

A Review of Governance Arrangements at Cwm Taf Health Board

March 2012

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Foreword

It gives us great pleasure to jointly introduce this report setting out the findings of a review of Cwm Taf Health Board's governance and accountability arrangements.

The challenges facing Cwm Taf Health Board, and all health services in Wales, over the next few years are great. The landscape within which health services are planned and delivered continues to change, with an increasing shift towards community and primary care services, a longer term ambition of developing an integrated care system working across health and social care; key Welsh Government policy and practice developments (e.g. the Rural Health Plan, the Mental Health Measure and Carers Measure); and a clear focus on delivery of high quality sustainable services within the significant financial constraints of the current economic climate.

There is no doubt that Cwm Taf Health Board has a staff of enthusiastic and capable people who are loyal and committed to the organisation, and an Executive team that has a clear focus on Cwm Taf Health Board being a public health-focused organisation which considers the needs of its population and delivers safe and quality services. However, its future success will depend on how well it responds to the changes and challenges ahead.

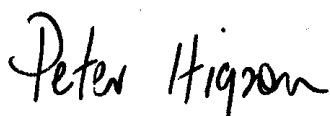
In such a time of change there is a need for strong governance arrangements which will enable the Health Board to have the necessary agility and innovation, while maintaining a focus on ensuring high quality, safe services for patients through robust systems of performance management, assurance, and risk management.

This review has sought to build up a picture of the governance challenges facing Cwm Taf Health Board, and identify ways in which the Health Board might build on the progress it has been making in developing its governance arrangements.

While the review focused on Cwm Taf Health Board, the level of direct scrutiny of an NHS organisation in Wales afforded by this review has raised a number of points of learning which are relevant to NHS organisations across Wales and it is important that these findings are shared and acted upon. Therefore those findings that have implications for other health boards, NHS Wales, the Welsh Government or Welsh public services more generally are highlighted in our recommendations.

Throughout the review process, the Health Board has undertaken its own programme of continuous improvement initiated by the new Chief Executive following her appointment in early 2011. The main body of this report sets out the evidence as presented to the Review Team, and an Addendum by the Health Board provides a commentary on the progress of its ongoing development work. Taken together they enable Cwm Taf Health Board to progress the governance agenda and provide other Health Boards with suitable bench marks to assess fitness for purpose. Further work will be necessary to ensure robust scrutiny and governance as regional plans that cross LHB boundaries emerge.

Overall, those who engaged with the review saw it as a positive tool to drive change alongside the Board's renewed commitment to improving its governance arrangements. The Board has requested that the Review Team revisit the organisation in a year's time to evaluate progress.



Peter Higson
Chief Executive
Healthcare Inspectorate Wales



Chris Jones
Chairman
Cwm Taf Health Board

Chapter 1 Introduction

Cwm Taf Local Health Board

1.1 Cwm Taf Local Health Board ('the Health Board') came into being on 1 October 2009 as part of the reorganisation of the NHS in Wales, taking forward the roles and responsibilities of the former Cwm Taf NHS Trust, Merthyr Tydfil Local Health Board and Rhondda Cynon Taf Teaching Local Health Board.

1.2 Cwm Taf Health Board is responsible for providing health care services to its local population of approximately 289,000 people who live in the two local authority areas of Merthyr Tydfil and Rhondda Cynon Taf. The Health Board is responsible for planning services for all the residents of the area, whether provided by the Health Board or elsewhere, as it is in effect now both a provider and a commissioner following the NHS reorganisation in Wales. Services are also provided to the people of South Powys, North Rhymney, North Cardiff and other adjacent health board areas and in addition, some specialist services are provided to the wider catchment area of South Wales.

1.3 Services and amenities provided and commissioned by Cwm Taf Health Board currently include:

- 2 district general hospitals.
- 7 community hospitals.
- 51 GP practices.
- 30 salaried GPs.
- 39 dental practices.
- 42 optometrist practices.
- 77 community pharmacists.

1.4 Cwm Taf Health Board also hosts the Welsh Health Specialised Services Committee (WHSSC), a joint committee of the seven Local Health Boards established in April 2010. WHSSC is responsible for the joint planning and commissioning of over £500 million of specialised and tertiary healthcare services on an all-Wales basis. Cwm Taf Health Board provides all corporate support functions for the WHSSC and Cwm Taf's Chief Executive is the Accountable Officer for the WHSSC's management and operation, although accountability for its performance rests jointly with all seven Health Board chief executives. The Wales Audit Office reported in 2010 that Cwm Taf Health Board has established governance and oversight arrangements for the WHSSC and noted that these need to continue to evolve to keep pace with the development of the WHSSC's operations as the joint committee gradually beds in.

1.5 The Health Board is led by a Chairman, Chief Executive and a Board of Executive Directors and Non-Officer Members. Healthcare services provided by Cwm Taf Health Board are managed by a number of clinically-led divisions, each of which is accountable to an Executive Director. The Health Board employs over 8,000 staff.

1.6 The organisation's vision document is '*Setting the Direction*¹', the Welsh Government's Primary and Community Healthcare Services Strategic Delivery Framework. Developed by Cwm Taf Health Board's Chairman and a Steering Group, '*Setting the Direction*' aims to assist local health boards across Wales in the development and delivery of improved primary care and community based services for their local populations; particularly for those individuals who are frail, vulnerable and who have complex care needs.

Context and Terms of Reference

1.7 The landscape within which healthcare services are planned and delivered across the UK is changing at an almost unprecedented pace. This together with the

¹ Welsh Government, Setting the Direction: Primary & Community Services Strategic Delivery Programme, 2010. <http://www.wales.nhs.uk/sitesplus/documents/829/Setting%20the%20direction.pdf>

impact of the ongoing economic situation is a significant challenge for healthcare services in Wales and public services generally. The reforms that brought about the changes in NHS structures in Wales are bedding in but the NHS needs to continue to develop and transform its ways of working with its statutory and third sector partners if it is to achieve its longer term ambition of developing an integrated care system working across health and social care.

1.8 In representing the interests of the public, patients and service users, it is essential that Healthcare Inspectorate Wales (HIW) continues to focus on how the changing environment is affecting the quality and safety of healthcare across Wales and whether, overall, healthcare provision is improving in line with the needs and expectations of the citizens of Wales.

1.9 Given this, and following discussions with the Chairman and members of the Executive Team of Cwm Taf Health Board, it was agreed that HIW would undertake a review of the governance arrangements that the Health Board have put in place to ensure the quality and safety of patient care. The agreed Terms of Reference are attached at Appendix C, but broadly cover an evaluation of the following four areas:

- The Health Board's governance and accountability arrangements to ensure they are clear and consistent.
- The primary and additional responsibilities of the non-officer members of the Board.
- The arrangements in place to support competent and effective multi-disciplinary clinical teams.
- The arrangements in place to deliver 'Putting Things Right', the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011.

1.10 We appointed a team of peer reviewers with a range of expertise, skills and knowledge to undertake the review. Appendix D provides full details of the review team membership, but in summary this included:

- An experienced Director of Nursing and former Deputy Chief Executive and Chief Executive at an acute hospital NHS Foundation Trust in England.
- A former Director of Public Health and current Medical Director and Director of Service Improvement for the Regulation and Quality Improvement Authority (RQIA), the health and social care regulator and inspectorate in Northern Ireland.
- A clinical quality, governance and assurance professional lead for the NHS in Scotland.
- A retired General Practitioner and a Medical Advisor for a Primary Care Trust in England, who in the recent past was an Acting Mental Health Commissioner.
- A lay person reviewer with a professional background of organisational development in local government.

Scope and approach

1.11 The review took place over a period of several months throughout 2011 and included visits to the Health Board to meet service managers, staff, patients and board members in February (three days), June (five days) and August (one day). The start of the review coincided with the appointment of the new Chief Executive, who had not officially taken up her post at the time our first visit. It was clear that she and the Chairman were keen to learn from best practice and recognised the opportunity presented by the review for an independent team to hold a mirror up to the organisation and identify priority areas for their improvement programme. We acknowledge that cultural change takes time to embed and were able to assess the progress of change over a period of several months.

1.12 Our first visit in February focused on high-level meetings with members of the Board and Executive Team. We examined the system for corporate-level risk

management and identified areas for a more detailed exploration at front-line service delivery level on our return in June. We decided to select three service areas to provide us with a snap-shot of how governance systems and processes were working across the organisation, as a representative sample of the wide range of services for which Health Boards in Wales are now responsible. These were:

- General Practice (to look at primary care services and to consider the governance arrangements in a service not part of the former Cwm Taf NHS Trust).
- Urology (as an example of an acute service).
- Mental Health (to explore multi-disciplinary teams).

1.13 All three areas have interfaces between primary, secondary and community services and provide interesting insights into different patient pathways. Our approach included site visits, ward rounds, focus groups with multi-disciplinary teams and individual interviews with staff and patients.

1.14 As part of our ward rounds talking to staff about their perceptions of clinical governance systems and processes within the organisation, our review team also encountered a number of other issues that did not fall within the scope and terms of reference for this review. HIW is following these issues up separately with the Health Board.

1.15 Our third visit in August was to attend a meeting of a sub-committee of the Board, in order to observe the way in which non-officers scrutinise and seek assurances from officers about the quality and safety of services for patients. We selected the Concerns (Complaints) Scrutiny Panel, as this provided an opportunity to observe a snap-shot of the dynamics of a committee meeting, and also enabled us to explore wider issues in relation to:

- The Board's systems for handling and responding to complaints, concerns and incidents.
- Risk management.
- Action planning.
- Driving improvements in service delivery.
- Learning and sharing lessons more widely across the organisation.

1.16 We also examined a range of minutes and supporting papers for other committees, and interviewed all but two of the non-officer members of the Board, in order to assess the committees' reporting arrangements, capacity and focus, and the role of non-officer members in relation to scrutiny.

1.17 On all three visits we identified positive examples of good practice and some innovative work to improve patient care, service delivery and governance systems. We also built up a picture of some of the key challenges facing the organisation in these areas.

1.18 The staged approach to the review has meant that we have observed changes in the organisation over the period of our visits. Some of the issues identified at our first visit have evolved and developed, and our staged approach has enabled us to assess the progress of this evolution.

1.19 Our interviews spanned reflections of the past, present and future. On our first visit the new Chief Executive was taking up post and we heard about her plans for radical change in areas such as communication and systems redesign. On our second visit some months later some of the changes had been put in place and some were work-in-progress. On this second visit we also met frontline staff and operational managers in a range of service areas who reflected on their experience of both new and old arrangements.

1.20 As a result, this report presents our evidence as we saw it evolve, setting out our initial findings and subsequent observations on the team's second and third visits. We offer recommendations on issues that need further consideration and action, in a number of key areas as a result of our findings.

Using evidence and intelligence from external audit and review

1.21 For the past four years HIW has facilitated a programme of annual healthcare summits involving health and social care review bodies and improvement agencies working across Wales. The summit programme provides all parties involved with a valuable opportunity to share intelligence and identify key challenges and priorities, resulting in the development of an overarching, cohesive assessment of NHS bodies. Intelligence generated from these summits has been used to inform our scope and approach to this review.

1.22 Further, as part of HIW's commitment to *'Working Collaboratively to Support Improvement: A Strategic Framework'*, we have sought to avoid duplication of recent work conducted by the Wales Audit Office (WAO) which undertook a Structured Assessment of all Health Boards in Wales at the end of 2010. We are grateful to WAO for sharing with us the evidence and supporting information for their Structured Assessment of Cwm Taf Health Board.

