Quality and Safety Framework
Final Internal Audit Report

January 2022

Swansea Bay University Health Board

Contents

Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors

Executive Summary

Purpose

To review the framework implemented to monitor and manage the quality and safety of services, including the reporting lines of key groups to the Board.

Overview

We have issued limited assurance on this area. The significant matters which require management attention include:

- Lack of progress in implementing associated elements of the Quality and Safety Process Framework.

- Chairing and membership of QSGG to be reviewed as a number of meetings not quorate.

- Minimal reference to Quality & Safety Process Framework at Service Group level.

Our review identified that despite the above there has been consistent coverage of quality and safety issues within QSC and QSGG. The overall rating reflects the focus of our audit - implementation of the framework – and we have raised a high priority finding to support addressing this.

Report Classification

		Trend
Limited	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.	N/a

Assurance summary[1]

	Assurance objectives	Assurance
1	Implementation of Quality & Safety Process Framework	Limited
2	Quality & Safety key group terms of reference and work programmes	Reasonable
3	Consistency of Quality & Safety Group arrangements	Reasonable

Key matters arising

		Assurance Objectives	Control Design or Operation	Recommendation Priority
1	QSPF implementation and content	1, 2, 3	Design	High
2	QSGG Terms of Reference	2	Design	Medium
3	QSGG Membership and Attendance	2	Operation	Medium
4	Service Group Quality & Safety Terms of Reference	3	Design	Medium

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[1] The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

1. Introduction

1.1 Following recommendations made through a number of external assessments, Swansea Bay University Health Board ('the health board') undertook an internal Quality Governance review in 2019, of the arrangements to support the Quality & Safety Committee in delivering its role providing assurance to the Board on the quality and safety of patient care.

1.2 In December 2019 revised terms of reference for a newly established Quality & Safety Governance Group and a draft Quality & Safety Process Framework were shared with the Committee. The draft Framework outlined a '4 phase approach' to ensuring standards of quality and safety are maintained and managed.

1.3 At the point of presentation, the reporting structure to support the Quality & Safety Governance Group was still to be confirmed.

1.4 The overall objective was to review the framework implemented to monitor and manage the quality and safety of service, including the reporting lines of key groups to the Board.

1.5 The risks considered during the review were as follows:

    i.   Ineffective strategy to direct the quality and safety of services

    ii. Ineffective arrangements in place to review and manage the quality and safety of services, resulting in patient harm;

1.6 The audit excluded individual operation and effectiveness of Service Group Quality and Safety groups but did include review of group documentation and papers.

2. Detailed Audit Findings

Audit objective 1: The health board has an approved Quality & Safety Framework and there has been progress made in its implementation

2.1 The health board has a Quality & Safety Process Framework (QSPF) which was approved by QSC in December 2019 and the Executive Board in February 2020. The Framework outlines a four-phase approach for assuring high quality and safe services are provided, supported by a reporting structure from service group quality and safety groups, through a Quality & Safety Governance Group (QSGG) to the Quality & Safety Committee (QSC).

2.2 We note that whilst the QSPF was approved, it was shortly before the onset of the first wave of the Covid-19 pandemic. Whilst necessarily focussing on the operational pressures which followed there is little evidence to support that there has been any further implementation of the framework beyond the establishment of the QSGG. We note the implementation of the QSPF was to be supported through a Quality & Safety Improvement Plan, but we have not identified any review or

sharing of the plan at QSGG or QSC since presentation to the Executive Team in February 2020.

2.3   There has been progress to address some actions within the plan, including revision of the Quality Impact Assessment Process Terms of Reference (ToR) which supported the health board's reset and recovery approach following the first wave of Covid-19 in 2020. However, a number of key actions remain outstanding. The full reporting structure of the QSGG has not been mapped, nor has there been development of an 'iHub' which was intended to provide capacity to undertake analysis of trends and support quality improvement initiatives.

2.4   Additionally, an Independent Member request that the quorum requirements of the QSGG be adjusted to require a representative from all service groups was also not actioned at the time of the QSPF being approved.

2.5   The QSPF is not readily accessible within the health board's intranet or internet pages. The health board internet still holds the expired Quality Strategy 2014-18 which the QSPF was to replace. We note that there is also possible room for confusion with the health board's Quality Assurance Framework, a toolkit developed to support ward to Board reporting.

