

**Action Plan in response to a review of quality governance arrangements at Cwm Taf
Morgannwg University Health Board**



STRATEGIC FOCUS ON QUALITY, PATIENT SAFETY AND RISK					
1. Organisational quality priorities and outcomes to support quality and patient safety are agreed and reflected within an updated version of the Health Board's Quality Strategy/Plan.					
Action to be taken	Timescale	Lead Executive	Progress Report as 29th February 2020	Committee	Status
<ul style="list-style-type: none"> Review the quality section of the IMTP to integrate quality, PREMS, PROMS, quality improvement and audit outcomes through the plan (March 2020) 	June 2020	Director of Nursing		Quality and Safety Committee	
<ul style="list-style-type: none"> Further work is required to devise the quality priorities for the Health board using business intelligence approach from patient experience data – in particular serious incidents, Never Events and the learning and systematic change required (April 2020) 	June 2020	Director of Nursing		Quality and Safety Committee	
<ul style="list-style-type: none"> Finalisation of the Quality and Safety Framework (January 2020) 	June 2020	Director of Nursing		Quality and Safety Committee	
<ul style="list-style-type: none"> Introduction of a Quality Improvement Hub (April 2020) 	June 2020	Director of Nursing		Quality and Safety Committee	
<ul style="list-style-type: none"> Undertake an analysis of Service Delivery Unit annual plans to 	June 2020	Director of Nursing		Quality and Safety Committee	

monitor quality and safety priorities and objectives (April 2020)					
<ul style="list-style-type: none"> Develop specific targets for quality and safety which can be measured for the Annual plan 2020-2021 	June 2020	Director of Nursing		Quality and Safety Committee	
<ul style="list-style-type: none"> Develop KPI's for monitoring compliance against the Welsh Government's Health & Care Standards framework (April 2020) 	June 2020	Director of Nursing		Quality and Safety Committee	
<p>2. The Board has a strategic and planned approach to improve risk management across the breadth of its services. This must ensure that all key strategies and frameworks are reviewed, updated and aligned to reflect the latest governance arrangements, specifically:</p> <p><i>i. The Board Assurance Framework (BAF) reflects the objectives set out in the current Integrated Medium Term Plan (IMTP)/annual plan and the organisation's quality priorities.</i></p> <p><i>ii. The Risk Management Strategy reflects the oversight arrangements for the BAF, the Quality and Patient Safety (Clinical) Governance Framework and any changes to the management of risk within the organisation.</i></p> <p><i>iii. The Quality and Patient Safety Governance Framework supports the priorities set out in the Quality Strategy/Plan and align to the Values and Behaviours Framework.</i></p> <p><i>Terms of reference for the relevant Board committees, including those for Audit, Quality and Safety and Risk, and at divisional /group levels, reflect the latest governance arrangements cited within the relevant strategies and frameworks.</i></p>					
Action to be taken	Timescale	Lead Executive	Progress Report as 29th February 2020	Committee	Status
<ul style="list-style-type: none"> Finalise the Board Assurance Framework (January 2020) 	April 2020	Director of Corporate Governance	Board Assurance Framework received by the Health Board in January 2020	Audit Committee	

<ul style="list-style-type: none"> Review the committee planners to ensure risk reports are reported quarterly (January 2020) 	April 2020	Director of Corporate Governance	Committee Work Programmes updated and risk reports now being considered by the appropriate Committees	Audit Committee	
<ul style="list-style-type: none"> Review of terms of reference for Board Committees and Unit Boards to ensure appropriate referencing to current policies (March 2020) 	April 2020	Director of Corporate Governance		Audit Committee	
<ul style="list-style-type: none"> To continue to review the risk management arrangements to focus on the appropriate level of risk currently being reported (quarterly) 	April 2020	Director of Corporate Governance	Risk Management arrangement continue to develop to ensure that risks are being managed appropriately.	Audit Committee	

LEADERSHIP, QUALITY AND PATIENT SAFETY					
<p>3. <i>There is collective responsibility for quality and patient safety across the executive team and clearly defined roles for professional leads:</i></p> <p><i>i. The role of Executive Clinical Directors and divisional/group Clinical Directors in relation to quality and patient safety is clearly defined</i></p> <p><i>ii. The roles, responsibilities, accountability and governance in relation to quality and patient safety within the divisions/groups/directorates is clear</i></p> <p><i>There is sufficient capacity and support, at corporate and directorate level, dedicated to quality and patient safety.</i></p>					
Action to be taken	Timescale	Lead Executive	Progress Report as 29 th February 2020	Committee	Status
<ul style="list-style-type: none"> The Clinical Directors will set out specifically the individual and collective responsibilities in relation to quality and safety (January 2020) 	April 2020	Director of Nursing and Patient Experience, Medical Director and Director of Therapies and Health Science	Work is being progressed as part of change in line management responsibilities to ensure clarity on roles and responsibilities and an update will be brought to the Quality and Safety Committee March/April once finalised.	Quality and Safety Committee	