1.23 The WAO's work focussed on reviewing the Health Board's corporate governance arrangements for effective financial management to ensure that its resources are used in a way which provides a firm foundation for service improvements. It concluded that:

- *the Health Board's governance arrangements are still developing and need further work to ensure they provide a framework that drives improvement and within which key risks are managed effectively;*

- *the Health Board's general financial management arrangements are satisfactory but issues of financial sustainability remain a significant concern; and*
- *the Health Board is strengthening other functions that support efficient, effective and economical use of resources although these arrangements need to evolve quickly to underpin future service development.*

1.24 The WAO's findings provided an opportunity to focus our work more closely on the clinical aspects of governance systems and processes across the organisation to ensure the quality and safety of patient care. Our review assesses whether governance and accountability arrangements are clear and consistent at all levels. We have sought to build up a picture of clinical governance at Board and committee level (including both non-officer members and the Executive Board) through to divisional and directorate level (including clinical leaders and multi-disciplinary clinical teams). Our review has examined the effectiveness of governance systems and processes for:

- Accountability and assurance about patient safety at Board level.
- Scrutiny and challenge by non-officer members of the Board.
- Performance management.
- Risk management.
- Responding to and learning lessons from complaints, concerns, and clinical incidents.

Acknowledgements

1.25 We are grateful to the Chairman and Chief Executive of Cwm Taf Health Board for their open commitment to the independent review process, and to all those who gave their time generously to the review team. In particular we would like to thank the Head of Corporate Services for helping to coordinate and put arrangements for our visits in place.

Chapter 2 Accountability arrangements

Board and committees

2.1 Each Local Health Board in Wales is governed by a Board of Executive Directors and independent Non-Officer Members. This is set out in the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009. NHS Wales set out model Standing Orders for Local Health Boards which state that:

The Board is the organisation's corporate decision-making body, Executive Directors and Independent Members being full and equal members and sharing corporate responsibility for all the decisions of the Board.

The role of the Board is to add value to the organisation through the exercise of strong leadership and control, including:

- *Setting the organisation's strategic direction.*
- *Establishing and upholding the organisation's governance and accountability framework, including its values and standards of behaviour.*
- *Ensuring delivery of the organisation's aims and objectives through effective challenge and scrutiny of the Local Health Board's performance across all areas of activity.*

2.2 Each Health Board is required to establish a committee structure that it determines will best meets its own needs, taking account of any regulatory or Welsh Government requirements. This includes a minimum requirement for the committee structure to cover key aspects of Board business, including: quality and safety; audit; information governance; Mental Health Act requirements; charitable funds; and remuneration and terms of service.

2.3 As a key part of its governance and assurance framework, Cwm Taf Health Board has put the following committees in place which aim to support the overarching Board in fulfilling its responsibilities and to provide advice and assurance to the Board in the exercise of its functions:

- An Audit Committee.
- A Quality, Patient Safety and Public Health Committee.
- A Corporate Risk Committee.
- A Finance and Performance Committee.
- A Remuneration and Terms of Service Committee.
- An Integrated Governance Committee.

2.4 There are also various Scrutiny Panels and sub-committees which report upwards to the main the committees supporting the Board, as listed above. In addition the Health Board has also established a number of professional forums that link with the Executive Board including a Stakeholder Reference Forum, a Healthcare Professional Forum and a Working in Partnership Forum.

Committee reporting lines

2.5 We recognise that the committee structures have evolved drawing on the new organisation's growing experience over the last 18 months. In particular we got strong, positive messages about the strengths of having an Integrated Governance Committee which draws together the chairs of the other committees, all of whom are non-officer members.

2.6 The Concerns (Complaints) Scrutiny Panel reports to two committees (the Corporate Risk Committee and the Quality, Patient Safety and Public Health Committee). It was not clear to us how this would work in practice and we are concerned that there could be a lack of clarity about the ownership of risks and actions. This model was described as an *'interim arrangement'* until a feasibility review had been

undertaken into the establishment of an Integrated Concerns, Redress and Scrutiny Panel; currently these three areas each have a separate scrutiny panel. It is not for our review to pre-empt the findings of such a feasibility study, but we would recommend that it gives due consideration to the capacity issues highlighted in more detail below.

Recommendations for Cwm Taf Health Board:

1. The Health Board should expedite the feasibility review into the establishment of an Integrated Concerns, Redress and Scrutiny Panel, ensuring that this gives consideration to ensuring clear ownership of risks and actions, and the capacity of one Panel to cover a wide area.

Non-Officer Members

2.7 Each Health Board in Wales is required to include independent members of the Board, known as 'non-officer members', recruited through the Welsh Government public appointments process. Welsh Government guidance sets out their role as follows:

Non-officer members are equal partners on the Board with their executive colleagues and are required to play a full part in the governance of the LHB across all areas of its activity, both clinical and corporate. The contribution of non-officer members to the work of the Board is based upon their experience and knowledge, and their ability to stand back from the day to day operational management. They are expected to bring to the Board an independent judgement on issues of performance, key appointments, looking ahead and accountability. Non officer members also need to contribute to and will accept corporate responsibility for all decisions made by the Board².

2.8 Non-officer members are remunerated for three days per month, and as well as attending Board meetings they play a key role in the sub-committees of the Board.

² Welsh Government, 'Information for Candidates: Local Health Boards Appointment of Non-Officer Members'.

2.9 In addition to the non-officer members, each Health Board is required to include 'Associate non-officer members', with a distinct role in representing key partners. These must be a Director of Social Services from one of the local authorities within the Health Board area, and the Chairs of the Health Board's Stakeholder Reference Group and Professional Forum. Associate members are not remunerated and their involvement in scrutiny is confined to meetings of the full Board alone.

2.10 Over the course of the review team's visits to the Health Board, we interviewed all but two of the non-officer members of the Board (unfortunately, despite the review team making themselves available to the non-officer members on three separate visits to the Health Board, not all the non-officer members were able to meet us). In general we found them to be engaged with the organisation and we were impressed by the calibre of their professional expertise and the knowledge and experience from a range of sectors that they collectively bring to the table. However, several of the non-officer members felt that their expertise and attributes could be even further utilised.

2.11 We heard some good examples of training needs having been identified at annual meetings with the Chairman, and regular development sessions for non-officer members. However, almost all non-officer members we interviewed indicated that they would benefit from further support and training to better equip them to carry out their roles, in relation to scrutiny and oversight of risk.

2.12 Throughout our interviews, some of the non-officer and associate non-officer members of the Board struggled to explain some of the arrangements for governance. For example, there was a lack of clarity about how the different committees with responsibility for risk management (the Corporate Risk Committee and Quality, Patient Safety and Public Health Committee) divided their responsibilities to reduce duplication yet ensure appropriate and equitable scrutiny and assurance, or how these committees linked together. We have highlighted the potentially problematic structure of the committees and their reporting lines at paragraph 2.6.

2.13 Some of the non-officer members struggled to articulate the key risks currently facing the organisation. Throughout the course of the review it became clear that this was largely due to less than optimal systems for reporting risk, such as the lack of a 'top 20' risks on the Corporate Risk Register and no formal discussion of such at Board meetings. These issues are discussed further in Chapter 4.

2.14 We asked all non-officer members to describe how performance is managed in the Health Board and to identify the overall organisational plan (that would, for example, be the document that all staff in the organisation should refer to when developing their personal and operational objectives and understand how these fit into the overarching corporate aims; further findings in relation to this are detailed in paragraph 3.27). Some of the non-officer members struggled to identify such a document or describe the relationship between the five-year planning framework, the Annual Operating Framework and the performance reporting framework put in place by the Welsh Government. This raised questions about the level of understanding among non-officer members of the Welsh Government's framework which replaced the requirement for a single Corporate Plan with a five-year Service Workforce and Financial Framework and Annual Operating Framework.

2.15 There is a need to ensure that the performance and planning framework are clear to all non-officer members as they play a vital role in providing independent, impartial and objective assurance to patients, the public and Welsh Ministers that services are safe and the organisation is delivering against the duties that it has been set. There is some indication that this may be an all Wales issue.

2.16 While both non-officer members and associate non-officer members must be treated equally by the Board, clearly they have different learning needs due to their slightly different roles and responsibilities. The all Wales induction process for associate non-officer members plays a key role in mapping skills, training needs and providing clarity of roles and expectations.

2.17 Some non-officer members have roles as champions at Board level for particular areas of the organisation's work. However, this was not apparent to all the front-line staff we spoke to across various divisions and directorates, and most ward staff were not able to identify who their champion was or aware of Board champion roles and how these linked to their own work. Of the service areas we assessed, we found that the visibility of Board champions was clearer in primary care.

Recommendations for Cwm Taf Health Board:

2. The Health Board should identify and utilise the experience, capability and attributes of the non-officer members and associate non-officer members in the best, most effective ways.
3. The Health Board should develop and improve the non-officer members' understanding of corporate risk and governance, and their duties in relation to assurance and accountability. This should form part of a regular appraisal process to identify individual as well as collective training needs.
4. The Health Board should consider ways to improve the visibility of non-officer members and Board champions.

Recommendations for NHS Wales:

- A. NHS Wales should ensure that the non-officer members of each Health Board have absolute clarity about the various Welsh Government and individual Health Board performance and planning regimes, and their personal responsibilities in relation to these.
- B. NHS Wales should give consideration to guidance and induction training for all Health Boards to ensure that the different roles and responsibilities of associate non-officer members and non-officer members are clearly understood and that appropriate training is in place to meet different learning and skills development needs.

Challenge and scrutiny

2.18 Our experience of attending the Concerns (Complaints) Scrutiny Panel was that it was chaired competently by a non-officer member of the Board, who moved through agenda items well. The interventions from the other non-officer members on the Panel

were pertinent, and they were confident about probing officers and requesting more information. For example, they requested that a service manager was called to account to the next Panel meeting in person as a result of actions which were noted to still be outstanding almost a year after a complaint was lodged.

2.19 The general feel of committee meeting we observed was professional and positive, with all able to contribute. However, at times a minority of members of the Executive Team appeared defensive, poorly briefed and not keen to take on responsibility for follow-up work. By contrast, it was clear that the Executive Director of Nursing, who has executive responsibility for complaints management, had a strong grip on issues and was able to provide salient and thorough information to the Panel when questions were raised. She is clearly keen for a more open approach to succeed and is driving this forward as part of her new role overseeing the Complaints Team.

2.20 While we observed some good examples of challenge and scrutiny, our impression from interviews and observation of a Board sub-committee (while only a snapshot view of one such meeting) was that some non-officer members and associate non-officer members were less comfortable than others about the extent to which they are able to question rather than accept information. This is in part related to the quality and volume of information presented to Board members (this is discussed further in paragraph 2.22). However, in order to strengthen and improve the consistency of challenge, non-officer members should be given additional support and training so that they have a clearer understanding of their specific roles and responsibilities in terms of scrutiny and challenge and feel more empowered and confident in their roles.

2.21 Non-officer members described an open and constructive culture whereby if they ever have any concerns or are unsure about issues, they feel able to seek advice from and raise these directly with the Chairman and Chief Executive at any time. While this demonstrates positive working relationships, it is clearly vital that those issues that require attention, discussion and action by the Board need to be formally addressed at Board or Committee meetings also need to be raised in that arena, in order that

discussion and action is recorded as part of the public record and Health Board's audit trail of its decisions.