2.6   The QSPF has a structured outline of those areas considered in its development. These included Health and Care Standards, Welsh Governments 'A Healthier Wales' and incorporates mention of the health board's Clinical Services Plan. Since its development in 2019, the framework requires refreshment in light of the four harms approach developed by Welsh Government in response to the Covid 19 pandemic and to capture the health board's current Quality Priorities established within its Annual Plan.

2.7   Welsh Government have recently issued a National Quality and Safety Framework (Welsh Health Circular 2021/022), and we note the health board's intention to consider its own position against it. There is an opportunity for the health board to refresh its own framework when doing so, we note this has also been highlighted within the recently issued Audit Wales review of the health boards Quality Governance arrangements. **See MA1**

Conclusion:

2.8   The health board has an approved Quality and Safety Process Framework. However, it is not widely available, nor is there evidence to support its wider implementation through the improvement plan originally developed to support it. Accepting that there has been a period of sustained operational pressure, which is likely to continue, there remains a need for the health board to progress this area. We assign this objective a **limited** assurance rating.

Audit objective 2: Key groups within the Q&S Framework have approved terms of reference and work plans providing assurance across key areas

i) Quality and Safety Committee

2.9   The QSC is responsible for providing assurance to the Board that it is meeting its responsibilities for providing quality and safe services to patients. The QSPF includes the QSC as a process step and its responsibilities are listed within the framework. Review of the content shows alignment between these responsibilities and the QSC ToR at the time of framework development.

2.10   We note that the QSC ToR was recently reviewed and presented to the Board for approval in October 2021. This included some revisions of content, primarily the inclusion of the Quality Priorities contained within the health board's Annual Plan.

2.11   The QSC has a work programme, although there was a period between its March and August 2021 meetings where it was not presented as the 21/22 programme was developed.

2.12   Review of agendas and papers confirms that the Committee receives regular presentation of papers on performance, patient experience, risk, the Annual Plan priorities and key issues from the QSGG. In comparing the work programmes for 20/21 and 21/22, we note there has been no inclusion of when the Committee will undertake its self-assessment, however we note a recent change in Chairing of the committee.

ii) Quality and Safety Governance Group

2.13   The QSPF outlines that the QSGG is '*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*.'

2.14   As noted previously, the ToR for the Group was included as part of the QSGG being approved in 2020. QSGG ToR is due for review on an annual basis and we note that the recently established Clinical Outcomes and Effectiveness Group (COEG) was included within the ToR and communicated to the QSGG in July 2021. The supporting structure of QSGG sub-groups and reporting groups, included within the improvement plan accompanying the QSPF, has not been finalised.

2.15   The Group's ToR contains 42 objectives and currently has no formal work programme, but we are informed that this is in development. Instead, there are a number of standing agenda items which include exception reports from service groups (and separate reports for Maternity, and Children's Services), Safeguarding, Infection Prevention and Control (IPC), Personal Protective Equipment, Putting Things Right (including incidents, concerns, complaints, Claims, Risks, External Inspections, and Patient Experience), COEG, Therapies &

Health Sciences, and updates on the Quality Priorities actions within the Annual Plan.

2.16   We note that there are several objectives within its ToR which the QSGG has not met. Five relate to actions regarding governance arrangements and supporting structures, such as the receipt of annual work programmes, annual reports and ToRs of subgroups. There are also objectives which may need refreshing to identify alternative reporting arrangements that are currently in place, such as compliance with licensing standards and review of confidential enquiry reports. The QSGG should also approve the Patient Experience plan and monitor its progress, whilst the group receives monthly feedback on patient experience, we did not identify detail of plan development.

2.17   The Group otherwise had sufficient coverage of subject areas against its ToR, but we were informed that due to the large agenda there can be challenges in keeping the meeting within its timings whilst allowing contributors adequate scope to present reports and highlight key issues. We also note that some elements of the QSGG standing agenda e.g., IPC and Safeguarding are reported directly to QSC which could be resulting in duplication. **See MA2**

2.18   We reviewed minutes across the period January 2020 – October 2021 to establish if the QSGG has been quorate. Applying the requirement for representatives from three service groups in attendance (as it was not amended to all), we note that only one meeting has not been quorate for this reason. Representation is made up of service Group Nurse Directors or quality and safety team members, we identified little attendance from Group Medical representatives.

