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Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>19 May 2022</b>	<b>Agenda Item</b>	<b>5.5</b>
<b>Report Title</b>	<b>Progress to Develop a Quality Management System</b>		
<b>Report Author</b>	Liz Stauber, Head of Corporate Governance		
<b>Report Sponsor</b>	Hazel Lloyd, Interim Director of Corporate Governance Richard Evans, Executive Medical Director Gareth Howells, Director of Nursing and Patient Experience		
<b>Presented by</b>	Hazel Lloyd, Interim Director of Corporate Governance Richard Evans, Executive Medical Director Gareth Howells, Director of Nursing and Patient Experience		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	The purpose of the report is to set out the work in response to the Audit Wales review of quality governance and the internal audit of the quality and safety framework.		
<b>Key Issues</b>	<p>Quality and safety are going to be of paramount importance in the recovery process from Covid-19 and it is essential there is a quality and safety focus at every level. In support of a reset, the health board undertook a piece of work considering the quality governance arrangements in the service groups and this coincided with Audit Wales and internal audit reviews of quality governance and the quality governance framework respectively.</p> <p>Two externally facilitated quality and safety workshops were held on 23<sup>rd</sup> February and 23<sup>rd</sup> March 2022 in support of the reset. An action plan has been drafted which includes the actions identified during the workshops and also the response to the recommendations from the three pieces of work on quality governance. This work will also enable the health board to comply with the new duties of the Health and Social Care (Quality and Engagement) (Wales) Act 2020 which places both an enhanced duty of quality and an organisational duty of candour on organisations and will strengthen the approach to high quality, safe care.</p> <p>During 2021-22, two audits were undertaken of quality and safety arrangements:</p>		

	<ul style="list-style-type: none"><li>• Audit Wales quality governance review;</li><li>• Internal audit review of the quality and safety framework.</li></ul> <p>These were supported by an internal review of quality governance arrangements across the service groups, led by the Medical Director in his capacity as Deputy Chief Executive. While some areas of good practice were identified, all three identified similar themes and areas to improve.</p> <p>Work to develop a robust quality management system is now underway, led by the Chief Executive and supported by the Director of Nursing and Patient Experience as the executive lead for quality along with the Medical Director and Director of Therapies and Health Science.</p> <p>This is being driven by two externally facilitated workshops with the senior management teams across corporate and service groups. The first workshop took place on 23<sup>rd</sup> February to collate thoughts on what a world class system looks like, discussing international evidence of best practice and personal experience. This was followed by an executive time-out on 9<sup>th</sup> March with the facilitator to discuss the outcomes of that session – this session focussed on what the Swansea Bay way to will look like, how to develop a more robust culture of quality and safety in everything we do and what the quality governance system should look like.</p> <p>The second workshop took place on 23<sup>rd</sup> March and focussed on designing the quality management system, and having a clear plan moving forward.</p> <p>These workshops were supported by a facilitated session with the board members in April 2022 to feedback the outcomes and discuss the overall approach to culture and quality moving forward.</p> <p>The way in which the Quality and Safety Governance Group functions was also reviewed, with a view to making it more streamlined and fit for purpose, and developing a more robust reporting system focussing on the service delivery group feedback, clinical effectiveness of services, patient outcomes, patients experience and patient safety. The refreshed structure is now in the process of being implemented.</p>				
	<table><tr><td>Information</td><td>Discussion</td><td>Assurance</td><td>Approval</td></tr></table>	Information	Discussion	Assurance	Approval
Information	Discussion	Assurance	Approval		

<b>Specific Action Required</b> <i>(please choose one only)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	Members are asked to: <ul style="list-style-type: none"> <li>• <b>Note</b> that the progress that has been made to develop a quality management system.</li> </ul>			

## **PROGRESS TO DEVELOP A QUALITY MANAGEMENT SYSTEM**

### **1. INTRODUCTION**

The purpose of the report is to set out the work in response to the Audit Wales review of quality governance and the internal audit of the quality and safety framework.

### **2. BACKGROUND**

Over the past two years, the health board has been responding to the unprecedented challenges of the Covid-19 pandemic. As ever, staff rose to this challenge and exceeded on occasions what one might expect to be humanly possible. The staff and leadership have responded to this challenge in an extraordinary way by developing new ways of working to support the population and deliver care during this challenging period. As the health board emerges from the pandemic, the new ways of working need to be adapted to and the innovative practice learned from, as well as the outstanding clinical leadership that has been seen.

An overarching goal of the NHS is to improve outcomes for people, wherever they are and wherever they live, by providing people with access to high-quality health and care, delivered through a sustainable culture of learning and improvement. The objective set for quality in the annual plan for 2021-22 was 'deliver better care through excellent health and care services achieving the outcomes that matter most to people' and this remains a commitment.

