

Quality Governance Framework

2018-2020

Contents

Foreword	3
Introduction	3
Trust Vision and Strategic Objectives	3
Trust Values and Behaviours	4
Regulation	4
Clinical Engagement in Quality Improvement	5
Duties and Responsibilities	6
Council of Governors	9
The Quality Governance Framework	9
Aims and Objectives of the Quality Governance Framework	10
Quality - External Controls and Influences	10
Care Quality Commission	10
NHS Improvement	10
Single Oversight Framework	11
Scope of the Quality Governance Framework	11
Quality Governance Framework – Committee Structure	13
Quality Committee	14
Quality Governance Group	15
Infection Prevention and Control Group	15
Safeguarding Group	15
Patient Experience Group	16
Medicines Optimisation Group	16
Reporting Groups	16
Associated Action Groups	17
Key Performance Indicators	17
Quality Improvement Priorities	17
Assurance Process	18
Training and Support	18
Monitoring of the Strategy	19
Sources / References	19
Associated Documents	19
Impact Assessment	21
Document Information Box	22

FOREWORD

Our mission is that our patients' health is our priority, and our staff work together to provide high quality, safe health care services across Stockport, the High Peak and surrounding areas. Stockport NHS Foundation Trust (the Trust) is a complex organisation with an annual budget of around £303 million and the Trust employs over 5,500 staff to provide access to care for over 500,000 patients a year.

The Trust's primary objective is to provide high quality, safe health care and treatment to our patients and their families; it will do this by developing as a learning organisation that consistently transforms practice. This Quality Governance Framework (the Framework) defines the combination of structures and processes at and below Trust Board level, which will ensure the Trust has the means by which it will ensure that required quality, safety and experience standards are achieved. This will be supported and achieved by:-

- Planning and driving continuous improvement through agreed Quality Improvement methodologies
- Setting trajectories and goals to achievement
- Identifying and managing risks to quality of care
- Identifying, sharing and ensuring delivery of best practice
- Investigating and taking action on sub-standard performance

There are a number of strategy and policy documents which underpin this Framework. These documents include:-

- Risk Management Framework Strategy (under review)
- Quality Safety and Improvement Plan (currently called Quality Improvement Strategy)
- Clinical Audit Strategy
- Incident Reporting Policy (under review)
- Serious Incident Policy (under review)
- Complaints and Concerns Policy

Medical Director
Chief Nurse & Director of Quality Governance

INTRODUCTION

This framework provides the blueprint for the trust to ensure the delivery of safe, effective and high quality healthcare and to meet its strategic objectives.

The Trust's mission is to be the provider of 'high quality, safe healthcare'. To enable us to achieve this, we have developed seven strategic objectives, which are currently under review, they are:

1. To achieve full implementation and delivery of the Trust's Five Year Strategy 2015-20.

2. To achieve best outcomes for patients through full and effective participation in local strategic change programmes including; Stockport Together, Healthier Together & Greater Manchester Devolution.
3. To secure full compliance with requirements of the NHS Provider Licence through fit for purpose governance arrangements.
4. To achieve, and maintain, a minimum 'Good' rating under the Care Quality Commission inspection regime.
5. To achieve the level of financial sustainability necessary to ensure provision of good quality services and facilitate delivery of the Trust's Five Year Strategy
6. To develop, and maintain, a flexible, motivated and proficient workforce
7. To implement and embed an Electronic Patient Record (EPR) system.

This Framework underpins these objectives, aiming to deliver high quality safe healthcare in a timely and responsive manner, provided in high quality, safe therapeutic environments and maintaining compassionate and respectful care.

TRUST VALUES AND BEHAVIOURS

The Framework also draws together the Trust Values and Behaviours to deliver a clear plan of how the Trust will work to achieve this.

The Trust values and behaviours are:

Quality and Safety

We deliver safe, high quality and compassionate care
We ensure a clean and safe environment for better care

Communication

We treat our patients, their families and our staff with dignity and respect
We communicate with everyone in a clear and open way

Service

We provide effective, efficient and innovative care
We work in partnership with others to deliver the right care in the right place at the right time

REGULATION

The delivery of high quality services, together with the ability to demonstrate a programme of continuous service improvement, is seen as one of the most important indicators of a successful health care organisation. The Department of Health (DoH) NHS Outcomes Framework 2018/2019 – **yet to be published** provides indicators grouped within five domains, which set out the high-level national outcomes that the NHS should be aiming to improve.

The Trust is regulated by Care Quality Commission (CQC) and has developed systems to assure continued compliance with the essential standards of quality and safety contained within the Health and Social Care Act 2008.

CLINICAL ENGAGEMENT IN QUALITY IMPROVEMENT

In line with revised business group structures, appointment of a new tier of medical leaders took place in Q3 of 2017/18. A new hospital associate medical director role has been created to support the medical director with key Trust wide programmes of improvement. The new structure divides services into more manageable directorates, enabling key standards in these areas to be more easily monitored and maintained. A leadership development programme to support the new structure will be embedded in 2018/19.