Recommendations for Cwm Taf Health Board:

5. The Health Board should consider ways to empower non-officer members to provide robust challenge and scrutiny.

Access to information

2.22 Aligned to the issues outlined above is an issue of the quality and depth of information provided to Board and committee members. As part of the review we examined a sample of supporting papers for various committee and Board meetings. We were not convinced that non-officer members were provided with adequate information presented in an appropriate way to enable effective scrutiny or assurance. The volume of information was unwieldy and the level of information in some cases superficial, in particular in relation to informing committee members of actions that had been taken. This was particularly concerning in relation to information about risk and complaints, both of which are covered in greater detail later in this report.

2.23 Further consideration needs to be given to how committees prioritise the most serious issues brought to their attention. The Concerns (Complaints) Scrutiny Panel had begun thinking about this, and has decided to look at complaints on a thematic basis, using case studies selected by the independent members of the Panel rather than by staff (as had been the case at the session we attended). However, the volume of cases they selected during the meeting led to the decision that detailed information would be emailed to the non-officer members to consider outside of the meeting. This is not in line with the transparency agenda and there is a risk that the non-officer members will not have the capacity to cover this work within the time allocated to them for Health Board work (four days per month). We also had reservations about how much work needs to be done by the Chair of the Panel and staff prior to the meeting to

ensure that the agenda reflects and facilitates the discussion of major issues facing the Board.

2.24 The time capacity allocated for the non-officer members is a significant issue. The review team were not convinced that they are allocated sufficient time to enable them to thoroughly read all the information they need in order to inform their committee scrutiny roles (alongside their wider Board commitments and other committee responsibilities), let alone to monitor any outcomes via site visits. We question whether the committees can cope with all that is asked of them in the short time that is allocated to them. We therefore have serious concerns about whether the non-officer members are currently enabled by the time constraints to provide the necessary assurances to the Board about the quality and safety of services being provided to patients and the wider strategic risks facing the Board.

Recommendations for Cwm Taf Health Board:

6. The Health Board should ensure that the data presented to the Board and its various committees is of the right quality, level and depth to equip the non-officer members with adequate and appropriate information to enable an effective level of scrutiny and to gain the assurances needed regarding the quality and safety of service delivery.
7. The Health Board should ensure that each committee devises a work plan to determine its priorities and areas to focus on for further analysis.

Recommendations for NHS Wales:

- C. NHS Wales should consider whether Health Boards are currently able to allocate sufficient time to non-officer members to enable them to fully engage with their roles and to provide appropriately informed levels of scrutiny and assurance.

Chapter 3 Governance at divisional level

Organisational structure

3.1 We recognise the context from the outset that Cwm Taf Health Board is an organisation in transition and which at the time of our visits was still coming to terms with several mergers in a short space of time. We heard a few examples of policies and procedures from the legacy organisations which have yet to be fully integrated across the new single Health Board; however it was clear to us that, as a result of the mergers, staff are attempting to ensure equitable services across the new Health Board area. Particularly in primary care and mental health services, every effort was being made to minimise the impact of the mergers and ensure equitable services for all patients.

3.2 Our overriding impression was one of evolution rather than revolution, with changes developing over the last 18 months. When we visited in February 2011, many senior posts had only recently been appointed to and the new Chief Executive had not yet taken up her role substantively. It was clear from the time we spent with senior executives during our first visit that the appointment of the new Chief Executive was widely seen as the start of a significant change process which was likely to begin in earnest following her inauguration.

3.3 The appetite for change within the organisation was somewhat variable. During our first visit to the Health Board in February 2011, when we held discussions with members of the Executive Team, there was no sense of resistance to change and there was good buy-in to the Chief Executive's ideas. However, in the second phase of the review when we met front-line staff and clinical leaders from several directorates and clinical areas, we heard several references to a variety of potential changes in the divisional and directorate structures and there were concerns expressed about these possible changes.

3.4 At the time of this first visit, understandably the structural model being planned by the new Chief Executive in readiness for when she officially took up post a few weeks later had not yet been clearly articulated and was therefore not known by all those we met. We acknowledge that since this visit, the Health Board has produced an internal consultation document on its organisational and management arrangements, which also involved the staff-partnership organisations in the consultation process. However this recent internal consultation document did not make clear how readers could feedback concerns, nor how their concerns would be addressed. We firmly believe that there is a need to review the clinical directorate and divisional structure which several staff advised us was no longer appropriate for purpose.

Recommendations for Cwm Taf Health Board:

8. The Health Board should ensure that the harmonisation of policies and procedures of legacy organisations has been fully effected at operational level.
9. The Health Board should ensure that the divisional and directorate structure it is shaped around the delivery of high quality services and patient safety, and that staff are involved in the planning and decision-making about any new structural model.

Executive Board

3.5 Our visit in February 2011 occurred just as the new Chief Executive was preparing to take up her post. We heard about a number of key changes she was planning to make to governance and accountability structures.

3.6 One such change was the introduction of an Executive Board, the Terms of Reference for which are to:

be the body within Cwm Taf Health Board that endorses, prior to Board consideration, all strategic plans, considers key policy and operational matters, monitors the agreed actions to be undertaken by the Units and ensure that robust

performance management arrangements are in place across the organisation. Additionally it will act as the Project Board for key programmes including financial sustainability and service redesign.

3.7 The Executive Board now meets monthly and as well as all Executive Directors and the Chief Executive, includes the Assistant Medical Directors and representatives from key partnership bodies, including the Working in Partnership Forum, the Medical Workforce Committees, the Local Medical Committee and a Director of Social Services from one of the two local authorities in the Cwm Taf area.

3.8 Unfortunately it was not possible during the course of our review to attend a meeting of the Executive Board, but all those we spoke to were positive about this new development and the opportunity it afforded for divisional level representation and involvement in Executive-level discussions to contribute to wider strategic debate and decision-making. We welcome this development as an opportunity to ensure that management arrangements are strengthened.

3.9 However, in talking to staff and managers across the organisation, we have found a lack of clarity as to how the directorate and divisional structure relates to the Executive Team and Board and committee structure, in terms of reporting, quality assurance and performance management.

Recommendations for Cwm Taf Health Board:

10. The Health Board should ensure that there is a clear distinction between Board and Executive functions. The Health Board should consider where the new Quality Improvement and Safety Steering Group sits under the structure, and whether it is best placed under a Board committee, or as an Executive function.

11. The Health Board should give consideration to how the committees will work and interlink with divisions and directorates and communicate this clearly to all staff.

Monitoring performance

3.10 We found that performance monitoring of divisions by the Executive Team suffered from the lack of a minimum data set for each division. There was limited evidence of real performance data being used to evaluate performance, either at divisional or team level, in terms of quality and patient outcomes.

3.11 At Executive level, a new Finance and Performance Committee has been established to monitor progress against performance dashboards for financial planning, savings programmes, activity and productivity, and operational efficiency and effectiveness. The committee will oversee the development of key performance indicators (KPIs) across the organisation. The Terms of Reference for the committee state that it aims to enable *'appropriate scrutiny and review to a level of depth and detail not possible in Board meetings'*. We welcome this development, but recognise that it is still in its infancy.

3.12 The new Quality Improvement Group which brings together the Executive Directors for Nursing, Therapies and Medical Director to work as a team is a good model to drive this forward and bridge this recognised gap. However, there was evidence of a wider issue about pockets of ad hoc change not being coordinated across the organisation. The recent introduction of a Chief Operating Officer, who is clearly an experienced change manager, might afford opportunity to coordinate change in a strategic and consistent way.

3.13 At directorate level, systems for governance and performance management are variable and we found significant differences across divisions. Some divisions are developing good systems and processes, for example the Professional Forum in Therapies; however these have not been coordinated across the organisation.

3.14 Those we spoke to at divisional and directorate level told us that they would welcome the opportunity to be involved in devising performance criteria and indicators

for their individual service areas, and there was an appetite for thinking innovatively about performance information.

Recommendations for Cwm Taf Health Board:

- 12.** The Health Board should consider the development of two data sets for each division, one common to all divisions (comprising information on complaints, patient incidents, staff absence, rate of staff appraisal etc.) and secondly a range of data created by each directorate and each division to demonstrate that patients are safe and that commissioning questions are included.
- 13.** The Health Board should build on noteworthy practice initiatives from individual directorates and ensure that they are shared across divisions.
- 14.** The Health Board should think creatively and innovatively about indicators that focus on patient outcomes; for example considering questions such as *'how many mental health patients did we 'get better' in the last year?'*

Partnership involvement

3.15 It was evident from our interviews and the information we assessed that partnership working is being progressed and formalised through the structure and work of the Health Board's Stakeholder Forum and representation on its various committees. It was good to see advocates from the local Community Health Council in attendance at the Concerns (Complaints) Scrutiny Panel meeting. This model of partnership involvement was an area of noteworthy practice, which should be replicated at other high-level committees and scrutiny panel meetings across Cwm Taf Health Board. In order that the best possible outcomes maybe achieved the Health Board should seek to ensure that collaboration and partnership working is embedded across its various working groups and structures.

3.16 We understand that the Community Health Council undertakes unannounced visits to hospital wards, but there was little evidence of the results of this being used directly by the Health Board to improve and plan services. Neither did we see evidence

of this information being used by the Health Board to inform patients, carers, relatives and the public, for instance by displaying such information on the notice boards outside each ward to provide the public with information from a range of sources other than clinical indicators, which are not always provided in a way that is easy for members of the public to understand.

3.17 Involving stakeholders in planning and improving services is of paramount importance, given the new challenges presented to all Health Boards in increasingly delivering services in the community and in people's homes and the need to reach out and engage with the local population.

3.18 We were told of a recent consultation on changes to mental health services which was opened up for public debate at town hall-style meetings in each of the four localities within the Cwm Taf area, although attendance was variable.. Concerns about the level of involvement of staff, service users, carers and relatives in the development of plans in relation to the proposed changes were raised with the Review Team while others we spoke to felt that there had been an expensive engagement exercise. Given these differing viewpoints a number of recommendations have been made below which we hope will help the Health Board to further improve its processes.

3.19 Our discussions with staff in each of the service areas we reviewed suggested that relationships with neighbouring Health Boards could be strengthened. The solutions to some of the difficult challenges facing the organisations may lie in partnership working, and there is a risk that without a strategic and concerted effort to collaborate and communicate at all levels, current funding difficulties will lead to a silo mentality with a lose-lose outcome for Health Boards across Wales grappling with the challenges ahead.

Recommendations for Cwm Taf Health Board:

- 15.** The Health Board should consider increasing partnership representation at Board and Committee level. The Health Board should make the most of the expertise of its partners, such as the Community Health Council's experience in assisting patients to take forward a complaint, and ask for their views on how committee meetings could be improved.
- 16.** The Health Board should maximise opportunities to involve partners, stakeholders, patients and the community in planning and improving services;
- 17.** The Health Board should strengthen relationships with other Health Boards to identify cross-sector and cross-border solutions to ensure sustainable, safe service delivery.
- 18.** The Health Board should review its arrangements for strategic planning to reflect both the responsibilities of the organisation to design services for a geographically defined population and to deliver services to all patients who make use of its services both from within and outside the board area.

Communication of the vision and objectives

3.20 The new Chief Executive has taken forward a communication strategy to engage with staff, through regular contact with staff across sites, email newsletter updates to all staff and the use of the intranet and social media including Twitter. This appeared to be universally appreciated by all those we spoke to, and we would like to highlight this as an area of noteworthy practice. We heard very positive messages about the new Chief Executive and there was a real sense of her being 'a breath of fresh air'. The only caveat to this is that approaches to communication messages and information must also be accessible to those who do not routinely access email or use social networking methods.

