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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	25 February 2020	Agenda Item	3.2
Report Title	A review of quality governance arrangements at Cwm Taf Morgannwg University Health Board		
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Report Sponsor	Pam Wenger, Director of Corporate Governance		
Presented by	Hazel Lloyd, Head of Patient Experience, Risk & Legal Services		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide an update on the Joint Review undertaken by Healthcare Inspectorate Wales and the Wales Audit Office of Quality Governance arrangements at Cwm Taf Morgannwg UHB.		
Key Issues	<p>The overarching objective of the Joint Review arrangements at Cwm Taf Morgannwg UHB was to examine whether Cwm Taf Morgannwg University Health Board's governance arrangements supported the delivery of high quality, safe and effective services.</p> <p>The findings are grouped under the following themes:</p> <ul style="list-style-type: none"> • Strategic focus on quality, patient safety and risk • Leadership of quality and patient safety • Organisational scrutiny of quality and patient safety • Directorate arrangements for quality and patient safety • Identification and management of risk • Management of concerns • Organisational culture and learning <p>To gain assurance on the robustness of quality governance arrangements across all NHS bodies Welsh Government requested Health Boards to undertake a self-assessment against the recommendations by January 2020 and provide a current level of assurance and outline any action required.</p> <p>The Health Board submission was considered by the Executive Board and scrutiny and challenge was undertaken by the Chairs Advisory Group in December and reported to Board in January 2020. The final submission is attached as Appendix 1.</p>		
Specific Action Required (please choose one only)	Information	Discussion	Assurance
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			Approval
			<input type="checkbox"/>

Recommendations	<p>Members are asked to :</p> <ul style="list-style-type: none"> • NOTE the report and to RECEIVE the final self-assessment of the Swansea Bay UHB position; and • AGREE the process for reviewing progress against the action plan as detailed in this report.
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A REVIEW OF QUALITY GOVERNANCE ARRANGEMENTS AT CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

1. INTRODUCTION

The purpose of this report is to provide an update on the Joint Review undertaken by Healthcare Inspectorate Wales and the Wales Audit Office of Quality Governance arrangements in Cwm Taf Morgannwg UHB, and to outline key areas which SBUHB should take forward in 2020.

2. BACKGROUND

The overarching objective of the WAO/HIW Joint Review into Quality Governance arrangements at Cwm Taf Morgannwg UHB was to examine whether Cwm Taf Morgannwg University Health Board's governance arrangements supported the delivery of high quality, safe and effective services.

The review examined the Health Board's overall corporate arrangements for quality governance, together with the quality governance arrangements within the surgical services directorate. The work focused predominantly on the Prince Charles and Royal Glamorgan Hospital sites and involved:

- Interviews with a range of independent members, executives, corporate and surgical directorate staff
- Drop in sessions with staff working within surgical directorate and emergency departments within Prince Charles and Royal Glamorgan Hospitals
- Observations of key meetings and committees
- Review of documentation in relation to quality governance
- Survey of staff working within surgery, theatres and emergency departments across the Health Board

The findings are grouped under the following themes:

- Strategic focus on quality, patient safety and risk
- Leadership of quality and patient safety
- Organisational scrutiny of quality and patient safety
- Directorate arrangements for quality and patient safety
- Identification and management of risk
- Management of concerns
- Organisational culture and learning

3. GOVERNANCE AND RISK ISSUES

Following publication of the Healthcare Inspectorate Wales and the Wales Audit Office report titled '*A review of quality governance arrangements at Cwm Taf Morgannwg University Health Board*', the Minister for Health and Social Services has requested that all health boards and NHS Trusts in Wales assess themselves against the recommendations of the review and provide plans for future review of their arrangements and/or the necessary action to be undertaken. The self-assessment should include a narrative of current arrangements and the current level of assurance: *high, medium or low*.

SBUHB is working to the following definition of quality: care that is effective, safe, provides as positive an experience as possible, efficient, timely and equitable. This definition lies at the heart of our Quality and Safety Framework and aims to unite the ambitions and motivations of staff with the needs of patients and the expectations of the public.

SBUHB is committed to strengthening and developing quality and patient safety. Through implementation of the Quality & Safety Framework we are aiming to achieve:

- A consistent approach to quality
- Continuous improvement of patient care and clinical outcomes
- A reduction in concerns, as well as a commitment to learn from mistakes and share the learning across the Health Board
- Assurance that the Health Board is well managed and compliant with regulatory requirements; and
- An engaged, sustainable and skilled workforce, which aims to provide excellent quality care.

Swansea Bay UHB response was considered by the Executive Board in December and scrutiny was undertaken of the draft response at the Chairs Advisory Group in December and then reported to the Board in January 2020. The final response has been incorporated into an action plan, attached as **Appendix 1**. It is proposed that the Quality and Safety Committee will monitor compliance against the action plan with regular updates and oversight provided as part of the Governance Work Programme.

As detailed in the action plan some of the timescales for progress are not yet due, therefore the next update to the Committee will reflect the progress as at end of February. Where there are progress against some actions, these have been highlighted in red text.

The high level summary of our assessment, broadly aligned to the groupings of the recommendations in the report is as follows:

1. Strategic focus on quality, patient safety and risk

In February 2019, acknowledging that there were several aspects of quality governance that required strengthening throughout the organisation, the development of the Quality and Safety Framework commenced. This has been an iterative process, including the quality and safety governance group and continuing conversations with a broad range of stakeholders including external partners, clinicians, Board Members and managers. The Framework will be in place by April 2020.