Quality and safety are going to be of paramount importance in the recovery process from Covid-19 and it is essential there is a quality and safety focus at every level. In support of the reset, the health board undertook a piece of work considering the quality governance arrangements in the service groups and this coincided with Audit Wales and internal audit reviews of quality governance and the quality governance framework respectively.

This is being driven by two externally facilitated workshops with the senior management teams across corporate and service groups. The first workshop took place on 23<sup>rd</sup> February to collate thoughts on what a world class system looks like, discussing international evidence of best practice and personal experience. **The second workshop took place on 23<sup>rd</sup> March and focussed on designing the quality management system, and having a clear plan moving forward.**

**These workshops were supported by a facilitated session with the board members in April 2022 to feedback the outcomes and discuss the overall approach to culture and quality moving forward.**

The health board recognises everyone has a role in improving quality and that the culture is an intrinsic component of helping to drive the reset for quality improvement.

### **3. GOVERNANCE AND RISK ISSUES**

During 2021-22, two audits were undertaken of quality and safety arrangements:

- Audit Wales quality governance review;

- Internal audit review of the quality and safety framework.

These were supported by an internal review of quality governance arrangements across the service delivery groups, led by the Medical Director in his capacity as Deputy Chief Executive. While some areas of good practice were identified, all three pieces of work identified similar themes and areas to improve.

(i) Internal Quality Governance Review

The Director of Corporate Governance, Director of Nursing and Patient Experience and Medical Director, supported by a management graduate trainee, undertook an internal review of quality governance within the service groups. It sought assurance that:

- There is leadership capacity and capability to deliver high quality, sustainable care;
- There are clear responsibilities, roles and systems of accountability to support good governance and management;
- There are clear and effective processes for managing risks, issues and performance;
- There is appropriate and accurate information being effectively processed, challenged and acted on.

The process including observing various meetings within the service groups, analysing the responses to questionnaires and self-assessments as well as a desktop review of documentation. It had similar findings to the two audit reviews with the overarching themes comprising:

- All have a dedicated quality and safety group with appropriate sub-structure;
- Lack of challenge for assurance;
- Service group boards' terms of reference should align to Management Board framework;
- Limited highlights/positives/good news stories;
- Patient involvement could be improved;
- Templates for reports, action log and minutes should be developed for consistency as well as a highlight report from operational groups;
- Good processes for risk escalation internally within the service groups but not always clear how anything is escalated corporately when risks are highly scored;
- Communication with staff is varied.

It made the following recommendations:

- Work with an external party to create and embed a quality management system including quality improvement goals and ownership at service group level to gain assurance that high quality patient care is the foremost focus at service, directorate and service group level;

- Analyse data collection and use of dashboards to ensure service groups are receiving the appropriate information to aid triangulation and decision making;
- Review the role of the Quality and Safety Governance Group including a redesign of its reporting structure and assessment of how service groups are engaged and review the use of sub groups to scrutinise quality and safety and patient experience performance across the health board;
- Streamline reporting across all four service groups using corporate templates and implement minimum standards to align governance structures;
- Review the role of the health board's independent members- how they seek assurance around quality and safety and patient experience priorities as well as holding the senior managers to account for delivery.

(ii) Audit Wales Quality Governance Review

The scope of the audit focussed on whether the organisation's governance arrangements support delivery of high quality, safe and effective services, as well as the operational and corporate approach to a number of areas including quality governance, organisational culture and behaviours and strategy.

By way of a case study, 'floor to board' reporting was tested through the integrated surgical services division at Morriston Hospital, which includes an out-of-hours service and emergency beds as well as planned care services. Not only did this examine key documents to test the quality governance arrangements around the service, but it also sought staff feedback through a survey.

Some of the key strengths the review identified were:

- Quality and safety priorities within the annual plan are clearly articulated;
- Good corporate arrangements for monitoring risk;
- Dedicated resources for quality improvement;
- Good use of local teams to capture patient experience;
- Values and behaviours well established;
- Quality and safety framework sets out processes for assurance;
- Ownership of quality and safety at executive and operational level, with well-established committee arrangements for scrutiny.

With the key areas for development highlighted as:

- Arrangements for monitoring quality priorities yet to be finalised;
- Resources to support quality governance are limited - those embedded with the service groups working in isolation;
- Visibility of clinical audit and mortality needs to be increased at committee level;
- Lack of co-ordinated and strategic approach to patient experience;
- Issues with operational risk registers and flow of information as the approach taken to risk management by operational managers was inconsistent, with risk register often incomplete and missing robust mitigating actions;

- Mixed awareness of values and behaviours, open and learning culture not recognised by staff and belief that concerns won't be acted on;
- Low compliance with PADRs (personal appraisal and development reviews);
- Quality framework implemented and weaknesses in quality governance leading to quality concerns being missed;
- Delivery of the quality and safety agenda has predominantly sat within nursing and this needs to broaden significantly, particularly for medical leadership.