3.21 The need to establish and communicate an organisational vision, ensuring that it is clear to all staff and supports staff inclusion, became apparent throughout our interviews. When asked about 'Setting the Direction', the key document setting out the direction of travel for the organisation in terms of a move towards a locality model for

community-based services and the increasing role of primary care, we found that buy-in, understanding and knowledge about it was variable. Some, who described themselves and their teams as 'up for it', understood it. But others are hesitant about the scale of change, and we heard it described variously as 'the Chair's vision', 'vague', and 'a mist'. It was clear that the main concerns felt by staff were that they were unsure of the end point and the speed within which changes were being planned, and there was a lack of clarity about whether the main driver was service improvement or financial savings. In particular, ambivalence was expressed about what this new model of service delivery would look like in terms of secondary care.

3.22 The organisation has embarked upon an ambitious 'Turnaround Programme', which presents an exciting opportunity for innovation and improvement. However, there was a lack of clarity about the link between this and 'Setting the Direction', and we were concerned that there was a danger of initiatives becoming disjointed. We also heard concerns about a loss of focus on patient safety amid the changes being planned as part of the Turnaround Programme. The Board needs to consider how to communicate its vision more clearly and articulate what it will mean in practice for those delivering frontline services to patients. This includes how it will affect decision-making across divisions and directorates, and the links between delivering the vision and maintaining Standards for Health Services in Wales³.

3.23 It will be important for the organisation to engage staff and make them realise that they are part of the organisational vision. One way of doing this is through the development of a 'Values' campaign that comes right from the top of the organisation, which could draw on some of the outputs of the Chief Executive's communications strategy.

3.24 Central to this is the need for the organisation to develop a corporate business plan and an operational framework to deliver on the agreed strategy. This needs to be communicated across the organisation, and should utilise the staff performance

³ Welsh Government, *Doing Well, Doing Better: Standards for Health Services in Wales*, April 2010

management and appraisal framework to link personal development plans with the corporate vision.

Recommendations for Cwm Taf Health Board:

- 19.** The Health Board should ensure that communications from the corporate centre are accessible all staff using a range of media (including non-email).
- 20.** The Health Board should communicate the organisational vision, engaging all staff in the direction of travel and ensuring they understand their role in relation to it.
- 21.** The Health Board should consider the development of a 'Values' campaign to engage staff in the organisational vision.
- 22.** The Health Board should develop a corporate business plan and an operational framework for its delivery, linked to the staff performance appraisal system.

Staff development and appraisal

3.25 Our review has shown that employee development, through regular appraisals, is only well-embedded in certain areas and varies across sites and divisions. While some staff described a robust approach to performance management in their team, we heard examples of some staff not having had a formal appraisal for five or six years. This means that many employees feel undervalued and are not clear about what is expected of them. We did not find clear evidence that all staff have an agreed, measurable set of personal objectives that link to the Board's objectives, or identifiable, agreed training needs to help staff achieve their objectives.

3.26 The organisation needs to ensure that there is a consistent approach to staff appraisal; the development of a local performance indicator for each department could be used to measure this and ensure that Board members have data about the rate of appraisal across the organisation.

3.27 The Health Board should undertake comprehensive business planning for the Board, divisions and directorates, and roll-out a Corporate Plan via regular employee development interviews, at which measurable, realistic and timed objectives would be agreed, together with an identification of costed training needs. This should be linked to the various change initiatives across the organisation which should be examined and placed in a framework of development. The Health Board may wish to consider systems and tools to foster and encourage a business planning culture and employee development, such as preparation for Investors In People accreditation.

Recommendations for Cwm Taf Health Board:

23. The Health Board should develop a corporate business plan and an operational framework which is linked to staff objectives and the appraisal process.

24. The Health Board should embed a consistent and measurable approach to staff appraisal which is reported on to the Board.

Clinical teams and leadership

3.28 We invariably saw a commitment to healthcare as a multi-disciplinary activity across various teams. There was some very good evidence of multi-disciplinary working, for example Community Mental Health Teams and Crisis Resolution and Home Treatment Teams in mental health. We also heard positive examples about the benefits of the Health Board's primary care support team, which can provide GP practices with additional support including supplying them with additional practice managers and doctors when needed. We also saw examples of good cross-agency working, such as health and social care professionals working together well at both team and executive level.

3.29 We met some very talented clinical leaders and many staff who are committed to the organisation and their patients and service users, and observed examples of good care. Nurses in particular felt a strong link with the Executive Nurse Director. There was evidence of good leadership at operational level in all three clinical areas we

visited, and we met some impressive, experienced and respected clinical directors, who devoted time to their role above and beyond that allocated for this aspect of their work. However, we were concerned that their capacity to be both clinicians and managers is being stretched and tested, and that a lack of clinical leadership training compounded this challenge.

3.30 Clinical teams we met demonstrated an understanding of financial challenges and the efficiency agenda. There was a real appetite for improving services and we were provided with several examples of innovative ideas for more efficient and effective practices. A 'Big Ideas' campaign was being planned by the Chief Executive to capture efficient and innovative approaches, although this had not gone live at the time of our visits. We welcome this as an important tool to share good practice and to recognise and value staff who have worked to overcome barriers and develop interesting new solutions to common challenges.

3.31 We frequently heard that the culture of the former organisations had not been supportive of innovation. Some staff perceived that elements of this legacy culture had not been completely eradicated; notably we heard examples from several different clinical areas of the perverse effect of efficiency initiatives whereby innovative practices, which would free up resources and decrease lengths of stay for patients, were dismissed as they were regarded as potentially leading to increased volumes of activity and increasing overall cost. This needs to be overcome and there should be clear recognition of the need to invest effort in innovation.

3.32 We also observed the effects, which may be national, of the merger of the commissioners' agenda and the providers' agenda. We were concerned that there are some local policies emerging to 'protect your own income' at the expense of patient choice, although we heard evidence to suggest that Cwm Taf Health Board can in some ways be more flexible than others.

3.33 We recognised the fundamental role of middle management in driving improvement and managing governance, but it was unclear to some clinical teams as to which level decisions could be taken. In particular, decision-making across directorates and divisions was perceived as difficult and time-consuming, and there was a feeling of a lack of divisional ‘power’ to make decisions that span one or more divisions. There were some interesting examples of unilateral decisions being taken by one directorate without consultation with other directorates who were affected, and also of a lack of consistency in decisions made by different services but which affected the same patient population.

3.34 Linked to this was the sense of a lack of consultation with those on the ground; some of those we met who deliver services told us that they did not feel involved in changes being developed at a managerial or corporate level.

3.35 There was a tangible sense of frustration expressed by some clinical teams who did not feel empowered to deliver often simple changes to facilitate improvement. While professional leadership in some areas was good, in others it was described as a ‘mist’ and there was a lack of clarity at team level about how and at what level decisions were made, and how they could contribute to the decision-making process.

3.36 Moreover, we heard from several frontline staff that divisional middle-management was perceived as a ‘block’ to raising concerns about services; these staff were not aware of the clinical governance processes available for them to escalate such concerns, other than whistle-blowing which should clearly be a last resort. However, such views pointed to some clinicians and service areas feeling a sense of isolation from the strategic centre. One way of ensuring that staff feel confident that their concerns and views are aired at the appropriate level would be to align a non-officer member of the Board with each of the divisions or professions, so that all staff have a direct channel to independent Board level should they wish to escalate concerns beyond their immediate line management.

3.37 It was clear that there is a pressing need for real engagement and support to be provided to staff in order that they understand clinical governance systems and that these systems are there to help, not constrain them, particularly as tools for them to raise professional concerns and contribute to service redesign. We recognise that much of this relates to a context and culture of clinician engagement; and has highlighted the need to properly engage clinicians in corporate and clinical governance systems and processes.

Recommendations for Cwm Taf Health Board:

- 25.** The Health Board should ensure that all those with clinical leadership roles are allocated adequate time to meet these responsibilities and have received appropriate training to support them in fulfilling these roles effectively and confidently.
- 26.** The Health Board should consider a range of tools to engender change and foster a culture which encourages, rewards and recognises innovation.
- 27.** The Health Board should ensure that there are effective systems in place for innovative ideas in relation to service development and delivery generated at ground level to be escalated for consideration.
- 28.** The Health Board should ensure that there is understanding across the organisation that the economic climate and need to find efficiency savings does not lead to a culture of protectionism and negatively impact on patient choice and needs.
- 29.** The Health Board should ensure that there is clarity among all staff about the appropriate levels at which decisions should be made (both within and across divisions) and how they can contribute to the decision-making process at all levels in terms of involvement, engagement and consultation.
- 30.** The Health Board should develop and communicate processes for staff to raise concerns.
- 31.** The Health Board should consider aligning a non-officer member with each of the divisions or professions to bring together another dimension of support for the service, and to ensure their views are aired at the appropriate level.
- 32.** The Health Board should work with its clinicians to develop their understanding of clinical governance processes, and the benefits of these systems in terms of engaging with and contributing to service improvements and mitigating concerns.

Chapter 4 Risk, complaints and incidents

Risk

4.1 We note the challenges in addressing risk across such a diverse Health Board area, however, we found serious flaws in the ways in which risks were being reported, scrutinised and used to learn lessons and generate service improvements.

4.2 During our first visit to the Health Board in February 2011, the review team asked to see the organisation's corporate risk register. We expected to be presented with a set of the health board's highest current Health Board's risks, which the Executive Team and non-officer members of the Board would be able to articulate to us based on recent discussions at Board or committee level. We were disappointed to find that the corporate risk register was a complex, lengthy spreadsheet which incorporated all the risks contained on each of the directorate level risk registers, which were automatically collated by the computerised risk register software to generate a corporate report.

4.3 The document gave us cause for concern on several levels. There was inconsistency in the rating of risks which varied across divisions and directorates. The bottom-up system was reliant on individuals to input into the system. There was no indication of when risks had been raised, and some of the risks had been on the register for more than a year, coded 'red' for high risk. The risks recorded as 'corporate risks' were largely business continuity risks, rather than risks which may affect the delivery of the Board's strategic plan or delivery of services.

4.4 Our evidence from this first visit pointed to a lack of understanding of corporate risk at the most senior level. There was no evidence of an executive level discussion about organisational risks, and there was no evidence of a prioritised set of risks (such as a list of the organisation's 'top 20' risks) that had been discussed and agreed by the Executive Team to be brought forward for board scrutiny. We found that the information available to be provided to the Board meant that non-officer members could not possibly

know when risks were raised or what the action plans were. We therefore had very significant concerns about the level of scrutiny of risk that was possible. We presented a summary of these findings to the Chair and Chief Executive of the Health Board at the end of our first visit.

4.5 On our return in June 2011, we were pleased to find that some changes had taken place in response to our feedback. A new structure had been put in place to harmonise sources of relevant information that will help to contribute to the identification and management of risk from all sources (including complaints, incidents and adverse events). These are all now reported to the new concerns and complaints team, for which the Executive Director of Nursing has overarching responsibility. We consider that the move to a clinical portfolio should help to ensuring a consistent level of scrutiny of both clinical and non-clinical risk.

4.6 However, it was clear from our discussions with frontline clinical staff that clinical governance systems and processes (such as the use of risk registers as a mechanism to escalate patient safety concerns) were not well embedded. Of those that we spoke to, managers generally were more able to articulate the new clinical governance structures than clinical staff, some of whom were not aware of risk management processes and clearly did not understand their roles and responsibilities in relation to them.

4.7 Training staff in the process of reporting risk and in the use of the Datix IT system⁴ is being rolled out, but needs to be embedded across the organisation. Local risk registers should include operational aspects of risk, both from incident reporting and also using information from clinical staff.