We will continue to strengthen leadership by developing leadership programmes through partnership working with the Advancing Quality Alliance (AQuA) and NHSI; and as described we have invested in three Business Groups to allow devolved management through the development of a triumvirate approach. We will develop a programme of work including:

- Clinical leadership development / coaching for medical leaders including a Medical Engagement Survey using (MES)
- Quality improvement capacity and capability, working towards a quality improvement culture
- Enhanced Board and oversight scrutiny
- Nursing and AHP leadership
- Implementation of Schwarz Rounds
- Healthcare Leadership Model 360 for senior leaders

Importantly, in terms of quality the Trust invested in new services including patient experience, dementia, and is working toward implementation of the electronic patient records system to support enhanced clinical delivery.

However, recent inspections by the Care Quality Commission revealed areas for improvement which the Trust is acting upon. This Framework will provide the required governance that will not only drive quality improvement but will also define the ways in which the Trust can evidence the work it carries out in ensuring its goals are reached.

The development of the Trusts strategic objectives will provide the Trust with the direction for the future, which will inform quality initiatives, sustainability of our services and the required development of our workforce. This Framework forms an essential tenet to providing assurance that national and local clinical and quality requirements have been identified and processes and systems are in place to implement and monitor quality within the Trust. We will do this by:

- Obtaining assurance that the Trust is well managed and compliant with regulatory requirements including compliance with the Care Quality Commission standards and with the Well Led Framework
- Making quality and quality improvement a core responsibility for and owned by all staff and ensuring that they are supported to fulfil this role.
- Continuous improvement of patients' experience, safety and outcomes,
- Reducing the risk from clinical errors and adverse events, as well as being committed to learning from mistakes and importantly sharing the learning across the Trust.
- Ensuring that patients receive the right treatment, at the right time, in the right place, have their individual needs taken into account and be treated/cared for in a safe environment taking into account best practice
- Implementing quality standards and guidance

- Responding to the needs of patients, their families and carers as individuals and using best practice and evidence based care to deliver a personal service.
- Supporting staff in their training and development, through appraisal, revalidation, and personal development plans, to ensure they are equipped to deliver high quality health care
- Meeting all the requirements of both national and local CQUINs
- Ensure participation in national and local clinical audit
- Ensuring a patient centred and patient led approach to care that includes treating patients courteously, involving them in decisions about their care and embracing the principle of shared decision making. (Liberating the NHS: No decision about me without me – DoH 2010)

However, ultimately, it is the Board of Directors who are responsible for overseeing the quality of care being delivered across all services and assuring itself that quality and good health outcomes are being achieved throughout the organisation. Effective governance requires that the Trust Board pays equal attention to quality of care as they do to the management of finances and that our processes support the provision of intelligent information to facilitate this.

DUTIES AND RESPONSIBILITIES

Overall accountability for quality begins and ends with the Trust Board.

Key responsibilities include:-

Engaging with stakeholders to set quality priorities and standards and communicating these across the whole organisation. The Board, through engagement with others both within and outside the organisation, sets the priorities and expectations for the organisation. It clarifies the strategic direction, quality priorities and values for the organisation and defines how performance against these key areas will be measured and monitored. Importantly it will ensure that these priorities and expectations are clearly communicated and cascaded to all levels of the organisation to provide a strong sense of purpose, clarify boundaries and enhance accountability.

Ensuring that high quality care is being delivered and risks to quality are being effectively managed. The Board will utilise processes and systems of assurance and escalation to gain insight and intelligence internally and externally on the quality of its services (in particular where services are underperforming or even harming patients). These processes and systems will also hold management and clinicians to account for their performance.

Board of Directors (BoD)

It is the responsibility of both Non-Executive and Executive Directors to ensure systems and processes are in place to monitor and implement this procedural document. The arrangements for quality should complement, and be fully integrated with all other aspects of the Trust Board's responsibilities, for corporate governance.

The data and information that the Trust board receives should include a specific reference to the quality issues that the Trust Board is considering as well as standing items such as policy updates, audit results, quality outcomes (including complaints, incidents and claims), local, organisation and national updates on quality performance and performance benchmarks.

Chief Executive (CEO)

The CEO is accountable to the Trust Board for the quality of care provided across the Trust and organisational compliance with the CQC essential standards of quality and safety. The CEO must ensure that there are systems and processes for quality are in place and that assurance for these processes is provided to the Trust Board. The CEO must ensure that there are suitable arrangements in place for staff, patients, carers and families to raise concerns about quality and care standards and ensure these are responded to.

