# Quality & Safety Process Framework

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**Foreword by CEO and Chair**

We are pleased to introduce the Quality & Safety Process Framework for Swansea Bay University Health Board (SBUHB).

2019-2020 sets a new direction for the Health Board. We are a new organisation, as we now predominantly serve the populations of Swansea and Neath Port Talbot Local Authorities. Our new Organisational Strategy and Clinical Services plan describes our ambition for the Health Board over the next ten years; to deliver **Better Health, Better Care, Better Lives** for our population. If we are to ensure that we put the needs of people at the centre of our plans and services, then a duty of quality is fundamental and integral to the ways in which we work with organisations delivering health and care services.

Alongside this and, indeed, an enabler, is our refreshed Clinical Services Plan 2019-2024. This describes how we will transform wellness in primary and community services to underpin change in the major hospitals allowing them to dedicate their expertise to those most in need their care.

The Health Board is committed to achieving the vision clearly articulated in 'A Healthier Wales' (Welsh Government 2018) the Welsh Government's long-term plan for health and social services in Wales. It sets out the vision of a 'whole system approach to health and social care' which is focused on health and wellbeing, and on preventing physical and mental illness.

The Health Board aims to ensure that quality and patient safety is firmly at the heart of everything it does, with a culture that enables the active involvement of the people who receive care together with those who provide it, in every part of the organisation, in quality and patient safety, with a focus on learning and improvement.

Collaboration, co-production and benchmarking will form the basis of an integrated Health Board approach, working towards seamless quality outcomes. Using staff and patient experience as indicators to ensure good quality outcomes for our patients.

Continuous improvement in quality will be key to making the health and social care system in Wales both fit for the future and one which achieves value.

Swansea Bay University Health Board (SBUHB) are committed to proactively managing patient safety in a 'whole system approach' to positively impact on the quality of care we provide.

Effective clinical governance creates a learning environment and a comprehensive program of continuous quality improvement. The Health Board's safety and quality systems should ensure that patient safety and quality incidents are recognised, reported and analysed, and used to improve the care provided. It is important these systems are fully integrated with governance processes to enable the organisation to actively manage risk, and to improve the safety and quality of care.

This framework outlines how quality, both in terms of driving continuous improvement across the organization, and ensuring that the essential levels of quality & safety, will be met. It recognizes that processes and structures are vital in governing for quality but also that values and behaviours are essential to a culture that supports quality.

This aligns with the Welsh Government's Health and Social Care (Quality and Engagement) (Wales) Bill published in June 2019 which will:

- strengthen the existing **duty of quality** on NHS bodies and extend this to the Welsh Ministers in relation to their health service functions;
- establish an organisational **duty of candour** on providers of NHS services, requiring them to be open and honest with patients and service users when things go wrong;
- strengthen the voice of citizens, by replacing Community Health Councils with a new all-Wales **Citizen Voice Body** that will represent the interests of people across health and social care

Every day more than a million people are treated safely and successfully in the NHS. However the advances in technology and knowledge in recent decades have created an immensely complex healthcare system. This complexity brings risks, and evidence shows that things will and do go wrong in the NHS; that patients are sometimes harmed no matter how dedicated and professional the staff. The effects of harming a patient are widespread. There can be devastating emotional and physical consequences for patients and their families. For the staff involved too, incidents can be distressing, while members of their clinical teams can become demoralised and disaffected. Safety incidents also incur costs through litigation and extra treatment. Patient safety concerns everyone in the NHS, whether you work in a clinical or a non-clinical role.

We have excellent staff with a wealth of experience in delivering high quality care; together with our communities and partners we will build on these strengths to further improve people's health, so as they can stay well and ensure we provide high quality care when they need it.

We remain determined to improve. In fact, this pledge is embedded in our new values: caring for each other, working together and always improving.

**Tracy Myhill**                                                    **Emma Woollett**
**Chief Executive Officer**                                  **Interim Chair**

# PART 1 – INTRODUCTION

## 1.1 Purpose of the Quality and Safety Process Framework

This Quality and Safety Process Framework sets out the process by which the Board assures through good governance that our services are of high quality and safe for all. The framework will:

- Reaffirm SBUHB Health Board's commitment to the primacy of quality in service delivery;
- Reaffirm SBUHB's commitment to the principles of 'Prudent Healthcare' as a basis for delivering quality and safety
- Emphasise the critical importance of culture, values and behaviours in ensuring that systems are truly focussed on quality and always make the interests of patients the highest priority;
- Sets out the central role that citizens, patients and service users play in the oversight and scrutiny, design and measurement of high quality services;
- Provides clarity around the roles and responsibilities for quality and safety of individuals and the organisational structure;
- Ensures there is a clear and agreed approach to taking swift and coordinated Health Board-wide action in the event of a serious quality failure being identified, in order to rapidly protect patients and service users;
- Describe the '4 Phases of Quality' that now exist across the organisation to ensure standards of quality and safety are maintained, and managed appropriately where improvement is indicated

A single definition of quality for the NHS was first set out in High Quality Care for All in 2008, following the NHS Next Stage Review led by Lord Darzi. This definition set out three dimensions to quality; effective, safe and a positive patient experience. All three must be present in order to provide a high quality healthcare service. In addition to this definition, the Welsh Government added three new dimensions; efficient, timely and equitable care. All six domains are summarised as follows:

- **Clinical effectiveness** – quality care is care which is delivered according to the best evidence as to what is clinically effective in improving an individual's health outcomes;
- **Safety** – quality care is care which is delivered so as to avoid all avoidable harm and risks to the individual's safety;
- **Patient experience** – quality care is care which looks to give the individual as positive an experience of receiving and recovering from the care as possible, including being treated according to what that individual wants or needs, and with compassion, dignity and respect;
- **Efficient care** – avoiding waste and variation;
- **Timely care** – reducing waiting times and improving the patient flow;
- **Equitable** – consistent care regardless of patient characteristics and demographics

This document will set out the components of a quality and safety process framework. It will also set out how assurance will be gained using a '4 Phases of Quality' approach to delivering quality, whilst at the same time driving forward continuous quality improvement.

Here at SBUHB, we understand that culture is fundamental part of delivering quality care. We strive to achieve a culture of open and honest cooperation which will mean that:

- Healthcare professionals and all frontline staff feel encouraged and rewarded for raising concerns about the quality of care at an early stage. Clinical teams understand the quality of service they are providing to patients through routinely measuring and benchmarking their performance with peers across the three dimensions of quality – safety, effectiveness and patient experience;
- The leadership within SBUHB see their fundamental role as ensuring high quality care for patients. As part of this, the Board will routinely:
  - Monitor the quality of care being provided across all services;
  - Challenge poor performance or variation in quality;
  - Ask for help and raise concerns should significant problems arise;
  - Incentivise and reward high quality care and quality improvement;
  - Work with other Health Boards and social care organisations to ensure that care is centred on people's needs; and
  - Foster a culture of openness and transparency throughout the organisation
- All staff within SBUHB work together to share information and intelligence on risk; be seen as a source of advice and support in the event of concerns being raised; and visibly work together to support improvement where potential or actual failures in the quality of care being provided to patients are identified;
- All parts of SBUHB actively listen to and proactively engage with patients and the public to understand concerns

This framework should be read in conjunction with the Organisational Strategy, Risk Management Framework, Board Assurance Framework (BAF), Strengthening our Structures Proposal (2020), and the Annual Plan.

## 1.2 Clinical Governance

Clinical Governance is the term used to describe the range of systems that need to be in place to provide assurance on the quality and safety of services.

Clinical governance is defined as:

*"a framework through which organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish"*
*The BMJ, 2005*

However, experience has shown that it is not just systems, but the culture, values and behaviours that organisations and staff exhibit which are equally important. This has the greatest impact in ensuring all patients and service users get the very best standards of care.
It is the responsibility of the Board to ensure an appropriate culture exists and is cultivated within the organisation, reflecting the core values of NHS Wales:

- Putting quality and safety above all else: providing high value evidence based care for our patients at all times.
- Integrating improvement into everyday working and eliminating harm, variation and waste.
- Focusing on prevention, health improvement and inequality as key to sustainable development, wellness and wellbeing for future generations of the people of Wales
- Working in true partnerships with partners and organisations and with our staff
- Investing in our staff through learning and development, enabling them to influence decisions and providing them with the tools, systems and environment to work safely and effectively.

