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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	30 January 2020	Agenda Item	4.2
Report Title	A review of quality governance arrangements at Cwm Taf Morgannwg University Health Board		
Report Author	Jacqui Maunder, Interim Head of Compliance		
Report Sponsor	Pam Wenger, Director of Corporate Governance		
Presented by	Jacqui Maunder, Interim Head of Compliance		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide an update on the Joint Review undertaken by Healthcare Inspectorate Wales and the Wales Audit Office of Quality Governance arrangements at Cwm Taf Morgannwg UHB, and to outline key areas which SBUHB should consider in 2020.		
Key Issues	<p>The overarching objective of the Joint Review arrangements at Cwm Taf Morgannwg UHB was to examine whether Cwm Taf Morgannwg University Health Board’s governance arrangements supported the delivery of high quality, safe and effective services.</p> <p>The findings are grouped under the following themes:</p> <ul style="list-style-type: none"> • Strategic focus on quality, patient safety and risk • Leadership of quality and patient safety • Organisational scrutiny of quality and patient safety • Directorate arrangements for quality and patient safety • Identification and management of risk • Management of concerns • Organisational culture and learning <p>The full report is presented at Appendix 1 for information.</p> <p>To gain assurance on the robustness of quality governance arrangements across all NHS bodies Welsh Government have requested that all Health Boards undertake a self-assessment against the review recommendations by January 2020 and provide a current level of assurance and outline any action required. The Health Board submission was considered by the Executive Board and scrutiny and challenge was undertaken by the Chairs Advisory Group in December. The final submission at Appendix 2.</p>		
Specific Action Required (please choose one only)	Information	Discussion	Assurance
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	Members are asked to :		

- | | |
|--|---|
| | <ul style="list-style-type: none">• NOTE the report and to RECEIVE the final self-assessment of the Swansea Bay UHB position; and• AGREE the process for reviewing progress against the action plan as detailed in this report. |
|--|---|

A REVIEW OF QUALITY GOVERNANCE ARRANGEMENTS AT CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

1. INTRODUCTION

The purpose of this report is to provide an update on the Joint Review undertaken by Healthcare Inspectorate Wales and the Wales Audit Office of Quality Governance arrangements at Cwm Taf Morgannwg UHB, and to outline key areas which SBUHB should consider in 2020.

2. BACKGROUND

The overarching objective of the WAO/HIW Joint Review into Quality Governance arrangements at Cwm Taf Morgannwg UHB was to examine whether Cwm Taf Morgannwg University Health Board's governance arrangements supported the delivery of high quality, safe and effective services.

The review examined the Health Board's overall corporate arrangements for quality governance, together with the quality governance arrangements within the surgical services directorate. The work focused predominantly on the Prince Charles and Royal Glamorgan Hospital sites and involved:

- Interviews with a range of independent members, executives, corporate and surgical directorate staff
- Drop in sessions with staff working within surgical directorate and emergency departments within Prince Charles and Royal Glamorgan Hospitals
- Observations of key meetings and committees
- Review of documentation in relation to quality governance
- Survey of staff working within surgery, theatres and emergency departments across the Health Board

The findings are grouped under the following themes:

- Strategic focus on quality, patient safety and risk
- Leadership of quality and patient safety
- Organisational scrutiny of quality and patient safety
- Directorate arrangements for quality and patient safety
- Identification and management of risk
- Management of concerns
- Organisational culture and learning

The full report is presented at **Appendix 1** for information.

3. GOVERNANCE AND RISK ISSUES

Following publication of the Healthcare Inspectorate Wales and the Wales Audit Office report titled '*A review of quality governance arrangements at Cwm Taf Morgannwg University Health Board*', the Minister for Health and Social Services has requested that all health boards and NHS Trusts in Wales assess themselves against the recommendations of the review and provide plans for future review of their arrangements and/or the necessary action to be undertaken. The self-assessment should include a narrative of current arrangements and the current level of assurance: *high, medium or low*.

SBUHB is working to the following definition of quality: care that is effective, safe, provides as positive an experience as possible, efficient, timely and equitable. This definition lies at

the heart of our Quality and Safety Framework and aims to unite the ambitions and motivations of staff with the needs of patients and the expectations of the public.

SBUHB is committed to strengthening and developing quality and patient safety. Through implementation of the Quality & Safety Framework we are aiming to achieve:

- A consistent approach to quality
- Continuous improvement of patient care and clinical outcomes
- A reduction in concerns, as well as a commitment to learn from mistakes and share the learning across the Health Board
- Assurance that the Health Board is well managed and compliant with regulatory requirements; and
- An engaged, sustainable and skilled workforce, which aims to provide excellent quality care.

Swansea Bay UHB response was considered by the Executive Board in December and scrutiny was undertaken of the draft response at the Chairs Advisory Group in December. The final response that has been submitted is presented at **Appendix 2** for consideration. The further actions that have been identified have been incorporated into an action plan and this will be monitored through the Quality and Safety Committee with regular updates and oversight provided as part of the Governance Work Programme.

The high level summary of our assessment, broadly aligned to the groupings of the recommendations in the report is as follows:

1. Strategic focus on quality, patient safety and risk

In February 2019, acknowledging that there were several aspects of quality governance that required strengthening throughout the organisation, the development of the Quality and Safety Framework commenced. This has been an iterative process, including the quality and safety governance group and continuing conversations with a broad range of stakeholders including external partners, clinicians, Board Members and managers. The Framework will be in place by April 2020.