4.8 We reviewed the organisational risk register again during our second visit. Although some steps had been taken to improve the system, we found that there remains significant room for improvement. The risk register identified actions at ward

⁴ Datix is web-based patient safety software for healthcare risk management applications.

manager level rather than at a corporate level. The risk register did not contain relevant information on action plans to enable thorough scrutiny of progress of actions and improvements. There is a need to look laterally at applying the learning from incidents across the organisation, which was not evident in the organisational risk register.

4.9 For example, an incident involving the malfunction of a piece of equipment was seen to be 'closed off' as a risk as a new machine was in the process of being procured. However, we would have expected the risk register to identify the possibility for other machines to be similarly affected and to manage a process to ensure that the incident could not be repeated elsewhere in the organisation. This points to wider issues about the need to embed a culture of identifying lessons learned (from incidents and complaints, etc.) and applying the learning across the organisation. It emphasises the need for staff and managers to raise risks as a result of adverse events.

4.10 There continued to be a need to better identify corporate risk within the organisational risk register and align this to corporate objectives rather than business continuity issues. There was a lack of appropriate strategic risks aligned to the delivery of services. We were told about service changes known to be coming into effect in 2012 which potentially posed a high risk to the organisation, but there was no system in place at the time of our visits to invoke contingency plans should risks materialise within an identified proximity to the 'go live' date for expected changes.

4.11 Overall, we find that there is a need to move to a proactive approach to the management of risk rather than the Health Board's current reactive approach. There was no real sense of any mapping, monitoring or key performance indicator measurement in relation to the effective management of risk at Executive Team or Board level.

4.12 Linked to this is a need to strengthen the level of scrutiny of risk, and we question the design of the committee structure to enable thorough scrutiny. There are two separate committees supporting the Board which are responsible for risk and patient

safety: the Corporate Risk Committee and the Quality, Patient Safety and Public Health Committee. As mentioned at 2.6, the Concerns (Complaints) Scrutiny Panel sits beneath both of these and its Terms of Reference suggest that it reports upwards to the two committees, although it was not clear to us how this would work in practice. We were concerned that this therefore meant that there is lack of clarity about which committee had ownership and responsibility for scrutinising all issues about complaints, incidents, patient safety and risk. Our evidence suggests that the links between all those committees and the Board, and downwards to the divisions, seems tenuous and is not well understood.

4.13 Furthermore, the data presented to the various committees currently does not equip the Board and its non-officer members with adequate information to gain the assurances needed regarding patient safety and risk.

Recommendations for Cwm Taf Health Board:

- 33.** The Health Board should consider methods and mechanisms, for instance at a corporate risk 'brainstorming' session, that will support the Board in the identification of current major service delivery and patient safety risks.
- 34.** The Health Board should investigate the standardisation of assessment and categorisation of risks within divisional risk registers. This needs to be assessed and addressed before identifying a robust process for escalation of divisional risks to the organisational risk register.
- 35.** The Health Board should design a scrutiny process for all risks to give assurance to the Board that the risks have undergone robust review in a forum with appropriate topic specialists (i.e. clinical risks should be debated at a clinical forum).
- 36.** The Health Board should establish a robust system of risk management which is audited to ensure that risks are managed and escalated at appropriate levels.
- 37.** The Health Board should develop training plans for risk training of clinical staff.
- 38.** The Health Board should implement a process for assurance that suitable action plans are in place and that actions are being progressed.
- 39.** The Health Board should develop a system for the harmonisation of risks that have been raised by more than one division.

40. The Health Board should consider the use of 'proximity' dates to ensure that for risks with known 'go live' dates, there is an absolute date beyond which the organisation knows that it cannot go without invoking a contingency plan.

41. The Health Board should develop tools to enable a proactive approach to risk, such as the use of key performance indicators which could be used by the Executive Team and Board to measure and monitor the organisation's risk management.

42. The Health Board should investigate whether there are pockets of risk residing in other areas that do not currently appear on the organisational risk register (including project management risk logs, estates and facilities issues logs), to ensure that the Board has visibility of all risks of which they need to be aware.

Recommendations for NHS Wales:

D. NHS Wales should put in place a risk management framework that addresses the issues highlighted by the Cwm Taf review. This should include looking outwards to find and learn from best practice from across the UK and internationally.

Patient complaints, concerns and claims

4.14 We have already made comments about our observation of the Concerns (Complaints) Scrutiny Panel in Chapter 2, which focused on the role of non-officer members in relation to scrutiny and assurance functions. This section explores the wider system of handling complaints and concerns by the Health Board, including the role of the Complaints Team, clinical staff and the Concerns (Complaints) Scrutiny Panel in relation to responding to complainants, learning and sharing lessons, and action planning to deliver service improvements.

4.15 The first phase of our review in February 2011 identified a lack of rigour or robust system for managing complaints. Processes across the organisation to address concerns raised by patients, relatives and carers were fragmented. This has been recognised by the Health Board which has seized the opportunity presented by the introduction in April 2011 of the new NHS complaints system, 'Putting Things Right', to harmonise its systems.

4.16 On our return in June 2011 the review team found that the revised complaints process was still under development. We were encouraged to see that an integrated structure for managing complaints, concerns and incidents had been put in place, and responsibility for this function had moved from the Corporate Services team to be headed by the Executive Director of Nursing, providing strategic clinical leadership. The appointment of an experienced complaints manager from primary care, together with a change in the tone of replies to complaint letters and improved response times are all key improvements.

4.17 Our concern however is that the Complaints Team, which is responsible for dealing with complaints for all the Health Board's services (including Primary Care, Mental Health and in-patient care at the organisation's nine hospitals), may not have adequate capacity to manage this wide remit.

4.18 The letters sent to complainants since the implementation of 'Putting Things Right' were more informative, with more appropriate and sensitive apologies. A positive development is that the Complaints Team now identifies a series of questions to which the complainant is seeking answers and checks with the complainant that these are correct. This is in line with the way that advocates, for example from Community Health Councils, help complainants to draft letters.

4.19 Once this stage has been undertaken by the Complaints Team, the outline response letter is given to the relevant clinicians and managers to draft a reply. The Health Board needs to ensure that they provide sufficient training for relevant staff to be able to draft a reply in line with 'Putting Things Right' and the organisation's new ethos of openness and empathy.

4.20 Most complainants want an explanation, an apology, to know that their concern has been investigated and that measures have been put in place to prevent a

recurrence in future. From the complaint letters we have seen, too often this latter stage was missing or weak.

4.21 During our second visit, we found that the Complaints Panel, a sub-committee of the Board, was awaiting a wholesale review of its terms of reference and its membership and the level of detail to be scrutinised by the Panel had not been finalised. Although the Health Board had had a Complaints Panel since the organisation was established in October 2009, the Panel was being revised in light of the introduction of 'Putting Things Right'. This new regulatory framework for the handling of complaints and concerns by health boards in Wales came into effect on 1 April 2011; unfortunately, the Health Board had not succeeded in arranging a Complaints Panel in June, as had been planned, and the first meeting since March 2011 did not take place until the end of August 2011. We returned at the end of August 2011 to observe the first of the new Complaints Panel meetings to be held since the new Regulations had come into effect.

4.22 A report by the Health Board's Patient Care and Safety Team on their progress in meeting the requirements of 'Putting Things Right' concluded that they had *'made good progress in implementing the new Regulations despite the lack of lead-in time for planning purposes'*. We recognise that the new team has taken on a high volume of work and has been proactive at reducing a significant backlog of cases. However, it is concerning that the organisation had not recognised the impact of the new Regulations or planned for their implementation in advance, given the time available during the Welsh Government's consultation process and events put on to assist all Health Boards in Wales with managing the changes and their responsibilities.

4.23 Some work had been done to develop the information presented to the Panel to include some trend analysis and highlight the progress of action plans. The non-officer members of the Panel expressed concern that the right information was not being provided to them to enable them to scrutinise effectively. The quarterly reports, which summarised all complaints received, did not have key details, which would inform them

of the seriousness of some of the complaints that they had reviewed in detail as case studies.

4.24 In general the non-officer members on the Panel felt that they needed more detail before they could be assured that actions had been taken and lessons learned, but the information provided was limited. For example, papers presented to the Panel did not indicate that disciplinary action had been taken in a number of cases, and therefore we were concerned that the non-officer members were not being provided with adequate information to give them a full picture about actions to enable thorough scrutiny and assurance. The non-officer members requested that more detail about actions was made available to them in summary sheets, as the information currently recorded did not adequately reflect the action taken in some cases, which was only apparent when officers were questioned.

4.25 The Panel requested a range of additional information to be included in future summary reports, which we hope will go some way to addressing this issue. Part of the problem in relation to the quality of information available to the Panel is that the system relies on individual clinical staff inputting correct and sufficient information into the IT-based system. The Complaints Team recognised that training for clinical staff across the organisation would be necessary in order to improve this.

4.26 One of the new tools to be used at the Concerns (Complaints) Scrutiny Panel was the presentation of a patient story, which was a powerful tool to focus on the impact of both care and service delivery issues, and the complaints process itself. In the example used at the meeting we attended, the mother of a patient who died was invited by the Health Board to work with staff from primary, secondary and paediatric care to develop new systems to prevent the tragic events recurring in future, which we felt was an example of noteworthy practice that could be shared more widely across the organisation.

4.27 It was clear that the Health Board is struggling to engage consultants and clinicians in the complaints process (in terms of replying promptly to complaints, and taking seriously the process of action planning and learning lessons following complaints).

4.28 We recognise that 'attitude' is a complicated area to cover when dealing with complaints. However, a general poor attitude of staff to patients was a recurring theme in many of the complaints recorded in the papers for this meeting, yet we felt that the problem of culture and attitude was not acknowledged and is not being tackled by the Concerns (Complaints) Scrutiny Panel.

4.29 Much of the discussion at the Panel meeting was about new systems still under development to manage the Health Board's complaints, concerns and incidents. Clinical incidents are now reported to the same team as complaints, which will enable the team to streamline systems and check whether incident reporting corresponds to complaints raised. The Director of Nursing recognised that to embed a culture of incident reporting, more work was needed to train all clinical staff in the importance of and process for doing so. We heard that policies were in the process of being revised and developed, including operational guidance. We welcome this positive approach, but it is clear that the arrangements for complaints and incidents, right across the organisation, are still very much a work in progress and there is a great deal more to be done to ensure that this important area of work is fully effective and embedded.

4.30 These changes are recent and the Health Board recognises that the fledgling system is still work in progress. It is clear that further, expected development is required, particularly in terms of identifying lessons learned and robust action-planning prior to the complaint being answered so that the complainant knows the changes that have arisen as a result. The organisation now needs to ensure that there is clarity about the system across the organisation at every level. At all levels of complaints management in the organisation, there is also a need for more narrative information. In particular, the complaints pathway needs expansion to include an element of audit so

that checks can be made to ensure that behavioural and process changes have been sustained. A key tool will be the identification of key performance indicators for complaints management.

4.31 Nationally, 'Putting Things Right' has also required changes to the management of claims. We had some concerns about the skills of the complaints team to handle new requirements to undertake complex quantum estimations, although we heard mention of some training for the Complaints Panel members, to be provided by Welsh Health Legal Services. This is potentially an issue for all Welsh Health Boards, and may therefore benefit from a pooling of knowledge and a partnership approach to the challenges it presents.

Recommendations for Cwm Taf Health Board:

43. The Health Board should ensure that the Complaints Team is adequately trained and resourced to deliver the organisation's duties under the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011.

44. The Health Board should ensure that clinical staff are provided with sufficient training to deliver 'Putting Things Right', including drafting letters to complainants, inputting correct and sufficient information into the IT-based system on the progress of actions following complaints and incidents, and embedding a culture of incident reporting across the organisation.

