

# **An overview of Quality Governance Arrangements at Cwm Taf Morgannwg University Health Board: A summary of progress made against recommendations**

May 2021

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# Introduction and background

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- 1 Cwm Taf Morgannwg University Health Board (the Health Board) provides primary, community, and hospital services to the populations of Merthyr Tydfil, Rhondda Cynon Taf and Bridgend.
- 2 In November 2019, Healthcare Inspectorate Wales (HIW) and Audit Wales (AW) undertook a joint review of quality governance and risk management arrangements within the Health Board. This work followed a report by the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives which identified a number of serious concerns and service failings with maternity services. The Royal Colleges' report threw into sharp focus the concerns we had previously articulated about the Health Board's quality governance and risk management arrangements. As a result of the Royal Colleges' report, in April 2019 the Health Board's maternity services were placed into special measures and the organisation was escalated to the status of 'targeted intervention' within the NHS Wales escalation and intervention framework<sup>1</sup>.
- 3 Our November 2019 Joint Review<sup>2</sup> found a number of fundamental weaknesses in the Health Board's governance arrangements in respect of quality of care and patient safety. We made 14 recommendations for improving risk management, the handling of incidents claims and complaints (concerns), patient safety and organisational culture. The Health Board fully accepted the findings and began to respond to the report's recommendations.
- 4 Since our review there have been changes to the senior leadership team within the Health Board. This includes a new Health Board Chief Executive who was appointed in September 2020, taking over from the interim appointment made in June 2019, following the departure of the previous Chief Executive. There have also been some changes to other key executive roles including the appointment of a substantive Director for People, Interim Executive Director of Therapies and Health Sciences, Interim Director of Planning and Performance and Interim Chief Operating Officer.

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1 [The NHS Escalation and Intervention Arrangements](#)

2 [A joint review of quality governance arrangements at Cwm Taf Morgannwg University Health Board](#)

- 5 In addition, the Health Board has implemented a new operating model, creating three Integrated Locality Groups (ILGs) based around the geographical areas of Merthyr Tydfil and Cynon Valley, Rhondda, Taff Ely and Bridgend. The ILGs are clinically led and managerially supported to strengthen clinical leadership and to ensure a focus on quality and safety. ILGs and their Clinical Service Groups (CSGs) are responsible for delivering acute, primary, community and mental health services to meet the needs of their local communities.
- 6 This report provides a progress update against the original 14 recommendations made in our report. We have been mindful of the impact that the COVID-19 pandemic (the pandemic) has had on the ability of the Health Board to respond to the recommendations, however, given the fundamental deficiencies identified in 2019 we felt it was important to establish and assess what progress the Health Board has made. We undertook similar evidence gathering activities as in our previous review. The pandemic meant that our work was undertaken remotely given the ongoing requirements for social distancing and the suspension of our onsite audit and inspection work at the time of fieldwork.

# Main conclusions

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- 7 The Health Board is making good progress to address the recommendations that we made in 2019, particularly when taking account of the challenges it has faced in responding to the pandemic. This has impeded progress on improvements in some areas, meaning some actions haven't progressed as quickly as the Health Board originally intended.
- 8 The Health Board has made progress at a strategic level, ensuring a greater focus on quality, patient safety and risk. Through its Quality and Patient Safety Governance Framework it has defined what high-quality care is, aligning this framework to its new operating model. However, the pandemic has impacted on the development of the Health Board's Quality Strategy and further work is needed in this area. Since completing our fieldwork, the Health Board has indicated its intention to integrate the Quality Strategy into the Health Boards Integrated Health and Care Strategy which is being developed. The Health Board has also indicated its intent to align the Patient Experience Strategy to the overall Health Boards Engagement strategy. These strategies are due for completion by Autumn 2021.
- 9 Accountability and responsibility for quality and safety is now clearer. Leadership of quality and patient safety has been strengthened with collective responsibility being shared amongst the four clinical executive directors. The Quality and Patient Safety Governance Framework defines responsibilities at an operational level through to the executive level. In addition, resources have been strengthened through the introduction of new roles to support quality and patient safety, within both the nursing management team as well as the office of the Medical Director.
- 10 The Health Board has improved its organisational scrutiny of quality and patient safety. Work has been undertaken to improve flows of assurance from service to Board which are now clearer and supported by improvements in the quality of information presented to the Quality and Safety committee. Independent members are now more supported in their scrutiny role through ongoing development and induction, and there is more focus on gathering and learning from patient experience.

