



Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



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| Meeting Date | 10 March 2022 | Agenda Item | 2.1 |
| Report Title | Progress to Develop a Quality Management System | | |
| Report Author | Liz Stauber, Head of Corporate Governance | | |
| Report Sponsor | Hazel Lloyd, Interim Director of Corporate Governance Richard Evans, Executive Medical Director Gareth Howells, Director of Nursing and Patient Experience | | |
| Presented by | Hazel Lloyd, Interim Director of Corporate Governance Richard Evans, Executive Medical Director Gareth Howells, Director of Nursing and Patient Experience | | |
| Freedom of Information | Open | | |
| Purpose of the Report | 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. | | |
| Key Issues | <p>During 2021-22, two audits were undertaken of quality and safety arrangements:</p> <ul style="list-style-type: none"> • Audit Wales quality governance review; • Internal audit review of the quality and safety framework. <p>These were supported by an internal review of quality governance arrangements across the service groups. 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, being driven by two externally facilitated workshops with the senior management teams across corporate and service groups. The first workshop took place on 23rd February to collate thoughts on what a world class system looks like. This was followed by an executive time-out on 9th March with the facilitator to discuss the outcomes of that session. The second workshop will take place on 23rd March and focus on designing the quality management system.</p> | | |
| Specific Action Required (please choose one only) | Information | Discussion | Assurance |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Recommendations | Members are asked to: | | |

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| | <ul style="list-style-type: none">• Note the themes identified within the Audit Wales review, internal audit report and health board review;• Note that the first quality workshop has taken place to discuss the ideas around a quality management system with the next workshop taking place on 23rd March 2022 to focus on designing the quality management system;• Receive a verbal update at the meeting as to the outcome of the executive team session on 9th March 2022;• Note that a report will be shared with the board on 31st March to share the work to date as well as gain a steer from board members as their view on the direction of travel. |
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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

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 groups. While some areas of good practice were identified, all three pieces of work identified similar themes and areas to improve. A summary of the findings is set out below:

(i) 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.

Some of the key strengths it identified were:

- Quality and safety priorities 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 weaknesses 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;
- 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.

It made eight recommendations covering the following areas:

- Strengthening its management of risk at an operational level;
- Develop a clinical audit plan;
- 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 PADR's;
- Ensure collective ownership of the quality and safety agenda;
- Resources to support quality governance.

(ii) 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;

Management responses for both these reviews are in place to address the recommendations however they are both part of a wider piece of work to create a quality management system.

(iii) 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.

3. GOVERNANCE AND RISK ISSUES

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

(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 23rd 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. Quality was everyone's responsibility and nobody should ignore or walk past something that it is of poor quality just because they think it has nothing to do with their job. Staff need to feel safe and empowered to raise concerns, and this was highlighted through a summary of the external review of children's community nursing, which found significant areas of poor experiences, despite it being seen as a high-performing service internally and externally.

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 important that patients, families and clinical teams were the first line of defence when it came to quality of care as they had first-hand experience from which to learn.

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. Ownership and leadership would be key to its delivery to prevent it from being a policy that just ‘sat on the shelf’.

Lessons to be learned from good quality manage systems were shared by the facilitator, 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 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 – service group directors, medical directors and nurse directors could not walk the wards every day – the ward staff, including matrons, needed to be the ones who advocated good quality care. There needed to be a sense from anyone walking onto a ward of how the day was going, and assurance that anyone they loved receiving care on that ward would be treated well. Staff needed the freedom to innovate as well as speak up. There was currently a lot of focus on finance and performance targets and very little consideration of what these meant from a quality perspective.

The next step is for the facilitator to work with the executive team on 9th March 2022 to debrief from the first workshop and process some of the detail that was raised. Following this, there will be a second workshop, scheduled for 23rd March 2022, which will focus on designing the health board’s quality management system.

There will also be a wider discussion around the work at the board meeting on 31st March 2022 to share the work to date, including an update from the two sessions since the first workshop, as well as gain a steer from board members as to their view on the direction of travel.

Responsibility of ensuring the implementation and delivery of the quality management system sits with the Quality and Safety Committee. On that basis, regular updates will be provided to that committee as the work progresses.

(ii) Quality and Safety Governance Group

Work has also commenced to review the way in which the Quality and Safety Governance Group functions, with a view to making it more streamlined and fit for purpose. The process is in its infancy, with the first stage being a review of its terms of reference, membership and sub-structure, to ensure the right people are in the right meetings discussing the right agenda items. Research is also being undertaken across UK as to similar groups within other organisations from which to learn. Once the work is complete, the findings and proposed way forward will be shared with the Quality and Safety Committee.

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** the themes identified within the Audit Wales review, internal audit report and health board review;
- **Note** that the first quality workshop has taken place to discuss the ideas around a quality management system with the next workshop taking place on 23rd March 2022 to focus on designing the quality management system;
- **Receive** a verbal update at the meeting as to the outcome of the executive team session on 9th March 2022;
- **Note** that a report will be shared with the board on 31st March to share the work to date as well as gain a steer from board members as their view on the direction of travel.

| Governance and Assurance | | |
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| Link to Enabling Objectives <i>(please choose)</i> | Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities | |
| | 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"/> |
| | 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 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"/> |
| Health and Care Standards | | |
| <i>(please choose)</i> | 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"/> |
| Quality, Safety and Patient Experience | | |
| <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> | | |
| Financial Implications | | |
| <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> | | |
| Legal Implications (including equality and diversity assessment) | | |
| <p>There are no legal implications.</p> | | |
| Staffing Implications | | |
| <p>There are no staffing implications.</p> | | |
| Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015) | | |
| <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> | | |
| Report History | First report to the Audit Committee. | |
| Appendices | Appendix 1 - Audit Wales quality governance review; | |

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| | Appendix 2 - internal audit review of the quality and safety framework. |
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