45. The Health Board needs to ensure that it documents, monitors and informs complainants about what changes have been made as a result of the concern or complaint.

46. The Health Board should ensure that the complaints pathway includes an element of audit to ensure that agreed actions have been implemented, and the development of key performance indicators to monitor risk management across the organisation.

47. The Health Board should ensure that there is clarity about the complaints system across the organisation at every level.

48. The Health Board should consider expanding the Concerns (Complaints) Scrutiny Panel's powers, for example to commission relevant reports, receive information via exception reporting, identify benchmarks for performance with other similar organisations, and reinvigorate data presentation.

49. The Health Board Concerns (Complaints) Scrutiny Panel (including the Community Health Council representatives) should consider the development of a more detailed work plan. This could include:

- Which cases the Panel should review and how these will be prioritised.
- Whom the Panel should invite as 'guests'.
- How the Panel will monitor lessons learnt and action plans.
- The use of patient stories; how the Health Board ensures quality of care in the organisation using the complaints as a catalyst for change.
- How the messages from the Panel are cascaded down through the directorates to divisions to front-line staff.
- A programme of visits by members of the Complaints (Concerns) Scrutiny Panel to clinical areas to assess actions first-hand and raise the Panel's profile with front-line staff. (See recommendation 9.)

50. The Health Board should consider a partnership approach to resolving potential challenges in the management of claims under the new Putting Things Right Regulations.

Trend analysis, action planning, and sharing learning

4.32 There was limited evidence of lessons learned having been identified in some of the areas reviewed. We were given a few examples of learning from incidents and events, although perceptions about how effectively incidents were managed were variable within teams as well as across divisions and directorates more generally. The sharing of lessons learnt in terms of clinical effectiveness, audit, complaints and incidents across divisions and directorates was tenuous and there was a lack of clear process for doing so. The organisation should ensure that incidents are used as case studies to learn lessons about future responses to similar situations, at a range of levels within the organisation.

4.33 A concern raised with the Review Team about how a national patient safety alert had been disseminated through the system in primary care highlighted a need for the Health Board to audit its systems to ensure that safety notices are effectively disseminated and implemented across the organisation.

4.34 There is a need to encourage and train staff to think laterally about lessons learnt and ways to communicate and translate these across teams in ways that will embed learning. For example, the papers provided to the Complaints (Concerns) Scrutiny Panel frequently stated that no lessons had been identified following a complaint. There was also an absence of linkage between incidents and risk registers.

4.35 We would have liked to have seen more robust evidence of systems to monitor actions and changes that have occurred following incidents and complaints. Currently it does not appear that members of the Executive Team routinely follow up the progress of action plans from serious incidents, for example by undertaking visits to validate that actions have been implemented.

4.36 While it would clearly not be realistic or feasible to expect relevant committees to examine all action plans, our experience of the Concerns (Complaints) Scrutiny Panel suggested that some complaints would justify the Panel scrutinising the action plan produced. We would like to see action plans included for the case study examples which committees discuss in detail. Training is also necessary to support staff in developing good action plans.

4.37 There was a lack of any robust trend analysis of complaints, concerns, claims or incidents across the Health Board, and an absence of any benchmarking information, for instance to compare Cwm Taf Health Board's complaints with those of other Health Boards.

4.38 Each directorate advised us that they collect information about clinical incidents, complaints and concerns; however we found that in general divisions do not feel empowered to develop dashboards to measure and monitor data that would be meaningful to them. This points to an absence of locally derived standards, although examples of practice within the nursing profession suggest that attempts are being made to develop such local clinical governance systems. For instance, it was encouraging to find that nursing data was visible on some wards and therefore available

to patients. There did not appear to be a pan-organisational approach to reporting against indicators for incidents and complaints and there was little evidence in mitigating differences between wards. This is an area which would benefit from corporate attention, encouragement and reinforcement and the development of enabling systems in addition to training for operational staff.

Recommendations for Cwm Taf Health Board:

51. The Health Board should develop a structured approach to the communication of good practice and sharing lessons across the organisation, including feeding back of outcomes to staff at operational level, and consider the need for training staff in order to optimise lessons learnt.

52. The Health Board should review the arrangements for the dissemination of patient safety alerts and guidance to ensure that there are plans in place for implementation and for auditing compliance.

53. The Health Board should formalise links between all opportunities for organisational learning and the corporate risk register, for instance information arising from claims, adverse incidents, near misses and complaints.

54. The Health Board should develop a range of useful benchmarking information and key indicators to enable the measurement and monitoring of performance in relation to complaints, claims and incidents.

Chapter 5 Conclusion and next steps

5.1 An underlying theme in many of the findings and recommendations relates to the use of information. We had particular concerns about the information available to non-officer members, and were not convinced that it was adequate enough to enable them to fulfil their scrutiny roles and provide the necessary assurances to the Board about the quality and safety of services and wider strategic risks. Linked to this issue was a reservation that the time allocated to non-officers to fulfil their wide responsibilities was inadequate; this is an all-Wales issue which should be considered by NHS Wales and the Welsh Government as well as Cwm Taf.

5.2 In relation to risk, concerns and incidents, information systems were less than optimal. Our evidence pointed to a lack of understanding of corporate risk at the most senior level and we had significant concerns about the level of scrutiny of risk that was taking place by the Executive Team or Board. Across the organisation, there was limited evidence of lessons learned having been identified and perceptions about how effectively incidents were managed were variable. The sharing of lessons learnt in terms of clinical effectiveness, audit, complaints and incidents across divisions and directorates was tenuous and there was a lack of clear process for doing so. There was a lack of any robust trend analysis of complaints, concerns, claims or incidents across the Health Board, and an absence of any benchmarking information. There was also an absence of linkage between incidents and risk registers. We would have liked to have seen more robust evidence of systems to monitor actions and changes that have occurred following incidents and complaints. Clinical governance processes were not well embedded among frontline staff.

5.3 We saw limited evidence of real performance data being used at all levels of the organisation to evaluate performance, quality and patient outcomes. Across the organisation there was a lack of clarity as to how the directorate and divisional structure relates to the Executive Team, Board and committees in terms of reporting, quality assurance and performance management.

5.4 A linked theme of the review relates to decision-making. This was perceived as difficult and time-consuming across directorates and divisions, and there was a lack of clarity about the level at which staff could contribute to decision-making processes. We heard from several frontline staff that divisional middle-management was perceived as a 'block' to raising concerns about services and there was a sense that some clinicians and service areas felt isolated from the strategic centre. It was clear that there is a pressing need to properly engage clinicians in corporate and clinical governance systems and processes. While we met some talented clinical directors, their capacity to be both clinicians and managers is being stretched and tested, compounded by a lack of clinical leadership training.

5.5 The final theme is the need for the Health Board to establish and communicate its organisational vision more clearly, articulating what it will mean in practice for those delivering frontline services and in particular the implications for secondary care of the move towards a locality model for community-based and primary care services. We have recommended that the organisation undertakes a comprehensive business planning process and develops an operational framework to deliver on the agreed strategy, utilising the staff performance management and appraisal framework to ensure it supports staff inclusion.

5.6 Work has already begun to address many of the issues highlighted in this report; following each visit the Review Team met with the Chair and Chief Executive to provide feedback at the earliest opportunity of the themes and findings as they emerged. The Health Board has therefore been able to initiate action where it was needed to addresses issues as they emerged. The Addendum to this report provides an update from the Health Board on the progress it has already made in relation to the findings and recommendations set out in this report. The Health Board has requested that the review team return in a year's time for a full evaluation of progress in relation to the full findings and recommendations set out in this report.

5.7 However, these are complex issues which will require further, detailed consideration by the Health Board and time to develop appropriate solutions. The recommendations in this report are designed to assist the Health Board in creating an action plan to address the review's findings. Some of the governance issues identified by this review clearly have significance for all NHS Health Boards and Trusts and we have highlighted these through a series of recommendations addressed to NHS Wales.

5.8 HIW will work with the Welsh Government's Department of Health and Social Services to monitor that all actions recommended in this report are taken forward in a timely manner by both the Health Board and where relevant, NHS Wales more widely.

Addendum: Cwm Taf Health Board response

Following the establishment of Cwm Taf LHB in October 2009, the Board recognised the need to strengthen and further develop its governance structures. The Board was pleased therefore that an independent review was undertaken by HIW, drawing on expertise from across the UK, to assist Cwm Taf in its development and to also provide wider learning for the NHS in Wales.

The review of this new and highly complex organisation covering primary care, community, acute and mental health services provided an exciting opportunity to develop new models for the delivery of governance and accountability arrangements. This is highly significant in terms of the Board ownership and commitment to both the process and the outcome of the review.

Cwm Taf, under the leadership of an experienced Board, has taken the opportunity of the appointment of a new CEO, to embrace the governance review as a key component of the improvement agenda. Many of the findings confirmed the challenges that had already been recognised by the Board and the Review has helped the organisation to meet these challenges. This is a journey of learning that will hopefully also be of benefit to the wider NHS in Wales as many of the recommendations are pertinent to all LHBs in Wales.

The Health Board has undertaken a programme of continuous improvement following the appointment of our new Chief Executive early in 2011. This Addendum and the supporting timeline provide a commentary on the progress to date of our ongoing development work to address many of the issues highlighted in the report whilst maintaining our focus on ensuring high quality, safe services for patients and a challenging public health agenda.

The response is structured around the following categories:

- Culture and communication
- Systems and processes
- Training and development

Culture and Communication

Changes have been made to the organisational structure with removal of the divisional tier of management, the appointment of the Turnaround Director and the Chief Operating Officer and revisions to the portfolios of the other Directors as part of the drive for cultural change across Cwm Taf. Features of the new culture include increased personal and collective responsibility for performance and increased adaptability and execution of service changes. The Chief Executive has actively encouraged the development of a family of leaders within Cwm Taf who can become champions to change the organisational culture and act as role models for the desired leadership behaviours.

The Chief Executive has hosted a number of leadership events focused on “Doing Different Things” during the last year and this has provided an opportunity to meet with the senior management teams across the organisation. A series of Doctors Dinners hosted by Chair and Chief Executive have been held with an invited participation of consultants and GPs to discuss topical issues and cultural change.

The Health Board has continued to strengthen both its internal and external communication processes and communication channels have been improved with the Chief Executive regularly making contact with every member of staff via a weekly email. We are making better use of the intranet and internet sites to promote key initiatives and engage staff and key stakeholders in the debate. There are developing links with the local media, regular briefing notes to all key stakeholders including local councillors,

proactive work to promote good practice and increased joint working with the Local Authorities and other Health Boards.

The staff reward and recognition scheme was also launched in September and we have seen many examples of real achievement across the organisation and with our partners to improve the quality and safety of our services. We have put in place effective arrangements to recognise our achievements and to celebrate our success and we will hold our first Annual Recognition Event in May 2012 as a way of showing the Health Board's appreciation for a job well done and publicly recognising the dedication of our staff.

In January 2012, the Health Board was awarded "gold" status under the Corporate Health Standard programme run by the Welsh Government. This is a quality mark for workplace health promotion in Wales and is presented in bronze, silver, gold and platinum categories to public, private and third sector organisations implementing practices to promote the health and well-being of their employees. The work to achieve the standard is consistent with the business excellence model, which drives quality and organisational development in many organisations. Work will now be progressed towards achievement of the platinum award as soon as possible.

Systems and Processes

Implementation of the "Putting Things Right" Regulations, in respect of the incidents / concerns / claims / redress arrangements, together with the realign of the function within the Nurse Director portfolio from April 2011 will allow the Health Board to ensure the implementation of more robust systems to monitor actions and changes that have occurred following incidents and complaints. The changes will also help to further embed clinical governance processes across the organisation.