<ul style="list-style-type: none"> Ensure the roles and responsibilities are clearly set out in the quality and safety framework (January 2020) 	April 2020	Director of Nursing and Patient Experience, Medical Director and Director of Therapies and Health Science	To be updated once agreed.	Quality and Safety Committee	
ORGANISATIONAL SCRUTINY OF QUALITY AND PATIENT SAFETY					
<p>4. The roles and function of the Quality and Safety Committee is fit for purpose and reflects the Quality Strategy, Quality and Patient Safety Governance Framework and key corporate risks for quality and patient safety. This should include assessment of ensuring sub-groups/committees have sufficient support to function effectively; the content, analysis, clarity and transparency of information presented to the committee and the quality framework in place is used to improve oversight of quality and patient safety across the whole organisation.</p>					
Action to be taken	Timescale	Lead Executive	Progress Report as 29 th February 2020	Committee	Status
<ul style="list-style-type: none"> The Quality & Safety Committee, will continue to improve the information it receives including the quality performance dashboard (March 2020) 	April 2020	Director of Nursing and Patient Experience and Director of Corporate Governance		Quality and Safety Committee	
<ul style="list-style-type: none"> Ensure that the Quality and Safety Governance Group meets regularly with clear and consistent reporting to the Quality & Safety Committee (January 2020). 	April 2020	Director of Nursing and Patient Experience and Director	Quality and Safety Governance Group operating arrangements being reviewed. Regular updates being brought to the Committee.	Quality and Safety Committee	

		of Corporate Governance			
<ul style="list-style-type: none"> Ensure that the new Head of Quality & Safety within the corporate nursing team attends the Unit Q&S meetings and maintains regular dialogue with Unit Q&S representatives (April 2020). 	April 2020	Director of Nursing and Patient Experience and Director of Corporate Governance		Quality and Safety Committee	
<ul style="list-style-type: none"> Finalise the Quality & Safety Framework, ensuring it is supported by a quality hub (January 2020). 	April 2020	Director of Nursing and Patient Experience and Director of Corporate Governance	Quality and Safety Framework to be considered by Executive Board in February.	Quality and Safety Committee	
<ul style="list-style-type: none"> Pilot a quality KPI dashboard with the aim of better triangulation of data across a range of sources (quantitative and qualitative) (March 2020) 	April 2020	Director of Nursing and Patient Experience and Director of Corporate Governance		Quality and Safety Committee	

5. Independent/Non-Executive Members are appropriately supported to meet their responsibilities through the provision of an adequate induction programme and ongoing development so they can effectively scrutinise the information presented to them.					
Action to be taken	Timescale	Lead Executive	Progress Report as 29 th February 2020	Committee	Status
<ul style="list-style-type: none"> Continue to provide a tailored induction and IM development programme for members and ensure they attend the NHS Wales IM induction facilitated by Welsh Government and Academi Wales. 	April 2020	Director of Corporate Governance	Local induction in place which is complemented by the national induction.	Chairs Advisory Group	
<ul style="list-style-type: none"> To arrange specific training for Committee Chairs to ensure consistency across committees. 	April 2020	Director of Corporate Governance	Agreed to arrange specific/bespoke training to support all IMs	Chairs Advisory Group	
<ul style="list-style-type: none"> Annual session on IM scrutiny as part on on-going development of Independent Members 	April 2020	Director of Corporate Governance	Included on the Board Development Programme	Health Board	

6. There is sufficient focus and resources given to gathering, analysing, monitoring and learning from user/patient experience across the organisation. This must include use of real-time user/ patient feedback.					
Action to be taken	Timescale	Lead Executive	Progress Report as 29 th February 2020	Committee	Status
<ul style="list-style-type: none"> Develop a patient experience plan which sets out a range of activities undertaken by the Health Board to gain a picture of patient experiences, with the aim of identifying issues and good practice. To include detailed actions, timeframes and outcome measures. (April 2020) 	April 2020	Director of Nursing and Patient Experience		Quality and Safety Committee	
<ul style="list-style-type: none"> To review the current processes and system of managing concerns to ensure that the Board receives appropriate assurance 	April 2020	Director of Nursing and Patient Experience		Quality and Safety Committee	