Clinical governance is often thought of in terms of the seven pillars of clinical governance as

outlined in **Figure 1** below. The foundation stones of demonstrating compliance with the pillars are outlined in **Figure 2**:

Figure 1 Pillars of Clinical Governance
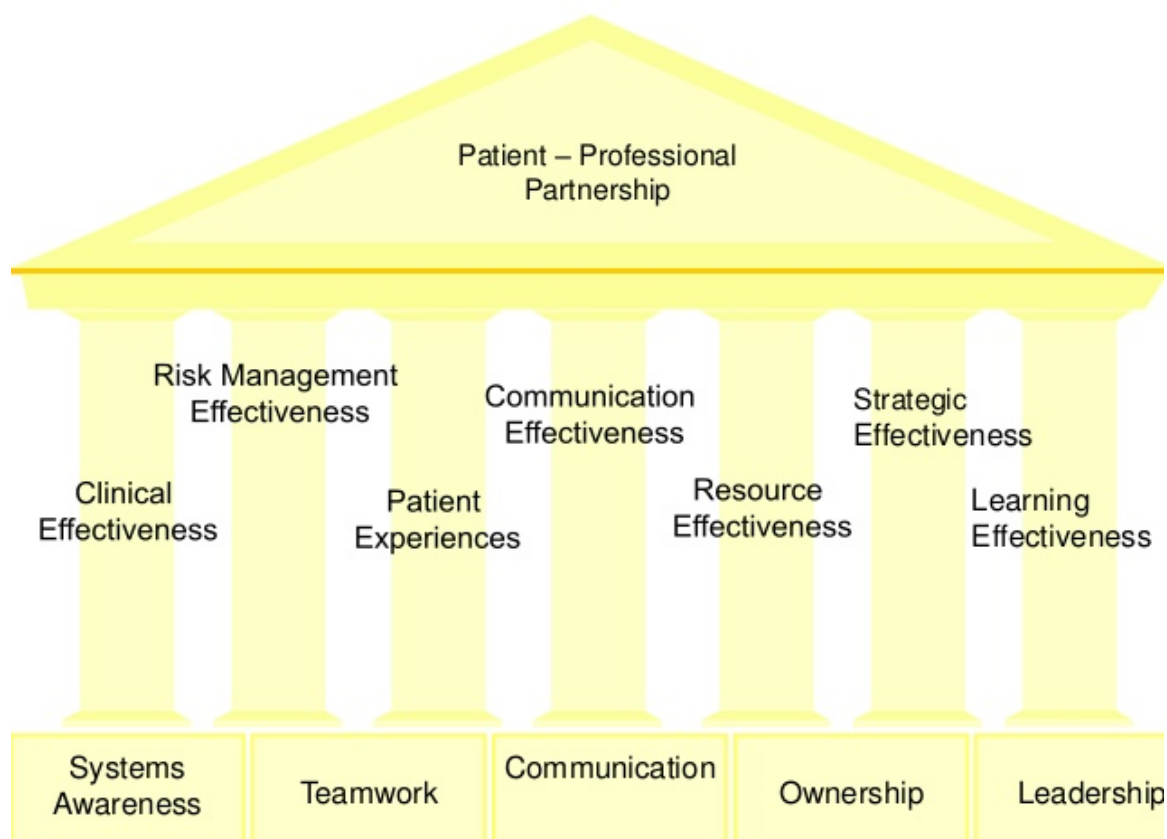


Figure 2 – Foundations Supporting 7 Pillars of Clinical Governance

| Foundation | Description |
|---|---|
| Systems Awareness | • Systems awareness looks at the whole process, as well as the parts of healthcare delivery, and the relationships between them.<br>• It is about looking outside of your own sphere of influence or team/department<br><br>*"A set of interdependent elements interacting to achieve a common aim. These elements may be both human & non-human"*<br>*(Department of Health, 2000* |
| Team work | *"Without teamwork, the potential of clinical governance is not achievable. Cooperation across & between organisations, between the NHS and the public it services is fundamental to building better structures and safer, high quality care"*<br>*(Hallet and Thompson, 2001)*<br><br>*"If teamwork is performed successfully, teams can reap benefits for themselves, patients and patient families.*<br>*However, if done badly, the organisation will struggle to meet its objectives, quality of care and the service being delivered will diminish, staff morale and satisfaction will be lowered and patients will have an unsatisfactory and possibly negative experience of care"* |

| | | |
|---|---|---|
| | *Stonehouse, 2011:350)* | |
| Communication | • Being greeted warmly<br>• Being listened to<br>• Clear explanations<br>• Reassurance<br>• Having confidence in the ability of staff<br>• Being able to express fear and concern | • Being respected<br>• Being given enough time<br>• Having personal circumstances considered when advice or treatment is offered<br>• Being treated a s a person not a disease |
| Ownership | • Clinical Governance as a whole<br>• Clinical Staff owning their working areas<br>• Patients owning their care and treatment<br>• Local community owning their health services | |
| Leadership | • Traditionally, the position of power is at the top of the hierarchical structure<br>• Contemporary approaches, recognises effective leadership at all levels<br><br>*"Leadership is critical to the quality of care, treatment and outcomes, to staff moral and to the learning climate & opportunities available to students and others (DOH,1999)* | |

## 1.3 Organisational Strategy

The 2019/20 financial year sets a new direction for the Health Board. We are a new organisation, as we now predominantly serve the populations of Swansea and Neath Port Talbot Local Authorities. Our Annual Plan 2019-2020 outlines our ambition to achieve **"Better Health, Better Care, Better Lives".**

To set a clear direction going forward we have developed an Organisational Strategy so that we are clear about our 'reason for being', our ambition, and our aims and how we plan to achieve these. The Health Board has two equally important functions to fulfil; we must improve population health so that people can stay well and we must deliver high quality care when people need it. These are detailed in our strategy on a page outlined in **Figure 3** below:

## Figure 3 – Our Strategy on a Page



| PURPOSE | AMBITION | STRATEGIC AIMS | ENABLING OBJECTIVES | WELLBEING OBJECTIVES |
|---|---|---|---|---|
| Together, improve wellbeing & healthcare for all | Better Health Better Care Better Lives | Support **better health** and wellbeing by actively promoting and empowering people to live well in resilient communities. | Partnerships for Improving Health and Wellbeing; Co-production and Health Literacy; Digitally Enabled Health and Well-being | Connected communities with services and facilities across partners leading to demonstrable improvements in wellbeing and health |
| | | Deliver **better care** through excellent health and care services achieving the outcomes that matter most to people. | Best Value Outcomes from High Quality Care; Partnerships for Care; Excellent Staff; Digitally Enabled Care; Outstanding Research, Innovation, Education and Learning | Work with local communities, individuals and partners to build community resilience; Give every child the best start in life |

1. Long term
2. Prevention
3. Integration
4. Collaboration
5. Involvement

*Applied across the Whole Life Course underpinned by sustainable development and the **Five Ways of Working***

The Health Board established the following principles to underpin all that we do:

## Figure 4 - SBUHB Principles



A focus on the Five Ways of Working
1. Prevention
2. Integration
3. Collaboration
4. Long Term
5. Involvement

People at the heart of all that we do

Respecting peoples' rights – we are the only Health Board in the UK to have a Rights Charter for children and older people

Respecting peoples' rights

Prudent Care and the Quadruple Aim
1. Improved population health and wellbeing
2. Better quality and more accessible health and social care
3. A motivated and sustainable health and social care workforce
4. Higher value health and social care

Our ways of working are underpinned by our Values and Behaviours, which were developed following thousands of conversations with staff, patients, their relatives and carers



CARING for each other | Working TOGETHER | always IMPROVING

**Caring for each other in every human contact in all of our communities and each of our hospitals**
We will: Be approachable, helpful, attentive to other's needs; be thoughtful and flexible about how to meet the needs of each person; be calm, patient, reassuring and put people at ease; protect others' dignity and privacy and treat others as we wish to be treated.

**Working together as patients, families, carers, staff and communities so we always put patients first**
We will: Listen closely; consider other's views and include people; appreciate others: be open, honest and clear; give constructive feedback and be open to and act on feedback ourselves; be supportive and say "thank you."

**Always improving so that we are at our best for every patient and for each other**
We will: Be vigilant about safety and risk; never turn a blind eye; look for opportunities to learn; enthusiastically share ideas and actively seek solutions; be accountable for our behaviour and hold others to account; keep promises; be positive, a role model and inspiration to others.

We have made key strategy developments during the last year including setting out our ambitions and, importantly, how we will achieve them in our approved Organisational Strategy, Better Health, Better Care, Better Lives.
The Organisational Strategy describes the ambition and opportunities for the Health Board for 2019-2020 and beyond to:

- Play a full role in the local and regional health economy;
- Increase focus on improving population health and well-being;
- Integrate services with partners in communities;
- Ensure sustainability and delivery of consistently high quality care

The strategy includes the organisations Wellbeing objectives:

- Connecting communities with services and facilities across partners leading to demonstrable improvements in well-being and health;
- Working with local communities, individuals and partners to build community resilience;
- Give every child the best start in life

These have been developed in response to the Health Board's statutory duty under the Wellbeing of Future Generations Act

## 1.4 Clinical Services Plan 2019-2024

The Clinical Services Plan (CSP) 2019-2024 is our five-year programme to transform the health and care services in Swansea Bay UHB. The CSP development process took place throughout 2018, led by clinicians and supported by our staff and partners. The CSP was approved by the Board in January 2019.

The CSP describes how we will transform wellness, primary and community services to underpin significant service change in our major hospitals. This will enable them to dedicate their expertise to meeting the needs of those who most need their care, in particular the frail, elderly and acutely ill.
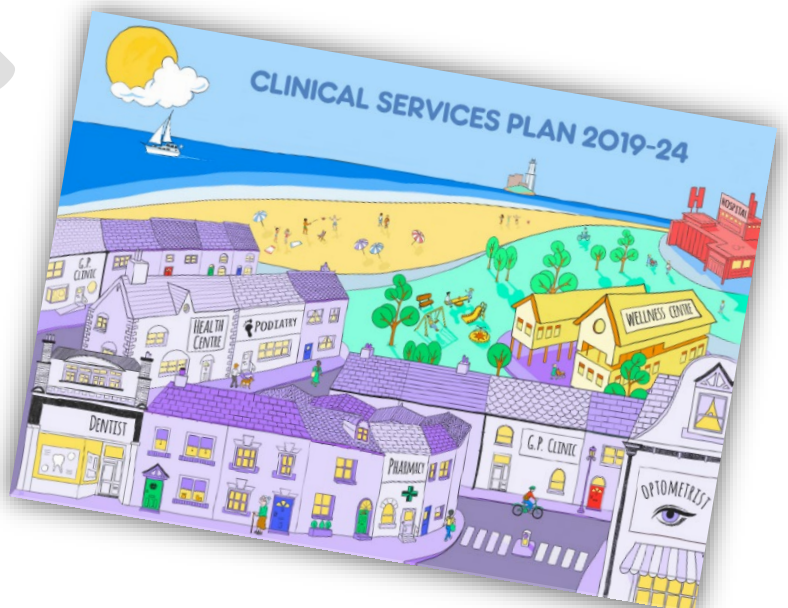
The Clinical Services Plan principles, developed with staff and stakeholders aligns strongly to the quadruple aim as identified within "A Healthier Wales". The four principles outlined below were developed to guide the Health Board in agreeing the Clinical Services Plan ambitions to become the care system the organisation aspires to be.
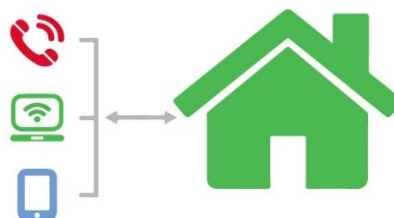