The Executive Board arrangements have been strengthened to demonstrate our commitment to partnership working and there is now full involvement from the Chair of

the staff side, primary care, the Hospital Medical Staff Committees and the Social Services Directors from the Local Authorities. This shows a true approach to partnership working and the progression of an open culture where the staff voice is clearly heard at the highest level within the organisation.

Committee arrangements have reviewed and revised to ensure that reporting arrangements are clear and to provide the Board with increased assurance. The establishment of the Finance & Performance Committee and the Turnaround Board in particular will provide assurance that robust scrutiny is taking place on key risk areas associated with the quality and safety of services and wider strategic risks.

During 2011, the joint Merthyr Tydfil / Rhondda Cynon Taf (RCT) Local Service Board commissioned a review of partnership arrangements to assess the effectiveness of partnership working. The review has continued with an emphasis on streamlining arrangements, strengthening accountability and improving outcomes. In Merthyr Tydfil, a new combined Partnership Board has been established, bringing together the former Health, Social Care and Well-being (HSCWB) Partnership, the Community Safety Partnership (CSP) and the Children and Young People's Partnership (CYP). In RCT, a partnership Operational Steering Group (OSG) has been established consisting of senior representatives from each partner organisation.

In September 2011, we established the Setting the Direction Assurance Collaborative, a multi-agency forum set up to drive real improvements in primary care and community based health and social care services for the population of Rhondda Cynon Taff and Merthyr Tydfil. The Collaborative will challenge the Health Board to develop different ways of working which will drive the implementation of the locality model of services and the principle of care closer to home.

The complexity and range of plans required to meet internal and external requirements has resulted in the development of a single Resource and Operational Plan for 2012-13.

The Plan will encompass all targets for the Health Board for the next year and will allow the organisation to focus its attention on meeting the priorities identified in the plan.

A robust Governance and Accountability Framework has been developed to ensure that robust systems of performance management, assurance, and risk management are in place. The development of a Governance Handbook will form an important part of the framework and will ensure that Board members can access guidance and information when required.

Training and Development

The Chairman has completed his programme of annual appraisals with the Independent Board Members and personal development plans have been developed for each individual. Induction programmes have been developed and implemented for Associate Members as they have taken up their roles as Chair of the Stakeholder Reference Group and the Healthcare Professionals Group.

Additional time has been allocated for Board development and the programme for the year has been refocused with additional time allocated to key risk areas including health & safety, the performance and assurance framework, the South Wales Strategic Plan, the Financial Plan for 2012-13 and the outcome of the local service reviews.

The visibility of the Board has increased with Independent Members and Directors undertaking regular “walkabouts” as part of the 1,000 Lives Plus Programme and the Chair and Chief Executive spending more time at our primary care, hospital and community settings. Board members have also attended primary care education sessions to cultivate closer working with GPs and other contractor professionals.

Independent Members continue to develop their champion roles within the organisation and at the Annual General Meeting in September each Champion gave an outline of the work undertaken during the previous year. Areas covered included children,

cleanliness, equality, the Welsh language, vulnerable adults, information governance, capital design and environment and organ donation.

The Independent Members have also acted as champions for specific localities and during the year they have attended and contributed to the series of Public Fora meetings in each locality.

A number of the Independent Members have attended the series of Doing Different Things Leadership Events and the workshop to consider the outcome of the local service reviews. This has allowed them to gain an increased understanding of the issues facing the Health Board and to network with senior managers and clinical leaders within the organisation.

The challenges facing Cwm Taf Health Board, and all health services in Wales, over the next few years are great. We are working to develop a clear focus on delivery of high quality sustainable services within the significant financial constraints of the current economic climate. Our future success will depend on how well we respond to the changes and challenges ahead and the cultural changes and the requirement on leaders within the Health Board to help their teams make sense of what is happening around them.

The emerging agenda of work across LHBs to develop the South Wales Strategic Plan will need to be underpinned by strong, clear governance structures and we will continue to work with our colleagues to progress this important agenda for the NHS in Wales.

We will continue to work to identify best practice in respect of risk assurance and governance arrangements. There is a clear challenge for the Health Board to identify and evaluate alternative models so that we can benchmark our governance practice and provide advice for the wider NHS in Wales in respect of intra and inter organisational governance structures.

We accept the recommendations in this report and will now develop and implement our action plan in response to the recommendations. We look forward to the HIW review team returning in a year's time for a full evaluation of our progress against the recommendations.

Timeline: The Highlights

- | | |
|---------------|---|
| December 2010 | – Allison Williams (AW) is appointed as the Chief Executive Designate (CEO); |
| January 2011 | – AW becomes Accountable Officer;
– AW requests 5% savings plans;
– Cwm Taf formally declare itself in recovery in recognition of the need for a different approach to eliminate the underlying financial deficit. |
| February 2011 | – HIW Review commences;
– Initial discussions to establish Finance and Performance Committee;
– AW commission Estates Review to strengthen the governance functions;
– 5% savings plans submitted; |
| March 2011 | – AW becomes Chief Executive Officer (CEO);
– Independent review of the financial position to validate the baseline position is completed;
– Board development session focused on developing the performance and assurance framework and a whole systems approach to improving services and systems;
– Weekly emails from the CEO to staff commence. |

- April 2011
- Service and financial presentation and remedial plans to WG;
 - Putting Things Right Portfolio moves to Executive Director of Nursing;
 - Revised Executive Board arrangements in place.
- May 2011
- Director of Primary, Community & Mental Health (PCMH) appointed;
 - Turnaround Programme agreed;
 - CEO objectives agreed;
 - New Health Minister appointed;
 - First Finance and Performance Committee meeting;
 - New style finance reports produced.
- June 2011
- Turnaround Director takes up post;
 - Advertise for Chief Operating Officer (COO);
 - New Director General, NHS Wales;
 - Board development session focused on “Changing for the Future”;
- July 2011
- First Doing Different Things Leadership Event ;
 - Board development session focused on Health in Wales, Healthcare Associated infections, Transforming Theatres and the Save 1000 Lives Programme;
 - Formal Public Consultation exercise on Adult Mental Health Services commences following extensive period of stakeholder engagement.
- August 2011
- Engagement conversations with AMs and MPs;
 - COO appointed;
 - Director of PC&MH becomes Deputy CEO;
 - Health Board application for University status submitted to the Minister.

- September 2011
- Joint Executive Team (JET) meeting with the WG;
 - Board development session focused on development of a Governance and Accountability Framework and the South Wales Strategic Plan;
 - strategic service review process commences;
 - Staff reward and recognition scheme launched as part of the Annual General Meeting;
 - Setting The Direction Assurance Collaborative established.
- October 2011
- New Medical Director appointed;
 - Revised Management arrangements for operational management implemented;
 - Executive portfolios re-aligned;
 - Joint meeting with other Health Boards in South East Wales;
 - Second Doing Different Things Leadership Event;
 - Board development session focused on the outline Financial Plan for 2012-13 and the South Wales Strategic Plan;
 - Doctors dinner and debate series launched;
 - Outcome of the formal Public Consultation exercise on Adult Mental Health Services considered by the Board.
- November 2011
- Together for Health published;
 - Presentation of the regional plan to the Minister;
 - Director General, NHS Wales letter on Service Change published;
 - Turnaround Board established;
 - Independent Board Member appraisals with the Chair start.

- December 2011
- Board development session focused on clinical leadership, getting the Health Board “fitter for purpose”, the Turnaround programme and development of the Governance Framework;
- January 2012
- Board development session focused on Together for Health: A Five Year Vision for the NHS in Wales, the outcome of local service reviews and health & safety for Directors;
 - South Wales Plan Programme Board established;
 - Independent Board Member appraisals with the Chair completed;
 - Health Board awarded Corporate Health Standard Gold status;
 - Special meeting with Merthyr Tydfil Local Authority;
 - Leader and Chief Executive of Merthyr Tydfil Local Authority visit;
 - Series of quarterly Public Fora meetings continues;
 - Strengthened professional medical leadership structure agreed;
 - Doctors Dinners series continues.

Summary of recommendations

Recommendations for Cwm Taf Health Board

Committee reporting lines

1. The Health Board should expedite the feasibility review into the establishment of an Integrated Concerns, Redress and Scrutiny Panel, ensuring that this gives consideration to ensuring clear ownership of risks and actions, and the capacity of one Panel to cover a wide area.

Non-Officer Members

2. The Health Board should identify and utilise the experience, capability and attributes of the non-officer members in the best, most effective ways.

3. The Health Board should develop and improve the non-officer members' understanding of corporate risk and governance, and their duties in relation to assurance and accountability. This should form part of a regular appraisal process to identify individual as well as collective training needs.

4. The Health Board should consider ways to improve the visibility of non-officer members and Board champions.

Challenge and scrutiny

5. The Health Board should consider ways to empower non-officer members to provide robust challenge and scrutiny.

Access to information

6. The Health Board should ensure that the data presented to the Board and its various committees is of the right quality, level and depth to equip the non-officer members with adequate and appropriate information to enable an effective level of scrutiny and to gain the assurances needed regarding the quality and safety of service delivery.

7. The Health Board should ensure that each committee devises a work plan to determine its priorities and areas to focus on for further analysis.

Organisational structure

8. The Health Board should ensure that the harmonisation of policies and procedures of legacy organisations has been fully effected at operational level.

9. The Health Board should ensure that the divisional and directorate structure it is shaped around the delivery of high quality services and patient safety, and that staff are involved in the planning and decision-making about any new structural model.

Executive Board

10. The Health Board should ensure that there is a clear distinction between Board and Executive functions. The Health Board should consider where the new Quality Improvement and Safety Steering Group sits under the structure, and whether it is best placed under a Board committee, or as an Executive function.

11. The Health Board should give consideration to how the committees will work and interlink with divisions and directorates and communicate this clearly to all staff.

Monitoring performance

12. The Health Board should consider the development of two data sets for each division, one common to all divisions (comprising information on complaints, patient incidents, staff absence, rate of staff appraisal etc.) and secondly a range of data created by each directorate and each division to demonstrate that patients are safe and that commissioning questions are included.

13. The Health Board should build on noteworthy practice initiatives from individual directorates and ensure that they are shared across divisions.

14. The Health Board should think creatively and innovatively about indicators that focus on patient outcomes; for example considering questions such as *'how many mental health patients did we 'get better' in the last year?'*

Partnership involvement

15. The Health Board should consider increasing partnership representation at Board and Committee level. The Health Board should make the most of the expertise of its partners, such as the Community Health Council's experience in assisting patients to take forward a complaint, and ask for their views on how committee meetings could be improved.

16. The Health Board should maximise opportunities to involve partners, stakeholders, patients and the community in planning and improving services.

17. The Health Board should strengthen relationships with other Health Boards to identify cross-sector and cross-border solutions to ensure sustainable, safe service delivery.

18. The Health Board should review its arrangements for strategic planning to reflect both the responsibilities of the organisation to design services for a geographically defined population and to deliver services to all patients who make use of its services both from within and outside the board area.

Communication of the vision and objectives

19. The Health Board should ensure that communications from the corporate centre are accessible all staff using a range of media (including non-email).

20. The Health Board should communicate the organisational vision, engaging all staff in the direction of travel and ensuring they understand their role in relation to it.

21. The Health Board should consider the development of a 'Values' campaign to engage staff in the organisational vision.

22. The Health Board should develop a corporate business plan and an operational framework for its delivery, linked to the staff performance appraisal system.