Medical Director

The Medical Director and the Chief Nurse & Director of Quality Governance have delegated responsibility from the Chief Executive to lead the development of this Framework. The Medical Director has specific responsibility for:

- Shared accountability with the Chief Nurse & Director of Quality Governance to the Chief Executive for ensuring the Trust has a robust quality governance infrastructure in place including an appropriate committee and accountability structure, clearly defined roles and responsibilities, policies, procedures, systems and information to support and promote continuous improvement in clinical services
- The Medical Director is the professional lead for Consultants and Trust Grade Doctors responsible for ensuring the safe delivery of quality medical care
- The Medical Director is the Lead for Mortality and Morbidity as required by NHS Improvement and the Care Quality Commission
- Ensures medical care is monitored as part of Mortality and Morbidity reviews in all Specialties
- Provides assurance to the Trust Board on the performance of the clinical services in relation to quality, identifies where improvements may be needed and for ensuring these are enacted
- Joint responsibility with the Chief Nurse & Director of Quality Governance for ensuring adequate clinical governance systems are in place across clinical services and medical, nursing and allied health professions.
- Responsibility for the delivery of safe 7-day services

Chief Nurse & Director of Quality Governance

The Chief Nurse & Director of Quality Governance and the Medical Director have delegated responsibility from the Chief Executive to lead the development of this Framework. The Chief Nurse & Director of Quality Governance has specific responsibility for:

Shared accountability with the Medical Director to the Chief Executive for ensuring the Trust has a robust quality governance infrastructure in place including an appropriate committee and accountability structure, clearly defined roles and responsibilities, policies, procedures, systems and information to support and promote continuous improvement in clinical services

- The professional lead for Nursing, Midwifery and Allied Health Professionals and for ensuring the safe delivery of quality nursing, midwifery and allied professionals care
- The Chief Nurse & Director of Quality Governance is the Director of Infection Prevention and Control
- The Chief Nurse & Director of Quality Governance is the Trust's Caldicott Guardian
- Responsible for recommending the Trust's approach to quality to the Trust Board and is accountable for delivery of the Quality Safety and Improvement Strategy to the Chief Executive

- Joint responsibility with Medical Director for ensuring adequate governance systems are in place across clinical services and medical, nursing and allied health professions.
- Responsible for ensuring the Trust is registered with the Care Quality Commission and has a suitable infrastructure in place to achieve and maintain compliance with required quality and safety standards
- Ensures the Trust takes account of and achieves compliance with the Care Quality Commissions Well Led Framework
- Provides assurance to the Trust Board of the effectiveness of all of the above, where improvements may be needed and for ensuring these are enacted

Deputy Chief Nurse

The Deputy Chief Nurse works with and deputises for the Chief Nurse & Director of Quality Governance in ensuring the safe delivery of all patient care. He/she is accountable to the Chief Nurse & Director of Quality Governance and has organisational responsibility for quality of care and patient experience and supporting the Trust Board in carrying out their responsibilities for this strategy. The Deputy Chief Nurse has specific responsibility for:

- The Quality Report (Account)
- Improvement Priorities
- CQUIN
- Contract Quality Schedule
- Quality Indicators
- Sign up to Safety
- Safety Collaboratives
- Advancing Quality Bundles

Deputy Director of Quality Governance

The Deputy Director of Quality Governance works with the Medical Director and the Chief Nurse & Director of Quality Governance, and has strategic, operational and managerial responsibility for the Governance, Risk, Health and Safety, Patient Safety, Coroners, and Medic-legal functions of the Trust.

The Deputy Director of Quality Governance is responsible for providing support/advice to Executive Directors and Associate Directors in appropriate governance arrangements in relation to this strategy. The post holder is responsible for the CQC Registration and Statement of Purpose for the Trust. The Deputy Director of Quality Governance has specific responsibility for

- Board Assurance Framework (supporting the Director of Corporate Affairs)
- Risk Management Framework
- Risk Registers
- CQC regulation and relationships

Associate Medical Directors / Clinical Directors

The Associate Medical Directors work with the Medical Director in ensuring the safe delivery of medical care. The post holders are responsible for the on-going development of the medical elements of the strategy and its implementation. The post holders are accountable to the Medical Director and have organisational responsibility for quality of care, patient and staff safety and clinical effectiveness, supporting the executive director in carrying out their responsibilities for this strategy.

Consultants

In addition to their main role and for the purposes of revalidation, consultants must demonstrate regular participation in activities that review and evaluate the quality of their work. Quality improvement activities should be robust, systematic and relevant to their work and include an element of evaluation and action which where possible, demonstrates an outcome or change.

Business Group Directors, Associate Medical Directors, Associate Nurse Directors/Heads of Department, Clinical Leads, Matrons and Divisional Governance Leads

Business Group Directors, Associate Medical Directors, Associate Nurse Directors/Heads of Department, Clinical Leads, Matrons and Divisional Governance Leads must ensure that:

- All staff receive the necessary information and where relevant training to enable them to work within the Trust and effectively support the delivery of high quality care as determined by the Quality Governance Framework and associated documents.
- Lead quality improvement and patient safety requirements to progress the strategy and monitor this through Business Group Integrated Governance Group meetings feeding up to the relevant Group and attending, by invitation the Quality Committee to provide assurances on their work.
- The Business Group Directors will identify medical and nursing leads for their Business Groups to take key elements of the strategy forward within their division as required.
- Staff are identified and released to attend mandatory training and other appropriate training to support the delivery of high quality care.