**1. One System of Care**

Clinical pathway processes that cross specialities, departments & delivery units

**2. My Home First**

Pathways which enhance care delivery in or closer to the patients home where clinically safe

**3. Right Place, Right Person, Right Time**

Workforce, estates, equipment, digitalisation

**4. Better Together**

Regional and local collaboration on networks of services that meet the care needs of patients

## 1.5 Prudent Healthcare

Swansea Bay Health Board remains committed to the principles of 'Prudent Healthcare' in the planning and delivery of our services, and believe this helps prepare the foundations which support a safe and quality service. Prudent Healthcare is not about rationing, instead it aims to deliver healthcare that fits the needs and circumstances of our patients and actively avoids ineffective care that is not to the patients' benefit (Bevan Commission, 2019).



The 4 principles of prudent healthcare

Public and professionals are EQUAL PARTNERS through CO-PRODUCTION

CARE FOR those with the greatest health need FIRST

Do only WHAT IS NEEDED and do NO HARM

Reduce INAPPROPRIATE VARIATION through EVIDENCE-BASED approaches

For further information visit www.prudenthealthcare.org.uk

# PART 2 – THE FRAMEWORK

## 2.1 Health and Care Standards

The Welsh Government's Health and Care
Standards form the cornerstone of the overall
quality assurance system within the NHS in
Wales.

Service Directors, Unit Medical Directors and
Unit Directors of Nursing are collectively
responsible for ensuring that the Health and
Care Standards are embedded across their
particular Service Delivery Unit and they self-
assess against each of these including the
Governance, Leadership and Accountability
standard to ensure there is effective scrutiny.
All Service Delivery Units then report through the framework as set out later in this
document.

In 2017-2018 the Health Board undertook the assessment against the Health and Care Standards
Governance and Accountability Module and agreed areas of priority for inclusion in the Governance
Work Programme for 2018-2019. The Board also agreed to take a more robust approach in terms
of the assessment of the governance arrangements in 2018-2019 and this was undertaken through
the board effectiveness self-assessment and the 'governance maturity matrix'.

At the Board Development Session on 25 April 2019, the Board reviewed the assessment against
the Health and Care Standards. It was agreed that the process for the review of these standards
should be reviewed and that an improved process to be in place for 2019-2020 to allow the Board
to receive assurance on the embedding of the Health and Care Standards. This has been identified
as a governance priority for 2019-2020.

## 2.2 Annual Quality Statement

All NHS organisations are required to publish an
Annual Quality Statement (AQS), as part of the
organisation's annual reporting process for its
resident population. It provides an opportunity to
let the public know, in an open and honest way,
how it is doing to ensure its services are
addressing local need and meeting high
standards of care.

The 2019/20 year is the first year of existence of
the new Swansea Bay University Health Board.
It provides an opportunity re-think, structure and
plan the message and presentation of the
Annual Quality Statement. Going forward we
will:
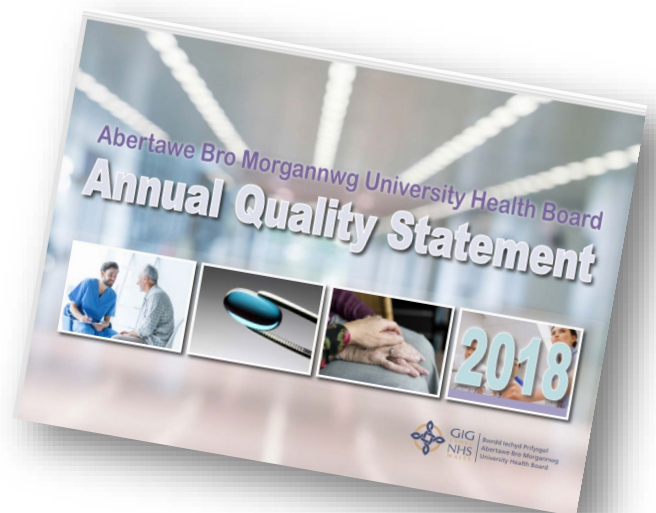
- Identify in advance a core of performance information that the Health Board considers will
  demonstrate achievements and challenges in its priority areas under the Health & Care
  Standard headings

- Introduce a working group that meets regularly to oversee the production of the statement and ensure the views of stakeholder groups are taken on board early in the year and included within the identification of information required. This will be supported by a communications plan with a timetable for providing assurance to the Senior Leadership Team, the Quality and Safety Committee and the Board
- Monitor progress against the quality priorities throughout the year to demonstrate effective stewardship and promote the achievement of positive outcomes for reporting in next year's AQS
- Share patient stories and tell the broader narrative story of quality improvement within the Health Board as part of the statement, alongside performance data

## 2.3 Functions of Quality and Safety

The functions related to quality and safety are themed below. The examples provided under each theme relate to every function, and are categorised under one for simplicity, i.e. they are all interconnected and interdependent:

- **Compliance with Legislation and Regulation**: e.g. the Nurse Staffing Levels (Wales) Act, 2016, Putting Things Right including redress & clinical negligence, safeguarding & public protection, health and safety, external regulatory frameworks including Health Inspectorate Wales, regulatory notices issued by HM Coroner, recommendations made by the Public Services Ombudsman for Wales

- **Quality Planning:** e.g. via the Integrated Medium Term Plan, demonstrating learning and using a quality dashboard based on robust data analysis, through robust public engagement and patient experience, based on understanding population health, principles of equality and diversity, workforce development and wellbeing

- **Quality Improvement**: e.g. clinical effectiveness via research, audit, implementation of NICE guidelines professional and service specific standards, learning, education & training, research & development, medicines management, organisation-wide and national sharing of learning, and use of operations and quality improvement methodologies such as IQT/LEAN.

- **Quality Assurance**: e.g. improvements using learning generated by the Process Framework and other internal and external scrutiny, including those undertaken by HIW, Community Health Council, and other regulatory, specialty, service specific and professional standards, mortality review, evidence based policies and protocols

- **Managing Risk** e.g. assessing, understanding and articulating risk via risk registers, infection prevention and control, decontamination, clinical incident reporting and investigation, managing concerns, implementation of patient safety solutions alerts and notices applying learning.

Quality is more than just meeting service standards; it is a system-wide way of working to provide safe, effective, person-centred, timely, efficient and equitable health care in the context of a learning culture.

## 2.4 Creating the Right Culture

The Francis Inquiry recommended that the NHS, and all who work for it, adopt and demonstrate a shared culture in which the patient is the priority in everything done. This requires:

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- Common set of core values and standards shared throughout the system
- Leadership at all levels from ward to the top, committed to and capable of involving all staff with those values and standards
- System which recognises and applies the values of transparency, honesty and candour
- Freely available, useful, reliable and full information on attainment of the values and standards
- Tool or methodology, such as a cultural barometer, to measure the cultural health of all parts of the system.

SBUHB firmly believe that high quality patient care is at the heart of everything we do and to enable a culture of openness and transparency we have introduced a 'no *bystander / zero tolerance' approach to bullying, #LivingOurValues*. This was a priority area voted for by our staff as a way of challenging behaviours and encouraging to staff to be more aware of their behaviour and use of language.

*The* **#LivingOurValues** campaign will strengthen the impact of the actions we have already taken in Swansea Bay, reinvigorate our established organisational values, empower colleagues to make a stand and, where appropriate, challenge inappropriate behaviours and language. The high profile campaign will raise awareness and enable staff to speak out by:

- Respectfully drawing attention to behaviour that is not in keeping with our Values, at all levels of the organisation.
- Having a voice to tackle difficult conversations with honesty and respect

The **#LivingOurValues** campaign helps create a culture of openness and honesty within SBUHB, and:

- Increases staff confidence in being able to challenge inappropriate behaviours (in line with our values and behaviours framework), as staff have the support of the organisation in doing so;
- Encourages people to live our organisational values and declare how they live our values; what is acceptable and not acceptable;
- Raises the profile of the work the Health Board is doing to deal with bullying and harassment issues; including the Guardian Service, commissioning ACAS, our internal leadership programmes such as Footprints, Bridges and Coaching etc;
- Creates synergy and organisational cohesion at all levels about the importance of 'how' we deliver services and the importance of behaviours;
- Promotes and reinvigorates Swansea Bay University Health Board's values – what's important to us;
- Demonstrates to our workforce that the organisation is listening to ideas and these ideas have been put into positive action;
- Continuation and promotion of the work being done around #ShapingSBUHB

In addition, to demonstrate its commitment to openness and transparency SBUHB have introduced a 'Guardian Service', as an external independent provider for an enhanced raising concerns process for staff. The Guardian Service Ltd is an external independent service which will operate 24/7 365 days a year and will offer staff a safe, confidential, and non-judgmental supportive way for staff to raise any concern or risk in the workplace. This includes any concerns around patient safety and the whole focus is on reaching resolutions. This approach will support a culture of openness and transparency. The service is designed to provide an additional avenue for staff to raise a concern and **does not** replace the existing support mechanisms within the Health Board including trade unions, wellbeing services and the workforce team.