It made eight recommendations covering the following areas:

- Strengthening its management of risk at an operational level;
- Develop a clinical audit plan which focuses on compliance and key risks;
- Updates on progress to deliver the clinical audit plan and associated learning from mortality reviews to be reported to the Quality and Safety Committee more frequently;
- Values and behaviours;
- Plan to achieve full compliance with PADRs;
- Ensure collective ownership of the quality and safety agenda across all clinical professionals;
- Resources to support quality governance.

(iii) Internal Audit: Quality and Safety Framework

The internal audit review of the quality and safety framework received a *limited assurance rating*. The areas it found which needed to be addressed included:

- Quality and safety process framework (design);
- QSGG (Quality and Safety Governance Group) terms of reference;
- QSGG Chairing and Membership (operation);
- Service group terms of reference (design).

Eight recommendations were also made as part of the report:

- Incorporating the impact of Covid-19 into the framework;
- Developing an action plan to support the implementation of the new framework, monitored by the QSGG and Quality and Safety Committee;
- Consideration be given to the purpose and focus of the QSGG in view of the number of objectives within its terms of reference;
- Mapping of the QSGG sub-groups and reporting groups;
- QSSG exception report to include reporting on service group quality and safety group operation;
- QSGG membership and chairing arrangements to be reviewed;
- Key content of the QSGG terms of reference and quality and safety framework to be adopted within the quality and safety groups across the service groups for consistency;
- Consideration be given to self-assessments for the quality and safety groups;

An integrated action plan for all of these reviews is in place to address the recommendations (**appendix one**) and progress against this will be monitored by the

Quality and Safety Committee. However they are also part of a wider piece of work to create a quality management system.

In response to these reviews, work is underway in three key areas; development of a quality management system, review of Quality and Safety Governance Group arrangements and creation of a consistent approach

(i) Quality Management System

The first step in this process is two externally facilitated workshops with the senior management teams across corporate and service groups to co-produce the system.

The first session took place on 23<sup>rd</sup> February to discuss what a world-class quality management system looks like. As part of the opening remarks, it was explained that the current position and where the health board needed to be were two completely different places, but in order for any quality system to be successful, it needed to be owned by everyone. Staff need to feel safe and empowered to raise concerns and the care provided, and the people the Health Board care for have to be at the forefront of every decision.

There was also a view that patients and families generally accepted low quality services, as they did not like to complain, and were grateful for any help they received. It was important that as part of this work, the quality system set out the standards that patients should not only expected from services, but also receive. It was also noted that patients and are the first line of defence when it came to quality of care as they had first-hand experience from which to learn, so have to be engaged and involved in how services are provided and developed.

A set of principles were to be developed to set out the vision of the quality management system in order to ensure consistency – otherwise there was a risk of having several interpretations. These would be based on Berwick's principles of a quality management system:

- Intrinsically driven - commitment not simply compliance;
- Compelling leadership narrative and vision that connects quality and safety to operational priorities and workforce issues (wellbeing and workload);
- Systematic and disciplined application;
- Immersion at all levels;
- Measurable and transparently reported standards - visible management techniques;
- Clinical and care professional empowerment, engagement and culture;
- Safe space to raise and address unwarranted variability.

Ownership and leadership would be key to its delivery.

Lessons to be learned from good quality management systems were shared, including intrinsic ownership, commitment rather than compliance, immersion at all levels and being measurable, as well as providing a space for honesty.

The main crux of the workshop was a breakout session – attendees were split into small groups to consider:



- What an effective approach to quality and safety looks like from their perspectives;
- What aspects of quality need to be prioritised and how would they ensure this was embedded systematically into the health board and their own work.

Some of the key feedback from these sessions was to not forget the history of the health board, as there had been similar work undertaken over the years, but at the same time, move on from it and learn from why such initiatives had not been successful.

There was also a feeling that staff needed to be empowered to drive forward good quality care and needed the freedom to innovate as well as speak up. There was a reflection that there was currently a main focus on finance and performance targets and very little consideration of what these meant from a quality perspective.