Patient Experience Matron (PEM)

The Patient Experience Matron is responsible for the development of patient feedback mechanisms in order to gain valuable information of how people experience our services as follows:-

- Collation of results and themes from all surveys/feedback, and PALS
- Friends and Family
- Complaints, concerns and compliments
- Patient Advice and Liaison Service (PALS)
- NHS Choices – feedback Patient Opinion

Council of Governors

The Council of Governors has two sub-committees, the Quality Standards Committee and Patient Experience Committee which exist to assist the Trust in the development and implementation of the Trust's quality programme. It monitors the quality of the services delivered by the hospital to identify priorities for improvement and provides input into the annual Quality Account which the Trust is statutorily required to publish. Governors are playing a lead role in seeking ways to make the document more accessible and readable. These Committees carry out their functions, to assure the Council of Governors that there is a comprehensive approach to monitoring the quality and safe care provided to patients and staff of the Trust and to reflect the views of governors, members and members of the public.

THE QUALITY GOVERNANCE FRAMEWORK

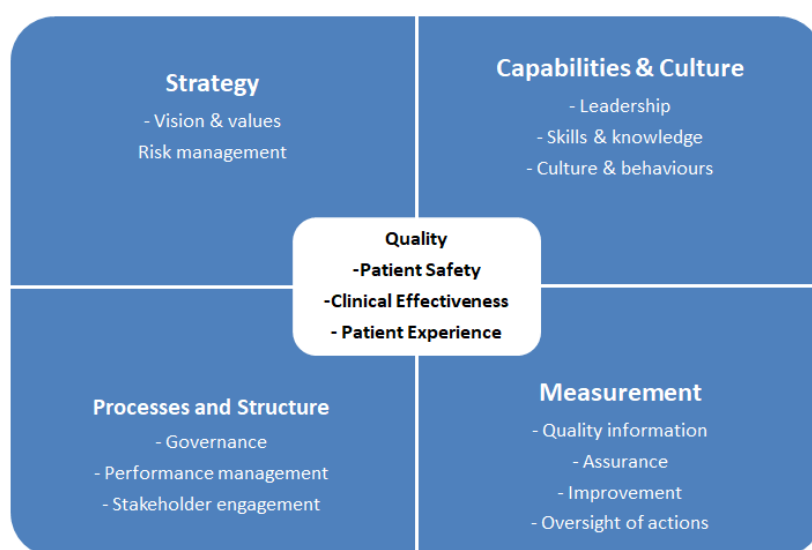
Quality has three main elements: patient safety, clinical effectiveness and patient experience (Darzi Report, High Quality Care for All: June 2008). High quality organisations are safe, effective, person centred, timely, efficient and equitable. The Trust has restructured Quality Committee (currently Quality Assurance Committee) in line with this approach to ensure that we provide an equal balance and assurance on all aspects of quality within the organisation and that we can measure and improve quality at all levels and throughout all areas of the Trust.

AIMS AND OBJECTIVES OF THE FRAMEWORK

QUALITY FRAMEWORK

Our approach to quality is aligned to the CQC's Well Led Framework and existing Quality Governance Framework's which set out the key elements of quality from strategy through to culture, capabilities, processes and ensuring we have the right information to measure quality.

Figure 1: The Quality Framework



QUALITY - EXTERNAL CONTROLS AND INFLUENCES

As well as responding to the internal management of quality the Trust also has an obligation to comply with and report via external agencies in relation to both the management of and transparency in communicating this to the wider community.

Care Quality Commission and NHS Improvement

Both NHS Improvement and the Care Quality Commission (CQC) have placed quality at the heart of their regulatory regimes via the Single Oversight Framework (SOF), and the CQC's essential standards of quality and safety. The CQC has within the last twelve months developed its Insights Reports (replacing Intelligent Monitoring Reports) that along with the SOF is the means of highlighting risk in

the health service. If risks are highlighted then an inspection may be triggered. The CQC lead significantly bigger inspection teams headed up by clinical and other experts that include trained members of the public. They spend longer inspecting hospitals and cover every site that delivers acute services based in eight key services areas: A&E; maternity, paediatrics; acute medical and surgical pathways; care for the frail elderly; end of life care; and outpatients. The inspections will be a mixture of unannounced and announced and they will include inspections in the evenings and weekends.

The Single Oversight Framework

NHS Improvements Single Oversight Framework provides one framework for overseeing NHS trusts and NHS foundation trusts. It:

- sets out how NHS Improvement will identify potential support needs, under five themes, as they emerge
- allows NHS Improvement to tailor our support packages to the specific needs of providers in the context of their local health systems, drawing on expertise from across the sector and from other agencies and partner organisations, as well as within NHS Improvement
- is based on the principle of earned autonomy

NHS Improvement is responsible for overseeing NHS foundation trusts, NHS trusts and independent healthcare providers. NHS Improvement support providers to give patients safe, high quality, compassionate care within local health systems that are financially sustainable. Our Quality Governance Framework links to Theme 1 of NHS Improvements 2020 overarching aims for the trust sector across **five themes**:

Theme	Aim
Quality of care (safe, effective, caring, responsive)	To continuously improve care quality, helping to create the safest, highest quality health and care service
Finance and use of resources	For the provider sector to balance its finances and improve its productivity
Operational performance	To maintain and improve performance against core standards
Strategic change	To ensure every area has a clinically, operationally and financially sustainable pattern of care
Leadership and improvement capability (well-led)	To build provider leadership and improvement capability to deliver sustainable services

This Trust will continue to invest resources in ensuring that staff, understand these processes and it has, since July 2017 developed a Leadership group to monitor improvements against findings from previous inspections and visits. From January 2018 these will now evolve into the Patient Quality Summit, where staff will share the Key Lines of Enquiry and actions in place to provide direction to ensuring compliance with the Regulated Activities.