- 11 Quality and safety are now a key focus of regular day to day business in terms of meetings at an operational and executive level. However, the suspension of some of the governance frameworks due to the pandemic means that more work is needed to fully embed these arrangements across the Health Board and ensure they are operating effectively.
- 12 Arrangements for the identification and management of risk have been strengthened. There has been significant work undertaken throughout the Health Board to implement the new risk management strategy, and this is now in place and operating. Processes for managing, identifying, and mitigating risk have improved. Operationally, ILGs have made an effective contribution to this by reviewing risks in their areas to ensure that an accurate and up to date picture of risks is now being presented. Despite early progress, further work is needed to ensure that the highest rated CSG risks are appropriately escalated to the ILG risk registers.
- 13 The management of incidents, concerns and complaints has been improved. Oversight and governance of Datix<sup>3</sup> is improving, with evidence that the information within the system is now being used more effectively both at an executive and operational level. Some challenges remain with the interrogation of data within the current system, but this should be assisted by the planned implementation of the new Once for Wales system in July 2021. Work to improve the management of complaints and incidents continues with additional resources now in place to support the concerns and complaints teams, and investment in ILG resources. While these resources are helping to address the significant backlog in responding to complaints and incidents, progress on this has slowed as a result of the Health Board's response to the pandemic and there is more for the Health Board to do to ensure it fully captures the learning from complaints and incidents.
- 14 Positive steps have been taken by the Health Board to improve organisational culture and learning. The Health Board launched its Values and Behaviours Framework in October 2020. Whilst it is too early to assess the impact of this framework, there are encouraging signs from its implementation and roll out. The framework was co-produced with a range of stakeholders including staff, stakeholders, and the local community. Whilst plans are in place to strengthen the Health Board's processes for organisational learning e.g., the establishment of the Shared Listening and Learning forum, this is an area that will require continued focus and attention to ensure that improvement is sustained.

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3 Datix is a web-based system that is used to manage incident reporting, risk registers, complaints and safety alerts.

- 15 In conclusion, against the backdrop of the pandemic, much work has been done by the Health Board to address the issues we raised in 2019. We noted considerable commitment, drive, and enthusiasm from the staff we interviewed, and a clear desire to get things right. This energy needs to be sustained to ensure that the work completed so far is built upon and embedded.
- 16 Notwithstanding the good progress we have recognised through our follow up, there is still work to do in each of the areas where we made recommendations in 2019. As such, each of the recommendations should remain open. We will continue to monitor the Health Board's actions against the issues identified in this report and agree the timing of any further follow up work as part of our routine engagement with the Health Board.
- 17 More detailed information about progress against the individual recommendations made in 2019 is set out in the following sections of the report.

# Recommendations

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## Recommendations to improve the strategic focus on quality, patient safety and risk

### Recommendation made in November 2019

R1 The Health Board must agree organisational quality priorities and outcomes to support quality and patient safety. This should be reflected within an updated version of the Health Board's Quality Strategy.

### A summary of progress made by April 2021

**The Health Board has defined what high-quality care means but its ambition to agree quality priorities, set out in a quality strategy, has been significantly delayed due to the pressures of the pandemic.** In 2019, we found that the Health Board had not articulated organisational quality priorities. The Health Board's Quality and Patient Safety Governance Framework (Quality Governance Framework) implemented in June 2020 defines high quality care as care that is safe, timely, effective, efficient, equitable and patient-centred. These domains provide the framework against which organisational quality priorities can be identified, and their success measured.

During 2020, the Health Board planned to develop a Three-year Quality Priority Strategy in partnership with the local community, staff, and other key stakeholders. The Health Board appointed an Associate Medical Director with responsibility for quality improvement to take forward development of the strategy with engagement and coproduction with the three ILGs. However, progress has been delayed significantly given the availability of locality teams and re-deployment of staff to respond to the pandemic. Nonetheless, it is important that progress is now made on developing the Quality Priority Strategy. Since completing our fieldwork, the Health Board has indicated its intention to integrate the Quality Strategy into the Health Boards Integrated Health and Care Strategy which is due to be published by Autumn 2021.

