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Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>31 March 2022</b>	<b>Agenda Item</b>	<b>2.3</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>		

- 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, 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.

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.

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.

The second workshop will take place on 23<sup>rd</sup> March and focus on designing the quality management system, and having a really clear plan moving forward.

This will also include a facilitated session with the board members in April 2022 to feedback the outcomes of the first session and discuss the overall approach to culture moving forward.

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, 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 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, as well as benchmarking with other organisations across the UK in terms of quality and governance approaches used.			
<b>Specific Action Required</b> <i>(please choose one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the themes identified within the Audit Wales review, internal audit report and health board review;</li> <li>• <b>Note</b> that the first quality workshop has taken place to discuss the ideas around a quality management system with the next workshop taking place on 23<sup>rd</sup> March 2022 to focus on designing the quality management system;</li> <li>• <b>Receive</b> a verbal update at the meeting as to the outcome of workshop on 23<sup>rd</sup> March 2022 and <b>discuss</b> the direction of travel;</li> <li>• <b>Agree</b> the arrangements for the review of the quality governance group and minimum standards for the service groups' quality committees.</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.

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 (**appendix one**) 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.

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. A board development session is being held in April 2022 to support the resetting and energising of the values and culture in recognition of the work carried out prior to the pandemic.

### **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 expect from services, but also receive. It was also noted that patients 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.

Following this, there will be a second workshop, scheduled for 23<sup>rd</sup> 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 31<sup>st</sup> 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, 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 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, as well as benchmarking with other organisations across the UK in terms of quality and governance approaches used. The revised arrangements for the Quality and Safety Group would be considered by the Management Board in April 2022.

(iii) Minimum Standards for Service Groups' Quality Governance Groups

The Director of Corporate Governance, supported by the head of corporate governance, will be developing a minimum set of standards for service groups' quality governance groups to ensure consistency. These will include:

- Membership groups, which should have the same roles represented at each one, with the service groups medical and nurse directors as chair/vice-chair;
- Agenda, minutes and report templates;
- Structure, processes and systems;
- Role and remit to ensure key areas such as patient experience, clinical effectiveness and mortality were being considered and delivered;
- Cycles of business.

These standards would be co-produced with the service groups for approval by the Management Board in April 2022.

#### 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 23<sup>rd</sup> March 2022 to focus on designing the quality management system;
- **Receive** a verbal update at the meeting as to the outcome of workshop on 23<sup>rd</sup> March 2022 and **discuss** the direction of travel;
- **Agree** the arrangements for the review of the quality governance group and minimum standards for the service groups' quality committees.

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> <i>(please choose)</i>	<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>		
<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"/>
<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>		
<p>There are no legal implications.</p>		
<b>Staffing Implications</b>		
<p>There are no staffing implications.</p>		
<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>	<p>First report to the Board.</p>	
<b>Appendices</b>	<p>Appendix 1 – integrated action plan. Appendix 2 - Audit Wales quality governance review; Appendix 3 - internal audit review of the quality and safety framework.</p>	