As part of the 2019 – 2021 integrated medium term planning cycle, the emphasis on quality and patient safety has been substantially strengthened in the Health Board's Annual plan. Additionally, more robust assessment criteria specifically relating to quality have been developed for individual unit plans. The assessment criteria require identification of the resources required to effectively discharge the functions of quality and patient safety.

2. Leadership of quality and patient safety

Responsibility for quality and patient safety is a shared responsibility between the Director of Nursing, Medical Director and Director of Therapies and Health Sciences.

The draft Quality and Safety Framework has been developed outlining the vision for managing quality and safety, and providing clarity on the roles of the Executive Clinical Directors.

3. Organisational scrutiny of quality and patient safety

The role and function of the Quality and Safety Committee are clearly defined within its terms of reference, which are updated annually. The Board operates in an open and transparent way. Through the appointment of strong independent members there is good challenge and scrutiny at Board and Committee meetings, which has been observed by Wales Audit Office. The 'draft' structured assessment report confirms the following:

- **Quality and Safety Committee:** operation matured, agenda structure revised and Chair proactive in seeking good practice and learning from others; recent quality improvement event to determine priorities and information requirements; self-evaluation deferred due to membership changes; and frequency of meetings is under review with consideration of whether the timing of business and assurance flows supports a move to monthly meetings

All new Independent Members are required to attend the two-day NHS Induction. To supplement these arrangements, the Health Board has put in place a local induction pack for Independent Members to support them in their role. These arrangements are developing as a result of feedback from Independent Members.

4. Arrangements for quality and patient safety at directorate level

Each Unit has a Director of Nursing who chairs the Unit Quality and Safety Group. They are professionally accountable to the Director of Nursing and Patient Experience.

The governance structure for quality & safety is being reviewed as part of the Quality and Safety Framework. This review will include review of terms of reference, accountability, reporting requirements and application of common standards to ensure consistency across the organisation.

5. Identification and management of risk

A key priority for the Health Board this year has been to refresh the approach to Risk Management. Significant work has been undertaken in the year to review the Health Board system of risk management including the establishment of a Risk Management Group. The Health Board has implemented a clear risk management process with appropriate escalation through to Board Committees, and a lead executive director is responsible for the management of each of the risks. The latest version of the Health Board risk register was considered at the Board in November with a regular review of the risks now being used to develop agendas for board committees.

The Board has also made good progress in the development of a Board Assurance Framework, which will be implemented from April 2020. The Wales Audit Office structured assessment report has noted the maturity of the Health Board's risk management arrangements.

6. Management of incidents, concerns and complaints

The Health Board has undertaken a significant amount of improvement work within our serious incident approach, following work with the Delivery Unit in 2018. A follow up review report from the Delivery Unit concluded that there had been a significant improvement and the Health Board had been de-escalated in terms of targeted support for the management of Serious Incidents across the Health Board. Every Serious Incident provides an opportunity for learning and improvement.

The Health Board has been instrumental in supporting the Once for Wales project. We are the only Health Board (HB) in Wales to have DATIX reference site status.

In 2018 and 2019 the Health Board held learning events in the Units focusing on Serious Incident's, Never Events, Health Inspectorate Wales reports and themes and trends. The Once for Wales Project will significantly help Health Boards once the incident module is up and running in approx. 18 – 24 months, as it has in-built artificial intelligence to highlight themes/trends as opposed to us searching and running reports looking for themes and trends.

The Risk Management group meets quarterly and have oversight and governance of DATIX and risk management processes, which ensures they are used as an effective management

and learning tool. Oversight and scrutiny of the risk management system and process is undertaken by the Audit Committee.

7. Organisational culture and learning

Swansea Bay has an established Values & Behaviours framework in place, which was developed in partnership with staff and service users. A comprehensive integration programme is in place to continuously embed our values into working practices. Our values are fully embedded into our learning and education programmes, from induction through all leadership and management development activities, our Wellbeing Champions networks and values-based Personal Appraisal Development Reviews.

In response to the results of the staff survey, we also launched 'The Guardian Service' in May 2019 as an external, independent service in which staff are able to raise concerns or risks in the workplace. All staff recognition, awards and celebration events are underpinned by our values, and a new Staff Award Ceremony, 'Living our Values' Awards will be relaunched during 2020.

4. FINANCIAL IMPLICATIONS

There are no direct financial implications arising from this report.

5. RECOMMENDATIONS

Members are asked to:

- **NOTE** the report and to **RECEIVE** the final self-assessment of the Swansea Bay UHB position; and response to the Joint Review
- **AGREE** the process for reviewing progress against the action plan as detailed in this report.

Governance and Assurance		
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 checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input 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 checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" 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 checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
<p>SBUHB's Annual Plan 2019-2020 includes a specific strategic objective on "Best Value Outcomes from High Quality Care" (page 27). The SBUHB draft Quality & Safety Assurance Framework outlines the expectations for directorates in relation to quality & patient safety.</p>		
Financial Implications		
There are no direct financial implications arising from this report.		
Legal Implications (including equality and diversity assessment)		
<p>NHS bodies have been under a duty to make arrangements for the purpose of improving the quality of health care since 2003, under section 45(1) of the Health and Social Care (Community Health and Standards) Act 2003 ("the 2003 Act").</p> <p>Through the development of the new Health and Social Care (Quality and Engagement) (Wales) Bill with its emphasis on quality, the Welsh Government also has an opportunity to consider its role in monitoring the effectiveness of NHS bodies in relation to quality and patient safety.</p>		
Staffing Implications		
<p>A draft Quality and Safety Assurance framework has been developed outlining the vision for managing quality & safety, and providing clarity on the role of the Medical Director and Clinical Directors. The framework will be supported by a "quality hub". The planning and analysis to develop a quality hub will consider what additional resource and capacity is required to focus on the quality and patient safety agenda, e.g. data analysts to triangulate data.</p>		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
<p>Quality is at the heart of every aspect of the approach that SBUHB gives to health care, which aligns to the core values that underpin the NHS in Wales, originally set out in Together for Health in 2013. SBUHB recognises the need for a system where care and support should be person centred and seamless; without artificial barriers</p>		