2.19   Quorum also requires the meeting be chaired by either the Director of Nursing and Patient Experience or Executive Medical Director. On six occasions this has not been the case. Where the Director of Nursing & Patient Experience does not chair, there does not appear to be arrangements for the QSGG to be chaired by an Executive Director with a quality and safety role. Noting the wide agenda and challenges of a meeting of this kind, we would note the importance and value of ensuring executive chairing occurs.

2.20   There could be benefit in review of the membership requirements within the ToR, when considering the attendance requirements outlined above. **See MA3**

2.21   The QSGG meetings are administratively co-ordinated by the Corporate Quality and Safety team with additional support from Executive Nursing leadership. Given the wide remit of the QSGG, consideration could be given to ensuring Medical, Therapies and Corporate Governance input to support the Group's operation.

2.22   Service groups provide a monthly exception report to the QSGG. The report includes the top three priorities/risks/issues, serious incidents, complaints/concerns, risks, patient experience, staff training, safeguarding and

infection control. Detail from the exception report is then extracted for inclusion within the 'QSGG Key Issues' report provided to the QSC.

2.23 The report format is well established and we can see recent improvements such as increased detail and mitigating actions in response to Independent Member requests. Discussion with the Head of Quality & Safety outlined that there is awareness that detail provided should reflect current operational challenges and actions to address.

2.24 We reviewed exception reports from service groups to the QSGG between August and October 2021 to identify if there is consistent use and that the information is provided through the QSGG Key Issues report which followed. We note the reporting process is well embedded and minutes from the QSGG meetings demonstrated a good level of discussion from those in attendance.

2.25 There has been some variation in the use of top three priorities, with some service groups including top scoring risk register entries. Whilst this may not be inappropriate, there is an established risk escalation process within the health board through the Risk Management Group. Use of the report for risks alone may blur the escalation process and not retain focus on current operational issues.

2.26 Content across the other exception report areas was generally good with information updated from month to month with a few small exceptions. Neath Port Talbot Singleton Service Group (NPTS), Maternity Services and Children's Services provide narrative information on risks rather than copies of risk registers which would include detail on mitigating actions. There was also evidence of service groups using the report as part of formal reporting, circulating action plans, and sharing good practice – although we note this is on an ad hoc basis.

2.27 The QSGG ToR includes receipt of work programmes from its reporting groups, and we note there is little detail within the exception reports on the operation of service group Quality and Safety Groups. Work programmes and individual service group ToR are not shared with the QSGG. Noting the QSGG operational focus during Covid-19 this may not be inappropriate, but it does not contribute to the Group's objective, as contained within the QSPF, to provide oversight of devolved quality and safety groups and subgroups. **See MA4**

Conclusion:

2.28 We have outlined that consideration be given to some aspects of the role and operation of the QSGG, however we note improvements in reporting and attendance do support it playing a key role within the health board structure. Noting this we assign this **Reasonable** assurance to this objective.

Audit objective 3: There are consistent arrangements to support the management and escalation of quality & safety issues across the health board.

2.29   The QSF outlines some expectations regarding the arrangements in place across meeting cycles, agenda setting, recording of minutes and actions, alongside some wider considerations around the use of themes and sharing of learning.

2.30   Requesting sample meeting papers, business cycles and terms of reference we established the arrangements in place, noting some variation of structure and frequency of reporting received from operational divisions. Morriston service group receive exception reports from Divisions which are received three times a year, NPTS service group receive a Division exception report at each meeting similar to the format in use by QSGG, Primary Community and Therapy service group receive minutes and verbal updates from the Chairs of Subgroups, and Mental Health Learning Disabilities receive service group wide reports rather than any direct report by Division.

2.31   Work programmes/schedules are in use at all Service Groups, with the exception of NPTS service group where a programme was noted in June 2021 to be under review. We note minutes and action logs are in use at all service group Q&S meetings. We note that only PCT includes a copy of the QSGG report within its own agenda and review of minutes across all groups did not identify feedback or information shared from QSGG. **See MA4**

2.32   Review of ToRs for Service Group Quality & Safety Groups produced some elements of variation when outlining the purpose of the groups. Notable was the inclusion within PCT to support the delivery of the HBs Quality Strategy (expired and replaced by the QSPF), and the reference within MHLD ToR developed in line with the 2015 ToR of Abertawe Bro Morgannwg health board's Quality and Safety Committee. Whilst there is only reference to the Quality & Safety Framework in NPTS ToR, it is positive to note all reference required reporting to the QSGG.