SCOPE

The Framework will:

- Clearly set out how our patient safety, effectiveness and patient priorities will be monitored
- Complement our existing governance arrangements toward ensuring that quality is our underpinning principle, via the Quality Governance, and operational groups reporting to this Committee
- Outline the duties and responsibilities of staff in delivering this strategy
- Support the delivery of national priorities and commissioner requirements for the provision of quality healthcare
- to improve the quality of all our clinical services, updated annually as part of the annual planning cycle
- Set out the structures, systems and processes necessary to deliver and monitor all aspects of key enabling strategies and to demonstrate a positive effect on clinical care
- Provide a framework to support and motivate our staff to deliver the highest possible quality care providing staff with an environment where the pursuit of continuous quality improvement is both encouraged and required.



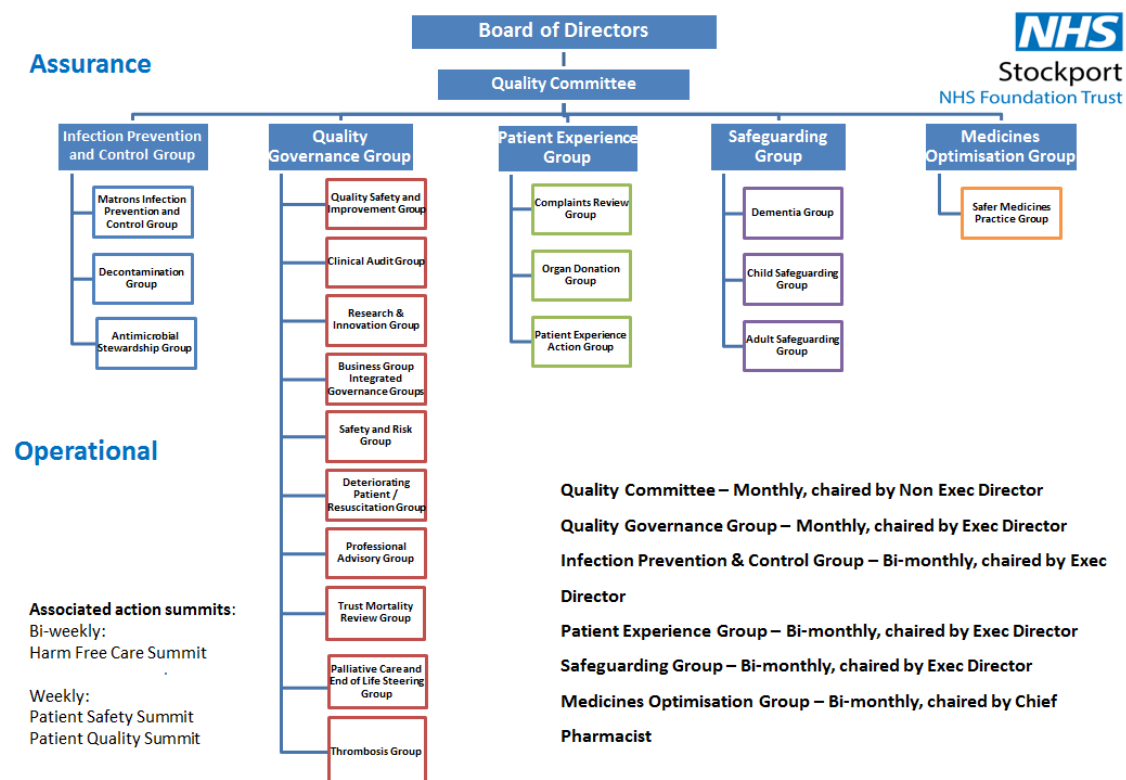
The Trust has restructured the committee and groups in line with the above model to support our objective of building a quality focussed structure that supports the continuous collation and review of information and data to further improve the internal management and assurance processes around these critical functions underpinning high quality care and gain assurance that quality is being managed effectively. Going forward these five Groups will report to the Quality Committee.

The structures and processes supporting the implementation of the framework are identified as follows:

The following Groups ensure progress against the identified aims:

- Quality Governance Group
- Infection Prevention and Control Group
- Safeguarding Group
- Patient Experience Group
- Medicines Optimisation Group

QUALITY GOVERNANCE FRAMEWORK – COMMITTEE STRUCTURE



Assurance It is recognised that this Board committee is where assurance will be gained that the quality functions of the Trusts strategic objectives are effectively enabling the delivery and development of key strategies. Agreed terms of reference and a supporting work-plan will be in place, both of which will provide the methods by which the Committee will monitor key quality strategies.