between physical and mental health, primary and secondary care, or health and social care.	
Report History	None
Appendices	Appendix 1 - WAO/HiW Joint report into Quality Governance arrangements at Cwm Taf Morgannwg UHB Appendix 2 – Self-assessment Appendix 3 – Action Plan



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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

Cadeirydd Dros Dro/Interim Chair: **Emma Woollett**
Prif Weithredwr/Chief Executive: **Tracy Myhill**

gofalu am ein gilydd, cydweithio, gwella bob amser
caring for each other, working together, always improving

Pencadlys Bwrdd Iechyd Prifysgol Bae Abertawe

Un Porthfa Talbot, Parc Ynni, Baglan, Port Talbot, SA12 7BR Ffôn 01639 683334

Swansea Bay University Health Board Headquarters

One Talbot Gateway, Baglan Energy Park, Port Talbot, SA12 7BR Phone 01639 683334

Rydym yn croesawu gohebiaeth yn y Gymraeg ac yn y Saesneg. We welcome correspondence in Welsh or English.



01639 683302



tracy.myhill@wales.nhs.uk

Dyddiad / Date: 7th January 2020

Vaughan Gething AC/AM
Minister for Health & Social Services
Welsh Government
Cathays Park
Cardiff
CF10 3NQ

Dear Vaughan,

The HIW/WAO Review of Quality Governance Arrangements within Cwm Taf Morgannwg Health Board

Thank you for your letter of 19th November 2019 in relation to the HIW/WAO Review of Quality Governance Arrangements within Cwm Taf Morgannwg Health Board.

As a Health Board we have reviewed the content of the report and undertaken a self-assessment of the position in Swansea Bay University Health Board (SBUHB). We have considered the detail of each recommendation alongside our broader assessments, including the 'draft' structured assessment report 2019 from Wales Audit Office.

Responding to the report – our process

The report has been shared widely within SBUHB, and our response has been led by the Director of Corporate Governance. The initial self-assessment, and the evidence to support it was considered by the Executive Board in December and also at a scrutiny and challenge session with Independent Members, the Chief Executive and myself.

I attach at Annex A our assessment of SBUHB's position against each of the recommendations in the report, together with additional improvement actions where identified.



I provide a high level summary of the themes below. We will be considering the report and our response to it at our full Board meeting later this month.

Summary of our assessment

SBUHB is working to the following definition of quality: care that is effective, safe, provides as positive an experience as possible, efficient, timely and equitable. This definition lies at the heart of our Quality and Safety Framework and aims to unite the ambitions and motivations of staff with the needs of patients and the expectations of the public.

SBUHB is committed to strengthening and developing quality and patient safety. Through implementation of the Quality & Safety Framework we are aiming to achieve:

- A consistent approach to quality
- Continuous improvement of patient care and clinical outcomes
- A reduction in concerns, as well as a commitment to learn from mistakes and share the learning across the Health Board
- Assurance that the Health Board is well managed and compliant with regulatory requirements; and
- An engaged, sustainable and skilled workforce, which aims to provide excellent quality care.

I set out below a high level summary of our assessment, broadly aligned to the groupings of the recommendations in the report:

Strategic focus on quality, patient safety and risk

In February 2019, acknowledging that there were several aspects of quality governance that required strengthening throughout the organisation, the development of the Quality and Safety Framework commenced. This has been an iterative process, including the quality and safety governance group and continuing conversations with a broad range of stakeholders including external partners, clinicians, Board Members and managers. The Framework will be in place by April 2020.

As part of the 2019 – 2021 integrated medium term planning cycle, the emphasis on quality and patient safety has been substantially strengthened in the Health Board's Annual plan. Additionally, more robust assessment criteria specifically relating to quality have been developed for individual unit plans. The assessment criteria require identification of the resources required to effectively discharge the functions of quality and patient safety.

Leadership of quality and patient safety

Responsibility for quality and patient safety is a shared responsibility between the Director of Nursing, Medical Director and Director of Therapies and Health Sciences.

The draft Quality and Safety Framework has been developed outlining the vision for managing quality and safety, and providing clarity on the roles of the Executive Clinical Directors. This Framework will be supported by a "quality hub", the final details of which are being developed.



Organisational scrutiny of quality and patient safety

The role and function of the Quality and Safety Committee are clearly defined within its terms of reference, which are updated annually. The Board operates in an open and transparent way. Through the appointment of strong independent members there is good challenge and scrutiny at Board and Committee meetings, which has been observed by Wales Audit Office. The 'draft' structured assessment report confirms the following:

- **Quality and Safety Committee:** operation matured, agenda structure revised and Chair proactive in seeking good practice and learning from others; recent quality improvement event to determine priorities and information requirements; self-evaluation deferred due to membership changes; and frequency of meetings is under review with consideration of whether the timing of business and assurance flows supports a move to monthly meetings

All new Independent Members are required to attend the two-day NHS Induction. To supplement these arrangements, the Health Board has put in place a local induction pack for Independent Members to support them in their role. These arrangements are developing as a result of feedback from Independent Members. All Independent Members are encouraged to undertake site visits and walkarounds to enable them to understand the business operations of the Health Board better and be better informed when scrutinising Board reports.