ARRANGEMENTS FOR QUALITY AND PATIENT SAFETY AT DIRECTORATE LEVEL					
<p>7. There is visibility and oversight of clinical audit and improvement activities across divisions/groups/directorates and at corporate level. This includes identification of outliers and maximising opportunities for sharing good practice and learning.</p>					
Action to be taken	Timescale	Lead Executive	Progress Report as 29 th February 2020	Committee	Status
<ul style="list-style-type: none"> The Executive Medical Director will review current reporting arrangements to ensure appropriate oversight at a corporate and operational level. 	June 2020	Medical Director		Quality and Safety Committee	
<ul style="list-style-type: none"> A new Audit Policy will be developed to reflect the four tiers of clinical audit described above. 	June 2020	Medical Director		Quality and Safety Committee	
<ul style="list-style-type: none"> To put in place a clear audit programme which provides coverage of local and national audits. 	June 2020	Medical Director		Quality and Safety Committee	
<p>8. The organisation has clear lines of accountability and responsibility for quality and patient safety within divisions/groups/directorates.</p>					
Action to be taken	Timescale	Lead Executive	Progress Report as 29 th February 2020	Committee	Status
<ul style="list-style-type: none"> Implement the Quality and Safety Framework (April 2020) 	April 2020	Director of Nursing	In progress of being finalised	Quality and Safety Committee	

IDENTIFICATION AND MANAGEMENT OF RISK					
9. The form and function of the divisional/group/directorate quality and safety and governance groups and Board committees have: <ul style="list-style-type: none"> <i>i.</i> Clear remits, appropriate membership and are held at appropriate frequently. <i>ii.</i> Sufficient focus, analysis and scrutiny of information in relation to quality and patient safety issues and actions. <i>iii.</i> Clarity of the role and decision making powers of the committees 					
Action to be taken	Timescale	Lead Executive	Progress Report as 29 th February 2020	Committee	Status
<ul style="list-style-type: none"> Finalise the Quality & Safety Framework, ensuring it is supported by a quality hub (April 2020) 	April 2020	Director of Nursing		Quality and Safety Committee	
<ul style="list-style-type: none"> Finalise the terms of reference for the Quality Governance Group (January 2020) 	April 2020	Director of Nursing	Terms of reference in the process of being finalised	Quality and Safety Committee	
<ul style="list-style-type: none"> Agree the reporting structure and sub groups including the terms of reference (March 2020) 	April 2020	Director of Nursing		Quality and Safety Committee	
<ul style="list-style-type: none"> As part of the operating model, issue a set of standards, including terms of reference, standard agendas to all Units (April 2020) 	April 2020	Director of Nursing		Quality and Safety Committee	

MANAGEMENT OF INCIDENTS, CONCERNS AND COMPLAINTS					
10. The organisation has clear and comprehensive risk management systems at divisional/group/directorate and corporate level, including the review and population of risk registers. This should include clarity around the escalation of risks and responsibilities at directorate and corporate level for risk registers and the management of those risks. This must be reflected in the risk strategy.					
Action to be taken	Timescale	Lead Executive	Progress Report as 29th February 2020	Committee	Status
<ul style="list-style-type: none"> Continue to embed and mature the risk management system across the organisation. Monitored quarterly by the Audit Committee 	April 2020	Director of Corporate Governance	Risk Management continues to be embedded. Regular reports to the Audit Committee.	Audit Committee	
<ul style="list-style-type: none"> As part of the Board Assurance Framework ensure sightedness of risks at an operational and corporate level. Board Assurance Framework to be reported to the Board in January (January 2020) 	April 2020	Director of Corporate Governance	Board Assurance Framework considered by the Board. Further work to be undertaken on operational risks as part of the implementation in 2020.	Audit Committee	
11. The oversight and governance of DATIX and other risk management systems ensures they are used as an effective management and learning tool. This should also include triangulation of information in relation to concerns, at a divisional/group/ directorate or corporate level, and formal mechanisms to identify and share learning.					
Action to be taken	Timescale	Lead Executive	Progress Report as 29th February 2020	Committee	Status
<ul style="list-style-type: none"> The Risk Management group will continue to meet quarterly and have oversight and governance of DATIX and risk management processes 	April 2020	Director of Corporate Governance	The Risk Management Group meets quarterly. Further work to do in relation to the risk scrutiny and escalation.	Audit Committee	