**2.5 Putting the Patient First**

The Health Board has a clear purpose, ambition, strategic aims and enabling objectives have been developed to fulfil our civic responsibilities by improving the health of our communities, reducing health inequalities and delivering prudent healthcare in which patients and users feel cared for, confident and safe.

The Board's intent is to move to being a population health focused organisation, commissioning services to meet patient and community needs. Our two strategic aims **Supporting Better Health**; and **Delivering Better Care** and associated enabling objectives are clear in our ambition for change. We will become increasingly focused on working with partners to improve the wellbeing of our population.

Our Annual Plan 2019-2020 and our Clinical Services Plan 2019-2024 (CSP 2019-2024) sets out our ambition to provide Better Health and Better Care to enable Better Lives for all in our communities.

*A Healthier Wales* (2018), focusses on transforming care in Wales through delivering the 'Quadruple Aim':
- Improve population health and wellbeing through a focus on prevention;
- Improve the experience and quality of care for individuals and families;
- Enrich the wellbeing, capability and engagement of the health and social care workforce; and
- Increase the value from funding of health & care through improvement, innovation, best practice, and eliminating waste.

Our Clinical Services Plan principles outlined below, were developed with our staff and stakeholders, and align strongly to the quadruple aim outlined in a "Healthier Wales", and were developed to guide us in agreeing the Clinical Services Plan ambitions to become the care system we aspire to be.



**CSP Planning Principles**

Optimising patient outcomes through

**1. One System of Care**
Clinical pathway processes that cross Specialities, Departments and Delivery Units

**2. My Home First**
Pathways which enhance care delivery in or closer to the patients home where clinically safe

**3. Right place, Right person, Right time**
Workforce, estates, equipment, digitalisation

**4. Better Together**
Regional and local collaboration on networks of services that meet the care needs of patients

We have continuously referred to these principles in our CSP 2019-2024 to ensure our ambitions

are aligned to what our staff and stakeholders told us were the right things to do in planning our service changes.

When delivering clinical services, staff and stakeholders told us that the quality, safety and value of our care to the patient were central to meeting patient needs

***"Everything we do, we do better when we work together with our patients and partners", CSP 2019-2024***

Whilst the responsibility for ensuring quality and safety is a joint responsibility across all Health Board Directors, the Health Board's Director of Nursing and Patient Experience has direct responsibility for monitoring patient experience, which includes delivery of our patient experience plan and work plan. Patients/ relatives/ carers/ friends are able to provide their feedback in line with Government requirements.

The Welsh Government Framework for Assuring Service User Experience was first issued in 2013, followed by a national set of core service user experience questions to support the real time method of gaining feedback across NHS Wales.

The Framework was updated in 2015 (WHC/2015/061), following 'Trusted to Care' and 'Using the Gift of complaints' and in the light of the revised Health and Care Standards. The core service user experience questions were not updated and it became apparent that they also required validation

The Patient Reported Outcomes Measures (PROMs), Patient Reported Experience Measures (PREMs) and Effectiveness Programme (PPEP) was keen to use the core service user experience questions within its programme as PREMs.

***"95% of respondents in our Family & Friends survey would recommend the Health Board",***
*AQS 2018 (58,779 evaluations completed Apr 2018-March 2019)*

The way that we provide care to people must respect their individual choices in the way that they care for themselves, and must ensure that all people are treated equally. We learn from what people tell us about their experiences in our care and our Annual Quality Statement 2018 is produced for the public and for people who use our services. It provides us with the opportunity to present in an open and honest way an overview of the work that has been undertaken.

The AQS 2018 outlined how we developed and improved our services in line with patient feedback, and the proactive measures we have taken to develop several new models of care which are supporting our most frail and vulnerable patients; helping to keep people well and living independently; and deliver better care. For example, the introduction of the Rapid Diagnostic Centre for suspected cancer referrals.

## 2.6 Learning from Concerns, Complaints and Incidents

The Health Board aims to provide the very best care and treatment and regrets deeply when you have had to raise a complaint about the care received. Complaints are always taken seriously and we take this as an opportunity to learn and improve the services we provide.

We have a structured and transparent approach to ensure that we learn from feedback from our patients and families that comes through our complaints and concerns processes. Monthly audits are undertaken on closed complaint responses through the work of the Concerns, Redress and Assurance Group. The audits monitor the quality of the response and compliance with the Health Board's Values, as well as the "Putting Things Right" Regulations. Feedback on the audits is reported to the Quality and Safety Governance Group whose membership includes Service Delivery Unit Nurse and Medical Directors who will share information and cascade learning within their respective Units.

Complaints management performance is reported via the Quality and Safety Performance Report to the Quality and Safety Governance Group and Committee. Performance on patient experience and complaints is also reported annually in the Annual Quality Statement and Accountability report.

<u>Never Events and Serious Incidents</u>
The Serious Incident Team was established in 2014 to investigate serious incidents resulting in permanent harm or death and never events. Welsh Government defines a never event as "Serious incidents that are wholly preventable because guidance or safety recommendations are available at a national level and should be implemented by all healthcare providers".

Learning from incidents is a priority for SBUHB as the consequences of not doing so can include further complications to people's  health, cause  additional distress and longer stays in hospital. SBUHB has therefore set up a learning events forum to share learning from patient safety incidents. The first was held in October 2018 and focused on learning from recent never events.

## 2.7 Learning from Assurance Activity

**Internal Assurance Activity**

SBUHB have a number of methods by which internal assurance can be generated, including:
- Real time patient feedback, complemented by a planned programme for capturing the experience and outcomes for people receiving care at every stage of care and treatment;
- Peer review: undertaken by a multi-disciplinary team, using an assessment tool, for example, the CQC's 5 key questions;
- Health and Care Standards Audit/Annual self-assessment;
- National and locally agreed audit cycle driving quality improvement;
- Regular scheduled Independent Member and Executive visits demonstrating leadership, and an open culture, enabling people receiving care to be heard and effect change;
- Unannounced Partnership Dignity Visits led by the Vice Chair, aimed at gaining contemporaneous exposure to the experience of people receiving care and treatment across a range of settings;
- Exploration of 'patient for a day', where a member of the executive team spends some time in a clinical area undertaking an observational visit to experience first-hand the environment with patients and staff, subsequently supplemented by discussion with patients, staff and the provision of quantitative quality triggers. This approach would generate a well-rounded assessment that would add value;
- Through Annual Quality and Safety Summits which showcase performance, patient experience and good practice. The Annual Quality Statement will be shared at this event.

Fundamental to assurance is the availability of accurate, robust data that can be analysed, triangulated and is applicable to the service being assured, along with a multidisciplinary team, inclusive of Board members, with clarity and focus.

## Learning from External Inspections

SBUHB have a number of methods by which internal assurance can be generated, including:
- Wales Audit Office (WAO)
- Health inspectorate Wales (HIW),
- Community Health Council (CHC),
- And other regulatory, specialty, service specific and professional standards, E.G mortality review, evidence based policies and protocols etc.

## 2.8 Patient and Staff Experience

Patient and staff experiences have a direct impact on patient outcomes and are important measurements of the quality of healthcare provision. Exploring patient and staff experiences is a relatively new approach to quality improvement and SBUHB believe that:
- Patient experience is the sum total of all interactions a patient has with the service
- Patient involvement and good communication make a difference to clinical outcomes
- Staff experience is the best predictor of patient experience

## Patient Experience

Wolf et al (2014) define patient experience as the sum total of all interactions a patient has with the service, not just the clinical encounter. For example, whether they can find their way to the right clinic, are expected there and how they are welcomed are important factors that will influence how comfortable patients feel.

Patient involvement and good communication also affect clinical outcomes and safety (Doyle et al, 2013). If patients do not feel involved in decisions about them, they are much less likely to follow advice given. The mantra "no decision about me without me" is small but full of meaning: if people do not understand what is happening, they will be less safe and are less likely to have gained from a clinical intervention (Doyle et al, 2013). We must look at our services from the patient perspective and patient feedback provides valuable insights to lead care improvements. By working with patients and service users and letting them judge care quality, we can address the issues that matter most.

## Patient & Staff Stories

Digital patient and staff stories are ideal for learning and improvement - they build empathy in the listener and they are very memorable;

There are large benefits from recording and listening to patient and staff stories.

For patients and their families, patient stories help individuals process what is happening (or has happened) to them. Patients, families and staff telling their story feel deeply listened too and the process often brings resolution in difficult circumstances.

Health Board staff benefit from hearing people's first hand experiences and are able to give another perspective so that the Organisation can learn. The process can build empathy in the listeners and help staff to reflect on services provided and take action if improvements are needed. Digital stories can also communicate and share best practice and highlight where patients have benefited from service improvements.

Some examples of what digital stories have achieved:

- Prevented incidents escalating to court;
- Helped transform incident reporting and improved the complaints handling process;
- Improved training in end of life care;
- Provided patient and staff views on services such as perinatal mental health;
- Promoted services such as pressure ulcer prevention

**Staff Experience**

Staff experience is the best predictor of patient experience (Point of Care Foundation, 2014). The best way to deliver consistently compassionate care is through empowered teams working in partnership with patients, being encouraged to improve practice and recognised for providing moments that patients value - moments as simple as holding their hand when they are in distress, helping them wash and feel composed, being there when they are afraid or in pain, showing empathy and human connection at times of suffering.

It is important for people at all levels to recognise that good staff engagement is related to patient satisfaction, safety measures, absenteeism, turnover and even mortality rates (Dawson, 2014 Getting this right is "core business" for health services.

Organisations know it is not enough for staff to "feel" included; if care is to improve, staff must be able to participate in the creative process and have a strong voice when issues arise.

