Key things every NED should know about quality governance and patient safety

Kate Hall
November 2012
How do you know?
Board see…

Surgical site infection rates are within the expected range for a hospital of our size and complexity

Nurses and doctors see…
What’s the size of the safety problem?

Avoidable mortality = 10 buses per week across England
Avoidable harm = 2 buses per week per hospital
“My Board routinely looks at simple, patient focused quality metrics, and has a clear plan for improvement.”

1. Strongly Agree 14%
2. Agree 55%
3. Disagree 29%
4. Strongly Disagree 2%
Every system is perfectly designed to deliver what it delivers.
10 years – so what have we learned?

- Bristol
- Mid Yorks
- Wolverhampton
- Bolton Salford & Trafford
- Devon
- Mid Cheshire
- Cornwall
- NW London
- Stoke Mandeville
- NW London
- Oxford
- Sutton & Merton
- Maidstone & Tonbridge Wells
- Mid Staffs
“If you fly on a plane, you have a one in 10 million chance of being killed. If you go into hospital, you have one in 300 chance – and not from the illness you went in with.”

Sir Richard Branson

newly appointed vice-president of the Patients Association
While 81% agree that patient safety is the highest priority of the board...

...only 69% agree that they are confident that the board is well positioned to lead the trust in balancing cost efficiency and patient safety priorities.

Source: Pre-conference patient safety survey
Quality Governance framework: Monitor’s definition

Definition of quality governance

Quality Governance is the combination of structures and processes at and below board level to lead on trust-wide quality performance including:

▪ Ensuring required standards are achieved
▪ Investigating and taking action on substandard performance
▪ Planning and driving continuous improvement
▪ Identifying, sharing and ensuring delivery of best-practice
▪ Identifying and managing risks to quality of care

1 Quality performance incorporates safety, clinical effectiveness and patient experience and is measured across inputs, processes and outputs
2 Required external standards include, but are not limited to: legal requirements for on-going registration with CQC; satisfaction of agreed levels of service provision; and delivery against national targets and standards (Appendix B of Compliance Framework)
How do we assess Quality Governance?

Boards self-assess against ten key questions set out in our Quality Governance Framework

Monitor tests and challenges this evaluation against direct evidence

Monitor’s assessment is supported by external experts providing a challenge function

Each of the ten key areas are RAG rated to give an overall Quality Governance score
Monitor’s framework for assessing good quality governance

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Capabilities and Culture</th>
<th>Processes and Structures</th>
<th>Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A</td>
<td>Does quality drive the trust’s strategy?</td>
<td>Does the board have the necessary leadership, skills and knowledge to ensure delivery of the quality agenda?</td>
<td>Is appropriate quality information being analysed and challenged?</td>
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<td>Does the board promote a quality-focused culture throughout the trust?</td>
<td>Is the board assured of the robustness of the quality information?</td>
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<td>Does the board have the necessary leadership, skills and knowledge to ensure delivery of the quality agenda?</td>
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<td>Does the board promote a quality-focused culture throughout the trust?</td>
<td>Are there clearly defined, well understood processes for escalating and resolving issues and managing quality performance?</td>
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</tr>
<tr>
<td>3A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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Independent Regulator of NHS Foundation Trusts
## Scoring against the Framework

<table>
<thead>
<tr>
<th>Score</th>
<th>Risk rating</th>
<th>Definition</th>
<th>Evidence</th>
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<tbody>
<tr>
<td>0</td>
<td>Green</td>
<td><strong>Meets or exceeds expectations</strong></td>
<td><strong>Many elements</strong> of good practice + <strong>no major omissions</strong></td>
</tr>
<tr>
<td>0.5</td>
<td>Amber/Green</td>
<td><strong>Partially meets</strong> expectations but <strong>confident in management’s capacity</strong> to deliver green performance within reasonable timeframe</td>
<td><strong>Some elements</strong> of good practice + <strong>no major omissions</strong> + <strong>robust action plans</strong> for shortfalls and <strong>proven track record of delivery</strong></td>
</tr>
<tr>
<td>1</td>
<td>Amber/Red</td>
<td><strong>Partially meets</strong> expectations but <strong>some concerns</strong> on capacity to deliver within a reasonable timeframe</td>
<td><strong>Some elements</strong> of good practice + <strong>no major omissions</strong> + <strong>action plans for shortfalls in early stages and limited evidence of delivery in past</strong></td>
</tr>
<tr>
<td>4</td>
<td>Red</td>
<td>Does not meet expectations</td>
<td><strong>Major omission in quality governance identified</strong> + <strong>significant volume of action plans required, concerns on management delivery capacity</strong></td>
</tr>
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- Authorisation criteria is a score of 3.5 or less
- Quality governance score of 4 or worse cannot be authorised
- Overriding rule states no category can be rated entirely amber/red
### Scoring against the Framework

#### “Which question in the framework do applicants perform most poorly on?”

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### Scoring against the Framework – Recent applicants (Monitor scoring)

Applicants score most poorly on Q. 1B: “Is the Board sufficiently aware of potential risks to quality?”