which ensures they are used as an effective management and learning tool. (Quarterly)					
<ul style="list-style-type: none"> The BAF will be developed further to ensure it fully aligns with the updated risk management policy. (January 2020) 	April 2020	Director of Corporate Governance	Risk Management Policy approved by the Board. Continue development of the BAF.	Audit Committee	
<ul style="list-style-type: none"> The BAF is a living document and will be updated continuously (ongoing updates against the HBRR, IMTP/annual plan, clinical plan etc.) and monitored by the Risk Management group with regular updates to the Audit Committee and the Board. (Quarterly) 	April 2020	Director of Corporate Governance	Agreed to be reported twice yearly to the Board and as part of the regular review of risk management arrangements.	Audit Committee	
ORGANISATIONAL CULTURE AND LEARNING					
12. The organisation ensures staff receive appropriate training in the investigation and management of concerns (including incidents). In addition, staff are empowered to take ownership of concerns and take forward improvement actions and learning.					
Action to be taken	Timescale	Lead Executive	Progress Report as 29 th February 2020	Committee	Status
<ul style="list-style-type: none"> Establish competency framework for Serious Incidents (March 2020) 	June 2020	Director of Nursing		Quality and Safety Committee	
<ul style="list-style-type: none"> Establish competency framework for Serious Incidents (March 2020) 	June 2020	Director of Nursing		Quality and Safety Committee	
<ul style="list-style-type: none"> A Learning Event based on sharing learning and providing assurance, based on complaints themes and trends, is being arranged for 27th February 2020. Learning from other Health Board's Section 16 	June 2020	Director of Nursing		Quality and Safety Committee	

Ombudsman Reports will also be presented in the Learning Event, which is being supported and attended by the Health Board's Ombudsman Improvement Officer (February 2020)					
13. The organisation has an agreed Values and Behaviours Framework that is regularly reviewed, has been developed with staff and has a clear engagement programme for its implementation.					
Action to be taken	Timescale	Lead Executive	Progress Report as 29 th February 2020	Committee	Status
<ul style="list-style-type: none"> All ongoing actions are being picked up as part of the Workforce and OD Framework 	June 2020	Director of Workforce and OD		Workforce and OD Committee	
<ul style="list-style-type: none"> Re commission Guardian Service to continue post May 2020 	June 2020	Director of Workforce and OD	Tender process in train.	Workforce and OD Committee	
<ul style="list-style-type: none"> Continue with a series of further ACAS led 'Bullying' Workshops to run through 20/21 	June 2020	Director of Workforce and OD		Workforce and OD Committee	
<ul style="list-style-type: none"> Participate in the 'Just Culture' initiative as part of the 2 pathfinder organisations for NHS Wales. Participate in the two training events scheduled for March and May 2020 	June 2020	Director of Workforce and OD	Health Board received an introduction to Just Culture at the latest Leadership Summit. Four day programme will be running in March.	Workforce and OD Committee	
<ul style="list-style-type: none"> Leadership Summit scheduled for February 2020 to focus on Compassionate Leadership 	June 2020	Director of Workforce and OD	Completed. Update provided at Workforce and OD Committee	Workforce and OD Committee	

(supported by Michael West) and Just Culture (support by Mersey Care)					
14. The organisation has a strong approach to organisational learning which takes account of all opportunities presented through concerns, clinical audit, patient and staff feedback, external reviews and learning from work undertaken within the organisation and across the NHS.					
Action to be taken	Timescale	Lead Executive	Progress Report as 29 th February 2020	Committee	Status
<ul style="list-style-type: none"> Review the reporting of Serious Incidents to the Quality and Safety Committee (March 2020) 	June 2020	Director of Nursing		Quality and Safety Committee	
<ul style="list-style-type: none"> Strengthen the reporting of inspections through the Quality and Safety Committee (April 2020) 	June 2020	Director of Corporate Governance		Quality and Safety Committee	
<ul style="list-style-type: none"> Ensure that outcomes of clinical audits, and inspections are reflected in the Board Assurance Framework (April 2020) 	June 2020	Director of Corporate Governance		Audit Committee	
<ul style="list-style-type: none"> Review the reporting and governance of clinical audits (Local and National) (April 2020) 	June 2020	Medical Director		Quality and Safety Committee	