The NHS Wales staff survey 2018 encompassed the views of 4,086 staff members (ABMUHB), our highest response rate to date. Commitment to take action was a strong theme arising from the survey and the Staff Experience & OD Team have undertaken a series of proactive steps, including:

- Collating the themes from the Chief Executive #Shaping our Future / staff engagement events
- Holding staff workshops to brainstorm ideas to enhance the staff and patience experience at ABMUHB in wellbeing, innovation and leadership, and
- Featuring "open walking galleries" (in person and virtual via electronic questionnaire) to feedback key themes from workshops and invite colleagues to pick their priority areas for action

The survey results showed that staff felt increasingly engaged in their jobs and more confident to report concerns. The survey also revealed some areas of concern which are being addressed (stress at work, harassment and bullying & resources), but there is evidence of improvements in staff experiences and how staff relate with patients.

SBUHB is committed to demonstrate openness and transparency and new developments such as the introduction of a "Guardian Service".

**2.9 Duty of Quality**

Quality is at the heart of every aspect of the approach that SBUHB gives to health care, which aligns to the core values that underpin the NHS in Wales, originally set out in Together for Health in 2013. SBUHB wholly supports strengthening the duty on Health Boards to secure quality in health services with the aim to deliver against the four mutually supportive goals of the "Quadruple Aim", which are to continually:

- Improve population health and well-being through a focus on prevention;
- Improve the experience and quality of care for individuals and families;
- Enrich the well-being,
- Capability and engagement of the health and social care workforce;

- and
- Increase the value achieved from funding of health and care through improvement, innovation, use of best practice, and eliminating waste.

SBUHB recognises the need for a system where care and support should be person centered and seamless; without artificial barriers between physical and mental health, primary and secondary care, or health and social care. SBUHB are supportive of the introduction of a duty and system where NHS bodies are not just there to manage or deliver care but to improve it every day.

NHS bodies have been under a duty to make arrangements for the purpose of improving the quality of health care since 2003, under section 45(1) of the Health and Social Care (Community Health and Standards) Act 2003 ("the 2003 Act"). Although the 2003 Act requires NHS bodies to make arrangements to monitor and improve the quality of health care, it has largely been interpreted as requiring NHS bodies to have quality assurance (control) arrangements in place to monitor and improve the quality of healthcare provided rather than a comprehensive focus on the three aspects of a quality system as described by the parliamentary review: quality planning, improvement and control to ensure a focus on quality services at a wider population level.

The duty of quality set out in the 2003 Act has succeeded in providing some focus on improvement in quality and the development of an infrastructure to provide assurance that improvement is taking place. This includes Quality and Safety Committees at every LHB and Trust with direct links to the Board, as well as robust arrangements for the reporting, investigation and learning from patient safety incidents and concerns.

Reporting mechanisms are beneficial as they allow bodies that are subject to the duty of quality to demonstrate how their functions have been exercised to secure improvement in the quality of services provided. Additionally, reporting also provides a mechanism for holding bodies to account as it is a transparent way of demonstrating how the duty has been complied with.

On the 17 June 2019 the Welsh Government introduced the Health and Social Care
(Quality and Engagement) (Wales) Bill which will:

- Strengthen the existing **duty of quality** on NHS bodies and extend this to the Welsh Ministers in relation to their health service functions;
- Establish an organisational **duty of candour** on providers of NHS services, requiring them to be open and honest with patients and service users when things go wrong;
- Strengthen the voice of citizens, by replacing Community Health Councils with a new all-Wales **Citizen Voice Body** that will represent the interests of people across health and social care; and
- Enable the appointment of **Vice Chairs for NHS Trusts**, bringing them into line with health boards

## 2.10 Duty of Candour

Regulated professionals are already expected to practice within their Code of Conduct, all of which identify duty of candour as a core requirement. Professional bodies and Royal Colleges actively endorse this and the all Wales 'Procedure for NHS Wales Staff to Raise Concerns Policy' sets clear direction in relation to this matter. Welsh Government's White Paper: Services Fit for the Future, suggested that the expectation duty of candour should become a lawful requirement in Wales, and the new Quality and Governance (Wales) Bill which will formally introduce the duty of candour is due to be considered by the National Assembly for Wales in Autumn 2019.

A legal duty of candour formed part of the Mid Staffordshire NHS Foundation Trust public inquiry

recommendations. The duty recommended by the Francis report promoted enabling complaints to be made without fear; sharing the truth about performance with staff, patients, the public and regulators and informing patients of any harm done to them and offering appropriate remedies, regardless of whether a complaint has been made. This was also picked up in the Evans Review WHICH recommended that Putting Things Right guidance should be reviewed in order to reflect the closer-knit working between the NHS and social care in Wales and enhance the ability of organisations to deal effectively with cross-cutting complaints received

Actively enabling individuals to exercise duty of candour and raise concerns provides all stakeholders including people receiving care and those providing it, that quality and patient safety is at the heart of everything the Health Board does.

On the 17 June 2019 the Welsh Government introduced the Health and Social Care (Quality and Engagement) (Wales) Bill which will establish an organisational duty of candour on providers of NHS services, requiring them to be open and honest with patients and service users when things go wrong. If the National Assembly for Wales pass the Bill it will become law from Summer 2020 and the duty of candour will formally introduced for the NHS Wales. This duty will form an extension to the current duty on NHS Wales organisations to 'Be Open', as outlined in the NHS Wales 'Putting Things Right' legislation.

## 2.11 Equality, Diversity and Human Rights

SBUHB is committed to treating everyone fairly and the aim of this framework to ensure equitable and fair patient services. We will not tolerate discrimination on the grounds of age, disability, gender identity, marriage or civil partnership status, pregnancy or maternity, race or nationality, religion or belief, sex or sexual orientation.

Our equality objectives support us with delivering this commitment. These objectives are published within our Strategic Equality Plan 2017-2020. Our Plan identifies the actions that will drive forward progress towards achieving each of the equality objectives.

We report annually on progress towards fulfilling each of these objectives through the Annual Equality Report which is presented to the Workforce and Organisational Development Committee.

## 2.12 Welsh Language

SBUHB recognises that care and language go hand in hand. The quality of care, patient safety, dignity and respect can be compromised by the failure to communicate with patients and service users in their first language. Many people can only communicate and participate in their care as equal partners effectively through the medium of Welsh. We are committed to meeting the Welsh language needs and preferences of our service users.

The Health Board is committed to ensuring that the Welsh and English languages are treated on the basis of equality in the services we provide to the public and other NHS partner organisations in Wales. This is in accordance with the ABMUHB Welsh Language Scheme, Welsh Language Act 1993, the Welsh Language Measure (Wales) 2011 and the Welsh Language Standards (No7)

Regulations which were approved by the National Assembly for Wales on the 20 March 2018. The Welsh Language Standards replaced existing Welsh Language Schemes and set out responsibility for ensuring services are offered and delivered through the medium of Welsh in particular circumstances whether this is in written form (including via the internet/email), in face-to-face interactions or verbally.

# PART 3 – DELIVERING THE FRAMEWORK

## 3.1 Quality & Safety Process Framework

Here at SBUHB we aspire to be a quality driven system which is adaptable to changing quality and safety priorities based on validated and timely business intelligence. In order to achieve this, we identified the need to revise our processes and framework. In this section we will set out the revised framework which is based on a continuous cycle of planning, doing, checking and acting, a principle based on 'Deming's PDCA improvement Cycle'.

Due to the nature of healthcare delivery we acknowledge that despite our best intentions, there will be occasions where intervention to support improvements related to quality and safety will be required. The revised framework is therefore designed to ensure that we start and embed quality and safety at the planning stage of our services, before then ensuring the framework is sufficiently robust to monitor service delivery to know when things are going well, or where intervention and improvement is indicated. To support a culture of organisational learning, the framework will ensure learning is equally extracted and distributed from the things we do well, together with the things we need to improve upon.

The revised framework is based on a continuous 4 (four) phased process which we describe as the '4 (Four) Phases of Quality' which starts at the planning stage (Phase1), before passing through phases 2, 3 and 4, designed to monitor performance against key quality and safety performance measures such as 'Health and Care Standards', NICE guidance, and other key performance indicators embedded and measured within the Health Boards quality and safety performance report. The phases are designed to be an incremental analysis of the care being delivered, through differing layers of responsibility across the organisation from planning, through to the Quality and Safety Committee who act on behalf on the Board with delegated authority to provide assurance or non-assurance on all matters relating to Quality and Safety.

Each phase is designed to identify whether care delivery is achieving and/or exceeding the agreed standards, or where our business intelligence, such as our clinical dashboards and other patient outcomes/experience reports, indicate improvement is required. Where improvement is indicated at any point in the assurance phases, timely interventional support and/or escalation to the next phase will be enacted to ensure that improvements are made and overseen at an appropriately senior level within the organisation. A broad outline of the framework showing the process can be seen in **Figure 5**. An outline of the '4 (Four) Phases of Quality' can be seen in **Figure 6**.

**Figure 5 – Quality & Safety Process Framework**



01 — Organisational Strategy / Clinical Services Plan / Co-Production / Duty of Quality

02 — Service Delivery Units Quality & Safety Groups / Working & Sub Groups

03 — Quality & Safety Governance Group

04 — Quality & Safety Committee

**Figure 6 - 4 (Four) Phases of Quality**



# 4 (Four) Phases of Quality

1 Organisational Strategy / Clinical Services Plan / Co-Production / Duty of Quality

2 Service Delivery Units / Quality & Safety Groups / Working & Sub-Groups

3 Quality & Safety Governance Group

4 Quality & Safety Committee

## 3.2 Phase 1



**01** Organisational Strategy / Clinical Services Plan / Co-Production / Duty of Quality

### Prudent Healthcare Principles

Our overriding objective is to deliver health services that embody the principles of Prudent Healthcare; by this we mean safe, effective, person-centred, caring and compassionate services that respect people's needs and empowers them to make informed decisions and choices. Quality must be at the forefront of our thinking and embedded in everything we all do, which is why we consider quality and patient safety starts at the planning phase of our quality cycle.