Arrangements for quality and patient safety at directorate level

SBUHB has a Unit structure whereby the Service Director is accountable for the services in their units. Each Unit has a Director of Nursing who chairs the Unit Quality and Safety Group. They are professionally accountable to the Director of Nursing and Patient Experience.

The governance structure for quality & safety is being reviewed as part of the Quality and Safety Framework. This review will include review of terms of reference, accountability, reporting requirements and application of common standards to ensure consistency across the organisation.

Identification and management of risk

A key priority for the Health Board this year has been to refresh the approach to Risk Management. Significant work has been undertaken in the year to review the Health Board system of risk management including the establishment of a Risk Management Group. The Health Board has implemented a clear risk management process with appropriate escalation through to Board Committees, and a lead executive director is responsible for the management of each of the risks. The latest version of the Health Board risk register was considered at the Board in November with a regular review of the risks now being used to develop agendas for board committees.

The Board has also made good progress in the development of a Board Assurance Framework, which will be implemented from April 2020. The Wales Audit Office draft structured assessment report has noted the maturity of the Health Board's risk management arrangements.



Management of incidents, concerns and complaints

The Health Board has undertaken a significant amount of improvement work within our serious incident approach, following work with the Delivery Unit in 2018. A follow up review report from the Delivery Unit concluded that there had been a significant improvement and SBUHB had been de-escalated in terms of targeted support for the management of Serious Incidents across the Health Board. Every Serious Incident provides an opportunity for learning and improvement.

SBUHB has been instrumental in supporting the Once for Wales project. We are the only Health Board (HB) in Wales to have DATIX reference site status. We have supported the development of other HB's systems.

In 2018 and 2019 the Health Board held learning events in the Units focusing on Serious Incident's, Never Events, Health Inspectorate Wales reports and themes and trends. The Once for Wales Project will significantly help Health Boards once the incident module is up and running in approx. 18 – 24 months, as it has in-built artificial intelligence to highlight themes/trends as opposed to us searching and running reports looking for themes and trends.

The Risk Management group meet quarterly and have oversight and governance of DATIX and risk management processes, which ensures they are used as an effective management and learning tool. Oversight and scrutiny of the risk management system and process is undertaken by the Audit Committee.

Organisational culture and learning

Swansea Bay has an established Values & Behaviours framework in place, which was developed in partnership with staff and service users. A comprehensive integration programme is in place to continuously embed our values into working practices. Our values are fully embedded into our learning and education programmes, from induction through all leadership and management development activities, our Wellbeing Champions networks and values-based Personal Appraisal Development Reviews.

Staff engagement and staff listening has been a priority during 2019, resulting in the development of new mechanisms to connect with and support colleagues. These include monthly 'Meet the Executive Team', Leadership Summits and an intensive 'pledge campaign' demonstrating how staff live the values #LOV (Living our Values).

In response to the results of the staff survey, we also launched 'The Guardian Service' in May 2019 as an external, independent service in which staff are able to raise concerns or risks in the workplace. All staff recognition, awards and celebration events are underpinned by our values, and a new Staff Award Ceremony, 'Living our Values' Awards will be relaunched during 2020.

Next steps

As you will see from the attached Action Plan, we have identified a number of specific actions to further improve our quality governance arrangements. These include continuing to build on our improvements in the functioning and operation of the Quality and Safety Committee and supporting groups, implementation of our Quality and Safety Framework and continuing to build



upon our maturing governance and risk management arrangements. Progress against these actions will primarily be overseen through the Health Board's Quality and Safety Committee, and the full Board will also receive updates on progress.

I will keep you apprised of the progress of this work. In the meantime, please let me know if there is any further information you require at this stage.

Yours sincerely,



Emma Woollett
Interim Chair



Tracy Myhill
Chief Executive

cc Janet Davies

Enc. Annex A: Assessment of SBUHB's position



All-Wales Self-Assessments of Current Quality Governance Arrangements

Following publication of the Healthcare Inspectorate Wales and the Wales Audit Office report titled 'A review of quality governance arrangements at Cwm Taf Morgannwg University Health Board', the Minister for Health and Social Services has requested that all health boards and NHS Trusts in Wales assess themselves against the recommendations of the review and provide plans for future review of their arrangements and/or the necessary action to be undertaken. The self-assessment should include a narrative of current arrangements and the current level of assurance: **high, medium** or **low**. Whilst reference is made to specific documents in the main report and in the recommendations listed below, each organisation should demonstrate how they are discharging the requirements rather than adhering rigidly to the need to have documentation with the same titles.

Completed pro forms should be submitted to [Janet Davies](#) no later than **7 January 2020**. If you have queries do get in touch.

