

Quality Governance Integrated Action Plan

Open Actions

Audit	Recommendation	Lead	Timescale	Status
Internal Governance Review	Work with an external party to create and embed a quality management system including quality improvement goals and ownership at service group level to gain assurance that high quality patient care is the foremost focus at service, directorate and service group level	Director of Nursing and Patient Experience	March 2022 (external work and support)	Completed. Workshops held in February and March 2023 led by an external facilitator to design and implement a quality management system. Findings of the workshops shared with the health board to take forward and implement a quality management system shared in July 2022 with an action plan.
			September 2022 (implementation of action plan)	Progress is being made against the action plan with an update provided to Audit Committee in September 2022.
Audit Wales	Risk management <i>The approach taken by operational managers to risk management is inconsistent and risk registers are often incomplete and missing robust mitigating actions. The Health Board should strengthen its management of risks at an operational level by:</i> <i>a) providing training to managers across the operational structure to enable them to clearly identify the risks for which they are responsible and update risk registers in line with corporate policy; and</i> <i>b) ensuring risks registers are receiving sufficient scrutiny at the operational level and the risk management group.</i>	Director of Corporate Governance	<p>September 2022</p> <p>December 2022</p>	<p>In progress.</p> <p>a) Series of risk workshops for clinicians and managers, in specialty-related sessions, was completed within Neath Port Talbot and Singleton Service Group in late summer. The sessions provided training on risk management principles, health board arrangements and opportunity to apply this to local risk register entries. Arrangements are being made to roll the training out to the other service groups during the next two quarters and progress will be reported to the Risk Management Group and Management Board. A review of service groups will also be undertaken and reported on.</p> <p>b) A programme of service group risk register presentations for 2022 has been agreed at the December Risk Management Group meeting. Service groups will be asked to report on processes in place to manage and scrutinise registers at a local level, and present their registers with a focus on their top</p>

				risks. This will commence from March 2022 and the programme will complete by the end of the calendar year.
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Audit Wales	Values and behaviours <i>The Health Board has a well-established values and behaviour framework, which promote an open and learning culture, but staff are not always aware of the values and behaviours, and some staff do not always recognise a culture that promotes learning from errors. The Health Board should:</i> <i>a) refresh organisational awareness of the values and behaviours framework, so the values are at the forefront of everything staff do in the Health Board.</i> <i>b) undertake work to understand why some staff feel that the Health Board does not encourage reporting of errors, near misses or incidents, and does not act in response to concerns.</i>	Director of Workforce and OD	December 2022	In progress. Health board culture programme underway which will include a culture audit. Audit recommendations (a and b) will be addressed as part of this work. Funding for Culture resource comes to an end August 2022. Request to extend funding to continue work is under consideration.
Audit Wales	Performance Appraisal and Development Review (PADR) <i>Our work found that compliance with Performance Appraisal and Development Reviews (PADR) within the operational groups we examined was low. Whilst we recognise the pressures of COVID-19 on the ability of the Health Board to improve performance in this area, these reviews are an important aspect of staff development. The Health Board should put in place a plan to improve performance which sets out when full compliance can be achieved. This plan needs to be monitored at an Executive and committee level.</i>	Director of Workforce and OD	September 2022	In progress. This is a priority for the health board, although workforce pressures remain high as staff shortages are a concern. Progress will be monitored via local service group meetings and Management Board and reported to the Workforce and OD Committee. The most recent report to the committee took place in June 2022.
Audit Wales	Resources to support quality governance <i>There are limited corporate resources to support quality governance and operational resources are working in isolation. The Health Board should:</i> <i>a) review current resources and requirements to support quality improvement at a corporate, service group and divisional level; and</i> <i>b) seek to maximise the potential of the operational resources by developing opportunities to bring resources together either through network arrangements or changes in lines of accountability.</i>	Director of Nursing and Patient Experience/Medical Director/Director of Therapies and Health Science	June 2022	In progress. Review of the current resources and requirements to support quality improvement at a corporate, service group and divisional level to be completed in March 2022. This will need to link in with the outcomes/output from of the quality and safety seminars, and taking the opportunity to develop and bring resources, teams and functions together. Discussions are now taking place within the executive team around what resources are needed.
Internal Audit	Incorporating the impact of Covid-19 into the quality and safety framework;	Director of Nursing and Patient Experience/Medical Director/Director of Therapies and Health Science	June 2022	In progress. This will form part of the quality workshops to design the quality management system

