

--	--

5 HSRUW 7LWOH	NHS Improvement Quality Governance Framework self-assessment 2018 – 2019			
6WDWXV	,QIRUPDW	'LVFXVVL	\$VVXUDQ	\$SSURYDO
	X			
3UHSDJHG ([HFXWLYH 6SRC	Claire Gorzanski, Head of Clinical Effectiveness			



6 \$ / , 6 % 8 5 < 1 + 6 ) 2 8 1 ' \$ 7 , 2 1 7 5 8 6 7

1 + 6 , P S U R Y H 4 X H O W R M U Q D Q D R H J L R N

6 H O I V V H V V P H Q W

### 3 X U S R V H

This report sets out the Trust's self-assessment against NHS Improvement's Quality Governance Framework to satisfy itself and patients that effective arrangements are in place to continuously monitor and improve the quality of care and areas that require improvement are effectively addressed. The paper is for discussion and approval at the Clinical Governance Committee.

### % D F N J U R X Q G

The Quality Governance Framework (QGF) includes four key components - strategy, capabilities and culture, processes and structure, and measurement. Within each of the four components there are elements that Boards must achieve to ensure the successful delivery of the strategic objectives by:

- x Ensuring required standards are achieved
- x Investigating and taking action on sub-standard performance
- x Planning and driving continuous quality improvement
- x Identifying, sharing and ensuring delivery of best practice
- x Identifying and managing risk to the quality of care

This is described in the Trust's Integrated Governance Framework 2018 which is the means by which the Board controls and directs the organisation and its supporting structures, to identify and manage risk and ensure the successful delivery of the organisation's objectives. The framework is designed to ensure the strategic aim of 'an outstanding experience for every patient' is well managed, cost effective and provided by a skilled and motivated workforce.

The framework is underpinned by the Accountability Framework 2018 which specifies how the performance management systems are structured and tracked to ensure delivery of the corporate objectives at every level of the organisation focusing across the breath of quality, operations, finance and workforce.

The following sections are structured around the four elements that Boards must achieve to ensure the successful delivery of the strategic objectives.

### 6 W V M J \

### ' R H V X D O G L W Y V H K H V U J X W W W Q V M J \ "

The Board reviewed the Trust strategy in 2017 and the strategic aim remains 'an outstanding experience for every patient'. In seeking to deliver an outstanding experience the provision of high quality services for our patients is our first priority.

The Trust has six strategic objectives which reflect our commitment to delivering an outstanding experience for every patient. These are:

- x Local services – our aim is to meet the needs of the local population by developing new ways of working which always put the patient at the centre of all that we do.
- x Specialist services – we will provide innovative, high quality specialist care delivering outstanding outcomes to a wider population.
- x Innovation – we will promote new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered making a positive contribution to the financial position of

the Trust.

- x Care – we will treat our patients and their families, with care, kindness and compassion and keep them safe from avoidable harm.
- x People – we will make the Trust an outstanding place to work where everyone feels valued, supported and engaged and are able to develop as individuals and as teams.
- x Resources – we will make best use of our resources to achieve a financially sustainable future, securing the best outcomes with the available resources.

Delivery of the Trust strategy is underpinned by the publication of the annual report and specifically the Quality Account, which sets out the progress made in our five quality priorities in 2017/18 and the quality priorities selected for 2018/19. Progress of the priorities is monitored via an integrated performance report structured around the objectives of the organisation.

At a wider level the Trust is actively engaged in the development of the B&NES, Swindon and Wiltshire Sustainability and Transformation Partnership (STP). The STP aims to work differently across a large geography to align the skills and expertise that exists within all of our partner organisations to deliver better, higher value health and social care for our population.

Three emerging priorities for our STP in 2018/19 are:

- x The wellbeing of older people
- x Mental health service provision
- x Improvement of outcomes and reduction in variation across the STP of people with a stroke.