Recommendations	Self-Assessment	Plan for future action/review
Strategic focus on quality, patient safety and risk		
<p>1. <i>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.</i></p>	<p>SBUHB's Annual Plan 2019-2020 includes a specific strategic objective on "Best Value Outcomes from High Quality Care" (page 27).</p> <p>In February 2019, acknowledging that there were several aspects of quality governance that required strengthening throughout the organisation, the development of the Quality and Patient Safety Governance framework commenced.</p> <p>As part of the 2019 – 2021 integrated medium term planning cycle, the emphasis on quality</p>	<p><i>Lead :Director of Nursing</i> <i>Support : Medical Director and Director of Therapies and Health Sciences</i> <i>Timescale for completion: June 2020</i></p> <p>Future actions include:</p> <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) • Further work is required to devise the quality priorities for the Health board

	<p>and patient safety has been substantially strengthened in the health board's Annual plan. Additionally, the application of a more robust, specific assessment criteria for individual service, directorate and locality plans has been developed specifically related to quality. The assessment criteria requires identification of the resources required to effectively discharge the functions of quality and patient safety.</p> <p>The development of the framework has been through an iterative process including the quality and safety forum and continuing conversations with a broad range of stakeholders including external partners, clinicians, leaders and managers</p> <p><i>Current level of assurance: Medium</i></p>	<p>using business intelligence approach from patient experience data – in particular serious incidents, Never Events and the learning and systematic change required (April 2020)</p> <ul style="list-style-type: none"> • Finalisation of the Quality and Safety Framework (January 2020) • Introduction of a Quality Improvement Hub (April 2020). • Undertake an analysis of Service Delivery Unit annual plans to monitor quality and safety priorities and objectives (April 2020). • Develop specific targets for quality and safety which can be measured for the Annual plan 2020-2021. • Develop KPIs for monitoring compliance against the Welsh Government's Health & Care Standards framework (April 2020).
<p>2. <i>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:</i></p>	<p>Significant work has been undertaken to refresh the risk management arrangements during 2018/19. SBUHB's Board Assurance Framework (BAF) has been significantly updated during 2019 to reflect feedback and business intelligence from Audit Committee, internal audit, Executive Directors and managerial leads. The updated BAF has been</p>	<p><i>Lead :Director of Corporate Governance</i> <i>Support : Head of Risk Management/Head of Corporate Governance</i> <i>Timescale for completion: April 2020</i></p> <p>Future actions include:</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>ii. <i>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>iii. <i>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>cross referenced against the HB's Health Board risk register and now includes unit risks, reference to internal audit reports and a barometer of assurance.</p> <p>i. SBUHB Board Assurance Framework reflects the organisational objectives which are set out in the Annual Plan. The quality priorities are integral to the delivery of the objectives as set out in the plan.</p> <p>ii. The Board approved the Risk Management Policy in November 2019 which sets out the oversight arrangements including the responsibilities of board level committees.</p> <p>iii. The draft Quality and Safety Governance Framework has been in development and has been consulted widely across the organisation. The framework aligns to the Annual plan and the values and behaviour framework. There is further work to do in finalising the document which will incorporate the learning from the CTM Report.</p>	<p>i. Finalise the Board Assurance Framework (January 2020)</p> <p>ii. Review the committee planners to ensure risk reports are reported quarterly (January 2020)</p> <p>iii. Review of terms of reference for Board Committees and Unit Boards to ensure appropriate referencing to current policies (March 2020)</p> <p>iv. To continue to review the risk management arrangements to focus on the appropriate level of risk currently being reported (quarterly)</p>
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<p>iv. <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>	<p>iv. The Terms of Reference for the relevant Board committees, including those for Audit, Quality and Safety and Health & Safety and at divisional /group levels, are reviewed annually to ensure effective governance and will be updated to reflect the latest governance arrangements cited within the relevant strategies and frameworks in 2020.</p> <p>Current level of assurance: Medium</p>	
<p>Leadership of quality and patient safety</p>		
<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>ii. <i>The roles, responsibilities, accountability and governance in relation to quality and patient safety</i></p>	<p>i. Responsibility for quality and patient safety is a shared responsibility between the Director of Nursing and Patient Experience, Medical Director and Director of Therapies and Health Science.</p> <p>ii. A draft Quality and Safety framework has been developed outlining the vision</p>	<p><i>Lead : Director of Nursing and Patient Experience, Medical Director and Director of Therapies and Health Science</i></p> <p><i>Timescale for completion: April 2020</i></p> <p>Future actions include:</p> <p>i. The Clinical Directors will set out specifically the individual and collective responsibilities in relation to quality and safety (January 2020)</p> <p>ii. Ensure the roles and responsibilities are clearly set out in the quality and safety framework (January 2020)</p>

<p><i>within the divisions/groups/directorates is clear</i></p> <p>iii. <i>There is sufficient capacity and support, at corporate and directorate level, dedicated to quality and patient safety.</i></p>	<p>for managing quality and safety, and providing clarity on the role of the Medical Director and Clinical Directors. The framework will be supported by a “quality hub”. The final details of which are being developed.</p> <p>iii. Within SBUHB each delivery unit has its own Unit Director of Nursing who has site specific responsibility for quality & safety. They are supported by a Head of Quality & Safety/Quality & Safety Manager. They are professionally accountable to the Director of Nursing and Patient Experience.</p> <p>The Quality & Safety Governance group meets regularly and all Unit Nurse Directors are required to attend with their quality and safety governance leads.</p> <p>In addition the corporate nursing team have recently appointed a Head of Quality & Safety to support the units further.</p> <p>Current level of assurance: Medium</p>	
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Organisational scrutiny of quality and patient safety

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.*

The roles and function of the Quality and Safety Committee are clearly defined within its terms of reference, which are updated annually to ensure effective governance.

SBUHB has a separate Quality & Safety Committee and a separate Audit Committee, both of which receive risk register updates at each meeting.

