The purpose of this paper is to report the outcome of the Quality Governance Framework self-assessment that the Trust Board undertook at the Board Development Forum in November 2014. The four domains and ten questions in Monitor’s Quality Governance Framework were considered at the Development Forum which was also attended by Divisional Directors as well as the Trust Board.

The outcome of the self-assessment showed that the Trust Board is able to declare continuing compliance with Quality Governance requirements which it needs to take into account when making the Annual Declaration to Monitor in April 2015. The report also outlines areas identified for further improvement.

FOR: Information ☑ Assurance ☑ Discussion and input ☑ Decision/approval ☑

Sponsor (Executive Lead): Duncan Burton Director of Nursing and Patient Experience

Author: Duncan Burton, Director of Nursing and Patient Experience
Jacky Bush, Head of Quality Governance

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Risk Implications – Link to Assurance Framework or Corporate Risk Register: Board Assurance Framework
CRR risk reference

Legal / Regulatory / Reputation Implications: Monitor Risk Assessment Framework
CQC ‘Well Led’ Domain

Link to Relevant Corporate Objective: To comply with Care Quality Commission and Monitor requirements to maintain license to practice

Document Previously Considered By: Executive Management Team – 19th January 2015

Recommendation & Action required by the Trust Board:

The Trust Board is asked to:

- Note the results of the Quality Governance Memorandum Self-assessment;
- Consider the overall findings as positive endorsement of the Trust’s continuing compliance with Quality Governance requirements and take into account when making the Annual Declaration to Monitor in April 2015.
Quality Governance Self-Assessment

Executive Summary

1. The purpose of this paper is to present the findings of the Quality Governance Memorandum self-assessment which the Board undertook at the Board development forum in November 2014. The forum was also attended by the Divisional Directors.

2. Although the self-assessment identified areas for further improvement, the Trust Board was able to self-assess continued compliance with the Quality Governance requirements for Foundation Trusts.

3. The Board should consider this process and score as positive evidence to support the Annual Quality Governance Board Statement and Memorandum to Monitor in April 2015; and ahead of the full independent 3 yearly governance review which the Trust will commission in 2015/2016.

Recommendations & Actions Required by the Board

The Board is asked to:

- Note the results of the Quality Governance Memorandum Self-assessment;
- Consider the overall findings as positive endorsement of the Trust’s continuing compliance with Quality Governance requirements and take into account when making the Annual Declaration to Monitor in April 2015
1. Background

1.1. ‘Quality governance’ is the combination of structures and processes at and below board level to deliver trust-wide quality services.

1.2. Monitor’s Quality Governance Framework was introduced in 2010 in response to the failings at Mid Staffordshire NHS Foundation Trust and tighter public finances. Under the Quality Governance Framework, Aspirant and Foundation Trusts were asked to submit a self-assessment against the Framework to assure Monitor that there is effective quality governance in place. In October 2013, this document was replaced by the Risk Assessment Framework.

1.3. The September 2013 Board received a presentation on the Risk Assessment Framework. The Board is reminded that the aim of Monitor’s assessment under this document is twofold; to show when there is significant risk to the financial sustainability of a provider of key NHS services which endangers their continuity and / or poor governance at an NHS Foundation Trust.

1.4. It is not Monitor’s role to assess the quality of care at an NHS Foundation Trust directly, that is for the Care Quality Commission. It is however, their role to consider whether effective quality governance is in place. To assess this Monitor uses the Governance statement submitted within 3 months of the end of the financial year confirming compliance with the governance condition.

1.5. To comply with the governance conditions of our licence, the Trust is required to provide an annual corporate governance statement setting out:

- any risks to compliance with the governance condition; and
- actions taken or being taken to maintain future compliance.

1.6. Assessing ourselves against this Framework allows the Trust to satisfy itself, patients and Monitor that effective arrangements are in place to continuously monitor and improve the quality of health care provided. It also provides assurance that areas highlighted through the process, as requiring further work, are effectively addressed.

1.7. As part of the Foundation Trust’s application, the Trust undertook both self-assessments and an external assessment review of Quality Governance. The Trust declared to Monitor compliance with the quality governance domains in October 2012.

1.8. Since the authorisation as a Foundation Trust in May 2013, the Trust has undertaken an annual self-assessment of the quality governance requirements of the

1.9. The Trust Board’s November 2013 self-assessment of Quality Governance Framework noted ongoing compliance with the requirements.

1.10. In May 2014 Monitor published the ‘Well-led framework for governance reviews: guidance for NHS foundation trusts’, which outlines the ongoing importance of self-assessment of quality governance requirements, and its integration with the requirements of the Care Quality Commissions (CQC) ‘well led’ domain. This made some changes to the 10 questions of the Quality Governance Framework.

1.11. At the November 2014 Trust Board Development Forum the Board along with Divisional Directors, undertook the annual self-assessment against the ten questions within the four domains.
1.12. The Risk Assessment Framework recommends that NHS Foundation Trusts commission an independent review of their governance at least every three years, and the Trust will be doing this in 2015/16.

2. November 2014 Self-Assessment Outcome

2.1. At the November 2014 Board Development Forum the Trust Board with the Divisional Directors were asked to consider each of the ten questions and assess, in their view, the Trust’s level of compliance with each of them.