, VK W R/D UGKIE H Q O \ D ZDI SRQMLINW W XRD' W

As part of the Integrated Governance Framework the Board controls and directs the organisation and its supporting structures to identify and manage risk and ensure the successful delivery of the organisational objectives. A comprehensive Risk Management Strategy is in place. The BAF is aligned to the strategic objectives in the Trust's Strategy, Shaping the Future, which was approved by the Trust Board in December 2017. The BAF documents the Trust's six strategic priorities, progress on delivery, and the associated risks, controls, gaps and mitigation plans.

The following risks were escalated to the Board during 2017/18 which were highlighted due to their potential impact on the delivery of the Trust's strategic objectives but also the detrimental impact they could have on quality and reputation. Each risk is also presented with mitigating actions.

- x Trust's financial situation
- x Non elective demand above plan had a significant impact on the running of the Trust.
- x Workforce – recruitment and retention.
- x Implementation and risks associated with the Electronic Patient Record.
- x Delays in the cancer pathway across several tumour sites. Aggregated review commenced by the Cancer Board.

The BAF and risk management processes have been subject to review by Internal Audit who concluded that 'the 2017/18 BAF is embedded within the governance structure of the Trust processes to ensure that it is continually updated (for controls, assurances, risks and gaps) and therefore operates as a 'live' document. The overall rating given was of 'Substantial Assurance'.

The review of the BAF and corporate risk register is undertaken regularly throughout the year. The assuring committees - the Clinical Governance Committee, Finance and Performance Committee and the Workforce Committee – together with the Trust Management Committee, undertake bi-monthly reviews. The assurance committees recommend inclusion of ~~res~~ m m

The BAF is agreed annually by the Board, by undertaking a thorough review of the corporate objectives, BAF and corporate risk register at a session led by the Executive Director for Risk. At this session the Board tests the quality and robustness of the BAF and agrees the review and reporting arrangements to keep it dynamic throughout the year. The Board receives an updated BAF and Corporate Risk Register at each of its bi-monthly Board meetings held in public. The Board receives a monthly integrated performance report supported by commentary about actions being taken to address quality and performance matters. The BAF and risk register process was reviewed as part of Deloitte's well-led review and found to be fit for purpose.

&D S D E H L O L Q B X O W X U H

'R H K W % U R O D Y K H W H F H V E D D U G H U W K I L S Q B Q R Z G J R W Q V & D H Y H U \ R I W H T X O L D W J H Q G D "

The Trust Board comprising of Executive and Non-Executive Directors actively work to promote and demonstrate the values and behaviours which underpin the quality agenda. The Board's purpose is to govern and lead effectively and in so doing, build patient, public and stakeholder confidence that sustained, high quality services are delivered.

The Integrated Governance Framework clearly sets out the accountability of Directors. The Medical Director is the Trust's Responsible Officer with statutory responsibility for quality governance and is the lead for clinical effectiveness. The Director of Nursing is responsible for patient safety, patient experience, risk management, and is the Director of Infection Prevention and Control and lead for Safeguarding Adults and Children and the lead for CQC liaison and reporting.

The capabilities required to deliver good quality governance are reflected in the make-up of the Board. The individual and collective performance of the Executive Directors is reviewed twice a year by the Remuneration Committee. The performance of each Executive Director, and their development

recommendations have been distilled into a well led action plan.

' R H K W % U R S B P R W H T X D O E W X V F G O W H U R K J K R X W



GPs, community services and social care along with the B&NES, Swindon and Wiltshire: Sustainability and Transformation Partnership.

x



slightly. Improvement actions are in place. In September 2017 internal audit undertook an assurance review of data quality of two key performance indicators reported to the Board. The metrics were venous thrombo-embolism risk assessment and prophylaxis and the Friends and Family test provided reasonable assurance. All improvement actions were completed and monitored by the Audit Committee.

, VK WT XD O L WR\ULPBLCE HQJX V H GHHWYH O \ "

The Board receives an integrated performance report on the quality of care, financial and operational and workforce performance to ensure delivery of the strategic objectives at every level of the organisation