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Report Title	Quality Management Framework Next Steps		
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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 next steps to develop a quality management framework. This follows a series of time-out sessions with the Management Board as well as a time-out with the board on quality.		
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>		

	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 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	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the progress made in response to the quality audit reviews; • APPROVE the next steps in the establishment of a quality management framework; • ENGAGE in the development of an action plan to implement the next steps, led by the Director of Nursing and Patient Experience, and to be agreed in July 2022; • RECEIVE an update on progress in September 2022. 			

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. This follows a series of time-out sessions with the Management Board as well as a time-out with the board on quality.

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 will be shared with the Management Board once finalised. 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. This is taken into account for the next phase of work.

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

(i) Governance

A number of quality issues in specific services were raised over the last 18 months of which the Management Board and Board were not aware until they became significant. As a result, the health board undertook a deep dive into quality governance and found it was not robust, supported by Audit Wales which identified 'weaknesses in quality governance leading to quality concerns being missed'. While internal audit made a number of recommendations relating to the former Quality and Safety Governance Group and how this should be re-established with improved terms of reference, remit, membership and structure. This work has now been completed and the structure for the group is at appendix two.

A recent internal review of the current quality governance structure within the service groups has found that while each do focus on patient experience, clinical outcomes and effectiveness, compliance and safety, all are using a different approach. This has to be addressed and all are to match the corporate structure. This should be replicated in each of the divisions, reporting to the main group.

The next step is to establish the same, standardised approach to quality governance within the service groups and divisions through the following principles:

- Mirrored system of accountability leads for patient experience, clinical outcomes and effectiveness, compliance and safety to the corporate arrangements;
- Each service group to have a monthly quality group with patient experience, clinical outcomes and effectiveness, compliance and safety sub-groups;
- All quality groups to have a standardised work programme spanning 12-months and a minimum core membership;
- Agree standardised reporting arrangements for the governance functions within the service groups (complaint/concerns) as currently, the line management structure differs across them all.

While the responsibility and accountability for quality is devolved to the service groups, it is important that there is a corporate oversight to monitor that the right plans and processes are not only in place, but are being complied with. A central quality hub is to be established to achieve this. This will provide support and training to staff to develop and implement quality improvement methodologies as well as establish 'goal, method, outcomes' by which to measure achievement.

(ii) Quality

Audit Wales highlighted 'delivery of the quality and safety agenda has predominantly sat within nursing and this needs to broaden significantly, particularly for medical leadership' and there was a need to 'ensure collective ownership of the quality and safety agenda across all clinical professionals'. This is being taken a step further, with focus given to all staff having such responsibility.

Another finding from Audit Wales was that arrangements for monitoring quality priorities were yet to be finalised and the health board's own review recommended that it 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.

To that end, there will be a number of principles delivered in this domain:

- Establish a quality strategy, for which an early draft is now out to consultation within the health board, led by the Director of Nursing and Patient Experience. This is to be shared at the quality Management Board in August 2022 for wider engagement and feedback to support its refinement.
- Of the five quality priorities in the recovery and sustainability plan, focus is to be given to infection control and falls, given the impact they have patients' ongoing recovery as well as their experience as an inpatient;
- More clinical and therapies/health science engagement and leads in these areas will be identified;
- Focus on communication engagement and celebration;
- Raise the profile of the quality priorities and wider quality improvement work through podcasts, newsletters and staff bulletins as well as regular conferences/events to celebrate and share success.
- Better data and intelligence capture to support quality improvement. Data is integral to this work and there is a commitment to identifying data analysts to support the delivery of the priorities across 2022-23 to present the information in a way that staff understand and recognise to be able to address;
- Review of staff within the organisation who have completed the IQT (Improving Quality Together) silver training to determine if there are opportunities to engage them with the delivery of the quality priorities. There were also opportunities to train staff on a monthly basis around quality improvement skills, which will be resourced.

