

Trust Board Meeting: Wednesday, 9 January 2013
TB2013.07

Title	Quality Governance Framework Re-assessment
--------------	---

Status	An update for the Board in relation to the Monitor Quality Governance Framework
History	The Trust Board reviewed an earlier self-assessment and has received feedback following on from an independent assessment undertaken by RSM Tenon.

Board Lead(s)	Professor Edward Baker, Medical Director			
Key purpose	Strategy	Assurance	Policy	Performance

Introduction

1.	A Trust's performance against Monitor's Quality Governance Framework is a key issue in determining readiness to progress to Foundation Trust status. Performance is determined through self-assessment followed by review of the self-assessment and underlying evidence by Monitor. An additional step prior to formal application for FT authorisation – independent review of the self-assessment – was put in place during 2012. RSM Tenon undertook this independent review for the Trust.
2.	A Quality Governance Score of 4.0 or greater (see table 1 within main paper) prevents authorisation as a Foundation Trust.
3.	<p>Oxford University Hospitals (OUH) completed a self-assessment of compliance against the Monitor Quality Governance Framework in early 2012.</p> <p>Monitor's criteria statements are arranged as ten questions, covering four key domains:</p> <ul style="list-style-type: none"> • Strategy (Questions 1 & 2) • Capabilities & Culture (Questions 3 & 4) • Structure and Processes (Questions 5,6 & 7) • Measurement (Questions 8,9 & 10) <p>The Trust's self-assessment, as submitted to RSM Tenon for review, produced a score of 4.0.</p>
4.	A formal report from RSM Tenon was received in October 2012. The report included an assessment of compliance with the four key domains. RSM Tenon scored the Trust at 4.5 in relation to current performance against the Quality Governance Framework. However, useful feedback was provided to assist the Trust in improving its position.
5.	During October, November and December progress has been made with a number of key issues. Based on the progress made so far, the current proposed self-assessment score is 3.5.
6.	There is an agreed action plan in place that is monitored by the Clinical Governance Committee.

Background

1. A Trust's performance against Monitor's Quality Governance Framework is a key issue in determining readiness to progress to Foundation Trust status. Performance is determined through self-assessment followed by external review by Monitor.
2. An additional step prior to formal application for FT authorisation – independent review of the self-assessment – was put in place during 2012. RSM Tenon undertook this independent review for the Trust.
3. A cumulative Quality Governance Score of 4.0 or more across the ten questions (see table 1 below) prevents authorisation as a Foundation Trust.

Table 1
Scoring each of the ten domains in Monitor's Quality Governance Framework

Score	Risk rating	Definition	Evidence
0	Green	Meets or exceeds expectations	Many elements of good practice + no major omissions
0.5	Amber/Green	Partially meets expectations but confident in management's capacity to deliver green performance within reasonable timeframe	Some elements of good practice + no major omissions + robust action plans for shortfalls and proven track record of delivery
1	Amber/Red	Partially meets expectations but some concerns on capacity to deliver within a reasonable timeframe	Some elements of good practice + no major omissions + action plans for shortfalls in early stages and limited evidence of delivery in past
4	Red	Does not meet expectations	Major omission in quality governance identified + significant volume of action plans required, concerns on management delivery capacity

- **Quality Governance score of 4 or worse cannot be authorised**
- **Overriding rule states no category can be rated entirely Amber/Red**

4. A formal report from RSM Tenon was received in October 2012. The report included an assessment of compliance with the four key domains. RSM Tenon scored the Trust at 4.5 in relation to current performance against the Quality Governance Framework. However, useful feedback was provided to assist the Trust in improving its position.
5. During October, November and December progress has been made with a number of key issues. Based on the progress made so far, the current proposed self-assessment score is 3.5. The proposed scores for each of the ten questions are attached as appendix 1. The narrative of the revised self-assessment is attached as appendix 2.
6. There is an agreed action plan in place that is monitored by the Clinical Governance Committee.

Key Developments following the RSM Report

A number of improvements have been implemented in relation to all ten questions but the most significant developments have been in the following three areas (where the Trust's self-assessment has been revised downwards):

Section 1 - Strategy

Question 1a - Does quality drive the Trust's strategy?

(Previously scored 0.5-now scored 0.0 and green)

7. The Trust Board agreed a Quality Strategy in June 2012, based upon the three domains of patient safety, the experience of patients, and clinical effectiveness and outcomes. The Trust has also held a quality workshop involving a cross section of staff to get feedback on their perspective on the priorities. Clinical leaders and staff from each of our services, clinical directorates and divisions are currently working with their teams to agree local quality priorities for 13/14 consistent with the quality strategy, which will inform the specific 13/14 Trust priorities.

Section 2 - Capability and Culture

Question 2b - Does the Board promote a quality-focused culture throughout the Trust? *(Previously scored 0.5 now scored 0.0 (green))*

8. In support of the Quality Strategy there is an integrated inspection programme in place across all clinical services, in which Board members play an integral part. Board members (Non-executive and Executive) take part in a full and regular programme of quality walk-rounds across all areas of the Trust.
9. There is greater clarity around the respective roles of the Medical Director and Chief Nurse in relation to quality.
10. Non-Executive and Executive Directors attended the quality workshop.

Section 4 - Measurement

Question 4b - Is the Board assured of the robustness of the quality information?

(Previously scored 1.0 now 0.5 amber/green)

11. Heath Assure has created a mechanism for the challenge of quality information.
12. Data used within performance reports follow validation processes that include review by the teams delivering the services where appropriate.
13. Drivers for the Clinical Audit programme are clearly outlined in the Clinical Audit Procedure.
14. *Datix* has been implemented across the trust for incident reporting improving the quality of data and ability to undertake analysis.

Next steps

15. There has been significant progress in relation to meeting the requirements of the Monitor Quality Governance Framework. Some further developments are required to improve the self-assessment scores before March 2013. Closure of these actions will likely ensure a score of 3.0 or less. These include:

Capabilities & Culture

- Review clinical guidelines to ensure that those of 'high priority' are up to date and ensure there is a robust process in place for the development and review of all clinical guidelines.
- Implement planned presentations to the Trust Board, from clinical directorates, to improve engagement and understanding of key service issues.

Structure & Processes

- Complete a review of clinical audit (through KPMG as internal auditors) as source of assurance in relation to the BAF and/or corporate risk register or high risk scoring divisional risks.
- Link listening in action programme with patient safety, experience and outcome priorities where possible. Utilise monthly programme above and ensure groups are informed on quality related matters. Provide clearer evidence in future of how OUH developed the annual quality priorities and how these are linked with key stakeholders.
- Review of Terms of Reference for key governance committees to be completed.

Measurement

- Standardise divisional quality reports to include minimum requirements and free text area for local issues to be highlighted/escalated to the Clinical Governance Committees. The emphasis is to provide robust data and analysis to support decision-making.
- Complete the implementation of Datix and review alignment of clinical risk function with the National Commissioning Board's NRLS standards following implementation.
- All divisions should ensure that they have a range of patient involvement groups established to inform the development and evaluation of quality throughout their services.
- Review of Trust Board Quality Reports following the introduction of the IPR to focus on how services have improved safety, experience and outcomes.
- Complete the population of evidence against the Care Quality Commission Essential Standards within Health Assure, by all divisions, by March 2013.

Conclusion

16. The Board is asked to agree the current self-assessment against the Monitor Quality Governance Framework and to agree on any additional action required.

Professor Edward Baker
Medical Director