## Recommendation made in November 2019

R2 The Health Board needs to take a strategic and planned approach to improve risk management across the breadth of its services. This must ensure that all key strategies and frameworks are reviewed, updated and aligned to reflect the latest governance arrangements, specifically;

- a The Board Assurance Framework (BAF) reflects the objectives set out in the current IMTP and the Health Board's quality priorities.
- b The risk management strategy reflects the oversight arrangements for the BAF, the quality and patient safety governance framework and any changes to the management of risk within the Health Board.

## A summary of progress made by April 2021

**The Health Board has made good progress in this area through the introduction of the new risk management strategy which reflects the new operating model and has good alignment with the Quality Governance Framework.**

**The Board Assurance Framework (BAF) used by the Health Board is continuing to evolve to reflect the new operating model and strategic objectives.**

In January 2020, the Board approved the new Board Assurance Framework. This was seen as an interim step prior to undertaking the significant work needed on the Health Board's processes for managing and identifying risk, agreeing the Health Boards risk appetite, and agreeing the principal risks.

During 2020, the Health Board took the first step towards updating the current BAF by undertaking a comprehensive review of its risk management approach. In September 2020, the Health Board agreed the key threats and principal risks that would affect the achievement of their strategic objectives and gained formal agreement from the Board of its current risk appetite. In November 2020, the Board received the new organisational risk register following a large-scale review of risks by the ILGs and the corporate departments. Work to define the mitigating actions and to identify the controls and sources of assurance is ongoing. Once complete, the Health Board intends to produce a more detailed Board Assurance Framework. The Health Board has also articulated its intention, by the end of 2021, to develop a Board Assurance Report (BAR), which will detail the principal risks rather than the operational risks as currently defined in the risk register.

## Recommendation made in November 2019

- c The quality and patient safety governance framework must support the priorities set out in the Quality Strategy and align to the values and behaviours framework.
- d Terms of reference for the relevant committees, including the Audit Committee, QSRC<sup>4</sup> and CBM<sup>5</sup>, reflect the latest governance arrangements cited within the relevant strategies and frameworks.

## A summary of progress made by April 2021

### **There has been a comprehensive review of the Health Board's risk management approach since our 2019 review.**

The revised risk management strategy and Risk Management policy were agreed by the Board in January 2021, after significant work by the Health Board to fundamentally review its approach and reflect the new locality based operational model. The new strategy clearly sets out the risk management process from service to board as described in the Quality, Patient Safety and Governance Framework, as well as articulating the intended plans for the Board Assurance Report process. The risk assessment Procedure was also reviewed and approved by the Management Board in January 2021 which further supports the risk approach and process within the Health Board.

### **Significant progress has been made on developing and implementing the Quality Governance Framework, however, more work remains to fully embed it within the organisation.**

Since our review there have been many iterations of the framework with the latest version setting out the structures and processes that need to be in place operationally and strategically within the Health Board. The framework clearly defines high quality care (see progress against recommendation 1) and aligns to the organisation's Values and Behaviours. During the pandemic it has been easier to operationalise the Quality Governance Framework at an organisation and ILG level, but work to embed the governance structures within the CSGs which sit beneath the ILGs is ongoing.

**Terms of references for relevant committees have all been updated to reflect the new scheme of delegation and operating framework.** In January 2021, the terms of reference and Health Board scheme of delegation were revised to reflect the updated risk management arrangements. The Health Board took the opportunity to update and revise the terms of reference for each committee following changes to the governance framework after our 2019 review. These will now be subject to an annual review as part of the ongoing governance processes and is captured in the cycles of business for Board Committees.

4 In December 2019 the Quality, Safety and Risk Committee became the Quality and Safety Committee, and the Audit Committee became the Audit and Risk Committee.

5 Clinical Business Meetings were stood down following the introduction of the new operating mode introduced in April 2020.

## Recommendations for leadership of quality and patient safety

### Recommendation made in November 2019

- R3 Ensure there is collective responsibility for quality and patient safety across the executive team and clearly defined roles for professional leads:
- a Strengthening of the role of the Medical Director and Clinical Directors in relation to quality and patient safety.
  - b Clarify the roles, responsibilities, accountability, and governance in relation to quality and patient safety within the directorates.
  - c Ensure there is sufficient capacity and support, at corporate and directorate level, dedicated to quality and patient safety.