The philosophy of Prudent Healthcare will be a distinctive feature of our approach to quality and safety and features within our Clinical Services Plan, Organisational Strategy and Integrated Medium Term Plan (IMTP). The adoption of the below principles will align SBUHB to the broader NHS Wales system on quality and will provide the Health Board with organisational focus;

- Achieve health and wellbeing with the public, patients and professionals as equal partners through co-production (patient centred);
- Care for those with the greatest health need first, making most effective use of all skills and resources (timely, efficient, effective);
- Do only what is needed - do no less, do no harm (safe, efficient);
- Reduce inappropriate variation using evidence-based practices consistently and transparently (equitable, effective, efficient)

Ensuring that quality starts at the planning phase of our services also aligns our approach to quality and safety with our responsibility to prevent ill health. This more proactive approach to health, together with ensuring our strategic plans are quality focused, will provide the basis of delivering a quality healthcare system. When hospitalisation, or use of our community services is required, phase 2, 3 and 4 of our framework will ensure standards of quality and safety are met through robust systems and processes for quality assurance.

### Priorities

Several examples from across the United Kingdom have demonstrated how organisations can too easily focus on performance targets and financial prudence, with the consequence being shortcomings in quality and safety. Whilst SBUHB recognises the importance of monitoring performance and reaching a balanced financial position, above all else we remain alert to the overriding objective to deliver quality and safe care above all else. We believe that embedding quality and safety into our planning phase will help maintain such focus.

### Duty of Quality

As discussed earlier in this document, the NHS Wales (Quality and Engagement) Bill will place a stronger duty of quality on NHS organisations. The duty will require us to evidence how quality and safety is being delivered across our services and what systems and processes we have to assure standards are met. Starting our quality and safety cycle at the planning phase will support this

function in two ways; firstly, it will enhance and extend our quality cycle beyond just service delivery, and secondly, the approach allows us to ensure learning from our assurance cycle is reflected in our planning.

**3.3 Phase 2**



**02** Service Delivery Units Quality & Safety Groups / Working & Sub Groups

To enable the Quality and Safety Governance Group (QSGG) to fulfil its terms of reference, discharge its functions appropriately, each Service Delivery Unit is required to have a Quality and Safety group.

The purpose of the Unit/Department Quality & Safety group is to provide a means of systematically managing the quality and safety agenda within the Health Board including the sharing of best practice. The main purpose of the groups is to ensure Quality and Safety mechanisms are operating effectively and consistently at a local level across the Health Board, and to escalate risks relating to quality and safety to the QSGG.

The unit groups are required to have terms of reference, and to ensure that the membership, focus and direction maximises the opportunity to deliver on the terms of reference and therefore quality and patient safety. The Chair of the unit group should be a nominated Director from the Department/Unit and they are expected to communicate regularly with directorates, Service Delivery Unit and services, to facilitate engagement, influence and learning. Department/Unit Quality and Safety groups will report directly to the QSGG by exception to ensure their agenda and focus are shared in order to maximise learning and to generate a summary to inform discussion at meetings where quality and patient safety matters are discussed.

The quality and safety unit groups should be clear on their responsibilities in terms of:

- **Leadership and culture**

Enabling clinical leadership at every level is key to safe, quality care (Kings Fund, 2015) ensures activities that promote positive cultures in order to enhance outcomes (Braithwaite, 2017). The Board is committed to enabling the senior leadership team to ensure that there is sufficient resource in its widest context to properly discharge the functions related to quality and patient safety, that there is a structure in place that is active to deliver and report upon them, all akin to a well-oiled 'engine room' for governance. This strengthens the golden thread of governance from ward to Board.

Ensuring that the primary focus in all aspects of the Health Board's business is on quality and patient safety, with patient experience and outcome at the heart, every individual, whether providing direct care or a service that supports the delivery of care, becomes more cognisant of their own role in promoting quality and patient safety.

- **Resource**

Adequate resource (calculated based on the size and complexity of the directorate, locality or service) and an active structure, enables the level of attention and scrutiny required to gain assurance in relation to the delivery of safe care. The structure will ensure that the scope and quality of assurance provided to the senior leadership team and subsequently to the Health Board through the Quality & Safety Governance Group, is comprehensive and robust.

- **Triangulated evidence**

Along with a minimum dataset informed by national quality and performance indicators, the senior leadership team must have access to a bespoke dataset meaningful to the service it applies to, that enables analysis, triangulation and intelligent interpretation so that learning, quality improvement and service development are evidenced.

The voice of the patient, whether expressed through compliment, concern, face to face, in writing or by a third party, at any stage in the care pathway, must be a central consideration to all decision making in terms of quality and patient safety.

The role of data analysists along with access to software to support their function is crucial in enabling data generation, triangulation and analysis, and is an area of development that is required. More sophisticated use of data enables real time monitoring and validation of data, for example, to assist in national audit compliance, which in turn provides an excellent platform for quality improvement.

Soft intelligence is invaluable as an early quality trigger where something is potentially of concern, therefore, it is essential that staff are able to voice and escalate concerns, and that patient experience, both real-time and retrospective, is central to quality and service improvement. Soft intelligence can also be attained through leadership walkabouts and other internal assurance activities (detailed in section 3), and further enables well informed assessment. Experience has shown that where these does not exist, risk is increased and the opportunity to provide safe care is reduced.

- **Structure**

There are a number of ways in which quality and patient safety functions can be discharged, dependent on the size, complexity and nature of the services and care delivered. For example, a large, multifaceted cross site directorate may require service or specialty specific arrangements to ensure that the level of scrutiny required can be applied consistently and robustly across all care delivery services. For other directorates/Service Delivery Unit/services with a more concise focus, a simpler arrangement where all of the functions identified can be captured on one agenda, might suffice. The importance is that functions are fully undertaken and are reflected in all activities that impact on the planning, design, delivery and evaluation of care; this encompasses all clinical and non-clinical activity within the health board, and therefore, quality and patient safety is everyone's business.

- **Logistical arrangements**

Service Delivery Unit and Services are required to ensure that there is a structure in place that enables a comprehensive oversight of quality and patient safety, as well as robust reporting to the Quality & Safety Governance Group. This includes;

- Establishing an annual meeting cycle in advance, specifically dedicated to the functions of quality and patient safety, the frequency of meetings predicated on managing risk and learning. If more than 2 meetings are missed in any agreed cycle, this must be escalated to the senior leadership team, along with the Executive Director of Nursing and the Medical Director;
- Establishing a comprehensive agenda with standing agenda items, reflecting the functions of quality and patient safety, that forms the basis for these activities within the directorate/locality/service;
- The production of meeting notes that clearly identify the main points of discussion taking place and the action arising from it, with the person responsible and the timeline for completion agreed. This is to ensure there is an audit trail in terms of decision making;
- Ensuring there is a Senior Responsible Officer (SRO) identified for each action plan within the directorate, locality or service, whether generated by internal or external scrutiny (action plans may be composite or standalone depending on its source). The SRO will take ownership of and ensure the action plan is implemented, reported on regularly to the leadership team, and any issues with completion escalated to the clinical business meeting and via exception reporting to the Quality & Safety Governance Group;
- Themes and trends emanating from the recommendations of internal and external scrutiny will inform the basis of ongoing internal assurance activity;
- Ensure that learning is shared with other directorates, Service Delivery Unit and services.

Enabling clinical leadership at every level is key to safe, quality care (Kings Fund, 2015) ensures activities that promote positive cultures in order to enhance outcomes. It is essential that individual and collective roles and responsibilities related to quality and patient safety are explicit, in order to ensure that quality and patient safety are maintained at the heart of all of the health board activities, wherever they are undertaken. Every individual from ward to Board has a role in quality and patient safety:

**Responsibility & Accountability – Departments & Units**

**Directorate, Locality and Service Managers:**

- Securing senior management commitment to quality and patient safety, expressed through planning, resource allocation and the establishment of a robust local quality and patient safety governance framework structure;
- Via clinical and non-clinical teams, delivery of high quality, safe service;
- Ensuring service delivery areas commit the resources (staff, time, knowledge, skills expertise, services, data, and equipment) necessary to meet its obligations
- Continuous quality improvement based on triangulated data;
- Adherence to established current, contemporaneous policies and protocols supporting quality care delivery;

Ensure the support and interventions offered through education, training, learning and organisational development initiatives are readily available to individuals and teams to support improvement and build resilience.

**Dept/Unit Patient Care & Safety Team;**

- Assist in identifying department/unit wide themes and trends generated through soft intelligence, listening to patients, staff and other stakeholders, triangulating with exception reporting and other datasets to enable the health board to adopt an integrated risk management approach to cross cutting issues and concerns;
- Work in collaboration with other departments, Service Delivery Unit and services with the aim of achieving high quality safe care delivery;
- Focus on being open, using duty of candour to support local and department/unit wide learning for quality improvement;
- Constructively challenge and support to ensure that quality and safety are embedded at all points of the patient pathway, including through the provision of data that is meaningful, can be triangulated and focusses on the metrics most useful to the services being provided;
- Proactively support and enable clinical teams to identify the root causes when things go wrong and to articulate the learning and quality improvements that can result;
- Lead and support the management of complex issues related to Putting Things Right including serious incidents, redress, clinical negligence; the interface with HM Coroner and the Public Services Ombudsman (PSOW) for Wales, Healthcare Inspectorate Wales (HIW) and other external regulators;
- Support department/unit wide reporting to the Quality & Safety Committee and the Quality and Safety sub-committee related to all quality and patient safety;
- Use the findings and recommendations of external reviews to shape the way in which teams can be supported to deliver high quality, safe care.