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Audit Wales	Develop a clinical audit plan <i>During our review we were unable to obtain a copy of the Health Board's most recent clinical audit plan. The Health Board should develop a clinical audit plan for 2021-22 which covers both mandated national audits and local audits which are informed by areas of risk. This plan should be approved by the Audit Committee and progress of its delivery monitored routinely.</i>	Medical Director	June 2022	Completed. A revised clinical audit policy was agreed in 2021, with a new format for the structure of audits (national, organisation, service and directorate). The policy was approved by Audit Committee. The detail of the individual audit plans are being collated. Clinical audit plan on the agenda for the Audit Committee in May 2022 and will be monitored by the Quality and Safety Committee three times a year.
Audit Wales	Ensure collective ownership of the quality and safety agenda <i>Our work found that whilst there was collective responsibility for quality and safety amongst the executive team, there was an overreliance on nursing leads to take forward the quality agenda within divisions. The Health Board should look to ensure that other clinical professionals within the operational teams take an active role in quality governance arrangements.</i>	Director of Nursing and Patient Experience/Medical Director/Director of Therapies and Health Science	September 2022	The three clinical executives have collective responsibility for quality the quality work and driving this forward together. They are all now co-chairs of the new QSGG. In addition, the service group triumvirates have been active participants in the workshops. The Quality Framework will set out roles and responsibilities for quality and safety in the Health Board.
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Audit Wales	Operational Design to Supportive Effective Governance <i>Despite the development of a quality and safety framework in January 2021, it is yet to be rolled out across the health board. The framework sets out the process by which the health board assures itself that services are of a high quality and safe for all. The health board should:</i> a) <i>Refresh the framework in light of learning from the Covid-19 pandemic,</i> b) <i>Relaunch the framework, and provide clarity on the quality governance arrangements expected within the health board, and</i> c) <i>Monitor compliance with the implementation of the framework across the organisation</i>	Director of Nursing and Patient Experience/Medical Director/Director of Therapies and Health Science	September 2022	In progress. The framework will be refreshed in light of learning from the Covid-19 pandemic, and the findings of this review/internal review of quality governance. These will also be used to design a series of externally facilitated quality and safety seminars with the aim of taking stock as well as: 1. Sharing the reviews; 2. Understanding the views of the senior leaders on quality and governance; 3. Define what a quality improvement programme would cover (assurance, improvement etc); 4. Design of the approach we wish to adopt in the health board, and plan/oversee its implementation – this includes re-launching the framework;

				<p>5. Focus on roles, responsibilities, accountability, and outcomes;</p> <p>6. Link in with the requirements of the Health and Social Care (Quality and Engagement) (Wales) Act.</p>
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Closed Actions

Audit	Recommendation	Lead	Timescale	Status
Internal Governance Review	Analyse data collection and use of dashboards to ensure service groups are receiving the appropriate information to aid triangulation and decision making	Director of Digital	June 2022	Completed. Business intelligence strategy was approved by the Management Board in January 2022 and business analyst partners to be recruited for each service group to support data analysis.
Internal Governance Review	Review the role of the Quality and Safety Governance Group including a redesign of its reporting structure and assessment of how service groups are engaged and review the use of sub groups to scrutinise quality and safety and patient experience performance across the health board. Examples might include a learning from deaths group, mortality surveillance group or a patient experience operational group	Director of Nursing and Patient Experience	April 2022	Completed. Role of Quality and Safety Governance Group reviewed and proposals for the revised structure agreed by the Management Board in April 2022.
Internal Governance Review	Streamline reporting across all four service groups using corporate templates and implement minimum standards to align governance structures	Director of Corporate Governance	April 2022	Completed. Set of minimum standards agreed for service groups as part of revised QSGG arrangements.
Internal Governance Review	Review the role of the health board's independent members- how they seek assurance around quality	Director of Corporate Governance	April 2022	Board away day around quality management and culture to took

	and safety and patient experience priorities as well as holding the senior managers to account for delivery			place with an external facilitator on 28 th April 2022
Audit Wales	Frequency of reporting of clinical audit and mortality <i>The Health Board has set up a Clinical Outcomes and Effectiveness Group which provides assurance on clinical audit and mortality outcomes, but this information is currently fed through the Quality and Safety Governance Group and is only reported in its own right to the Quality and Safety Committee once a year. The Health Board should review this frequency so updates on progress delivering the clinical audit plan, and associated learning from mortality reviews are reported to the Quality and Safety Committee more frequently.</i>	Medical Director	March 2022	On the Quality & Safety Committee work programme (three times a year) on mortality and clinical audit.
Internal Audit	Consideration be given to the purpose and focus of the QSGG in view of the number of objectives within its terms of reference.	Director of Nursing and Patient Experience	April 2022	Completed. Revised role of Quality and Safety Governance Group agreed by the Management Board in April 2022.

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Internal Audit	Mapping of the QSGG sub-groups and reporting groups;	Director of Nursing and Patient Experience	April 2022	Completed. Revised role of Quality and Safety Governance Group agreed by the Management Board in April 2022.
Internal Audit	QSSG exception report to include reporting on service group quality and safety group operation;	Director of Nursing and Patient Experience	April 2022	Completed. Revised role of Quality and Safety Governance Group agreed by the Management Board in April 2022.
Internal Audit	QSGG membership and chairing arrangements to be reviewed;	Director of Nursing and Patient Experience	April 2022	Completed. Revised role of Quality and Safety Governance Group agreed by the Management Board in April 2022.
Internal Audit	Key content of the QSGG terms of reference and quality and safety framework to be adopted within the quality and safety groups across the service groups for consistency;	Director of Nursing and Patient Experience	April 2022	Completed. Revised role of Quality and Safety Governance Group agreed by the Management Board in April 2022.
Internal Audit	Consideration be given to self-assessments for the quality and safety groups;	Director of Nursing and Patient Experience	April 2022	Completed. Revised role of Quality and Safety Governance Group agreed by the Management Board in April 2022. The sub-groups are now under review to bring into the new structure.

Internal Audit	Developing an action plan to support the implementation of the new framework, monitored by the QSGG and Quality and Safety Committee;	Director of Nursing and Patient Experience/Medical Director/Director of Therapies and Health Science	June 2022	Completed. This was shared with the board in July 2022.