<table>
<thead>
<tr>
<th>Question Number</th>
<th>Scores</th>
<th>Average score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>0.25</td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td>0.68</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>0.38</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>0.13</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>0.30</td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td>0.53</td>
<td></td>
</tr>
<tr>
<td>3c</td>
<td>0.20</td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td>0.38</td>
<td></td>
</tr>
<tr>
<td>4b</td>
<td>0.50</td>
<td></td>
</tr>
<tr>
<td>4c</td>
<td>0.43</td>
<td></td>
</tr>
<tr>
<td>Σ</td>
<td>3.75</td>
<td></td>
</tr>
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</table>

**QG Assessments (1-20)**

- **G**: Good
- **A**: Average
- **R**: Requires improvement
- **A/G**: Above average
- **A/R**: Average/Requires improvement

**Average score**

- **0.25**
- **0.68**
- **0.38**
- **0.13**
- **0.30**
- **0.53**
- **0.20**
- **0.38**
- **0.50**
- **0.43**
- **3.75**
## Scoring against the Framework: Recent applicants (Trusts scoring)

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<tr>
<td>1a</td>
<td>0.15</td>
</tr>
<tr>
<td>1b</td>
<td>0.12</td>
</tr>
<tr>
<td>2a</td>
<td>0.09</td>
</tr>
<tr>
<td>2b</td>
<td>0.18</td>
</tr>
<tr>
<td>3a</td>
<td>0.12</td>
</tr>
<tr>
<td>3b</td>
<td>0.18</td>
</tr>
<tr>
<td>3c</td>
<td>0.12</td>
</tr>
<tr>
<td>4a</td>
<td>0.21</td>
</tr>
<tr>
<td>4b</td>
<td>0.26</td>
</tr>
<tr>
<td>4c</td>
<td>0.21</td>
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Ratings above A/G are rare in Trusts’ own scoring.
## Scoring against the Framework—Case studies

### Case Study 1

<table>
<thead>
<tr>
<th>Q. 1B</th>
<th>Is the Board sufficiently aware of potential risks to quality?</th>
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<tbody>
<tr>
<td>Trust score</td>
<td><img src="#" alt="Green Circle" /></td>
</tr>
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</table>

**Key Reasons:**

**Trust felt they had:** a very detailed Ward to Board risk management framework, risk profiles to assess quality impact, regular monitoring of CIP risk assessments and a quality dashboard to provide early indicators of any adverse performance.

**Monitor view:** CIP review processes not fully embedded, CIP review processes do not identify risks arising through the cumulative impact of smaller schemes or layering of schemes over time. *Limited evidence of NED challenge on quality and safety impact.*

### Case Study 2

<table>
<thead>
<tr>
<th>Q. 2A</th>
<th>Does the Board have the necessary leadership, skills and knowledge to ensure delivery of the quality agenda?</th>
</tr>
</thead>
<tbody>
<tr>
<td>B2B score</td>
<td><img src="#" alt="Yellow Circle" /></td>
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**Key Reasons:**

- Two new NEDs appointed bringing new skills and knowledge.
- Changes made to performance reports to include trend data and define RAG ratings.
- More informed discussion around quality evident at a second Board observation.
QG key themes from Compliance / APR last year

- QG issues often do not get discussed at board level or if they do they are often not acted on
- Limited NED challenge - in some cases the board have known but things have just been allowed to continue
- Self – certification is not always taken seriously
- Impact of CIPS on quality and safety is not routinely monitored or measured in a number of organisations
- In a number of trusts the MD could not clearly articulate the process for quality assurance or whether there was any risk associated with the CIP schemes - whilst clinicians have clearly been involved in the process in some organisations there is no formal monitoring or measuring process in place
- Organisations with established robust clinical structures in place have more robust quality governance
Hospital-acquired infection costs NHS £1+ bn a year

The costs of adverse drug events are £0.6bn

Patients throw away £370m of unused drugs

Pressure ulcers cost a hospital £800k a year

A patient fall, causing # NoF costs a hospital £11,452

25 per cent of radiological procedures are unnecessary

Are you happy with the level of clinical leadership / engagement in your organisation?