### 3.1.3 Phase 3

**03** — **Quality & Safety Governance Group**

To enable the Quality and Safety Committee to fulfil its terms of reference, discharge its functions and assert the level of scrutiny required to gain assurance in relation to the Health Board's opportunity to deliver safe care, the Quality and Safety Governance Group (QSGG) acts as the first layer of corporate oversight, which exists to provide appropriate oversight to the devolved Service Delivery Units own quality and safety meetings, together with other formed groups and sub committees.

The QSGG is formally constituted and has its own terms of reference. The QSGG meets on a monthly basis and reports directly to the Quality and Safety Committee each month on key information relating to quality and safety performance, and/or escalation where required. The QSGG annual work plan will ensure that all devolved Service Delivery Unit's Quality and Safety Groups, and all other appropriate sub-groups under the portfolio of the Director of Nursing and Patient Experience, Director of Therapies & Health Sciences, and Executive Medical Director, and the Director of Governance, report to QSGG at set intervals over the 12 month financial year period. Service Delivery Unit Quality and Safety Groups will report monthly by exception to the QSGG to ensure all agendas and focus are addressing the quality and safety priorities set within the clinical services plan and/or where focus/improvement is required based on real-time business intelligence and information.

A full list of groups that report to QSGG and the frequency of reporting is outlined in **appendix 1** (Quality and Safety Governance Group Reporting Structures).

Currently (November 2019), a consultation exercise (Strengthening our Structures), is considering changes to the Health Board structure, including Executive Director portfolios. The outcome of the consultation in 2020 is likely to change the Executive Director portfolios and therefore the lines of responsibility for certain areas of Quality and Safety. A revised list of groups and reporting responsibilities will be drafted when any changes are enacted.

## Quality & Safety Improvement Hub (Q&S iHub)

The development of a Quality & Safety Improvement Hub (Q&S iHub) will start during 2020. The primary function of the Q&S iHub, which will sit within the Corporate Nursing Directorate, will be to ensure the triangulation of information and data relating to quality and safety. The iHub will improve the triangulation and connectivity of matters relating to quality and safety and will provide the Health Board with the additional capability to identify potential risks to the organisation at earlier opportunities, aside of formal reporting, and take timely action.

The iHub will provide improved capacity and ability to understand and interpret all collected data more meaningfully, so that more informed decisions can be made regarding service provision and risk mitigation.

Improved monitoring and understanding of the business will also improve the Health Board's ability to commission board wide QI initiatives, which ensures learning from Concerns and business intelligence is a primary driver for organisational QI work.

Whilst there are a number of resources within the Health Board to support staff to engage in Quality Improvement, these are currently distributed across a number of sites and lines of organisational reporting. Current processes do not therefore naturally align QI with organisational priorities based on system data and intelligence.

The ability to identify and disseminate areas of excellence will also be a key shift in the Health Board's approach to delivering quality care.

The Q&S iHub will lead, co-ordinate and manage the quality governance framework, including the Annual Quality Statement, the Board's annual self-assessment against the Health and Care Standards.

The iHub will be responsible for the administration and facilitation of the Quality and Safety Governance Groups functions.

## Responsibilities

### Quality & Safety Governance Group

- Monitor the implementation of the quality and safety process framework, ensuring a cohesion with corporate quality objectives defined in the Annual Quality Report;
- Monitor the quality of care and any associated Health Board wide risks i.e. safety, outcomes and patient experience, by receiving as a minimum quarterly reports from sub-groups/annual reports;
- Monitor the implementation of plans to improve the safety, quality, effectiveness and efficiency of services, via receiving work plans/progress against work plans for all sub-groups;

- Ensure systematic sharing of information and support learning from serious incidents, feedback and other forms of quality intelligence;
- Monitor performance and achievements against Health and Care Standards, via quarterly reports. The Group will look for evidence that risks to compliance have been assessed and that appropriate actions are in place to address identified gaps/concerns;
- Review and respond to reports from the subgroups and monitor their achievement of agreed objectives and agreed actions to mitigate risks ensuring where relevant risks are entered on the Health Board Risk Register;
- Ensure that the Health Board operates in compliance with Health Inspectorate Wales regulations;
- Monitor progress against external and internal assurance reports and action plans, in relation to clinical governance, resulting from improvement reviews/notices from the Health Inspectorate Wales and other external assessors;
- Monitor the Health Board compliance with those licensing standards that are relevant to the Quality & Safety Committee's area of responsibility, in order to provide relevant assurance to the Board so that the Board may approve the Health Board's annual declaration of compliance within the Annual Governance statement;
- To review high risk cases (e.g. Serious Incident or high risk complaint) and any other serious issues, provide scrutiny and oversee responses and action plans;
- To advise the Quality and Safety Committee of significant risk or governance issues and action that needs to be taken to improve performance results;
- To receive and review written monthly exception reports from Unit/Corporate governance leads (e.g. patient experience lead) about directorate performance and any issues that need to be addressed. This includes:-

    i. Reports of incidents, complaints, claims, coroner's inquests or other adverse events to ensure that trends are identified and appropriate action is being taken to manage the event and to prevent recurrence
    ii. Infection prevention and control performance i.e. MRSA data, Clostridium difficile data, Root Cause Analysis reports
    iii. Safeguarding Reports
    iv. To receive and review reports of external visits, accreditations and inspections on services and ensure that recommended actions are implemented
    v. To receive and review the findings from the Health Inspectorate Wales Reports, Community Health Council visits, Regulatory Inspections, ensuring action plans are implemented to address any significant issues and disseminate learning across the organisation

- Delegated authority to review and approve procedural documents, strategies, policies, protocols and procedures;
- Review root cause analyses for serious incidents for assurance of a robust and comprehensive investigation, identification of appropriate risk reduction actions and risk assessment (where relevant) prior to onward reporting to the Quality and Safety Committee;
- Oversee the implementation of the metrics and dashboards to monitor quality and safety at different levels of the organisation and across all sub groups in terms of clinical outcomes, patient safety, effectiveness and experience, and expected levels of performance;
- Develop, scrutinise and review the systems in place to monitor, audit and improve the quality of care delivered to patients and that relevant risks or shortfalls are identified, understood and mitigated;
- Monitor the programme of work in relation to the Welsh Government Health and Care Standards framework to ensure that services are meeting their responsibilities in terms of compliance and reporting;
- Ensure all statutory elements of clinical governance are adhered to within the Health Board;

- Approve the Health Board Annual Quality Statement before submission to the Quality & Safety Committee and the Board;
- To receive exception reports from all reporting sub groups – **See Appendix 1 for full list** - and oversee the work of those sub groups to ensure they are fulfilling the objectives of their respective terms of reference;
- Approve the Terms of Reference and membership of its reporting subgroups;
- To consider matters referred from the Quality & Safety Committee;
- Promote within the Health Board a culture of open and honest reporting of any situation that may threaten the quality of patient care in accordance with the Health Board's policy on reporting issues of concern and monitoring the implementation of that policy;
- Monitor the Health Board's compliance with those licensing standards that are relevant to the Quality & Safety Committee's area of responsibility, in order to provide relevant assurance to the Board so that the Board may approve the Health Board's annual declaration of compliance within the Annual Governance statement;
- Direct Directorates/Units and/or Corporate functions to take specific corrective actions to ensure safety and quality is maintained;
- To receive and provide reports to and from the Risk Management Department Committee by exception to ensure connectively;
- To ensure implementation of the National Patient Safety Agency reporting system;
- To assure there are processes in place to safeguard children and adults within the Health Board;
- To escalate to the Executive Team and/or the Quality & Safety Committee any identified unresolved risks arising that require executive action or that pose significant threats to the operation, resources or reputation of the Health Board;
- Agree the annual patient experience plan and monitor progress;
- Ensure the Health Board has reliable, real time, up-to-date information about patient experience as to identify areas for improvement and ensure that these improvements are effected;
- To identify areas for improvement in respect of incident themes and complaint themes from the results of National Patient Survey / PALS and ensure appropriate action is taken;
- To monitor trends in complaints received by the Health Board and commission actions in response to adverse trends where appropriate;
- To agree the Annual Quality statement and monitor progress;
- Ensure care is based on evidence of best practice/national guidance;
- Ensure appropriate processes are in place to monitor and promote compliance across the Health Board with clinical standards and guidelines including but not limited to NICE guidance and guidelines and radiation use and protection regulations (IR(ME)R);
- To ensure the implementation of all new procedures and technologies according to Health Board policies;
- To review the implications of Confidential Enquiry Reports for the Health Board and to endorse, approve and monitor the internal action plans arising from them;
- To ensure that there is an appropriate mechanism in place for action to be taken in response to the results of clinical audit and the recommendations of any relevant external reports;
- To oversee the processes within the Health Board to ensure that appropriate action is taken in response to adverse clinical incidents, complaints and litigation and that examples of good practice are disseminated within the Health Board and beyond if appropriate;
- To ensure that where practice is of high quality, that practice is recognised and propagated across the Health Board;
- To ensure the Health Board is outward-looking and incorporates the recommendations from external bodies into practice with mechanisms to monitor their delivery;
- To submit reports for approval to the Quality and Safety Committee on:

- The Annual Quality Statement
- The Quality & Safety Governance Group's terms of reference, which are to be reviewed on an annual basis
- Policy and procedural documents relating to quality & safety matters.
- The Quality & Safety Annual Improvement plan including progress updates

## 3.4 Phase 4

**04** — **Quality & Safety Committee**

The Quality & Safety Committee is the main assurance mechanism for reporting evidence based and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities with regard to the quality and safety of healthcare. It is responsible for providing assurance to the Board in relation to the arrangements for safeguarding and improving the quality and safety of patient centered healthcare in accordance with its stated objectives and the requirements and standards determined for the NHS in Wales. The Committee meet on a monthly basis.

