Board of Directors

26 March 2020

**Paper title:** Further strengthening and integrating the Trust assurance process as part of our continuous quality improvement programme

**Presented by:** Beverley Bray, Head of Quality Governance and Patient Safety

**Prepared by:** Beverley Bray, Head of Quality Governance and Patient Safety

---

**Purpose of the report**

The paper sets out a proposal for the Board, its Committees and associate sub-groups to use a consistent data pack containing high level dashboards supported by individual data charts to support assurance activity across the organisation.

| For approval | X |
| For discussion | X |
| For information | |

**Executive summary**

This paper describes the next stage in the development of the Trust’s governance and assurance processes. It clarifies how daily lean management, leadership communication-cells and the continuous improvement methodology inform and support the assurances required by Board and its committees. It sets out a proposal for the use of a consistent data pack containing high-level dashboards supported by individual data charts. A key aim is to inform strategic decision making by providing clarity on the impact of operational decisions. The paper highlights a number of key considerations in relation to the role and function of the Board and its Committees.

<table>
<thead>
<tr>
<th>Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?</th>
<th>State below ‘Yes’ or ‘No’</th>
<th>If yes please set out what action has been taken to address this in your paper</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Recommendation**

The Trust is asked to:

- Approve the use of a consistent data pack, issued at a set point in time each month, to commence from April 2020
- Consider the implications in relation to Committee and Board scheduling
- Consider the additional implications as laid out in the ‘Key Considerations’ section of the report
<table>
<thead>
<tr>
<th>Strategic vision</th>
<th>Please mark those that apply with an X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing excellent quality services and seamless access</td>
<td>Creating the best place to work</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Car Quality Commission domains</th>
<th>Please mark those that apply with an X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe</td>
<td>Effective</td>
</tr>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationship to the Board Assurance Framework (BAF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The work contained with this report links to the following strategic risk(s) as identified in the BAF:</td>
</tr>
<tr>
<td>•</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Links to the Corporate Risk Register (CRR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The work contained with this report links to the following corporate risk(s) as identified in the CRR:</td>
</tr>
<tr>
<td>•</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Compliance and regulatory implications</th>
</tr>
</thead>
<tbody>
<tr>
<td>The following compliance and regulatory implications have been identified as a result of the work outlined in this report:</td>
</tr>
<tr>
<td>• Well led</td>
</tr>
</tbody>
</table>
Further strengthening and integrating the Trust assurance process as part of our continuous quality improvement programme

Purpose

Over the past 12 – 15 months Bradford District Care Foundation NHS Trust has been maturing and developing its assurance and governance processes. The progress has been significant, with changes to the function and processes of the Board and its Committees over this period.

This paper describes the next stage in the ongoing development of the Trust’s governance and assurance processes. The paper clarifies how daily lean management (DLM), leadership communication-cells and the continuous improvement methodology embedded within the Care Trust Way inform and support the assurances required by the Trust Board and its committees to perform their statutory functions.

The paper sets out a proposal for the Board, its Committees and associate sub-groups to use a consistent data pack containing high level dashboards supported by individual data charts. This data pack will be used to support assurance activity across the organisation. The process of developing the data pack and associated processes has highlighted a number of key considerations for the Board in relation to the role and function of the Board and its Committees going forwards.

A key aim is for this data pack to inform strategic decision making by providing clarity on the impact of operational decisions in the context of ongoing development of the Trust’s quality improvement methodology. The data pack on its own will not be sufficient to do this and will need to be supported by robust escalation and reporting processes to provide the required contextual information. However, it is recognised that this will be a step towards ensuring that the Trust’s strategic objectives explicitly drive the work of Board Committees and Board.

Proposal

The below diagram illustrates the interaction between operational processes which support the continuous improvement in the quality and delivery of services and the assurances required by the Trust Board to conduct its statutory function.

Care delivery & Improvement is driven by the Daily Lean Management (DLM) process. This allows the identification of issues in real time, local ownership of solution finding and delivery of improvements. As an integral element of the Care Trust Way, the process utilises a dynamic problem-solving approach with escalation to the next level where local solutions prove ineffective.