1. Yes, we have invested in developing clinical leaders over the years and strengthened it
   6%

2. Yes, although we need to do more work on developing clinical leaders and succession planning
   39%

3. No, although we have plans in place to strengthen this
   43%

4. No, we don’t know how to tackle it
   12%
Key themes from QG assessment

- NEDs unable to clearly describe trusts top quality priorities and safety concerns
- Insufficient detail around CIP schemes / need for a methodology to assess quality and safety impact of CIPS and ensure clinical input into this
- General need for stronger NED and governor challenge on quality and safety matters
- Need to formalise the escalation process to the board
- Need to improve appraisal process and ensure quality performance within this for all staff
- Opportunity to improve engagement, involvement and feedback with patient, governors and staff
- Reliance on systems and processes for quality assurance rather than whether the data is accurate
Learning from those who’ve failed
Recent NHS governance failures: a few observations

- CQC left with the impression the trust tolerated mediocrity
- Little discussion at trust board over issues such as staffing, bed occupancy (persistently low staffing levels in some staff groups)
- NEDs when asked gave “disappointing” responses to some extent indicating they were unaware of the reality
- A belief the trust was “no worse off than other trusts”
- Policies contained different information, causing confusion for staff and confusion over who was responsible for delivering action plans

- Leadership operated a closed culture – infection control issues not shared with the board or public
- Imbalance of board agenda - finance vs. clinical outcomes
  - Board minutes did not show much discussion on quality of care
- Cost improvement plans not considered from a quality of care perspective
  - No effective governance structure or audit practice in surgery and issues listed on risk register but no actions taken
  - Governance issues do not always reach the board or if they do they are not acted upon
- CE viewed as being difficult to challenge
  - Infection outbreaks not being discussed at the board until three months after they had occurred
  - Infection control team did not present to the trust board when outbreaks occurred
- Board level focus on finance
- Insufficient NED challenge on safety and quality
  - High turnover of executive directors and senior managers
- Low staffing levels – heavy reliance on bank and agency staff
- People know that there is a problem but do not do anything to address it and just hope it improves
Common themes behind failures

1. Leadership
2. Governance & information
3. Poorly managed organisational change
The areas of consistent failure

• Leadership of quality is weak
  – Lack of awareness of quality indicators
  – NEDs often don’t challenge thoroughly on issues of quality, don’t understand how to challenge appropriately, defer too strongly to clinical executives and accept statements at face value
  – Quality is not, in reality, a priority within the trust

• The trust has failed to recognise there is a problem
  – The outcome is understood but not the failings that created that outcome.
  – The information provided to the board is insufficient to enable challenge/action (particularly proactive action)
  – Issues/risks are not escalated appropriately
The areas of consistent failure

- There is no check and challenge of frontline compliance
  - The board has taken sensible actions but has no assurance process to check they are being implemented/complied with
  - ‘The Director of Nursing deals with that’

- The board has no mechanism to independently assure quality governance

- Problems are externalised ignoring the internal problems
  - If only the PCT/SHA/Monitor/CQC/Ambulance Service would…..
The areas of consistent failure

• Trust is unable to identify risk for itself and then put it right sustainably
  – Reliance on third parties e.g. CQC
  – Ineffective risk management
  – Not being challenging sufficiently

• Trust management lacks the capability/capacity to manage the problem(s)

• Lack of clinical engagement with some or all staff groups

• Trust confuses the existence of policies, processes and structures with their appropriate use
The most common reason trusts fail to address quality governance failures

- Medium Size DGH

- Problems identified by CQC, Commissioners and Monitor

- Trust got external diagnostic put in place and assured action plan established

- A long time later problems identified remain despite investments of time and money by trust and regulators

- Why?

- Trust went through motions but leadership remained in denial that there was a problem
Tough question - right people, right skills?

Trust board requirements

- Are the challenges understood and shared?
- Are the priorities for attention agreed?
- Are ambitions aligned?

Board capability & organisational structure

- Does the board have the right skills and experience to deal with these challenges?
- Are the supporting processes effective?
- Is information flow sufficient?
- Is the culture a positive one?

=?

- What gaps exist?
- What plans are in place to address these?
- If you have concerns are you taking action?
- Are you doing enough?
If a high reliability mindset does not exist among the people running the organisation, no set of behaviours, rules or measuring system will ever produce high reliability within the organisation.
Questions?
Kate.hall@monitor-nhsft.gov.uk