Operational

The newly formed Quality Committee will be responsible for the development of a five groups (to be led by an executive director or chief pharmacist) that will provide the operational structure for delivery and development of key strategies.

All five groups will ensure that they comply with their terms of reference and work-plans. They will manage their specific functions, with the Quality Committee having the overarching responsibility to

review and measure the work of these groups in order to provide assurance of compliance to the Trust Board and escalate risks and exceptions to compliance if required. This process will support the Trust in responding to the CQC requirements of the organisation being “Safe; Effective; Caring; Responsive and Well Led”.

Quality Committee

The Groups described above will report to the Quality Committee (previously known as the Quality Assurance Committee). Ensuring patient safety is a fundamental element of high quality healthcare, the Quality Committee will meet monthly. At this Trust, providing safe, quality healthcare to our patients is not only a top priority, but a value that we uphold every day. The Quality Committee will receive assurance via written reports, presentations, detailed action plans and dashboards that support and evidence this priority. The Quality Committee will:

- Receive and monitor detailed action plans that underpin the delivery of key strategies and frameworks, these will be subject to regular monitoring and progress reporting by exception through to the Quality Committee
 - Escalate risks and concerns by exception to Trust Board
 - Oversee the production and review of a monthly Quality Dashboard Report which reports on a number of quality metrics and key performance indicators and is reported at the Board of Directors’ meetings via the Integrated Performance Report
 - Provide assurance to the Trust Board that quality assurance and clinical governance mechanisms are integral to monitoring services to ensure better outcomes for patients
 - Oversee the production of an annual Quality Report/Account to be reviewed by the Quality Committee and other important partners to demonstrate progress and achievements. This will be signed off by the Audit Committee and Trust Board prior to submission to Parliament
 - Oversee the requirements of the Trusts compliance with the Annual Governance Statement; Board Assurance Framework and CQC Registration
- The integration of effective reporting structures from the Business Groups, through to the Quality Committee onto the Trust Board
- Empower staff to report risk and incidents and to register their concerns about unsafe practice, through an open and fair culture which is supported by effective Human Resources and Risk Management policies and procedures
 - Develop and review its Terms of Reference annually

Membership

Non Executive Director (Chair - selected based on expertise and specialist knowledge)

Non Executive Directors x 3 (including Chair)

Medical Director

Chief Nurse & Director of Quality Governance

Chief Executive

In attendance:

Deputy Director of Quality Governance

Deputy Chief Nurse

By rolling invite:

Business Group Triumvirates

Quality Governance Group

Ensuring patient safety is a fundamental element of high quality healthcare, this group will meet monthly. At this Trust, providing safe, quality healthcare to our patients is not only a top priority, but a value that we uphold every day. This Group will be responsible for leading on risk management and reducing avoidable harm such as falls, drug errors or rates of healthcare associated infection

Membership

Committee Chair: Medical Director (chair)
Chief Nurse & Director of Quality Governance (deputy chair)
Deputy Medical Director
Deputy Chief Nurse
Deputy Director of Quality Governance
Business Group Directors
Associate Nurse Directors
Associate Medical Directors
Business Group Governance Leads
Allied2Health lead

Infection Prevention and Control Group

This group will meet bi-monthly and will monitor and strengthen the performance management of Health Care Associated Infections (HCAIs) and cleanliness across the whole Trust and to provide assurance to the Board of Directors that policy, process and operational delivery of infection prevention and control results in improved patient outcomes. The group will make recommendations, as appropriate, on Infection and Prevention Control matters to the Board of Directors via the Quality Governance Group.

Membership

Committee Chair: Chief Nurse & Director of Quality Governance (chair)
Medical Director
Deputy Chief Nurse
Lead Nurse Infection Prevention Control
Microbiologist (DIPC)
Public Health England Lead
Occupational Health
Estates & Facilities Lead
CCG Quality Lead

Safeguarding Group

This group meets bi-monthly and will ensure that the Trust fulfils its statutory responsibilities as outlined in the Care Act 2014 and promote the safety and welfare of adults; the safety and welfare of children and unborns, including looked after children, as outlined in the Children Act 2014. The group will oversee the process for implementing, monitoring, and embedding safeguarding principles across the Trust.

Membership

Chief Nurse & Director of Quality Governance (chair)
Deputy Chief Nurse (deputy chair)
Named Nurse for Adult Safeguarding

Named Nurse for Child Safeguarding
Named Midwife for Safeguarding
Named Nurse for LAC
CCG Lead for Safeguarding
Associate Director of Nursing for Womens & Childrens Business Group
Assistant Director of Nursing
Allied2Health lead

Patient Experience Group

Patient experience data is seen as a key indicator in identifying problems in care. This Committee will look at all aspects of the quality of caring. This means how personal care is including compassion, dignity and respect with which patients are treated. This will be achieved by a review of information and data on the patient experience including complaints, concerns, patient feedback and patient stories – how positive an experience people have on their journey through the NHS can be even more important to the individual than how clinically effective care has been.

