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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



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| Meeting Date | 15 September 2022 | Agenda Item | 2.2 |
| Report Title | Quality Management Framework Next Steps | | |
| Report Author | Liz Stauber, Head of Corporate Governance | | |
| Report Sponsor | Hazel Lloyd, Interim Director of Corporate Governance Richard Evans, Executive Medical Director Gareth Howells, Director of Nursing and Patient Experience Debbie Eyitayo, Director of Workforce and OD | | |
| Presented by | Hazel Lloyd, Interim Director of Corporate Governance Richard Evans, Executive Medical Director Gareth Howells, Director of Nursing and Patient Experience Debbie Eyitayo, Director of Workforce and OD | | |
| Freedom of Information | Open | | |
| Purpose of the Report | The purpose of the report is to set out the progress to develop a quality management framework. | | |
| Key Issues | <p>Quality comprises patient safety, experience, clinical effectiveness, outcomes and access within health services. It is of paramount importance in the recovery process from Covid-19 and it is essential there is a quality focus at every level. In support of a reset, the health board undertook a piece of work considering the quality governance arrangements in the service groups and this coincided with Audit Wales and internal audit reviews of quality governance and the quality governance framework respectively.</p> <p>This was followed by two externally facilitated quality workshops with the Management Board and a board development session to discuss the requirements for a quality management system and the culture required to support a high quality organisation.</p> <p>An action plan has been drafted which includes the actions identified during the workshops and also the response to the recommendations from the three pieces of work on quality governance and progress against this is reported regularly to the Management Board and Quality and Safety Committee.</p> <p>Work to develop a robust quality management system is now underway, led by the Chief Executive and supported</p> | | |

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| | by the Director of Nursing and Patient Experience as the executive lead for quality along with the Medical Director and Director of Therapies and Health Science and the report sets out the progress against this. | | | |
| Specific Action Required <i>(please choose one only)</i> | Information | Discussion | Assurance | Approval |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Recommendations | Members are asked to: <ul style="list-style-type: none"> • NOTE the progress against the actions to develop a quality management system. | | | |

QUALITY MANAGEMENT FRAMEWORK NEXT STEPS

1. INTRODUCTION

The purpose of the report is to set out the next steps to develop a quality management system.

2. BACKGROUND

Quality comprises patient safety, experience, clinical effectiveness, outcomes and access within health services. Quality is of paramount importance in the recovery process from Covid-19 and it is essential there is a quality focus at every level. In the last 12 months, a number of reviews, both internally and externally have taken place of quality governance:

- Internal review of the quality governance arrangements in the service groups;
- Audit Wales review of quality governance;
- Internal audit of the quality governance framework.

The reviews provided a clear baseline of the current quality system within the health board. They were followed by two externally facilitated quality workshops with the Management Board and a Health Board development session to discuss the requirements for a quality management system and the wider organisational culture. The findings of which were shared with the Management Board, Audit Committee and Board.

An action plan (**appendix one**) has been drafted which includes the actions identified during the workshops and also the response to the recommendations from the three pieces of work on quality governance and progress against this is reported regularly to the Management Board and Quality and Safety Committee.

More recently, the Institute for Health Care Improvement undertook a quality review, the report for which has been shared with the Management Board and board members. The main areas for improvement included data, lineation of aims and trajectories and improvement methodologies, including training for staff.

Work to develop a robust quality management system is now underway, led by the Chief Executive and supported by the Director of Nursing and Patient Experience as the executive lead for quality along with the Medical Director, Director of Therapies and Health Science, Director of Workforce and OD and Director of Corporate Governance. However, it is recognised that everyone has a role in improving quality and that the culture is an intrinsic component of helping to drive the reset for quality improvement.

3. GOVERNANCE AND RISK ISSUES

There are a number of key areas in which work is progressing to develop a quality management system. In order to achieve what is needed, two or three key actions have been identified for four domains to ensure they are delivered well and in full, rather than having a scattergun approach and not achieving anything. These were shared with the board in July 2022 and progress to date is outlined below.

There will be further work in 2023-24 which will also capture the next steps across the domains and any new areas agreed.

Governance

Leads: Director of Nursing and Patient Experience, Director of Corporate Governance

- Identify clear leads in each service group triumvirate for patient experience, clinical outcomes and effectiveness, compliance and safety **(September 2022)** (DON/DoCG);
- Service groups to have a standardised lists of quality areas to discuss in their quality governance structures throughout a 12-month cycle in a clear work programme **(September 2022)** (DON/DoCG);
- Develop proposals for a central quality hub for approval by the Patient Safety Group **(September 2022)** (DON);
- Clarity be set as to whom the governance function within the service groups (complaints, concerns, patient experience) reports and this be a standard approach for all service groups as line management is currently different across all **(September 2022)** (DON/DoCG).

Quality

Leads: Director of Nursing and Patient Experience/Deputy Director of Nursing and Patient Experience, Director of Workforce and OD, Director of Corporate Governance

- First draft of quality strategy be shared with the Management Board for discussion **(completed – September 2022, also on the September board agenda)** (DON);
- Identify, through a multi-disciplinary approach with the service groups and based on evidence, three to five priorities to focus on improving **(October 2022)** (DON);
- Tools and techniques be created for staff to measure staff and patient experience understand their services to identify problem areas **(October 2022)** (DON/WOD);
- External facilitator be commissioned to develop the patient and stakeholder experience and engagement sub-group to expand areas of focus from 'friends and family' **(October 2022)** (DON/DoCG);
- Develop a new style 'complaint' report **(completed in July 2022 and shared with the Quality and Safety Committee)** (DON/DoCG);
- A baseline review of quality resources within the health board to determine what should be corporate and what should be devolved to the service groups **(currently underway - September 2022)** (DON);
- Development of a communications plan to set out the work being undertaken, why and expectations **(October 2022)** (DON/DICE).

