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Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>12 December 2019</b>	<b>Agenda Item</b>	<b>5.2</b>
<b>Report Title</b>	<b>Quality &amp; Safety Framework and Sub-Group Update</b>		
<b>Report Author</b>	Lee Joseph		
<b>Report Sponsor</b>	Gareth Howells, Director of Nursing & Patient Experience		
<b>Presented by</b>	Lee Joseph and Cathy Dowling, Deputy Director of Nursing & Patient experience		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	The purpose of the report is to provide an update on the development of the Health Board's Quality and Safety Framework and the Quality and Safety Sub-groups terms of reference, and to seek the Committee's ratification on both documents.		
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>• Further development of the Quality &amp; Safety Framework following feedback which is now named the 'Quality and Safety Process Framework', and not the 'Assurance Framework' as previously presented</li> <li>• Finalisation of the Committee's Q&amp;S sub-group's terms of reference. This includes a change in title to the Q&amp;S Governance Group (QSGG), and not the Q&amp;S Assurance Group as previously presented</li> <li>• Ratification of the framework and QSGG terms of reference</li> <li>• The introduction of a '4 (Four Phases of Quality)' concept to quality and safety within the framework</li> <li>• Seek support for a re-launch of Q&amp;S Framework early in the new year</li> </ul>		
<b>Specific Action Required (please choose one only)</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>RECIEVE</b> update and presentation on the development of the Q&amp;S Framework and revised QSGG TOR</li> <li>• <b>DISCUSS</b> the final draft Quality and Safety Process Framework and revised QSGG terms of reference</li> <li>• <b>APPROVE AND RATIFY</b> the final draft framework and TOR</li> </ul>		

	<ul style="list-style-type: none"> <li>• <b>AGREE</b> frequency of update reporting on framework implementation plan to committee</li> </ul>
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## **QUALITY & SAFETY ASSURANCE GROUP**

### **1. INTRODUCTION**

The purpose of the report is to request the Quality & Safety Committee consider and approve the revised Quality & Safety Process Framework, and the Quality and Safety Governance Group's terms of reference.

### **2. BACKGROUND**

#### **2.1 Quality Governance Review**

In February 2019, acknowledging that there were several aspects of quality governance that required strengthening throughout the organisation, the development of the then 'Quality and Patient Safety Governance Framework' commenced.

In April 2019 a baseline assessment of quality governance processes was undertaken, where it became clear that there were a number of approaches to quality and patient safety being adopted throughout the organisation, with variation and some lack of clarity in relation to roles, responsibilities, lines of accountability and reporting.

A 'Quality and Safety Assurance Framework' was developed through an iterative process including the previous Quality and Safety Forum, executive team and conversations with a broad range of stakeholders including external partners, clinicians, leaders and managers.

The Q&S Assurance Framework was presented to the SLT and the Q&S Committee in August and October 2019. At the same time, the Q&S Forum was renamed to the Q&S Assurance Group to reflect the assurance aspect of the framework. A new terms of reference for the group was also presented to the SLT and the Committee in August and October.

Following presentation of both documents, internal audit commented that the framework and the TOR did not bring clarity surrounding roles and responsibilities regarding Q&S across the organisation, and that the new framework contradicted the Board Assurance Framework with regards to organisational lines of defence.

A further review of the documents was undertaken and a concentrated consultation with the Chair of the Q&S Committee, Director of Governance, (former) Head of Internal Audit and Medical Director was undertaken. The outcome of the consultation was clarity that the Q&S Framework needed to describe how the Health Board manages matters of Q&S throughout the organisation, and not focus on 'Assurance', which is the responsibility of the Q&S Committee on behalf of the board. This clarity identified the need to drop the use of the word assurance from both the framework and the Sub-

groups title, and presented an opportunity to better describe how Q&S works at a more practical level across the organisation.

The subsequent publications of the HIW/WAO review at Cwm Taff Morgannwg UHB (November, 2019), and the most recent Welsh Government draft 5 year plan, 'Strengthening Health and Care Quality and Safety in Wales' (December, 2019), have also provided timely opportunities to self-assess and bench mark against each document to ensure the new framework is fit for purpose and future proof.