Audit Wales recognised a need for resources to support quality governance. As such, a longer term plan is needed for quality advisors to keep track of quality improvement plans across the organisation and ensure the work aligned with the health board's objectives as well as support the delivery of the plans. This will be delivered through a quality improvement academy and supported by a staff reward/recognition scheme will help incentivise the delivery of plans. The quality improvement academy will be critical in 2022-23 and will have a range of defined functions to facilitate, support and encourage quality improvement outcomes.

(iii) Outcomes

Audit Wales recommended that updates on progress to deliver the clinical audit plan and associated learning from mortality reviews be reported to the Quality and Safety Committee more frequently. Mortality is to be a key focus for the quality priorities in 2022-23 as the health board's rate is currently 9% above the Welsh average. To do this, focus will be given to mortality reduction plans across primary and secondary care and developing a management system to implement and monitor compliance with NICE (National Institute for Clinical Excellence) guidance.

(iv) Developing a Learning Organisation

Audit Wales found that there was 'mixed awareness of values and behaviours, open and learning culture not recognised by staff and belief that concerns won't be acted on'. Therefore it is important there are mechanisms in place to cascade this work across all professions and staffing groups, as all staff have a role to play in

supporting the organisation and developing its quality culture, not just the ones who are clinical. Quality improvement needs to be a key objective for the organisation and part of everyday language and processes, such as leadership touchpoints.

To support this, following actions have been agreed;

- Participate in the national programme's quality improvement coaching programme for which five Swansea Bay coaches will be put forward to be developed to equip staff with the capability and knowledge to adopt and embed good practice. This will be key to supporting staff to develop quality improvement skills;
- A 'big conversation' with the organisation to seek their views on what they feel the health board currently stands for and, more importantly, what it *should* stand for, and how this could be achieved;
- Continued dialogue within the service groups as to how staff feel they should be delivering through a different approach to quality management;
- The role of headquarters, service groups and commissioning teams needs to be reviewed to empower staff to take responsibility and make a change;
- 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;
- Development of a communications plan to set out the work being undertaken, why and expectations.

The first step will be to design a process to listen to staff's views as to the culture of the organisation and the proposal will be shared with the Management Board in August 2022 ready to be implemented after the summer holidays. Insight is also to be gathered on staff experience and how this aligns with quality of services. This will be phase one of the process.

Phase two comprises a second round of engagement to share the findings and plans to move forward as well as tools and techniques to support staff to measure staff and patient experience to better understand their services. It will enable quality hallmarks to be established for each area, ensuring there is equilibrium, and if not, what needs to change.

Next Steps and Making it Happen

The table below sets out the specific actions, leads and timelines for how this work will be taken forward. Key to this will be working with the service groups and corporate teams over the summer to develop a common operating model for which they will have responsibility and accountability for delivering. This will require some mirroring of corporate arrangements within the service groups as well as supporting the 'big conversations' with wider staff groups. An action plan will be developed to set out what is required and by when, led by the Director of Nursing and Patient Experience, with engagement with the executive team and service groups. This will be the first step in establishing a quality management system.

It is integral that this work aligns with the findings of the recent board assessment of its effectiveness, which felt that the organisation was in 'early progress' in terms of quality, as while it was recognised progress is being made to develop a quality

management system, the level of quality within the organisation was not where it needed to be, and this needed to improve.

The Patient Safety Group will be a key driver of this work and an external facilitator is to be commissioned to work with its patient and stakeholder experience and engagement sub-group to broaden its focus.

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 **(July 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 **(July 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 **(July 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 **(August 2022)** (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);
- Insight be gathered on staff experience associated with quality of services **(September 2022)** (DON/WOD);
- Tools and techniques be created for staff to measure staff and patient experience understand their services to identify problem areas **(August 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' as well as develop a new style 'complaint' report **(August 2022)** (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 **(August 2022)** (DON);
- Development of a communications plan to set out the work being undertaken, why and expectations **(August 2022)** (DON/DICE).