DLM drives cycles of learning from the point of service delivery and is integral to delivery of the ambition of high quality, adaptive services. Its strength lies in the
ability to adapt to local circumstances and facilitate local ownership. Embedded within DLM is a process of escalation which allows additional resource and expertise to be marshalled where local improvement processes fail to address an issue. Escalation is managed through a series of increasingly senior communication-cells. These allow for conversations that take into account an increasingly broad perspective and facilitate check and challenge at multiple levels. Ultimately, information from these communications-cells is escalated to the Director Communications-cell, which reports into the Senior Leadership Team (SLT) Meeting. This allows the organisation to take a strategic view of the issues being escalated and the actions for improvement, and how these align to the strategic priorities of the Trust.

Assurance of the performance and delivery of the organisation is the responsibility of the Trust Board and its Committees. Whilst the process of DLM in itself does not provide assurance as to the quality and delivery of services, it informs the level of assurance that Senior Leaders are able to provide to the Board and its Committees. The diagram above demonstrates the two significant points of
interaction between delivery and improvement and assurance processes, at Care Group-Committee subgroup level and SLT-Committee level.

For the purposes of this paper, assurance is a static, point in time, assessment. Currently there is a temptation to conflate the evaluative activity which rightly sits under delivery and improvement with assurance. This results in a demand for contemporaneous data to support each Committee and the Board, whereas the direct evaluation of these data should firmly sit within the delivery and improvement sphere.

Consequently, this leads to a lack of capacity within the Board and its Committees to interrogate and seek assurance about, but also set, the strategic direction of the Trust. This overload of data can also inadvertently lead to no ‘single version of the truth’ existing across the many decision-making groups we convene.

**A consistent data pack**

This paper proposes a new way for data and information to flow within the Trust to specifically support the assurance process. The proposal is to standardise the way data is presented and interrogated across all Committees mindful of strategic objectives, using a fixed template which is created at a set point in time. Presentation of the individual data will be tailored to the most appropriate method given the remit of each Committee. Whilst this proposal recommends the use of Statistical Process Control (SPC) charts where appropriate, it also recognises that not all data are amenable to this form of analysis and, indeed, in some cases this would present information in such a way as to mask underlying issues.

Appendix A contains the proposed structure for the data pack that supports assurance discussions at the sub-groups to the Quality & Safety Committee. This is provided as an example of how Committees might structure their data packs. The data pack is built up using a series of high-level dashboards to display key data items which have been identified as important in informing strategic decision making for the Committee, supported by charts demonstrating (where appropriate) longitudinal analysis of trends. This is supported by minimal narrative on each slide which describes the issues underlying the data, mitigations and actions and projects the future state.

It should be noted that despite the metrics contained within the pack being in a process of evolution, the format is designed to:

- identify key data items that are flagging as negative exceptions and therefore require remedial action;
- allow a high-level single version of the truth to be established for each metric in terms of the factors driving the performance of the metric, the actions being taken to address any under-performance, mitigations against risk and future predictions of performance; and
• allow an assessment of the significance of the data presented either through longitudinal assessment (via SPC analysis) or through the most appropriate analysis based on the question the data is answering.

Whilst the SPC charts within the data pack generate consistent symbols to demonstrate variation and assurance, as multiple chart formats are being used, it was felt appropriate to use an additional flag which can be used consistently across all chart formats to demonstrate the level of concern. This is described within the Appendix on page 1.

Levels of escalation

In order to ensure that appropriate and robust assurance is provided, it is necessary that the assurance process interacts with the delivery and improvement process at key points, without over-burdening the dynamic process of improvement. The data pack proposed would be created at a **single point in time each month**. This would then be tested at the appropriate Director communications-cell in terms of identifying issues, actions, mitigations and forward views before being used to inform the conversations at Committee Subgroups and the SLT meeting. This information would then be presented at Committee and Board meetings within the following month.

The following diagram illustrates the proposed flow of data using the data pack.
Subgroups to each Committee will receive and test the detailed information within the data pack. This will be used to complement and support additional contextual intelligence from Care Groups and corporate services which operate at an equivalent level. Subgroups would then escalate assurances and concerns to SLT as well as using their conclusions to inform the escalation and assurance reports that are prepared for Committees.

It is important to note that whilst the data pack will contain key data items to support Board’s assurance of the business of the organisation, it is in itself only one element of that assurance. There will be a requirement for additional contextual information to be provided on both a routine and ad-hoc basis to support Committee and Board activity.