This work is now complete and a number of key changes have been made to the framework since it was last presented;

### **2.3 Quality & Safety Governance Group (Formally Assurance Group)**

It is now proposed that the group will be formally known as the **Quality & Safety Governance Group (QSGG)** from January 2020. Amended Terms of Reference (TOR) for the new QSGG can be seen in **appendix 1**.

The current governance reporting structures relating to Quality & Safety from Service Delivery Unit level through to Board are outlined at the end of appendix 1. Each of portfolios for the Directors who currently have reporting responsibility through Q&S is being developed and will be presented to Q&S Committee early in the New Year. This future document will detail all of the sub-groups and working parties under each Director and how often they report. It should however be noted that the outcome of the ongoing consultation 'Strengthening Our Structures' in 2020, may alter the lines of responsibility under each Executive Director.

A 2020/21 QSGG business plan, which will detail the Q&S reporting cycle for all sub-groups is also currently in development and will be presented to Q&S Committee early in the New Year.

### **2.2 Quality & Safety Process Framework**

The revised framework will be renamed the '**Quality and Safety Process Framework**'. The change in title is to ensure a clear distinction between the purpose of the framework and 'assurance', a board delegated responsibility of the Q&S Committee. The revised framework can be seen in **appendix 2**.

Other changes:

Pages 1 – 23 have been reorganised to make the document flow better i.e. 'purpose of the framework' has been brought to the front of the document to give more clear intention. Some things have been removed where the message was considered repetitive.

Pages 24 onwards has been revamped to reflect a new '4 (Four Phases of Quality)' concept;

- **Phase 1** Organisational Strategy / Clinical Services Plan / Co-Production / Duty of Quality
- **Phase 2** Service Delivery Unit Quality and Safety Groups / Working and Sub-Groups
- **Phase 3** Quality and Safety Governance Group

- **Phase 4** Quality and Safety Committee

The framework provides a brief overview of the new concept followed by graphics to illustrate. There are then 4 distinct sections setting out how each phase contributes to the Q&S agenda.

### 3. GOVERNANCE AND RISK ISSUES

The Quality & Safety Process Framework forms part of the Health Board's response to the recommendations made by the Wales Audit Office (WAO) structured assessment and whilst it is aimed at strengthening the Health Board's internal processes in relation to quality and patient safety, the principles that underpin it apply to those from whom the Health Board commissions services. It is predicated on listening to patients and their relatives, staff and stakeholders, all of whom have a strong interest in ensuring the health board is optimally positioned to provide high quality, safe care.

### 4. FINANCIAL IMPLICATIONS

There are no direct financial implication arising from this report.

### 5. RECOMMENDATION

Members are asked to:

- **DISCUSS** the final draft Quality and Safety Process Framework and revised QSGG terms of reference
- **APPROVE** the final draft framework and TOR

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		

The Quality and Safety Governance Group will provide a consultative forum to discuss and monitor the implementation of the SBUHB's Quality & Safety Process Framework including management arrangements. The group carries out its duties as a Sub-group of the Committee in reviewing systems of control and governance specifically in relation to clinical quality and safety.	
<b>Financial Implications</b>	
There are no direct financial implications to highlight.	
<b>Legal Implications (including equality and diversity assessment)</b>	
<ul style="list-style-type: none"> <li>Any concerns raised from service user feedback are managed in accordance with the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 evidence.</li> <li>The Parliamentary Review of Health and Social care in Wales (2018), Welsh Government. Health and Care Standards, Health Inspectorate Wales, in particular the quality of the patient experience; the delivery of safe and effective care; and the quality of management and leadership.</li> <li>A Review Of Concerns (Complaints) Handling In NHS Wales "Using the Gift of Complaints" Keith Evans, June 2014 Improving Lives Together in Wales <a href="http://www.1000livesplus.wales.nhs.uk/iqt">http://www.1000livesplus.wales.nhs.uk/iqt</a></li> </ul>	
<b>Staffing Implications</b>	
There are no specific staffing implications identified.	
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>	
This report will help inform the development of the annual quality statement.	
<b>Report History</b>	-
<b>Appendices</b>	<b>Appendix 1</b> Quality and Safety Governance Group draft terms of reference <b>Appendix 2</b> Quality and Safety Process Framework