Outcomes

Lead: Executive Medical Director

- Mortality reduction plans across primary and secondary care **(October 2022)**;
- Management system to implement and monitor compliance with NICE (National Institute for Clinical Excellence) guidance **(shared with Audit Committee in September 2022)**.

Developing a Learning Organisation

Leads: Director of Workforce and OD, Director of Nursing and Patient Experience, Director of Insight, Communication and Engagement

- 'Big Conversation' process be undertaken to staff's views on the culture of the organisation, staff experience and quality of services **(September 2022 – March 2023 to take into account the three stages)** (WOD);
- Creation of a quality improvement academy **(September 2022)** (DON);
- Development of a reward/recognition structure **(September 2022)** (DICE);

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| <ul style="list-style-type: none">• Establishment of quarterly conferences and monthly ‘scale and spread’ events (September 2022) (DON);• Create a list of those with IQT silver training (September 2022) (DON). |
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A summary of these actions is at **appendix two**.

A task and finish group, which will be chaired by the Chief Executive, is in the process of being established and will oversee the implementation of the quality management system, particularly the standardisation of the governance arrangements within the service groups. This will be in place in autumn 2022.

In order for the quality management system to be a success, staff needed to be engaged and on board with taking forward the work. As such particular focus has been given to establishing the infrastructure for the ‘Big Conversation’, which seek staff views on what they feel the current culture is within the organisation and what work they feel is needed.

The first step was to design a process to listen to staff’s views as to the culture of the organisation and the proposal was shared with the Management Board in at the start of September 2022. The *Big Conversation* is part of a suite of learning and engagement events under the quality and safety framework. These events will be complimentary in focus and will gain momentum and build throughout the year, and provide a baseline of the organisational culture which will underpin future decision-making and actions. The approach is to have a conversation (via a number of different methods) with staff across the organisation to understand our organisational culture and explore:

- Where we are now – what is good, what is not good;
- Where we want to be – what is our aspiration, individually and collectively;
- How we create an environment that engages and empowers staff;
- What do we need to do to make this a great place to work;

The proposed methodology is:

- Random sampled focus groups (120 total = 1% of workforce)
- Targeted focus groups based on staff groups (150 total = 1% of workforce)
- Open galleries positioned at key sites to enable staff to contribute as a walk-thru;
- Open focus groups if required once random and targeted focus groups are completed;
- Pulse survey with open access and issued all staff.

September 2022 will be spent developing the infrastructure around the pulse surveys and focus groups, with a sample focus group held as a pilot. By mid-October 2022, the pulse survey will be issued to all staff and the focus groups up and running, with a view to concluding in November 2022. Themes and data will be collated and triangulated and the themes played back to staff between December 2022 and January 2023. The final stage will be the written report shared with Management Board in March 2023 setting out all the findings. This will provide an opportunity to agree how the information will be shared more widely and embedded to create a learning organisation.

4. FINANCIAL IMPLICATIONS

While there are no financial implications arising from this report specifically, the outcome of the actions may result in additional resources being required to take forward the work needed, either as a temporary measure for implementation or as a permanent role to ensure delivery, accountability and consistency.

5. RECOMMENDATION

Members are asked to:

- **NOTE** the progress against the actions to develop a quality management system.

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| Governance and Assurance | | |
| Link to Enabling Objectives (please choose) | Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities | |
| | Partnerships for Improving Health and Wellbeing | <input type="checkbox"/> |
| | Co-Production and Health Literacy | <input type="checkbox"/> |
| | Digitally Enabled Health and Wellbeing | <input checked="" type="checkbox"/> |
| | Deliver better care through excellent health and care services achieving the outcomes that matter most to people | |
| | Best Value Outcomes and High Quality Care | <input type="checkbox"/> |
| | Partnerships for Care | <input type="checkbox"/> |
| | Excellent Staff | <input type="checkbox"/> |
| | Digitally Enabled Care | <input type="checkbox"/> |
| | Outstanding Research, Innovation, Education and Learning | <input checked="" type="checkbox"/> |
| Health and Care Standards | | |
| (please choose) | Staying Healthy | <input type="checkbox"/> |
| | Safe Care | <input type="checkbox"/> |
| | Effective Care | <input type="checkbox"/> |
| | Dignified Care | <input type="checkbox"/> |
| | Timely Care | <input type="checkbox"/> |
| | Individual Care | <input type="checkbox"/> |
| | Staff and Resources | <input checked="" type="checkbox"/> |
| Quality, Safety and Patient Experience | | |
| <p>Quality, safety and experience should be the core components of all that the health board does as it is here first and foremost for patients. Having a robust quality management system will ensure that a high-level of care is being provided times when people need it most.</p> | | |
| Financial Implications | | |
| <p>While there are no financial implications arising from this report specifically, the outcome of the actions may result in additional resources being required to take forward the work needed, either as a temporary measure for implementation or as a permanent role to ensure delivery, accountability and consistency.</p> | | |
| Legal Implications (including equality and diversity assessment) | | |
| There are no legal implications. | | |
| Staffing Implications | | |
| There are no staffing implications. | | |
| Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015) | | |
| <p>In order to develop the organisation to be a sustainable one for the longer-term, a quality management system is critical in creating an expectation of the public that they deserve, and should receive, care that is of the highest quality.</p> | | |
| Report History | Regular update to the Management Board, Quality and Safety Committee and Board. | |
| Appendices | <p>Appendix 1 – action plan in response</p> <p>Appendix 2 – summary slide deck of the actions.</p> | |