Membership

Chief Nurse & Director of Quality Governance (chair)
Deputy Chief Nurse (deputy chair)
Associate Nurse Directors
Assistant Directors of Nursing
Patient Experience Matron
Governor Representative
Healthwatch Representative
Allied2Health lead
Volunteer Lead

Medicines Optimisation Group,

The Medicines Optimisation Group will provide the key function of ensuring governance for medicines management and medicines optimisation across the Trust. The group will provide direction for the Trusts' medicines strategies and policies, and will monitor action plans from audits that relate to medicines safety and security; dispensing; prescribing; and administration.

Membership

Consultant Lead for Medicines Management (chair)
Chief Pharmacist
Deputy Chief Nurse
Deputy Director of Quality Governance
Assistant Director of Nursing

Reporting groups

A number of monthly, bi-monthly and quarterly groups have been established by the Groups which directly report the Quality Committee. Each of these will develop their terms of reference and work-plans to enable them to provide evidence of assurance relating to key areas of their work. These groups include:

Quality Governance Group feeder groups:

Quality Safety and Improvement Group
Clinical Audit Group
Research and Innovation Group
Business Group Integrated Governance Groups
Safety and Risk Group
Deteriorating Patient / Resuscitation Group
Professional Advisory Group
Trust Mortality Review Group
Trust Thrombosis Group

Infection Prevention and Control Group feeder groups:

Matrons and Leads Infection Prevention and Control Group
Decontamination Group
Antimicrobial Stewardship Group

Patient Experience Group feeder groups:

Complaints Review Group
Organ Donation Group
Patient Experience Action Group

Safeguarding Group feeder groups:

Dementia Group
Child Safeguarding Group
Adult Safeguarding Group

Medicines Optimisation Group feeder groups:

Safer Medicines Practice Group

Associated Action Summits not reporting into the Quality Governance Framework

Patient Safety Summit - Weekly
Patient Quality Summit - Weekly
Harm Free Care Summit – Bi-weekly (to commence February 2018)

Key Performance Indicators

Key performance indicators (KPI's) will be reported to Trust Board through the Quality Committee and form part of the Integrated Performance Report. KPI's are identified through a number of routes. Some of these will derive from national mandated indicators, or locally agreed metrics, such as:

NHSI Single Oversight Framework quality metrics
National CQUINs
Greater Manchester Health and Social Care Partnership metrics
Specialised Commissioning
The Department of Health (DoH) NHS Outcomes Framework 2018/2019 – **yet to be published**

Quality Improvement Priorities

Additionally, we will develop an agreed set of Quality Improvement Priorities as part of our Quality Strategy update. We will deliver workshops with key stakeholders in January 2018 to agree Quality Improvement Priorities for 18/19 Quality Account, these will include SMART objectives relating to:

- Safety: We will reduce harm and focus on managing and reducing clinical and operational risks.
- Effectiveness: We will improve outcomes, based on evidence and deliver care in the right place, first time, every time.
- Experience: We will focus on the patient and their experience, and we will get the basics right so our patients will be warm, clean, and well cared for.

The Single Oversight Framework Compliance with this Framework will be monitored by Committee and Group reports, audit trails, scrutiny and assurance of good governance practices to the Trust Board and the Quality Committee and internal and external auditors and regulators. Where gaps in assurance are identified, action plans will be devised, implemented and monitored. Any remaining residual risks are added to and monitored through the Trust's risk registers.

Each of the supporting Groups outlined above will monitor their identified objectives and targets via performance indicators and dashboards. The Quality Dashboard has been aligned to the performance measures from the CQUINs; quality contract; quality report, NHS Improvement, and other external body requirements and will be reviewed by the Quality Committee prior to review at the Trust Board.

Assurance Process

All feeder Groups to the Quality Committee will take responsibility for the assurance function within their remit. They will agree and ensure that KPIs relating to their function are developed and monitored continuously so any early warnings regarding possible deterioration of services is identified and acted upon.

The individual Groups of the Quality Committee will ensure that risks are escalated appropriately and included in the risk registers if required. The Quality Committee will oversee, monitor and maintain the Board Assurance Framework and Risk Register(s) and seek assurance that the risk ratings are correct and that appropriate actions are taking place to mitigate and/or eradicate risk. Other sub-committees of the Board will also review the Board Assurance Framework for their particular specialist areas – for example, principal risks that relate to workforce will be reviewed by the People and Performance Committee. The Audit and Risk Committee will approve the Risk Management Framework, seeking assurance that the Trust has systems in place to monitor its key risks.

The Quality Committee will review and analyse all quality data and information about services to ensure recognition of early warning signs e.g. Quality Dashboards, Quality profiles and other data/intelligence about services including patient and staff experience. The Committee will provide escalation of key areas of concern or achievement to Trust Board as required.