A Risk Management Policy is in place to outline the governance process for managing risk.

The Quality & Safety Committee receives exception reports at each meeting under the “benchmarking, learning & quality improvement”, and routinely receive the Quality & Safety performance report.

Any issues raised within unit reports are captured within the minutes of the meeting and a progress update is provided under matters arising at the next meeting.

The SBUHB draft Quality & Safety Framework outlines the expectations for units in relation to quality & patient safety.

Lead : Director of Nursing and Patient Experience and Director of Corporate Governance

Timescales for completion: April 2020

Future actions include:

- The Quality & Safety Committee will continue to improve the information it receives including the quality performance dashboard (March 2020)
- Ensure that the Quality and Safety Governance Group meets regularly with clear and consistent reporting to the Quality & Safety Committee (January 2020).
- 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).
- Finalise the Quality & Safety Framework, ensuring it is supported by a quality hub (January 2020).
- Pilot a quality KPI dashboard with the aim of better triangulation of data across

	<p>In addition the governance structure for quality & safety has been reviewed and each individual unit has a quality & safety group, with consistent reporting based on prescribed templates including terms of reference, agenda templates etc. Each group feeds into the Quality and Safety Governance Group which meets quarterly. The Quality & Safety Governance Group reports to the Quality & Safety Committee, which will meet monthly from January 2020 onwards.</p> <p><i>Current level of assurance: Medium</i></p>	<p>a range of sources (quantitative and qualitative) (March 2020)</p>
<p>5. <i>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.</i></p>	<p>All new Independent Members are invited to the NHS Wales Induction. The Health Board has also put in place a local induction pack to support members as a result of feedback in 2018.</p> <p>The Board Development Programme has been re-focussed which focusses on development.</p> <p>All IMs are encouraged to undertake site visits and walkarounds to enable them to understand the business operations of the Health Board better and better inform them when scrutinising Board reports.</p>	<p><i>Lead : Director of Corporate Governance</i> <i>Timescale : April 2020</i></p> <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. • To arrange specific training for Committee Chairs to ensure consistency across committees • Annual session on IM scrutiny as part on on-going development of Independent Members

	<p><i>Current level of assurance: Medium</i></p>	
<p>6. <i>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.</i></p>	<p>The corporate patient experience team is currently led and managed by the assistant director of nursing and patient experience. There is a small corporate team. The Health Board is currently reviewing its structures and any future management structure will build on the positive work achieved to date.</p> <p>Significant work has been undertaken to produce one report that analyses concerns, patient experience, incidents in a real time basis.</p> <p>The Quality and Safety Committee receives quarterly reports on information on Patient Feedback and Experience, what it means and how we are using it to improve the service. Included within this report is the current performance of our Service Delivery Units and learning. The Patient Experience Report has been developed following feedback from Independent Members.</p> <p><i>Current level of assurance: Medium</i></p>	<p><i>Lead : Director of Nursing and Patient Experience</i></p> <p><i>Timescale for completion: April 2020</i></p> <p>Future actions include:</p> <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) • To review the current processes and system of managing concerns to ensure that the Board receives appropriate assurance

<p>7. <i>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.</i></p>	<p>SBUHB's Organisational Strategy describes our ambition for the Health Board over the next ten years; to deliver <i>Better Health, Better Care, Better Lives</i> for our population.</p> <p>SBUHB's Clinical Services Plan 2019-2024, led by clinicians and developed with staff and stakeholders, is central to this ambition.</p> <p>Units have monthly clinical audits sessions and allocated time for clinical audit is included in Consultant Job Plans.</p> <p>SBUHB has been working with UH Bristol to learn from their approach to clinical audit and to support in improving the Health Board current arrangements.</p> <p>The Executive Medical Director has reinstated monthly half-day Clinical Governance meetings across the Health Board from January 2020 and has directed Unit Medical Directors to ensure that these incorporate review and discussion of:</p> <ul style="list-style-type: none"> • Clinical audit and outcomes (local, and national where applicable) • Clinical effectiveness and Quality Improvement • Healthcare-acquired infections 	<p><i>Lead: Medical Director</i> <i>Timescale of completion: June 2020</i></p> <p>Future actions include:</p> <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. • A new Audit Policy will be developed to reflect the four tiers of clinical audit described above. • To put in place a clear audit programme which provides coverage of local and national audits.
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- Mortality Reviews
- Communication (including electronic discharge summary completion and use of electronic referrals)

The Audit Committee and the Quality & Safety Committee receive routine updates on clinical audit. Oversight of the range of clinical audit and improvement activity taking place is being reviewed.

A new SharePoint site has been created to aid the Delivery Units in accessing information regarding their national and local clinical audit activities and outcomes. This will improve sharing of information prior to further changes to audit structure being implemented.

Current level of assurance: **Low**

Arrangements for quality and patient safety at directorate level

8. *The organisation has clear lines of accountability and responsibility for quality and patient safety within divisions/groups/directorates.*

The Unit structure is clear that the Service Director is accountable for the services in their units. Each Unit has a quality and safety lead who chairs the Unit Quality and Safety Group. Unit Nurse Directors are members of the Quality Governance Group.