### A summary of progress made by April 2021

**The Health Board has taken steps to strengthen responsibilities in relation to quality and patient safety both across the executive team and within its ILGs.**

**Collective responsibility for Quality and Safety is now shared by the four clinical executive directors.**

The Medical Director, the Executive Nurse Director, the Executive Director of Therapies and Health Sciences and the Director of Public Health have specific responsibilities for quality and safety, as well as professional leadership across their respective disciplines, with the Executive Director of Nursing acting as executive lead. This is clearly set out in the Health Board's Quality Governance Framework. The capacity of the clinical executive directors has been reduced for a number of years because of the challenge of recruiting a substantive Director of Therapies and Health Sciences. Since our last review, the Health Board did recruit substantively, however, this post became vacant once more. This post is now filled permanently by the Executive Director of Therapies and Health Sciences from Cardiff and Vale University Health Board who works across both Health Boards, the Health Board is also recruiting a full time Clinical Director for Allied Health Professionals (AHPs) to ensure professional leadership and capacity.

**The Health Board has clarified the roles and responsibilities for quality and patient safety within the new ILGs and CSGs.** The Quality Governance Framework aligns to the operating model that was introduced in April 2020. Responsibilities at an operational level for quality and patient safety are defined by the Quality governance Framework, which sets out the process and structure for the ILGs and their respective CSGs. The new operating model is helping to improve the focus on quality. For instance, ILGs are held to account by the Director of Operations, Nurse Director, Medical Director and Chief Executive for the delivery of high-quality patient centred care in line with the Quality Governance Framework.

## Recommendation made in November 2019

### A summary of progress made by April 2021

**The Health Board has invested in additional capacity to support quality and patient safety at a corporate and ILG level.** The Health Board has invested in new roles to support quality and patient safety. Within the nursing management team, new posts include an Assistant Director for Nursing and Peoples Experience, Deputy Executive Director of Nursing, a Head of Corporate Nursing, and a Senior Nurse for Professional Standards and Quality Assurance. The Medical Director has also established several new roles for Associate Medical Directors to lead on development of the quality strategy and clinical audit. The Health Board has also recently established a Quality Improvement team and appointed an Associate Medical Director for Quality Improvement and the Director of Improvement started in post in April 2021. The Health Board is also in the process of establishing the systems and infrastructure to support the Health Board's improvement work. Newly appointed Nurse Directors are in place for each of the three ILGs, and they are responsible for supporting quality governance, which is a shared responsibility across the three ILG senior leaders. In addition, each ILG also has a Head of Quality and Safety in place to support the quality governance agenda. Their role is to support the work of quality and patient safety within the ILGs, linking with the central Patient Care and Safety Team and the Assistant Director for Quality, Safety and Safeguarding. Over the past few months ILGs locally have also started to recruit additional governance staff to address their capacity issues as there are differences in the team sizes across the ILGs. The Bridgend and Merthyr Cynon ILG also have a new appointed Head of Midwifery for their respective obstetric units under the leadership of our Director of Midwifery who commenced in post in Jan 2020.

## Recommendations for organisational scrutiny of quality and patient safety

### Recommendation made in November 2019

R4 The roles and function of the QSRC need to be reviewed to ensure that it is fit for purpose and reflects the Quality Strategy, Quality and Patient Safety governance framework and key corporate [organisational] risks for quality and patient safety. This should include the following:

- a Implement the sub-groups to support QSRC must be completed ensuring there is sufficient support (administratively and corporately) to enable these groups to function effectively.
- b Improvements to the content, analysis, clarity, and transparency of information presented to QSRC.

### A summary of progress made by April 2021

**Although some aspects of this recommendation have been superseded, there has been good progress with establishing the new governance framework and reporting.**

**Plans for implementing subgroups to support the Quality, Safety and Risk Committee<sup>6</sup> were stood down following a revision to the Patient and Safety Governance Framework, therefore this element of the recommendation is superseded.** The Quality and Patient Safety Governance Framework has evolved in response to the new operating model introduced in April 2020. Quality governance arrangements have been established within each ILG and each ILG reports on quality and patient safety matters directly to the Quality and Safety Committee.