As part of the 2019 – 2021 integrated medium term planning cycle, the emphasis on quality and patient safety has been substantially strengthened in the Health Board's Annual plan. Additionally, more robust assessment criteria specifically relating to quality have been developed for individual unit plans. The assessment criteria require identification of the resources required to effectively discharge the functions of quality and patient safety.

2. Leadership of quality and patient safety

Responsibility for quality and patient safety is a shared responsibility between the Director of Nursing, Medical Director and Director of Therapies and Health Sciences.

The Quality and Safety Framework has been developed outlining the vision for managing quality and safety, and providing clarity on the roles of the Executive Clinical Directors.

3. Organisational scrutiny of quality and patient safety

The role and function of the Quality and Safety Committee are clearly defined within its terms of reference, which are updated annually. The Board operates in an open and transparent way. Through the appointment of strong independent members there is good challenge and scrutiny at Board and Committee meetings, which has been observed by Wales Audit Office. The 'draft' structured assessment report confirms the following:

- **Quality and Safety Committee:** operation matured, agenda structure revised and Chair proactive in seeking good practice and learning from others; recent quality improvement event to determine priorities and information requirements; self-evaluation deferred due to membership changes; and frequency of meetings is under review with consideration of whether the timing of business and assurance flows supports a move to monthly meetings

All new Independent Members are required to attend the two-day NHS Induction. To supplement these arrangements, the Health Board has put in place a local induction pack for Independent Members to support them in their role. These arrangements are developing as a result of feedback from Independent Members.

4. Arrangements for quality and patient safety at directorate level

Each Unit has a Director of Nursing who chairs the Unit Quality and Safety Group. They are professionally accountable to the Director of Nursing and Patient Experience.

The governance structure for quality & safety has been reviewed as part of the Quality and Safety Framework. This review will included a review of the terms of reference, accountability, reporting requirements and application of common standards to ensure consistency across the organisation.

5. Identification and management of risk

A key priority for the Health Board this year has been to refresh the approach to Risk Management. Significant work has been undertaken in the year to review the Health Board system of risk management including the establishment of a Risk Management Group. The Health Board has implemented a clear risk management process with appropriate escalation through to Board Committees, and a lead executive director is responsible for the management of each of the risks. The latest version of the Health Board risk register was considered at the Board in November with a regular review of the risks now being used to develop agendas for board committees.

The Board has also made good progress in the development of a Board Assurance Framework, which will be implemented from April 2020. The Wales Audit Office structured assessment report has noted the maturity of the Health Board's risk management arrangements.

6. Management of incidents, concerns and complaints

The Health Board has undertaken a significant amount of improvement work within our serious incident approach, following work with the Delivery Unit in 2018. A follow up review report from the Delivery Unit concluded that there had been a significant improvement and the Health Board had been de-escalated in terms of targeted support for the management of Serious Incidents across the Health Board. Every Serious Incident provides an opportunity for learning and improvement.

The Health Board has been instrumental in supporting the Once for Wales project. We are the only Health Board (HB) in Wales to have DATIX reference site status.

In 2018 and 2019 the Health Board held learning events in the Units focusing on Serious Incident's, Never Events, Health Inspectorate Wales reports and themes and trends. The Once for Wales Project will significantly help Health Boards once the incident module is up and running in approx. 18 – 24 months, as it has in-built artificial intelligence to highlight themes/trends as opposed to us searching and running reports looking for themes and trends.

The Risk Management group meets quarterly and have oversight and governance of DATIX and risk management processes, which ensures they are used as an effective management

and learning tool. Oversight and scrutiny of the risk management system and process is undertaken by the Audit Committee.

7. Organisational culture and learning

Swansea Bay has an established Values & Behaviours framework in place, which was developed in partnership with staff and service users. A comprehensive integration programme is in place to continuously embed our values into working practices. Our values are fully embedded into our learning and education programmes, from induction through all leadership and management development activities, our Wellbeing Champions networks and values-based Personal Appraisal Development Reviews.

In response to the results of the staff survey, we also launched 'The Guardian Service' in May 2019 as an external, independent service in which staff are able to raise concerns or risks in the workplace. All staff recognition, awards and celebration events are underpinned by our values, and a new Staff Award Ceremony, 'Living our Values' Awards will be relaunched during 2020.

4. FINANCIAL IMPLICATIONS

There are no direct financial implications arising from this report.

5. RECOMMENDATIONS

Members are asked to:

- **NOTE** the report and to **RECEIVE** the action plan developed from the self-assessment of the Swansea Bay UHB position; and
- **AGREE** the to the Quality & Safety Committee monitoring compliance with the action plan.

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 type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input 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 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		
SBUHB's Annual Plan 2019-2020 includes a specific strategic objective on "Best Value Outcomes from High Quality Care" (page 27). The SBUHB draft Quality & Safety Assurance Framework outlines the expectations for directorates in relation to quality & patient safety.		
Financial Implications		
There are no direct financial implications arising from this report.		
Legal Implications (including equality and diversity assessment)		
<p>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").</p> <p>Through the development of the new Health and Social Care (Quality and Engagement) (Wales) Bill with its emphasis on quality, the Welsh Government also has an opportunity to consider its role in monitoring the effectiveness of NHS bodies in relation to quality and patient safety.</p>		
Staffing Implications		
A Quality and Safety Assurance framework has been developed outlining the vision for managing quality & safety, and providing clarity on the role of the Medical Director and Clinical Directors. The framework will be supported by a "quality hub". The planning and analysis to develop a quality hub will consider what additional resource and capacity is required to focus on the quality and patient safety agenda, e.g. data analysts to triangulate data.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
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 recognises the need for a system where care and support should be person centred and seamless; without artificial barriers		

between physical and mental health, primary and secondary care, or health and social care.	
Report History	None
Appendices	Appendix 1 - Action Plan