TRAINING AND SUPPORT

The Trust recognises that the successful implementation of this Strategy is dependent upon the provision of appropriate and sufficient training to all levels of the organisation. This is reflected into the Trust Training and Development Policy that includes the Trust Training Needs Analysis.

MONITORING OF THE STRATEGY

CQC Regulated Activities	Process for monitoring e.g. audit	Responsible individual/group/committee	Frequency of monitoring	Responsible individual/group/committee for review of results	Responsible individual/group/committee for development of action plan	Responsible individual/group/committee for monitoring action plan and implementation
1,2,3,4,5,7,8,9,16,17,18,19	Annual Report to Board against progress	Deputy Director of Quality Governance Quality Safety and Improvement Group	Annually	Chief Nurse & Director of Quality Governance Medical Director Quality Governance Group	Chief Nurse & Director of Quality Governance Medical Director Quality Committee	Trust Board

SOURCES/ REFERENCES

NHS Operating Framework 2018/19 (not available yet)
 NHS Improvement Single Oversight Framework November 2017
 CQC Insights Report (from October 2017)
 NHS Improvement Developmental reviews of leadership and governance using the well-led framework: guidance for NHS trusts and NHS foundation trusts June 2017
 Quality governance: How does a board know that its organisation is working effectively to improve patient care? - Guidance for boards of NHS provider organisations. Monitor; April 2013.
 Monitor Quality Governance Framework July 2010
 Care Quality Commission Essential Standards for Quality and Safety 2010
 Care Quality Commission Intelligence Monitoring 2013
 The Mid Staffordshire NHS Foundation Trust Inquiry: Independent Inquiry into care provided by Mid Staffordshire NHS Foundation Trust: January 2005 – March 2009 (Chaired by Robert Francis QC) 2010
 Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (Chaired by Robert Francis QC) 2013
 High Quality Care for All' 2010
 Equity and Excellence; Liberating the NHS' 2011

ASSOCIATED DOCUMENTS

- Risk Management Framework Strategy (under review)
- Quality Safety and Improvement Plan (currently called Quality Improvement Strategy)
- Clinical Audit Strategy
- Incident Reporting Policy (under review)
- Serious Incident Policy
- Complaints and Concerns Policy
- Nursing and Midwifery Strategy

- End of Life Care Strategy
- Stockport NHS Foundation Trust Operational Plan 2018/19

IMPACT ASSESSMENT

To be completed and attached to any policy or procedural document when submitted to the appropriate committee for consideration and approval.

Title Quality Strategy											
What is being considered?	<table> <tr> <td>Policy</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Guideline</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Decision</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other (please state)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Strategy</td> <td><input checked="" type="checkbox"/></td> </tr> </table>	Policy	<input type="checkbox"/>	Guideline	<input type="checkbox"/>	Decision	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>	Strategy	<input checked="" type="checkbox"/>
Policy	<input type="checkbox"/>										
Guideline	<input type="checkbox"/>										
Decision	<input type="checkbox"/>										
Other (please state)	<input type="checkbox"/>										
Strategy	<input checked="" type="checkbox"/>										
Is there potential for an adverse impact against the protected groups below? Age Disability Gender Reassignment Marriage and Civil Partnership Pregnancy and Maternity Race Religion and Belief Sex (Gender) Sexual Orientation Human Rights articles	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>										
If you are unsure, please contact the Equality and Diversity Specialist - 5229											
On what basis was this decision made?											
National Guidelines e.g. NICE / NSPA / HSE / DH (other)	<input type="checkbox"/>										
Committee / Other meeting	<input checked="" type="checkbox"/>										
Previous Equality screening	<input type="checkbox"/>										
With regard to the general duty of the Equality Act 2010, the above function is deemed to have no equality relevance Equality relevance decision by Date											
The Equality Act 2010 has brought a new equality to all public authorities, which replaced the race, disability and gender equality duties. This Equality Relevance Assessment provides assurance of the steps Stockport Hospital NHS Foundation Trust is taking in meeting its statutory obligation to pay due regard to: Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act Advance equality of opportunity between people who share a protected characteristic and those who do not Foster good relations between people who share a protected characteristic and those who do not For further information or guidance please contact – Safina.Nadeem@stockport.nhs.uk											

DOCUMENT INFORMATION BOX

Item	Value
Type of Document	Strategy
Title	Quality Framework
Published Version Number	1
Publication Date	January 2018
Review Date	January 2019
Author's Name + Job Title	Alison Lynch. Chief Nurse & Director of Quality Governance
CQC Standard Measure	Outcomes 1,2,3,4,5,7,8,9,16,17,18,19,
Consultation Body/ Person	Quality Governance Committee Quality Assurance Committee Associate Directors of Nursing Business Group Directors Governance Leads
Consultation Date	November and December 2017
Approval Body	Trust Board
Approval Date	25 January 2018
Ratified by	Trust Board
Ratification Date	25 January 2018
Author Contact	5078
Business Group	Corporate
Specialty (if local procedural document)	N/A
Ward/Department (if local procedural document)	N/A
Readership (Clinical Staff, all staff)	All Staff
Information Governance Class (Restricted or unrestricted)	Unrestricted