2.33   We also reviewed agendas and work programmes for alignment to subjects within the QSGG agenda, QSC Work Programme, and health board quality priorities. We did note some minor gaps in subject coverage, NPTS receive information on Serious Incidents through Division exception report but not overall service group performance, additionally no presentation of Staff Training compliance could be identified for MHLD.

2.34   We were also unable to identify information on Mortality Reviews at service group meetings. Whilst corporate monitoring is occurring at COEG and included within its report to QSGG, arrangements at service groups in this area appear unclear. Whilst we could identify some Clinical Audit information provided at Service Group level this varied in detail and format, indicating there could be further standardisation to support this area also.

2.35 All service groups schedule and receive regular updates on their risk registers, although we note this did not include full risk registers, instead reports were based around risks scoring 16+. We note NPTS received reporting from Divisions on high scoring risks, but did not receive a service group register, we understand there is ongoing action to review its register assisted by the Corporate risk team.

2.36 There was some limited coverage of the health board's quality priority areas at service group level, however we are informed that there is intention to establish a Quality Priorities Board to support governance in this area.

2.37 The above findings suggest that service groups quality and safety arrangements are operating reasonably, however outside of subject coverage with the QSC and QSGG, we have been unable to identify that there has been any wider application or adoption of the QSPF, as groups continue to operate much as they did prior to the frameworks agreement.

2.38 We note that the health board has established a review of quality governance structures, which includes a maturity matrix for service groups to self-assess against. This should provide an opportunity for further consideration of consistency of arrangements across the organisation.

Conclusion:

2.39 Service Group quality and safety arrangements include coverage of areas aligned to the QSGG. We have noted some variation in content and reporting which could be considered through refreshment of the QSPF or through the health board's ongoing review of quality governance arrangements. Noting this we assign **Reasonable** assurance to this objective.

Appendix A: Management Action Plan

Matter arising 1: Quality & Safety Process Framework (Design)	Impact
The health board has an agreed Quality and Safety Process Framework (QSPF). We note that whilst the QSPF was approved, it was shortly before the onset of the first wave of the Covid-19 pandemic. Whilst necessarily focussing on the operational pressures which followed there is little evidence to support that there has been any further implementation of the framework beyond the establishment of the QSGG. A number of key steps included within an improvement plan were not progressed including: • Creation of an 'iHub' to support trend analysis and support quality improvement initiatives. • Mapping of reporting groups and subgroups to support the Quality and Safety Governance Group (QSGG). • Mapping of Executive Directors reporting portfolios. • Establishment of a QSGG business cycle/work programme. • QSGG Subgroups and Service Group quality and safety groups to amend terms of reference to reflect the QSPF process. Additionally, the QSPF will now need refreshing to consider the impact of Covid-19, the health board's new Quality Priorities, and the recently issued national Quality and Safety Framework.	Potential risk of: Ineffective strategy to direct the quality and safety of services

Recommendations	Priority
1.1 The health board should consider refreshing the Quality and Safety Process Framework to incorporate the impact of Covid-19, national guidance and its new quality priorities.	High
1.2 In refreshing the QSPF, the health board should consider developing an action plan to support the implementation of a new framework, to be monitored at QSGG and QSC periodically.	High

Management response	Target Date	Responsible Officer
1.1 Health Board will run two externally facilitated Q&S workshops to review Q&S arrangements which will support a refresh of the Framework.	April 2022	Director of Nursing/Director of Therapies & Health Science/Executive Medical Director

1.2   The work programmes of the Q&SGG and Q&S Committee will be amended to include   May 2022   Head of Quality & Safety
       a review of the implementation of the framework (as a minimum three times a year)

Matter arising 2: QSGG Terms of Reference (Design)	Impact
Established just prior to the onset of the pandemic, the QSGG has modified its approach and agenda to compensate and support reporting and escalation to the QSC. The QSGG Terms of Reference include 42 objectives (including one duplicate objective). Our review identified that the group has not met all of these, with those related to monitoring the QSPF and receipt of terms of reference/annual plans from subgroups representing an ongoing gap. The supporting structure of the QSGG indicating reporting groups and subgroups remains outstanding. The Group otherwise had sufficient coverage of subject areas against its ToR, but we were informed that due to the large agenda there can be challenges in keeping the meeting within its timings whilst allowing contributors adequate scope to present reports and highlight key issues. A number of other objectives including monitoring of licensing standards, agreement of Patient Experience Plan and review implications of confidential enquiry reports could also be considered if still appropriate as objectives for the group. The QSPF includes that the 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 current exception report in use provides coverage of performance but does not prompt information on the operation of service group quality and safety groups.	Potential risk of: • Group may not receive regular reporting / information required to discharge all responsibilities.