The next step was for the facilitator to work with the executive team on 9<sup>th</sup> March 2022 to debrief from the first workshop and process some of the detail that was raised. This session focussed on what the Swansea Bay approach to quality and safety of services will look like, how a more robust culture of quality and safety in everything the health board does is developed and what the quality governance system should look like. The executive team agreed that overall, attendees of the workshop understood the need for change and improvement within quality management, but more work was needed in terms of recognising the current position, what it should be and how to achieve this. While there was some organisational memory of approaches that had been taken in the past which had not been successful, these needed to be learned from in order to do things differently. People should feel empowered to lead but currently there was some reluctance to take action – they should be excited to take part and at pace. Fear of failure, inspiration and a sense of bettering services all had to be key factors in driving the work forward. This was everyone's responsibility, not just nurses and/or doctors. Once ready, the quality management system would have a dedicated launch to highlight its importance.

The second workshop took place on 23<sup>rd</sup> March 2022 and started with people's reflections of the first session. Those in attendance agreed that the health board's current position was not where it should be in terms of a robust quality culture as not every interaction with patients was meeting the right standards and there needed to be awareness of any potential signs that a service was going to need escalating. Staff were tired from the pandemic, but also cynical of change, having been through such processes before which had not been successful. Any work to create a quality culture would need to be co-produced with staff, giving them an opportunity to be heard, otherwise there was a risk of disengagement. Quality needs to involve everyone in the health board, from corporate to clinical, employee to contractor, as the 'quality people walk past is the quality they accept'.

Before the small group work began, examples of quality management systems from other organisations were shared. There were advantages and disadvantages of all of them in respect of implementing something similar at Swansea Bay and it was felt

something more bespoke would be needed. At the same time, it was acknowledged that a lot of the information and initiatives the health board need to drive forward this work were already in other documents across the organisation, so rather than 'reinventing the wheel', it would be a case of aligning and integrating work that was already done and needed to be progressed.

The breakout rooms in this sessions discussed:

- the narrative - why the health board was embarking on this?
- the mechanics of the quality management system- what is the operating model for the system?
- the mindsets and culture needed - how will to align this with the values and culture.

Once back in plenary session, the group agreed that the narrative for the quality management system needed to recognise the health board was starting to recover from the pandemic, which was a great opportunity to redesign its approach to quality culture. This was a chance to avoid significant issues occurring in services, similar to that of the community children's nursing service, and have good quality performance. The work could not just be internal, as communities, partners and stakeholders would also need to be included. There would be some 'quick wins', small changes that would have a big impact for staff, as well as wider, more strategic developments that would take time to embed. However, there was a commitment to invest in this, not only from a financial perspective but on an individual basis.

Some of the mechanisms that would be needed to take forward the work included:

- Measurement, data and evaluation;
- Having a learning culture;
- Everyone has a voice and an influence as everyone matters and every interaction should be great;
- The process must start with listening;

Work is already underway in the health board around developing its organisational culture and the quality work would be an integral part of this. A change in mindset was needed to move towards a clinically driven culture, with a balance of it being designed from the bottom and led by the top of the organisation. It was unlikely that a one-size fits all approach would work, so while there would be core principles, it would be tailored based on service group needs.

The group agreed for a number of actions to be taken forward by small (three to five people) task and finish groups:

- Develop the narrative for the quality management system/quality culture;
- Design and implement a listening process for all staff which identifies the problems which need to be addressed and ways to do this;
- Determine what elements of a quality management system are already in place across the organisation and whether these are fit for purpose **and** consider other organisations' quality management systems to determine which elements could be included in a Swansea Bay version;
- Align the culture work with the quality work;

- Make recommendations as to how to progress a clinically led culture;
- Identify any investment required and develop a business case for inclusion in the financial plan.

The two workshops were followed by a board away to focus on the overall quality and culture that the board wants to have within the organisation. The day started with board members discussing the initial objectives of the work to frame the approach for the remainder of the session. Presentations were given from the Director of Workforce and OD and Director of Nursing and Patient Experience on the current position of culture and quality respectively. Breakout sessions followed both of these to consider the next steps for both areas and examples include:

- Systemise the raising of patient concerns;
- Establish a system of aligned soft staff incentives;
- Adjust the role of the board to undertake deep dive quality assessments.

The next step is for the Chair and Chief Executive to establish a task and finish group of board members to take forward all the actions identified.

#### (ii) Quality and Safety Governance Group

The way in which the Quality and Safety Governance Group functions was also reviewed, with a view to making it more streamlined and fit for purpose, and developing a more robust reporting system focussing on the service delivery group feedback, clinical effectiveness of services, patient outcomes, patients experience and patient safety. The refreshed structure is now in the process of being implemented.

## 4. FINANCIAL IMPLICATIONS

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

## 5. RECOMMENDATION

Members are asked to:

- **Note** that the progress that has been made to develop a quality management system.

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