Outcomes

Lead: Executive Medical Director

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

Developing a Learning Organisation

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

- Engagement process be undertaken to listen to staff's views on the culture of the organisation **(September 2022)** (WOD);
- Written view of the 'Big Conversation' be created and shared with senior leads for engagement in quarter two with implementation in quarter three **(September 2022/December 2022)** (WOD);
- Creation of a quality improvement academy **(September 2022)** (DON);
- Development of a reward/recognition structure **(September 2022)** (DICE);
- Establishment of quarterly conferences and monthly 'scale and spread' events **(September 2022)** (DON);
- Create a list of those with IQT silver training **(July 2022)** (DON).

A summary of this work is at **appendix two**.

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 made in response to the quality audit reviews;
- **APPROVE** the next steps in the establishment of a quality management framework;
- **ENGAGE** in the development of an action plan to implement the next steps, led by the Director of Nursing and Patient Experience, and to be agreed in July 2022;
- **RECEIVE** an update on progress in September 2022.

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 – integrated action plan; Appendix 2 – new corporate quality governance structure; Appendix 3 – summary slide deck of the action plan.</p>	

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)	Workshops held in February and March 2023 led by an external facilitator to design and implement a quality management system.
			September 2022 (implementation)	Findings of the workshops shared with the Health Board to take forward and implement a QMS.
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 risks. This will commence from March 2022 and the programme will complete by the end of the calendar year.</p>

Audit	Recommendation	Lead	Timescale	Status
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> 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. 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.	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.
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> a) review current resources and requirements to support quality improvement at a corporate, service group and divisional level; and 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.	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

Audit	Recommendation	Lead	Timescale	Status
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	In progress. This will form part of the quality workshops to design the quality management system
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	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.

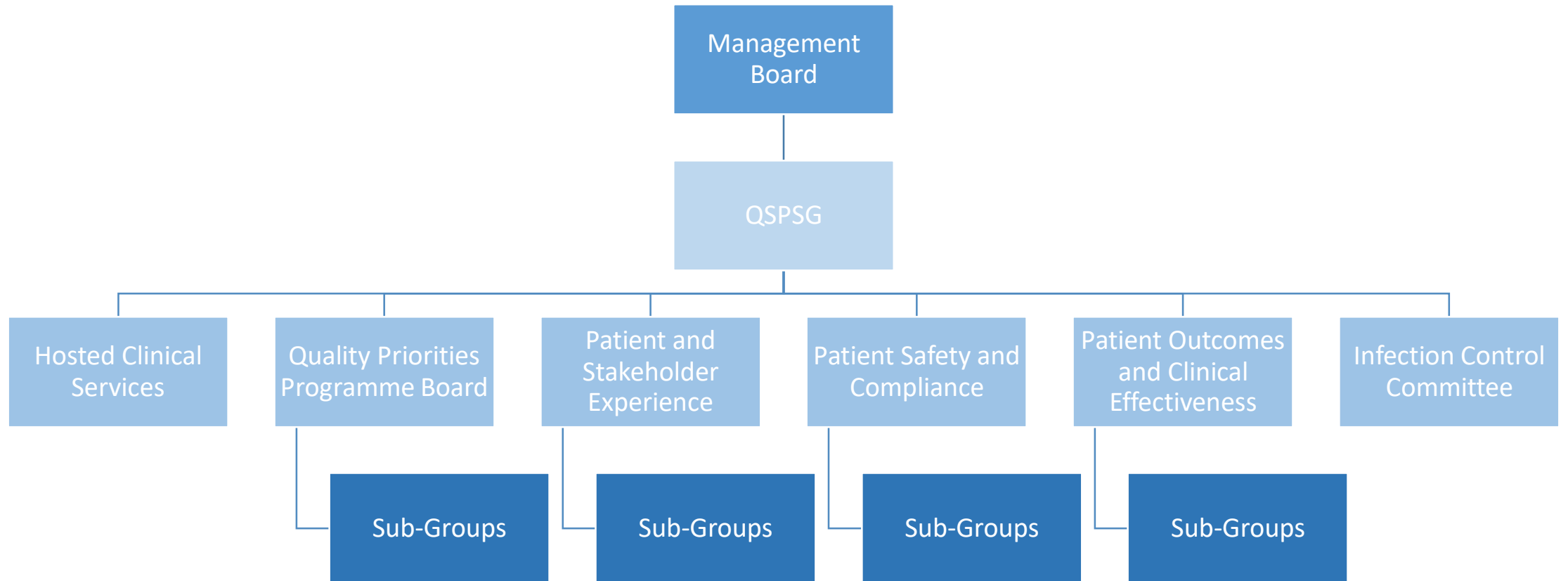
Audit	Recommendation	Lead	Timescale	Status
Audit Wales	<p>Operational Design to Supportive Effective Governance</p> <p><i>Despite the development of a quality and safety framework in January 2021, it is yet to be rolled out across the health board. The framework sets out the process by which the health board assures itself that services are of a high quality and safe for all. The health board should:</i></p> <ul style="list-style-type: none"> 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> 	<p>Director of Nursing and Patient Experience/Medical Director/Director of Therapies and Health Science</p>	<p>September 2022</p>	<p>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:</p> <ul style="list-style-type: none"> 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; 5. Focus on roles, responsibilities, accountability, and outcomes; 6. Link in with the requirements of the Health and Social Care (Quality and Engagement) (Wales) Act.