Recommendations	Priority
2.1 Consideration should be given to the purpose and focus of the group against the large number of objectives contained within its terms of reference.	Medium
2.2 We recommend that there is mapping of the QSGG sub-groups and reporting groups. Following this there should be a work programme/business cycle created to ensure all relevant information and reporting are addressed and distributed throughout the year.	Medium
2.3 We recommend that the exception report include reporting on service group quality and safety group operation. The QSGG attendance tracker could be shared to support good practice in this area.	Medium

Management response	Target Date	Responsible Officer

2.1	Agreed - Following the Q&S Workshops a review of the Terms of Reference, role and function of the QSGG will be completed and as well as appropriately updating and revising the document, mapping of the QSGG sub-groups and reporting groups and scoping its place within the governance structure. This will also include ensuring the expectations contained within the Health and Social Care (Quality and Engagement) (Wales) Act 2020 are included.	May 2022	Director of Nursing/Director of Therapies & Health Science/Executive Medical Director
2.2	Agreed.	June 2022	Head of Quality & Safety
2.3	Agreed - The exception report from Q&SGG to Q&S Committee will be reviewed following the Q&S workshops and a revised reporting template agreed by the Q&S Committee.	June 2022	Head of Quality & Safety

Matter arising 3: QSGG Chairing & Membership (Operation)	Impact
We note the QSGG has not been quorate on six occasions due to a lack of attendance from the Chairs of the group: The Director of Nursing & Patient Experience and Executive Medical Director. Additionally, wider membership of the group as outlined within the ToR could also use consideration as some listed members have not attended and we note there is no requirement for a representative from the COO to attend despite the agenda featuring service group performance and reporting.	Potential risk of: • The effectiveness of meetings may be reduced without appropriate chairing and representation.

Recommendations	Priority
3.1 QSGG membership and chairing arrangements should be reviewed with consideration given to ensuring Executive Director presence outside of that of the Director of Nursing & Patient Experience.	Medium

Management response	Target Date	Responsible Officer
3.1 Agreed - Membership of the Q&SGG will be considered following the Q&S workshops as part of the review of the Terms of Reference of the Group. This will include confirming the joint chairmanship and ensuring consistent Executive Director attendance.	May 2022	Director of Nursing/Director of Therapies & Health Science/Executive Medical Director

Matter arising 4: Service group terms of reference (Design)	Impact
Review of service group terms of reference identified variation of content related to groups purposes. Only one contained a reference to the Quality & Safety Process Framework, with others referencing the health board's expired Quality Strategy 2014-18. Each contained a requirement for annual review of their terms of reference and self-assessment but the methodology and any further reporting of these are not outlined.	Potential risk of: • inconsistent governance arrangements • unclear processes for review of effectiveness

Recommendations		Priority
4.1	Following any review of the health board's Quality and Safety Process Framework and Quality and Safety Governance Group terms of reference, there should be consideration of any key content to be adopted within quality and safety groups throughout the organisation to promote consistency and alignment of objectives.	Medium
4.2	In undertaking the above, the health board should consider if specific requirements are needed to support quality and safety groups self-assessments and if these should be periodically reviewed. The maturity matrix included within the health board's quality governance review may provide reference point for this.	Medium

Management response		Target Date	Responsible Officer
4.1	Agreed - These "golden threads" will be reviewed and confirmed following the Quality and Safety away sessions being held in Feb/March 2022. They will include a focus on the quality priorities, key requirements of the annual plan, service specific indicators, national quality frameworks, NICE compliance, as well as local risks, harms, outcomes.	July 2022	Head of Quality & Safety /Quality leads for Service Groups
4.2	Agreed – These will be considered, as well as the use of the maturity matrix, along with the outcomes of the Quality and Safety away sessions and the expectations contained within the Health and Social Care (Quality and Engagement) (Wales) Act 2020.	July 2022	Head of Quality & Safety /Quality leads for Service Groups

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. **Low impact** on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. **Low to moderate impact** on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. **Moderate impact** on residual risk exposure until resolved.
	No assurance	Action is required to address the whole control framework in this area. **High impact** on residual risk exposure until resolved.
	Assurance not applicable	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

*Unless a more appropriate timescale is identified/agreed at the assignment.

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