*Lead :Director of Nursing
Support : Medical Director and Director of Therapies and Health Sciences
Timescale of completion: April 2020*

	<p>The governance structure for quality & safety has been reviewed and each individual unit has a quality & safety group, with consistent reporting based on prescribed templates including terms of reference, agenda templates etc. Each group feeds into the Quality and Safety Governance Group which meets quarterly.</p> <p>In addition the corporate nursing team have recently appointed a Head of Quality & Safety to support the units further.</p> <p><i>Current level of assurance: Medium</i></p>	<p>Future actions include:</p> <ul style="list-style-type: none"> • Implement the Quality and Safety Framework (April 2020)
<p>9. The form and function of the divisional/group/directorate quality and safety and governance groups and Board committees have:</p> <ul style="list-style-type: none"> i. Clear remits, appropriate membership and are held at appropriate frequently. ii. Sufficient focus, analysis and scrutiny of information in relation to quality and patient safety issues and actions. 	<ul style="list-style-type: none"> i. The governance structure for quality & safety has been reviewed and each individual unit has a quality & safety group, with consistent reporting based on prescribed templates including terms of reference, agenda templates etc. Each group feeds into the Quality and Safety Assurance Group which meets quarterly. ii. Each Quality and Safety Unit group reports to the Quality and Safety Governance group who analyse and scrutinise information in relations to quality and patient safety issues and actions. The 	<p><i>Lead :Director of Nursing</i> <i>Support : Medical Director and Director of Therapies and Health Sciences</i> <i>Timescale of completion: April 2020</i></p> <p>Future actions include:</p> <ul style="list-style-type: none"> • Finalise the Quality & Safety Framework, ensuring is it is supported by a quality hub (April 2020) • Finalise the terms of reference for the Quality Governance Group (January 2020)

<p>iii. <i>Clarity of the role and decision making powers of the committees.</i></p>	<p>Quality & Safety Assurance group reports directly to the Quality & Safety Committee.</p> <p>iii. Unit quality & safety groups have their own terms of reference based on an agreed template to ensure consistency across different units.</p> <p>Current level of assurance: Medium</p>	<ul style="list-style-type: none"> • Agree the reporting structure and sub groups including the terms of reference (March 2020) • As part of the operating model, issue a set of standards, including terms of reference, standard agendas to all Units (April 2020)
<p>Identification and management of risk</p>		
<p>10. <i>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.</i></p>	<p>SBUHB's Health Board risk Register was reviewed and refreshed in early 2019 and approved by the Audit Committee. A Risk Management policy is in place to outline the governance process to for managing risk.</p> <p>The Risk Management group meet quarterly and includes representation from all the Units and Corporate Departments. As part of strengthening the process of risk escalation, all Units are required to submit a monthly return for consideration by the risk scrutiny panel. This process enables the validation of the Health Board Risk Register which is signed off by the Senior Leadership Team.</p> <p>The Quality and Safety Committee 24 October 2019 received the quality & safety risk register,</p>	<p><i>Lead :Director of Corporate Governance</i> <i>Support : Head of Risk Management/Head of Corporate Governance</i> <i>Timescale of completion: April 2020</i></p> <p>Future actions include:</p> <ul style="list-style-type: none"> • Continue to embed and mature the risk management system across the organisation. Monitored quarterly by the Audit Committee. • 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).

which captures the risks on the overarching Health Board Risk register and this is now routine agenda item.

*Current level of assurance: **medium***

Management of incidents, concerns and complaints

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.*

SBUHB has been instrumental in supporting the Once for Wales project. We are the only HB in Wales to have Datix reference site status. We have supported the development of other HB's systems.

The Head of Patient Experience, Risk & Legal Services presents a Patient experience report to each Quality & Safety Committee meeting. The Patient Experience Report has been developed following feedback from Non-Officer Members.

The Patient Experience report includes:

- feedback from incidents, complaints, Friends and Family questionnaires and systems such as "Lets Talk" and "Care Opinion"
- "You Said, we did" improvements
- Feedback from the "Learning from Events" Forum from patient safety

Lead :Director of Nursing
Support : Head of Risk Management
Timescale of completion: April 2020

Future actions include:

- The Risk Management group will continue to meet quarterly and have oversight and governance of DATIX and risk management processes which ensures they are used as an effective management and learning tool. (Quarterly)
- The BAF will be developed further to ensure it fully aligns with the updated risk management policy. (January 2020)
- 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

	<p>incidents and inspections across the Health Board</p> <ul style="list-style-type: none"> • Written Compliments received • Formal complaints received • Ombudsman cases • Incidents reported on Datix <p>Each month a 'deep dive' review is undertaken on each Service Delivery Unit in turn, as well as the review of a selection of closed complaints from the other Service Delivery Units. During this review, any agreed actions by the Service Delivery Units are monitored by the Corporate Complaints Team to confirm actions are completed to ensure compliance and reported to the Quality and Safety Governance Group.</p> <p>Tailored training/workshops for each Service Delivery Unit to reinforce the NHS (Concerns, Complaints & Redress Arrangements) (Wales) 2011 Regulations ("Regulations") and 'Good Response' writing.</p> <p>In 2018 and 2019 the Health Board held learning events in the Units focusing on SIs, Never Events, Healthcare Inspectorate Wales reports and themes and trends. The Once for Wales will significantly help once the incident module is up and running approx. 18 – 24 months as it has in built artificial intelligence to</p>	<p>the Audit Committee and the Board. (Quarterly)</p>
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	<p>highlight themes/trends as opposed to us searching and running reports looking for themes and trends.</p> <p>The Risk Management group meet quarterly and have oversight and governance of DATIX and risk management processes which ensures they are used as an effective management and learning tool.</p> <p>The Risk Management group also oversees the updated BAF which has been cross referenced against the HB's NEW Health Board risk register and now includes unit risks, reference to internal audit reports and a barometer of assurance.</p> <p><i>Current level of assurance: Medium</i></p>	
<p>12. <i>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.</i></p>	<p>Following the Andrews report 2014, ABMUHB reviewed its use of the datix incident reporting system, and introduced robust processes for capturing incident information.</p> <ul style="list-style-type: none"> • Service Delivery Units report to the Q&S Governance Group and they are required to identify themes/trends. As a HB we know our highest incident reporting areas 	<p><i>Lead :Director of Nursing</i> <i>Support : Head of Risk Management</i> <i>Timescale of completion:June 2020</i></p> <p>Future actions include:</p> <ul style="list-style-type: none"> • Establish competency framework for Serious Incidents (March 2020)