**The quality of information presented to the Quality and Safety Committee for assurance and scrutiny is improving.** The Committee routinely receives quality and patient safety reports from each ILG and an organisation wide Patient Safety Quality report. These reports cover all service settings including acute, primary and community and mental health services. They also include a set of overarching Health Board wide quality metrics. The reports contain information across a wide range of quality indicators and enable scrutiny of patient experience across all three ILGs in a standard template which enables comparisons. The content covers all service areas, and ILGs are encouraged to flag areas of incidents, claims and complaints (concerns), and risks, and there is appropriate narrative to provide assurance. Reports are delivered by the ILG

<sup>6</sup> This committee was replaced in December 2019 with the Quality and Safety Committee.

## Recommendation made in November 2019

## A summary of progress made by April 2021

- c Focus should be given to ensure the Quality and Patient Safety Governance Framework is used to improve oversight of quality and patient safety across the whole organisation, including Bridgend services. This should be accompanied by the necessary resource for its timely implementation, internal communications, and training.

teams themselves, which enables oversight and scrutiny from independent members. Our observations of Board and Quality and Safety committee meetings found appropriate levels of scrutiny and challenge with candid responses from officers. The improvements to the quality reports are positive and include the use of trend information but fall short of setting targets or thresholds where further work or escalation may occur, for instance if pressure ulcer occurrence in one ILG area goes higher than expected. There is an ambition to move to live dashboards to improve analysis and data interrogation and discussions have started to move this forward by the end of 2021. Plans have also been developed by the Nursing Directorate to introduce a 'focus on' section in the Health Board Quality and Safety report to address issues requiring greater interrogation and triangulation, and this will be presented to the next Q&S Committee in July 2021.

- R5 Independent members must be appropriately supported to meet their responsibilities through the provision of an adequate induction programme and ongoing development so they can effectively scrutinise the information presented to them.

**Independent Members receive appropriate support through the provision of an induction programme and ongoing development to support them in their scrutiny role.** Our 2019 review identified opportunities to improve induction and development programmes for Independent Members (IMs) to support their work and effectiveness. Since then, the Health Board has introduced a more structured induction programme for IMs, which compliments the Welsh Government's all Wales induction process. Local support for IMs is provided by the corporate governance team. During 2020, all IMs received an appraisal with the Chair of the Health Board and the Director of Governance. Training needs were identified, and Personal Development Plans (PDPs) recorded. A programme of external evaluation and observations of Independent Members (IMs) has taken place with feedback given on their performance. There has also been work on engagement and relationships, team building, coaching, direction-setting, scrutiny and the relationship between the Board and its committees. The initial external evaluation of this work has shown positive improvements in areas such as scrutiny of information, and improved relationships between board members.

## Recommendation made in November 2019

R6 There needs to be sufficient focus and resources given to gathering, analysing, monitoring, and learning from patient experience across the Health Board. This must include use of real-time patient feedback.

## A summary of progress made by April 2021

**The Health Board has instigated several improvements related to this recommendation, to improve how it learns from patient experience. However, the pandemic response has impeded its ability to further progress and embed these improvements.** In response to our review in 2019, the Health Board began the development of a comprehensive three-year Patient Experience Strategy, however, its completion and implementation has been impeded by the pandemic response, and we have not received an update on its progress and a completion date from the Health Board in this regard. Attention will be needed to complete this strategy which underpins the Health Board's approach to patient experience.

The Health Board has implemented a Shared Listening and Learning Forum, and its inaugural meeting was held on 17 February 2021. The forum has been established as part of the Health Board's framework for listening to and learning from incidents and patient or staff concerns and experiences, and to promote and support a learning culture. We reviewed the forum's draft Terms of Reference, which appear appropriate. It is chaired by the Executive Director of Nursing and will meet quarterly, reporting directly to the Management Board. It is, however, too early for us to judge the forum's effectiveness, and the impact it has made on patient experience and learning.

Patient stories now form a regular part of the Board and sub-committee meetings, which was not always the case previously. The patient stories provide an opportunity for Board members to gain an insight into the experiences of individuals using the Health Board's services.

A consequence of the pandemic has been the curtailment of executive and independent board member's patient safety walkabouts, which includes visiting ward and patient areas. However, there are plans to resume the programme of visits in due course when safe to do so.