Whilst the underlying data supporting conversations at subgroup, Committee and Board would remain consistent, it is proposed to the action status agreed at the Director comms-cell and tested at the sub-groups and SLT, identify those areas of concern requiring escalation. Committees and Board would receive the dashboards contained within each data pack, providing an overview of the level of concern and variation, and only those charts that relate to areas of concern or which directly support specific papers being received by the Committee/Board. This enables Committees and Board to focus on specific areas which require further assurance without being inundated with data.

Benefits and Risks

Moving to this new system would provide the following benefits:

- A consistent set of data to underpin assurance conversations which will support strong leadership activities
- A true ‘ward to Board’ golden thread of information flow which is integral to regulatory assurance of how ‘well-led’ the Trust is
- Defined interactions with the DLM process to support the process of assurance
- Increased capacity within data owning teams as data requests are minimised
- There is an opportunity to assess what information is discussed where to ensure it has the maximum impact
- Capacity within Committees and Board may be released to manage strategic priorities as delivery and improvement activity is managed in the most appropriate setting

Moving to this new system would provide the following risks /challenges:

- A ‘fixed point in time’ for data collection means that by the time some Committees / Board see the information this would be 1-2 months old and therefore the supporting delivery and improvement infrastructure, which supports timely escalation, needs to be robustly managed
• There is a risk that there will be duplicate asks for data, as some information goes directly to Committee or Board or goes in multiple formats (for example as part of the IPR and as a separate paper). This will need to be managed and a consistent approach to using the data pack as a source of information referred to within papers undertaken.

• Subgroups / Committees / Board will need to be rescheduled to fit with the most appropriate data window.

**Other key considerations**

As a consequence of implementing this proposal, there is an opportunity to further strengthen related aspects of the Trust’s governance structures and processes. Key questions that have arisen as part of this work include:

- **What is the role and function of the Board and is Committees?** This proposal describes one element of the function of these groups as being to obtain assurance. Another key element for consideration is the role of Committees in assuring the progress of delivering the Trust’s Strategic Priorities and managing the risks associated with this. Similarly, questions can be asked as to the role of Committees in advising the Board, reflecting on external developments and providing expert opinion to influence the direction of travel for the Board’s strategic development.

- **How do the workplans of the Board and its Committees support delivery of their role and function?** What papers and narrative do Committees and Board require to supplement the information in the data pack in terms of assurance, what do they need to see if terms of their other statutory functions? How can this be streamlined without compromising the degree of assurance provided?

- **What are our gaps in governance?** As we explore the information being shared within the Trust, how are we identifying data that does not flow upwards to Board or is received at Board and its Committees without having appropriate challenge and what are we doing about this?

- **How do we distinguish between data that is part of the routine assurance framework (and therefore contained within the data pack) and that used primarily for delivery and improvement?** In order to insure against ‘scope creep’ where additional data is escalated in Board / Committees it must be clear that this is part of an escalation from the interface with delivery and improvement and does not merge into the standard work of the data pack.

- **How do we roll out the delivery and improvement structures in non-clinical settings?** In order to ensure that the right conversations are happening at the right level there needs to be a robust infrastructure which provides the underpinnings necessary to support the delivery and improvement function, interfacing with assurance processes at the appropriate level.
Next Steps

If the Board agrees with this proposal, it is anticipated that the following steps would be taken:

- All data being used to assured sub-groups and Committees would be transferred into the new format. For finance data this would occur after the close of the financial year to ensure consistency in reporting until that time.
- There would be engagement with each of the Committee chairs and lead Executives to understand what information is required in addition to the information in the data pack so a clear distinction between the data pack production process and a call for additional papers can be made.
- Teams would no longer produce bespoke data for Boards and Committees - this would be produced as part of the data pack (the content of which can be revised on a monthly basis and the process matures) or as a pre-agreed element of a paper if the information is not to be routinely contained within the data pack.
- The first data pack (with the exception of finance) will be produced on 15 April. This will inform sub-groups and Committees that fall between this date and a month later.
- Part of the April Board development session will be used to go through the data pack and how this will be presented to Board, and aid in the Board’s understanding of how to use this information provided.
- Work will be undertaken to review the mapping and timings of subgroups, Committees and Board to ensure the most appropriate data flow given the constraints of when the data can be produced and reasonably validated.
- The data produced in May will incorporate finance data in the new format.

It should be noted that over the next few months, the contents of the data pack may change as groups mature in their use of this resource and we become better at understanding what data needs to be included.

Bev Bray
Head of Quality Governance and Patient Safety
March 2020