Staff development and appraisal

23. The Health Board should develop a corporate business plan and an operational framework which is linked to staff objectives and the appraisal process.

24. The Health Board should embed a consistent and measurable approach to staff appraisal which is reported on to the Board.

Clinical teams and leadership

- 25.** The Health Board should ensure that all those with clinical leadership roles are allocated adequate time to meet these responsibilities and have received appropriate training to support them in fulfilling these roles effectively and confidently.
- 26.** The Health Board should consider a range of tools to engender change and foster a culture which encourages, rewards and recognises innovation.
- 27.** The Health Board should ensure that there are effective systems in place for innovative ideas in relation to service development and delivery generated at ground level to be escalated for consideration.
- 28.** The Health Board should ensure that there is understanding across the organisation that the economic climate and need to find efficiency savings does not lead to a culture of protectionism and negatively impact on patient choice and needs.
- 29.** The Health Board should ensure that there is clarity among all staff about the appropriate levels at which decisions should be made (both within and across divisions) and how they can contribute to the decision-making process at all levels in terms of involvement, engagement and consultation.
- 30.** The Health Board should develop and communicate processes for staff to raise concerns.
- 31.** The Health Board should consider aligning a non-officer member with each of the divisions or professions to bring together another dimension of support for the service, and to ensure their views are aired at the appropriate level.

32. The Health Board should work with its clinicians to develop their understanding of clinical governance processes, and the benefits of these systems in terms of engaging with and contributing to service improvements and mitigating concerns.

Risk

33. The Health Board should consider methods and mechanisms, for instance at a corporate risk 'brainstorming' session, that will support the Board in the identification of current major service delivery and patient safety risks.

34. The Health Board should investigate the standardisation of assessment and categorisation of risks within divisional risk registers. This needs to be assessed and addressed before identifying a robust process for escalation of divisional risks to the organisational risk register.

35. The Health Board should design a scrutiny process for all risks to give assurance to the Board that the risks have undergone robust review in a forum with appropriate topic specialists (i.e. clinical risks should be debated at a clinical forum).

36. The Health Board should establish a robust system of risk management which is audited to ensure that risks are managed and escalated at appropriate levels.

37. The Health Board should develop training plans for risk training of clinical staff.

38. The Health Board should implement a process for assurance that suitable action plans are in place and that actions are being progressed.

39. The Health Board should develop a system for the harmonisation of risks that have been raised by more than one division.

40. The Health Board should consider the use of 'proximity' dates to ensure that for risks with known 'go live' dates, there is an absolute date beyond which the organisation knows that it cannot go without invoking a contingency plan.

41. The Health Board should develop tools to enable a proactive approach to risk, such as the use of key performance indicators which could be used by the Executive Team and Board to measure and monitor the organisation's risk management.

42. The Health Board should investigate whether there are pockets of risk residing in other areas that do not currently appear on the organisational risk register (including project management risk logs, estates and facilities issues logs), to ensure that the Board has visibility of all risks of which they need to be aware.

Patient complaints, concerns and claims

43. The Health Board should ensure that the Complaints Team is adequately trained and resourced to deliver the organisation's duties under the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011.

44. The Health Board should ensure that clinical staff are provided with sufficient training to deliver 'Putting Things Right', including drafting letters to complainants, inputting correct and sufficient information into the IT-based system on the progress of actions following complaints and incidents, and embedding a culture of incident reporting across the organisation.

45. The Health Board needs to ensure that it documents, monitors and informs complainants about what changes have been made as a result of the concern or complaint.

46. The Health Board should ensure that the complaints pathway includes an element of audit to ensure that agreed actions have been implemented, and the

development of key performance indicators to monitor risk management across the organisation.

47. The Health Board should ensure that there is clarity about the complaints system across the organisation at every level.

48. The Health Board should consider expanding the Concerns (Complaints) Scrutiny Panel's powers, for example to commission relevant reports, receive information via exception reporting, identify benchmarks for performance with other similar organisations, and reinvigorate data presentation.

49. The Health Board Concerns (Complaints) Scrutiny Panel (including the Community Health Council representatives) should consider the development of a more detailed work plan. This could include:

- Which cases the Panel should review and how these will be prioritised.
- Whom the Panel should invite as 'guests'.
- How the Panel will monitor lessons learnt and action plans.
- The use of patient stories; how the Health Board ensures quality of care in the organisation using the complaints as a catalyst for change.
- How the messages from the Panel are cascaded down through the directorates to divisions to front-line staff.
- A programme of visits by members of the Complaints (Concerns) Scrutiny Panel to clinical areas to assess actions first-hand and raise the Panel's profile with front-line staff. (See recommendation 9.)

50. The Health Board should consider a partnership approach to resolving potential challenges in the management of claims under the new Putting Things Right Regulations.

Trend analysis, action planning, and sharing learning

51. The Health Board should develop a structured approach to the communication of good practice and sharing lessons across the organisation, including feeding back of outcomes to staff at operational level, and consider the need for training staff in order to optimise lessons learnt.

52. The Health Board should review the arrangements for the dissemination of patient safety alerts and guidance to ensure that there are plans in place for implementation and for auditing compliance.

53. The Health Board should formalise links between all opportunities for organisational learning and the corporate risk register, for instance information arising from claims, adverse incidents, near misses and complaints.

54. The Health Board should develop a range of useful benchmarking information and key indicators to enable the measurement and monitoring of performance in relation to complaints, claims and incidents.

Recommendations for NHS Wales

Non-officer members

A. NHS Wales should ensure that the non-officer members of each Health Board have absolute clarity about the various Welsh Government and individual Health Board performance and planning regimes, and their personal responsibilities in relation to these.

B. NHS Wales should give consideration to guidance and induction systems for all Health Boards to ensure that the different roles and responsibilities of associate non-

officer members and non-officer members are clearly understood and that appropriate training is in place to meet different learning and skills development needs.

C. NHS Wales should consider whether Health Boards are currently able to allocate sufficient time to non-officer members to enable them to fully engage with their roles and to provide appropriately informed levels of scrutiny and assurance.

Risk

D. NHS Wales should put in place a risk management framework that addresses the issues highlighted by the Cwm Taf review. This should include looking outwards to find and learn from best practice from across the UK and internationally.

Healthcare Inspectorate Wales

On behalf of Welsh Ministers and the citizens of Wales, Healthcare Inspectorate Wales (HIW) provides independent and objective assurance on the quality, safety and effectiveness of healthcare services, making recommendations to healthcare organisations to promote improvement.

HIW's primary focus is on:

- making a significant contribution to improving the safety and quality of healthcare services in Wales;
- improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee;
- strengthening the voice of patients and the public in the way health services are reviewed; and
- ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW reviews services against a range of published standards, policies, guidance and regulations, and seeks to identify and support improvements in services and the actions required to achieve this. If necessary, HIW undertakes special reviews and investigations where there appears to be systematic failures in delivering healthcare services to ensure that rapid improvement and learning takes place. In addition, HIW is the regulator of independent healthcare providers in Wales and is the Local Supervising Authority for the statutory supervision of midwives. HIW carries out its functions on behalf of Welsh Ministers and, although part of the Welsh Government, protocols have been established to safeguard its operational autonomy.

Review Terms of Reference

HEALTHCARE INSPECTORATE WALES INDEPENDENT EXTERNAL REVIEW OF GOVERNANCE ARRANGEMENTS AT CWM TAF HEALTH BOARD

Following discussions with Cwm Taf Health Board, Healthcare Inspectorate Wales is to undertake a review of the governance arrangements that the Health Board has put in place to ensure the quality and safety of patient care.

Terms of Reference

Evaluate the accountability arrangements to ensure they are clear and consistent, to include:

- The revised reporting arrangements to the Board including a range of information available to the Board.
- The Committee structures supporting the Board in discharging its duties.
- The governance arrangements through and between the divisions, directorates, and across the organisation as a whole.

Review the primary and additional responsibilities of the Non-Officer Members following appointment to all posts, to include:

- Committee responsibilities.
- Establishment of Champion roles.

- Involvement in wider NHS initiatives to improve patient safety, e.g. 1,000 Lives Plus Programme.

Evaluate the arrangements in place to support competent and effective multi-disciplinary clinical teams, to include:

- Clinical leadership roles and responsibilities.
- Processes to identify and manage individual or service performance concerns which may impact on patient safety.
- Development of clinical staff across nursing, therapies and health sciences.
- Supervision, delegation and escalation arrangements in place to ensure safe patient care and appropriate support for all grades and disciplines of staff.
- Progress achieved in aligning the former Trust and Health Board's, the standardisation of procedures, protocols, patient pathways etc. to support safer patient care and evidence based service delivery.

Consider the arrangements under development to address the outcome of the consultation into 'Putting Things Right', to include:

- The processes across the organisation to address concerns from patients and carers alongside the improvements being implemented to improve compliance against the All Wales targets and achieve more timely responses to complainants.
- The mechanisms to address clinical claims and support appropriate resolution in terms of redress and claims settlements.
- The systems in place to mitigate risks to patient safety and the approach taken in the event of a clinical incident.

- Evaluate how lessons learnt from complaints, claims, clinical incidents, Ombudsman's reviews and other external and internal reviews are taken forward to improve patient care.
- Assess system in place to identify trends in complaints, incidents etc., the processes to prioritise actions from same and the assurance mechanisms to assess the progress on action plans.

Discuss with reviewers improved ways of working jointly with HIW.

Review Team

Dr. Rob Hall

Dr Hall was a General Practitioner in Suffolk from 1974 to 2002 in market town group practice. He was Senior Partner of the practice from 1993. After retirement from practice, he has worked for the local PCT in various capacities including being a GP Board member, mental health lead and acting mental health commissioner. He is still a medical advisor for NHS Suffolk. He has also worked as a clinical advisor and reviewer for Healthcare Commission and HIW. He has been a clinical advisor for the Parliamentary and Health Services Ombudsman dealing with second stage complaints.

Mr. Ridwan Kennedy

Mr. Ridwan Kennedy joins the review team as a lay person reviewer. His professional background was in local government, having been a Group Manager and a Principal Development Officer in Nottinghamshire County Council from 1992 – 2004. His roles there included revising the Authority's constitution and making changes to both the Scrutiny and Executive functions of the Authority's decision-making processes. He was also a Departmental Complaints Officer, overseeing the investigation of complaints and monitoring responses to customers.

Ms. Donna O'Boyle

Donna O'Boyle is the Professional Lead for Clinical Quality, Governance and Assurance at a Non Departmental Public Body accountable to the Scottish Government, which provides national strategic support services and expert advice to NHS Scotland. She has a strong professional background in risk and clinical governance and is a former inspector for the Clinical Negligence and Other Risks Indemnity Scheme in Scotland.

Prof. Anthony Palmer

Anthony Palmer is an experienced Director of Nursing and formerly Deputy Chief Executive at Luton & Dunstable Hospital NHS Foundation Trust. He was the founding Editor of the *Journal of Nursing Management (International)* published in over 70 countries and an Editorial Board member of the *Journal of Advanced Nursing (International)*. He is Professor of Nursing University of Bedfordshire, and a Visiting Fellow at South Bank University and the University of Hertfordshire. He was Clinical Advisor to the Health Care Commission and has 13 years experience as a nursing expert with several of the leading Law Firms in the UK.

Dr. David Stewart

Dr. David Stewart is the Medical Director and Director of Service Improvement for the Regulation and Quality Improvement Authority (RQIA), the independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland. Prior to joined RQIA as Medical Director in November 2007, Dr. Stewart was Director of Public Health at the Eastern Health and Social Services Board, from 1995.