are Pressure Ulcers, Falls, Behaviour (V&A) and the HB has done a considerable amount of QI work in Pressure Ulcer's which has been recognised across Wales and this methodology is being replicated for Falls.

- The Serious Incident Team have undertaken awareness sessions in the Units in November/December 2019 in terms of what is a Serious Incident (SI)/Never Event (NE) and how to report and the process of investigation.
- The Datix Team produce monthly bulletins encouraging reporting. Regular training programmes are in place for staff to attend and also e-learning for the use of the Datix modules is available. Datix Workshops have been held in the Units in November 2019 to listen to staff in terms of what they wanted from the system.
- Units provide Q&S reports to their Q&S meetings and then to the Quality and Safety Governance Group. The Unit highlight their themes/trends and SIs, NEs and what they have done about them and share the learning.
- Each Unit has a governance team who investigate and manage their complaints. They have the ownership in terms of investigating and learning/taking actions to improve the service. This has

- Tailored Mental Health & Learning Disabilities training is currently being arranged to reinforce the "Regulations" and Redress process (March 2020)
- 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 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)

resulted in greater ownership of the complaints within the clinical teams. It has also allowed the corporate team to have a Concerns and Assurance Group which looks at the quality of responses, whether we have complied with the Regulations and also then shares the learning with the other Units.

Current level of assurance: **Medium**

Organisational culture and learning

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.*

Swansea Bay has an established Values & Behaviours framework in place which was developed in partnership with staff and service users. A comprehensive integration programme is in place to continuously embed our values into working practices. Our values are fully embedded into our learning and education programmes, from induction through to all leadership and management development activities, through to our Wellbeing Champions networks and values-based PADR.

Staff engagement and staff listening has been a priority during 2019, resulting in the development of new mechanisms to connect with and support colleagues. These include monthly 'Meet the Executive Team',

*Lead : Director of Workforce and OD
Timescales for completion: June 2020*

Future actions include:

- All ongoing actions are being picked up as part of the Workforce and OD Framework
- Re-commission Guardian Service to continue post May 2020
- Continue with a series of further ACAS led 'Bullying' Workshops to run through 20/21
- Participate in the 'Just Culture' initiative as part of the 2 pathfinder organisations for NHS Wales. Participate in the two

	<p>Leadership Summits and an intensive ‘pledge campaign’ demonstrating how staff live the values #LOV (Living our Values). This has visible leadership from the Board and Executive Team with #LOV pledges being placed throughout the Health Board. This is currently being celebrated on social media through our #LOV actually daily pledges from our staff in December as part of our Christmas count down.</p> <p>In response to the results of the staff survey, we also launched ‘The Guardian Service’ in May 2019 as an external, independent service in which staff are able to raise concerns or risks in the workplace. All staff recognition, awards and celebration events are underpinned by our values and a new Staff Awards, ‘Living our Values’ Awards will be relaunched during 2020.</p> <p>Current level of assurance: High</p>	<p>training events scheduled for March and May 2020</p> <ul style="list-style-type: none"> • Leadership Summit scheduled for February 2020 to focus on Compassionate Leadership (supported by Michael West) and Just Culture (support by Mersey Care)
<p>14. <i>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</i></p>	<p>SBUHB 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.</p>	<p><i>Lead : Director of Nursing and Patient Experience and Medical Director, Director of Corporate Governance</i></p> <p><i>Timescales for completion: April 2020</i></p> <p>Future actions include:</p>

<p><i>learning from work undertaken within the organisation and across the NHS.</i></p>	<p>The Head of Patient Experience, Risk & Legal Services presents a quarterly Patient experience report to the Quality & Safety Committee. This report provides information on Patient Feedback and Experience, what it means and how we are using it to improve the service. Included within this report is the current performance of our Service Delivery Units and learning. The Patient Experience Report has been developed following feedback from Non-Officer Members.</p> <p>The Quality and Safety Committee considers the reports from external inspections and will be formally received the CHC visit reports.</p> <p>The updated BAF has been cross referenced against the HB's new Health Board risk register and now includes unit risks, reference to internal audit reports and a barometer of assurance</p> <p>The Health and Safety Committee considers reports from regulators including the Health and Safety Executive. As a result of the recent notices issued by the HSE the processes and systems of learning has been transparent and noticeable improvements made across the organisation.</p>	<ul style="list-style-type: none"> • Review the reporting of Serious Incidents to the Quality and Safety Committee (March 2020) • Strengthen the reporting of inspections through the Quality and Safety Committee (April 2020) • Ensure that outcomes of clinical audits, and inspections are reflected in the Board Assurance Framework (April 2020) • Review the reporting and governance of clinical audits (Local and National) (April 2020)
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<i>Current level of assurance: Medium</i>
