



Key to Appendix 5: Quality Assurance - Relationships and Triggers

	Example Trigger	Escalation/Action point	Checks
1	Team or practitioner-level issue	Immediate team or practitioner-level response. Support from HOPP & CDL. Report through Locality governance meeting.	Team self-reports to IQ. HOPP reports through Academy.
2	Locality-wide issue identified through governance meeting	HOPP leads response, involving Clinical Academy. Trend monitoring & multi-disciplinary response via Clinical Cabinet (HOPP attends) as required. Locality governance report through management group.	Team level reports from IQ. Management group reports to SMT and Board committee. Head of Academy (HOA) at Clinical Cabinet & SMT.
3	Clinical Academy (or Cabinet) identifies trend, pattern or soft intelligence	HOA triangulates with hard intelligence from IQ. Trend monitoring & multi-disciplinary response via Clinical Cabinet, as required. HOA reports to SMT.	
4	SMT identifies issue from any source	SMT escalates through Clinical cabinet, academy, management group or other, e.g. PMO. Consider trust-wide action (Integrated Quality Plan).	Management groups scrutinise locality response. Exception reports to Board committee.
5	Management group detect theme or risk	Escalate via management group chair to SMT. Escalate via locality representatives to locality governance meeting.	Exception report to Board committee.
6	Weekly IQ status review (Huddle)	Executive or CD escalates via SMT or locality, or as appropriate.	Improving IQ reports. CD reports team/locality status to SMT. HOA reports academy response to SMT.

