

ENABLING QUALITY ASSURANCE

A Maturity Matrix for healthcare provider boards

TO USE THE MATRIX: IDENTIFY WITH A CIRCLE THE LEVEL YOU BELIEVE YOUR ORGANISATION HAS REACHED AND THEN DRAW AN ARROW TO THE RIGHT TO THE LEVEL YOU INTEND TO REACH IN THE NEXT 12 MONTHS



PROGRESS LEVELS ▶

KEY ELEMENTS ▼

	1	2	3	4	5	6
LEADERSHIP & STAFF ENGAGEMENT	All staff are made aware of their responsibility to embed, deliver and assure high-quality services, for example through induction, mandatory training and corporate communications.	Staff roles and responsibilities are reiterated through personal development plans, job descriptions and structured feedback sessions. Team effectiveness initiatives are in place with emphasis placed on ensuring there is combined capacity for quality assurance activities.	Staff have protected time to undertake quality improvement or assurance activities and are empowered to identify and make improvements in their own areas of work. The organisation is open and responsive to staff concerns, contributions and feedback.	Quality assurance data is comprehensive, current and widely accepted as accurate. Appropriate forums exist for staff to learn from this intelligence, and for staff to receive structured feedback.	The organisation is able to evidence how it consistently and effectively supports the development of its staff with regards to quality improvement and assurance, for example, with internal or external training programmes.	The leadership of the organisation is recognised internally and externally for its work on quality improvement and assurance leading to better outcomes.
DIRECTOR DEVELOPMENT	Quality assurance and supporting processes are included in board member induction programmes.	Board members routinely engage in training and developmental activities with regards to quality in health and social care.	All board members can confidently explain the organisation's approach to quality assurance and improvement.	External review confirms the quality of board member knowledge and contribution with regards to quality.	Board members contribute to peer review and development activities in other similar organisations around quality improvement and assurance.	The board is recognised as an exemplar whose work is promoted nationally with regards to quality improvement and assurance.
BOARD REPORTS AND DEBATE	Board meetings have quality as a core agenda item. It is considered and referenced in relation to all board decisions.	There is a clear reporting structure in place linked to the organisation's quality assurance framework. The board assurance framework clearly identifies associated risks to quality against set strategic objectives.	All board members understand their accountability for quality and contribute to debate. The board looks at trends in relation to quality to inform discussions and decision-making, not just for information.	Integrated reporting is in place. The board has challenging and constructive discussions in relation to quality, when needed.	Board scrutiny is seen as an important and highly effective lever for driving quality improvement.	The board shares its experience in quality improvement to share best practice and enable learning for other organisations.

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ENGAGEMENT OF PATIENTS, RELATIVES AND CARERS ▶	The organisation understands the importance of involving patients, relatives and carers in quality improvement and assurance activities and plans, and has affirmed its intention to do so. Basic patient feedback, such as friends and family test is also collected.	A strategic plan and approach is in place to engage with patients, relatives and carers. This plan is aligned with board understanding and approach and embedded in core committees.	Representatives of patients, relatives and carers contributed to the development of the quality strategy and other related strategies. There is a structured approach to collect patient and stakeholder feedback and this is consistently considered at board and other committees.	Patient experience and complaints targets are being met. Patients, relatives and carers are confident in the receptiveness and effectiveness of the organisation and this is reflected in the results of local and national surveys.	Patients, relatives and carers play a proactive role in all decision making – supporting and influencing strategic priorities and approach. Also, they are part of the quality improvement methodology.	External recognition of the approach taken to stakeholder and patient voice – publications seen and other organisations following exemplar lead.
USING DATA ▶	Across the organisation, there is an understanding of the important role that quality data plays in driving improvement with regard to the quality of care.	The board and its quality committee regularly scrutinise the evidence from the organisation’s digital QA system. Staff are empowered through training to properly utilise data to drive improvement.	IT systems and information governance protocols support the easy sharing of information and data, and this is routinely used to guide decision-making.	The board has confidence in the quality of its data and there is evidence that this is used effectively and consistently by operational managers and the board to drive forward the performance of the organisation.	Quality assurance data is used to escalate and address issues proactively at an early stage.	The organisation is regarded as a national exemplar with regards to the approach taken to digital assurance and supports.
QA METHOD ▶	We have agreed process standards for quality assurance.	We measure the standards and scrutinise variation. Hypotheses for variations have been established.	We have created an effective action plan to address variations in quality.	The process for ongoing measurement has contributed to a perceptible reduction in variation to the standard. We benchmark our performance with others.	We learn from other organisations and implement best practice wherever practical.	Others learn from our organisation. We are a national leader in terms of removing unwarranted variation.