2.2. The Monitor scoring matrix was used at the Board Development Forum, and this is shown in appendix A.

2.3. Smaller groups discussed how the Trust was meeting the requirements of each question and were then asked using electronic voting to individually rate the Trusts position against the 10 questions. A plenary session after each question enabled discussion, debate and agreement on the overall rating.

2.4. The following table shows the rating given for each question and the key areas identified that would make further improvement to the rating and therefore quality governance requirements (key in appendix A).

<table>
<thead>
<tr>
<th>Domain</th>
<th>Question</th>
<th>Rating</th>
<th>Key areas identified for further improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategy</td>
<td>1. Does the board have a credible strategy to provide high quality, sustainable services to patients and is there a robust plan to deliver?</td>
<td></td>
<td>Refresh of the Trusts Quality Strategy and ensure staff aware of quality goals of Trust</td>
</tr>
<tr>
<td></td>
<td>2. Is the board sufficiently aware of potential risks to the quality, sustainability and delivery of current and future services?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capabilities &amp; Culture</td>
<td>3. Does the board have the skills and capability to lead the organisation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Does the board shape and open, transparent and quality-focused culture?</td>
<td></td>
<td>Planned refresh of PPI strategy in 2015/16 as opportunity to improve further engagement with patients &amp; public.</td>
</tr>
<tr>
<td></td>
<td>5. Does the board help support continuous learning and development across the Trust?</td>
<td></td>
<td>Development of Trusts approach to Quality Improvement including training</td>
</tr>
<tr>
<td>Processes and Structures</td>
<td>6. Are there clear roles and accountabilities in relation to board governance (including quality governance)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7. Are there clearly defined, well-understood processes for escalating and resolving issues and managing performance?</td>
<td></td>
<td>Consistent focus on monitoring and resolution of performance metrics requiring improvement</td>
</tr>
<tr>
<td></td>
<td>8. Does the board actively engage patients, staff, governors and other key stakeholders on quality, operational and financial performance?</td>
<td></td>
<td>Planned refresh of PPI strategy in 2015/16 as opportunity to improve further engagement with patients &amp; public.</td>
</tr>
<tr>
<td>Measurement</td>
<td>9. Is appropriate information on organisational and operational performance being analysed and challenged?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10. Is the board assured of the robustness of information?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2.5 The components of the self-assessment when considered in totality provide assurance that the Trust Board can declare continuing compliance with Quality Governance requirements as part of the Annual Declaration to Monitor.

2.6 Using the scores and the intelligence gathered during the feedback sessions at the Development Forum, the overall themes identified:

2.6.1 Areas for refinement rather than fundamental areas of concern, and that the aspirational nature of the Trust Board showed that the bar was being raised each time the self-assessment is undertaken.

2.6.2 The move to Service Line Management was seen as a positive one, and it was felt that this had delivered improvements from 2013, particularly with improved clinical engagement and granularity of information at service line level.

2.6.3 The creation of the new workforce committee was a positive step for improving the understanding of workforce risks and performance information at service line level.

2.6.4 There is an on-going need to engage with frontline staff and to ensure that they know and understand the quality goals of both the Trust and the Service Line within which they work.

2.6.5 There was a need to ensure consistent understanding and resolution of performance of metrics requiring improvement. This was discussed at the Quality Assurance Committee in January 2015 with actions to monitor this going forward taken.

3 Next Steps & Recommendations

3.1 The Annual Declaration will be submitted to Monitor, in April 2015.

3.2 The next full external assessment of quality governance will take place in 2015/16.

3.3 Narratives for each of the 10 questions of the framework, explaining how the Trust meets the requirements and areas for development will be provided to Board members for review as part of the planned Board Development day in February 2015.

3.3 The areas for improvement all have actions in place through existing mechanisms such as within the 2014/15 Corporate Objectives or proposed Corporate Objectives for 2015/16.

3.4 The Trust Board are therefore asked to:

- Note the results of the Quality Governance self-assessment;
- Consider the overall findings as positive endorsement of the Trust’s continuing compliance with Quality Governance requirements and take into account when making the Annual Declaration to Monitor in April 2015
### Appendix A – Monitor Quality Governance assessment rating matrix

<table>
<thead>
<tr>
<th>Risk rating</th>
<th>Definition</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green</td>
<td>Meets or exceeds expectations</td>
<td>Many elements of good practice and there are no major omissions</td>
</tr>
<tr>
<td>Amber /Green</td>
<td>Partially meets expectations but confident in management's capacity to deliver green performance within a reasonable timeframe</td>
<td>Some elements of good practice, has no major omissions and robust action plans to address perceived shortfalls with proven track record of delivery</td>
</tr>
<tr>
<td>Amber/Red</td>
<td>Partially meets expectations but with some concerns on capacity to deliver within a reasonable timeframe</td>
<td>Some elements of good practice, has no major omissions. Action plans to address perceived shortfalls are in early stage of development with limited evidence of track record of delivery</td>
</tr>
<tr>
<td>Red</td>
<td>Does not meet expectations</td>
<td>Major omission in Quality Governance identified. Significant volume</td>
</tr>
</tbody>
</table>