**Recommendation made in  
November 2019****A summary of progress made by April 2021**

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The ILGs have introduced dedicated leads to manage patient feedback, concerns, and incidents. This has improved reporting to the Quality and Safety committee, as well as the local ILG Quality, Safety and Patient Experience meetings. We saw evidence that themes and trends are identified, but there is recognition more could be done to share and embed learning across the ILGs.

The Health Board implemented a Friends and Family Test (FFT) tool across the organisation to collect and report real-time patient feedback. It was piloted in early 2020 and subsequently rolled out across the Health Board. However, this was halted due to the pandemic and in April 2021 the Health Board are implementing the new national 'Civica' patient experience feedback monitoring system. There is a commitment to ensuring patient feedback is captured, and the impact of this should be seen soon.

**Recommendation made in November 2019**

R7 There needs to be improved visibility and oversight of clinical audit and improvement activities across directorates and at corporate level. This includes identification of outliers and maximising opportunities for sharing good practice and learning.

**A summary of progress made by April 2021**

**Good progress has been made by the Health Board in addressing visibility and oversight of clinical audit, but it could be better targeted to areas of organisational risk.** In December 2019, the Health Board approved additional funding to strengthen the Clinical Audit and Quality Informatics Department's ability to monitor compliance with participation, and to improve the quality of data used for all national audits. The additional funding has increased staffing with the appointment of a Deputy Assistant Medical Director for Clinical Audit, a dedicated clinical audit manager to lead on compliance with the national audit programme, a Quality Informatics Manager with responsibility for improving clinical data in Health Board systems and a Deputy Head and Lead Nurse for Clinical Effectiveness. The additional resources are helping the Health Board to utilise the audit findings to inform quality improvement initiatives and service redesign, such as establishing major trauma centres at the Princess of Wales and Prince Charles Hospitals in partnership with the ILGs.

Oversight of the clinical audit programme is improving at a strategic level. The Audit and Risk Committee has received the clinical audit forward plan, and in February 2021 it also received, for the first time, a quarterly update report outlining progress of the plan. As part of its forward work plan the Quality and Safety committee plans to receive quarterly updates on the clinical audit plan. We would expect these updates to identify outcomes from the audit, actions being taken to share learning and to provide the committee with a source of assurance on the quality and safety of care being delivered. There is also the opportunity for clinical audit to be targeted to areas of organisational risk such as the impact on patients of Emergency Department overcrowding.

## Recommendations to improve the arrangements for quality and patient safety at directorate level

### Recommendation made in November 2019

R8 The Health Board needs to clarify accountabilities and responsibilities for quality and patient safety within directorates. This must include a review of the Heads of Nursing role in relation to site management and quality and patient safety.

### A summary of progress made by April 2021

**The Health Board has made progress in clarifying the accountabilities and responsibilities for quality and patient safety across ILGs and within the CSGs, but more work is needed to ensure these improvements are embedded.** Accountability and responsibility for quality and patient safety has been strengthened across the ILGs with the introduction of appropriate directives within accountability letters issued by the Chief Executive to the Director of Operations. The letters emphasise the need for quality and patient centred care, and appropriately highlight that ILGs and CSGs are accountable for delivering high quality services in line with the quality framework, and that high-quality clinical leadership, supported by strong service management is critical.

The Health Board has taken steps to strengthen clinical leadership across the organisation with a greater emphasis on quality and safety. This includes reviewing the accountability and responsibility of the Heads of Nursing roles within each ILG in relation to site management and quality and safety. In 2019 we found that the Head of Nursing was assuming responsibility for several non-clinical and estates related issues. In addition, because of taking over responsibility for the Bridgend County Borough Council, only two of three acute sites had a substantive Head of Nursing in post (Merthyr and Cynon and Rhondda and Taff Ely) and there were disparities in their responsibilities. However, since the implementation of three ILGs, a Head of Nursing role is now in place for the Bridgend locality. Accountabilities and responsibilities for this role are now clearly defined and are consistent across each ILG. In addition, there has been further recruitment to support quality and safety with the appointment of a Head of Nursing, a deputy Head of Nursing and a dedicated Head of Quality and Safety for each ILG.