The purpose of the Quality and Safety Committee is to provide:

- Evidence based and timely advice to the board to assist it in discharging its functions and meeting its responsibilities with regard to the quality and safety of healthcare; and

- Assurance to the board in relation to the Health Board's arrangements for safeguarding and improving the quality and safety of patient centred healthcare in accordance with its stated objectives and the requirements and standards determined for the NHS in Wales.

The committee will, in respect of its provision of advice to the board:

- Oversee the initial development of the Health Board's strategies and plans for the development and delivery of high quality and safe services, consistent with the board's overall strategic direction and any requirements and standards set for NHS bodies in Wales
- Consider the implications for quality and safety arising from the development of the health board's corporate strategies and plans or those of its stakeholders and partners, including those arising from any joint (sub) committees of the board; and
- Consider the implications for the Health Board's quality and safety arrangements from review/investigation reports and actions arising from the work of external regulators.

The committee will, in respect of its assurance role, seek assurances that governance (including risk management) arrangements are appropriately designed and operating effectively to ensure the provision of high quality, safe healthcare and services across the whole of the health board's activities.

To achieve this, the committee's programme of work will be designed to ensure that, in relation to all aspects of quality and safety:

- There is clear, consistent strategic direction, strong leadership and transparent lines of accountability;

- The organisation, at all levels (locality/directorate/clinical team) has a citizen centred approach, putting patients, patient safety and safeguarding above all other considerations;
- The care planned or provided across the breadth of the organisation's functions (including locality/directorate/ clinical team and those provided by the independent or third sector) is consistently applied, based on sound evidence, clinically effective and meeting agreed standards;
- The organisation, at all levels (locality/directorate/clinical team), has the right systems and processes in place to deliver, from a patient's perspective - efficient, effective, timely and safe services;
- The workforce is appropriately selected, trained, supported and responsive to the needs of the service, ensuring that professional standards and registration/revalidation requirements are maintained;
- There is an ethos of continual quality improvement and regular methods of updating the workforce in the skills needed to demonstrate quality improvement throughout the organisation;
- There is good team working, collaboration and partnership working to provide the best possible outcomes for its citizens;
- Clinical risks are actively identified and robustly managed at all levels of the organisation;
- Decisions are based upon valid, accurate, complete and timely data and information;
- There is continuous improvement in the standard of quality and safety across the whole organisation – continuously monitored through the Health and Care Standards for Wales;

- All reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the quality and safety of care provided, and in particular that:

  - Sources of internal assurance are reliable, e.g., internal audit and clinical audit teams have the capacity and capability to deliver;
  - Recommendations made by internal and external reviewers are considered and acted upon on a timely basis; and
  - Lessons are learned from patient safety incidents, complaints and claims.

The committee advises the board on the adoption of a set of key indicators of quality of care against which the health board's performance is regularly assessed and reported on through annual reports.

Each meeting begins with a patient story and a presentation on governance and performance management arrangements from a Service Delivery Unit team. The committee receives reports from internal and external audit and Health Inspectorate Wales (HIW), each of these organisations has representatives who attend meetings of the committee.

Where reports have identified concerns or deficiencies, action plans are produced to address the issues, progress upon which is reported through the Quality & Safety Committee. Following each meeting, a report on key issues is produced which is submitted to the bi-monthly meeting of the Health Board to keep it appraised of the topics that have been considered. The Quality & Safety Committee agenda papers are available following each meeting via our website.

This scope and quality of assurance provided to the Committee, and therefore the Board, is comprehensive and robust and Directorates, Service Delivery Unit and services are equally represented at the Committee meetings to provide assurance.

| Responsibilities |
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**As delegated by the Board Chair to Independent Members of the Quality & Safety Committee**

All Board members have a responsibility for creating a quality culture within the organisation and Independent Members of the Board are required to scrutinise performance related to quality and patient safety. The Welsh Government states that the Board has 'a crucial, almost critical role in overseeing the aggregated risk accumulated across the organisation'. In terms of quality, Board members are committed to 'ensuring that all staff understand their role in the effective and high-quality provision of care in a governance framework that ensures a balance between trust, constructive debate and effective challenge in a culture of openness and learning'. Board members also need to fulfil the requirements of Putting Things Right, in relation to being open, transparent and embrace the duty of candour. The Vice Chair plays an active leadership role in overseeing the quality and safety work of the Board, but overall responsibility and accountability is that of the Board's via the Board Chair and Chief Executive.

**As delegated by the Chief Executive Officer to Directors (Current arrangements 2019/2020)**

Executive leads are held to account for their portfolios by the Chief Executive Officer and scrutinised for assurance purposes by the Independent Members of the Board which maximises the capacity for strong clinical leadership, advocating quality and patient safety at every opportunity:

- Executive Director of Nursing, Midwifery and Patient Services has delegated responsibility for the overall strategic direction and policy implementation in relation to Putting Things Right;
- Medical Director has responsibility for clinical effectiveness and quality improvement;
- Director of Therapies and Health Sciences has responsibility for ensuring that all HCPC registered staff are fit for purpose to ensure the provision of high quality safe therapeutic intervention;
- Director of Public Health has responsibility for public and population health, ensuring the experience of communities and populations influences the way in which healthcare services are resourced, designed and delivered, focusing on equity;
- Director of Finance has the responsibility to ensure that resources are used to best effect to enable compliance with legislative requirements e.g. the Nurse Staffing Levels (Wales) Act 2016, along with the resource allocation for the provision of safe care and treatment to all cared for by the health board, along with NHS funded care in the independent sector;
- Director of Workforce and Organisational Development has the responsibility for workforce planning and development, developing sustainable workforce to deliver quality and patient safety;
- Director of Planning and Performance has responsibility for ensuring strategic planning is predicated upon quality and patient safety and that the measurement of performance is predicated upon quality;
- Director of Primary Care, Community and Mental Health has responsibility for enabling the delivery of safe services to the population in communities across a range of NHS and independent sector primary, community and mental health services;
- Chief Operating Officer has responsibility for the delivery of safe and effective services across the range of acute services including medicine, surgery, A&E, critical care, theatres, diagnostics and therapies

Directors and their teams are fully expected to fulfil the requirements of "Putting Things Right", in relation to being open, transparent and embrace the duty of candour.

**Individual members of staff**

At all times, put quality and patient safety at the heart of all activity, embodying the NHS Wales Core Principles, adhering to regulatory Codes of Conduct or Voluntary Code of Conduct and Putting Things Right, in relation to 'Being Open'. Staff can raise concerns anonymously if preferred, using the relevant all Wales and health board policies.

**NHS Wales National Quality and Safety Forum**

The Director of Nursing & Patient Experience provides assurance on SBUHB's performance in relation to quality and safety through attendance at the NHS Wales National Quality & Safety Forum which brings together senior leaders from across NHS Wales to share what they have learned on quality and safety. Its aim is to promote and improve quality and safety both nationally and locally. The forum meets quarterly and NHS Health Boards and Trusts and other key stakeholders are represented. The Forum has a key role in monitoring the implementation of the Quality Delivery Plan.

## 3.2 ESCALATION

Quality and patient safety is everyone's business, as a minimum, the Health Board must ensure the conditions exist for the provision of safe care. Escalation (bringing an issue of concern to the attention of more senior staff as a result of an increase in the intensity or seriousness of something) may be required as a result of a single event, the absence of an event or because of an emerging theme or trend (the importance of accurate data and robust analysis cannot be overemphasised). With regard to the former, the application of immediate failsafe's and subsequent management will inform the most appropriate route of escalation and in some instances, for example, serious untoward incidents, will be directly to the Executive Management Team and/or to Board. Where indicated, escalation to Welsh Government is undertaken via serious incident reporting and a "no surprises" rule is adopted.

Therefore, escalation can occur at any time, is not constrained by any factor and can be undertaken by the individual with the most information about the reason for escalation. The diagram below illustrates the way in which escalation related to concerns about quality and patient safety can be undertaken within the Health Board.

It is expected that the reasons for escalation are documented in a transparent and open manner, are reported via established mechanisms and receive the required level of scrutiny to support the provision of safe care. For instance, an issue identified via exception reporting should be easily identifiable along with the actions being taken to mitigate it.

The issue may require more in-depth discussion as a standalone agenda item if the senior leadership team or Committee members identify the need to do so. All identified risks should be registered on the appropriate risk register/s and be managed in line with established risk management processes.

## 3.3 MONITORING DELIVERY OF THE FRAMEWORK

Progress against this framework will be monitored by the Quality and Safety Governance Group and annual updates will be provided to the Board and the Quality & Safety Committee through the Annual Quality Statement and the Annual Plan.

## 3.4 FURTHER INFORMATION AND GUIDANCE

Further information and guidance on the quality and safety assurance framework can be obtained by contacting the Corporate Nursing Quality & Safety Team at HQ.

**Appendix 1 – Health Board Quality & Safety Governance Reporting Structure**

(Under development November 2019)

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        │ Senior       ├─────────────┤
        │ Leadership   │             │
        │ Team         │             │
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| Service Delivery Units - Quality & Safety Morriston/ Singleton/Neath Port Talbot/Primary Care & Community/ Mental Health & Learning Disabilities | Director of Nursing & Patient Experience **Under Development** | Director of Therapies and Health Sciences **Under Development** | Medical Director **Under Development** | Director of Governance **Under Development** |