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 and safety and patient experience priorities as well as holding the senior managers to account for delivery	Director of Corporate Governance	April 2022	Board away day around quality management and culture to took 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.

Audit	Recommendation	Lead	Timescale	Status
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.

Corporate Quality Governance Structure





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Quality Management Framework: Next Steps



Introduction

- There are a number of key areas in which work is now progressing to develop a quality management system;
- In order to achieve what is needed, a few key actions have been identified to deliver each action well and in full, rather than having a scattergun approach and not delivering any actions;
- These are under the headings of:
 - Governance;
 - Quality and safety;
 - Outcomes;
 - Learning and organisational development.



- Identify clear leads in each service group triumvirate for patient experience, clinical outcomes and effectiveness, compliance and safety;
- Service groups to have a standardised approach to quality governance which mirrors the corporate arrangements, including a 12-month work programme and core membership;
- Proposals for a central quality and safety hub;
- Clarity be set as to whom the governance function within the service groups reports.

- Mortality reduction plans across primary and secondary care;
- Management system to implement and monitor compliance with NICE (National Institute for Clinical Excellence) guidance

- First draft of quality strategy in August;
- Identify three to five priorities on which to focus on in the next six months;
- Insight gathered on staff experience associated with quality of services;
- Tools and techniques be created for staff to measure staff and patient experience;
- External facilitator to develop the patient and stakeholder experience and engagement sub-group

- Engagement process with staff on culture;
- 'Big Conversation' be created and shared with senior leads for engagement in quarter two with implementation in quarter three;
- Quality improvement academy;
- Reward/recognition structure;
- Quarterly conferences and monthly 'scale and spread' events;
- Collation of those with IQT silver training.
- Baseline review of quality resources within the health board;
- Development of a communications plan.



Next Steps

- Over the summer, work will be undertaken with service groups and corporate teams over the summer to develop a common operating model for which they will have responsibility and accountability for delivering the next steps outlined;
- This will require some mirroring of corporate arrangements within the service groups as well as supporting the 'big conversations' with wider staff groups;
- An action plan will be developed to set out what is required and by when, led by the Director of Nursing and Patient Experience, with engagement with the executive team and service groups. This will be the first step in establishing a quality management system.

