The software will be an important supporting tool in the outputs of this work.

**Recommendations**

28. The Board is asked to:

28.1. Note the paper for information


28.2. Note the progress of the project to date


28.3. Support the implementation of "HealthAssure" and the revised processes across the Trust

**Eileen Walsh, Director of Assurance**


**21 February 2012**

## Appendix 1: Example dashboards from HealthAssure


4 alerts 

HealthAssure  Chris Smith

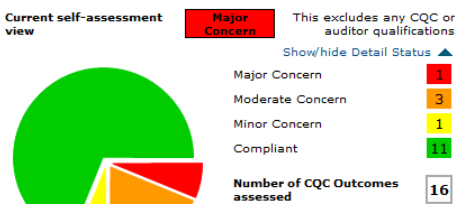
Home | Alerts | Views | Dashboards | Reports | Help | Contact | Logout

Freshfields  NHS Trust

### Dashboard » 04. CQC Essential Standards & QRP - Overview

Dashboard Options: View Dashboard **04. CQC Essential Standards & QRP - Overview** | Dashboard Settings | Set as my default |  Print

#### CQC Essential Standards - Organisational Compliance



Navigate to the "01. CQC Essential Standards - Organisational Overview" Dashboard

#### Essential Standards History

Accountabilities	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Outcome 01: Respecting and involving people who use services *												
Outcome 02: Consent to care and treatment *												
Outcome 04: Care and welfare of people who use services *												
Outcome 05: Meeting nutritional needs *												
Outcome 06: Cooperating with other providers *												
Outcome 07: Safeguarding people who use services from abuse *												
Outcome 08: Cleanliness and infection control *												
Outcome 09: Management of medicines *												
Outcome 10: Safety and suitability of premises *												
Outcome 11: Safety, availability and suitability of equipment *												
Outcome 12: Requirements relating to workers *												
Outcome 13: Staffing *												
Outcome 14: Supporting workers *												
Outcome 16: Assessing and monitoring the quality of service provision *												
Outcome 17: Complaints *												
Outcome 21: Records *												

Page 1 of 1  
Displaying items 1 to 16 of 16

#### CQC Quality Risk Profile - Risk Estimates

Outcome	Self Assessment	Outcome Risk Estimate	
		July 2011	August 2011
Outcome 01: Respecting and involving people who use services	Performance is good		
Outcome 02: Consent to care and treatment	Performance is good		
Outcome 04: Care and welfare of people who use services	Performance is good		
Outcome 05: Meeting nutritional needs	Moderate concern		
Outcome 06: Cooperating with other providers	Performance is good		
Outcome 07: Safeguarding people who use services from abuse	Performance is good		
Outcome 08: Cleanliness and infection control	Major concern		
Outcome 09: Management of medicines	Performance is good		
Outcome 10: Safety and suitability of premises	Moderate concern		
Outcome 11: Safety, availability and suitability of equipment	Performance is good		
Outcome 12: Requirements relating to workers	Performance is good		
Outcome 13: Staffing	Moderate concern		
Outcome 14: Supporting workers	Performance is good		
Outcome 16: Assessing and monitoring the quality of service provision	Performance is good		
Outcome 17: Complaints	Performance is good		
Outcome 21: Records	Minor concern		

Page 1 of 1  
Displaying items 1 to 16 of 16

Navigate to the "CQC Essential Standards & QRP - Corporate Overall" Saved View