**Recommendation made in  
November 2019****A summary of progress made by April 2021**

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Each ILG holds Patient Safety and Experience meetings, chaired by the ILG Nurse Director to provide assurance. This is a positive development albeit one that is continuing to develop, and our observations found that more coverage is needed in certain areas such as Infection, Prevention and Control. However, the Quality Governance Framework does not clearly articulate the quality governance arrangements for the CSGs that sit below each ILG. It has not been possible for some governance meetings to take place at CSG level due to the demand on clinical resources during the pandemic. Internal Audit's recent audit of Community and Adult Mental Health Services also found that the governance arrangements within the CSG were not clear with a lack of clarity about how they operate and function. This is an area that requires strengthening. In addition, whilst accountability and responsibility of the Heads of Nursing is clearly articulated, there appears to be an over-reliance on the Heads of Nursing to represent an overall clinical perspective during key quality and safety meetings, with limited input from medical teams. Due to the pandemic, the Health Board has had to delay its work on the clinical leadership and management development programme. This has impeded progress in terms of further embedding the quality and safety agenda within CSGs. This issue requires attention to ensure that responsibilities in relation to quality and safety are jointly demonstrated by both nursing and medical staff. Some of the formal quality and governance mechanisms established by the Quality Governance Framework were temporarily stood down during recent pandemic outbreaks and have recently been re-established, it therefore has been difficult to fully review the processes. Whilst the Health Board has taken steps to address this recommendation, these improvements remain at an early stage and still need attention to ensure they are being embedded across the organisation.

## Recommendation made in November 2019

## A summary of progress made by April 2021

R9 The form and function of the directorate governance committees and CBMs must be reviewed to ensure there is:

- a Clear remit, appropriate membership, and frequency of these meetings.
- b Sufficient focus, analysis, and scrutiny of information in relation to quality and patient safety issues and actions.
- c Clarity of the role and decision-making powers of the CBMs.

**Governance arrangements at an operational level have been strengthened. Since our 2019 review CBMs have been removed following the introduction of the new operating model. This recommendation is therefore superseded.** As stated previously, in April 2020 the Health Board made significant changes to the way it organises and manages its business, most notably establishing the three clinically led ILGs. The CBM process has been replaced.

Routine executive oversight of the ILGs is now maintained through the Integrated Locality Group performance reviews between the ILG triumvirate and the Executive Director of Operations. The Medical Director, Director of Planning & Performance, Director of Finance and Executive Director of Nursing also attend depending on their availability. These meetings are supported by the ILG business partners for quality and safety, workforce, planning and finance.

Consistency of these meetings is ensured with a template slide pack covering information on quality, complaints and incidents, risks, finance, sickness absence and performance. These meetings are an improvement on the CBMs with a clear remit and sufficient focus on information across quality and safety issues. The Group ILG Directors are also formal members of the Management Board<sup>7</sup> (MB) enabling them to escalate issues and concerns.

At the time of our follow-up work, minutes and actions from Integrated Locality Group Performance reviews were not formally shared within the MB meetings, and there is a need to strengthen arrangements for MB oversight of issues raised at ILG level, and action taken in response as this would improve the clarity of decision making. However due to the pandemic several of the planned Integrated Locality Group Performance review meetings were stood down and were restarted in March 2021 following the Health Board moving out of the emergency pandemic response phase. Therefore, more time is needed to fully realise the benefits of this process.

<sup>7</sup> The Management Board is the executive team responsible for service delivery, which meets bimonthly to discuss operational delivery across the Health Board.

## Recommendations to improve the identification and management of risk

### Recommendation made in November 2019

R10 The Health Board must ensure there are clear and comprehensive risk management systems at directorate and corporate level, including the review and population of risk registers. This should include clarity around the escalation of risks and responsibilities at directorate and corporate level for risk registers. This must be reflected in the risk strategy.

### A summary of progress made by April 2021

**The Health Board has made good progress in addressing the serious concerns we identified in relation to risk management arrangements and has invested in dedicated support for governance and risk.**

Since our 2019 review, the Health Board has reviewed its risk management systems and aligned them to the new operating model. This has been a root and branch review looking at arrangements from service to board. To ensure clarity, the Health Board has implemented a new Risk Management Strategy approved at Board in January 2021.

Corporate support for Risk Management has been improved through the appointment of an Assistant Director of Governance and Risk. This post supports the executive directors, ILGs and the Heads of Quality and Patient Safety to ensure a consistent approach to describing and scoring risks, compiling risk registers, and identifying mitigation actions. This has facilitated an increased focus on risk and driven the improvements that have been delivered.

There has been a Health Board wide review of risks at a corporate, ILG and CSG level. This was a large piece of work undertaken at a time of considerable service pressures and is to be commended. The product of this work was the revised organisational risk register, which was presented to the Board in November 2020. This is a significant improvement since the previous risk register, however there is recognition within the Health Board that more work is needed to improve the mitigations and actions as described. Also, some aspects of the CSG risk registers are still being updated to ensure they are accurately reflected within the Integrated Locality Group registers.

**Recommendation made in  
November 2019****A summary of progress made by April 2021**

The Risk Management Strategy sets out a clear route from service to board, showing the process for escalating risks through the ILG management tiers within the new operating model based upon risk score. Whilst there is evidence that risks are de-escalated where appropriate to do so, there is still more work to do in relation to where risks scoring less than eight are captured. At the time of our follow-up work, the Health Board had prioritised the capture of risks scoring nine and above on the Datix system given the ongoing response to the pandemic. However, where ILGs, CSGs or corporate teams identify risks that score 1-8, these are captured on local risk registers and not the Datix system. The Health Board acknowledges the risks of maintaining parallel systems and of the need to ensure clarity regarding the process for de-escalation. Internal Audit's recent assessment<sup>8</sup> of one CSG found evidence that not all risks are escalated appropriately, again demonstrating the need to ensure that the improvements made at ILG level are still to be embedded across the CSGs.

## Recommendations to improve the management of incidents, concerns, and complaints

### Recommendation made in November 2019

R11 The oversight and governance of DATIX must be improved so that it is used as an effective management and learning tool. This should also include triangulation of information in relation to concerns, at a directorate or corporate level, and formal mechanisms to identify and share learning.

### A summary of progress made by April 2021

**Oversight and governance of DATIX is improving with more use made of information at corporate and ILG levels within the organisation. Further work is needed on strengthening organisational learning from incidents, claims and complaints (concerns).** There is now clarity as to where the ILG Datix teams sits within the Health Board's structure, reporting through the Health and Safety team to the executive Director for People. The Health Board has indicated that these new accountability arrangements will be reviewed over the next three to six months.

There is now a renewed focus on ensuring that quality and patient safety is a priority. Mechanisms to improve oversight and scrutiny at an executive team level are in place. The Executive Director of Nursing and the Assistant Director of Quality, Safety and Safeguarding chair a short weekly meeting to review the previous week's complaints and incidents in conjunction with the quality metrics for nurse staffing levels. At the beginning of December 2020, a report to the weekly executive Director-led Patient Safety weekly meeting identified that more than 600 incidents had occurred within the prior six months that were yet to be allocated for investigation. The Health Board is working to address this backlog of investigations and completion of the appropriate fields within the Datix system, prioritising these based on the severity of harm. Whilst the Health Board has informed us that since our work it has developed investigation and serious incident trackers to enhance monitoring in relation to incident management, more work is required to ensure that opportunities are taken for identifying early learning following incidents.

Use of Datix has improved, although there are some issues with the access to information at the Integrated Locality Level which is affecting their ability to produce localised reports. This is being addressed by the Datix team but does required a considerable amount of work. The Health Board will be implementing the Once for Wales system In July 2021.

**Recommendation made in  
November 2019****A summary of progress made by April 2021**

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Information provided by the Health Board indicated that it was not able to accurately identify staff who could investigate incidents and undertake root cause analysis. Additionally, the Welsh Risk Pool (WRP) recently expressed concerns over the time being taken by the Health Board to complete timely Learning from Events Reports (LFER) in line with WRP reimbursement procedures. This has been a challenging area for the Health Board due to the high numbers of legacy and maternity cases and the WRP has expressed concerns around the quality and timeliness of information submitted by the Health Board. In response, further work and progress has been made, and a task force established with weekly progress meetings with a commitment made by the Health Board to submit all LFER by the 31 March 2021. We have also been informed that since February 2021 the Health Board has developed and launched its own root cause analysis module, which has enabled accurate tracking and monitoring of attendance.

The Assistant Director of Quality, Safety and Safeguarding holds biweekly meetings with the ILG Heads of Quality and Patient Safety with the aim of ensuring that appropriate actions are taken in response to complaints and incidents. Within the ILGs the monthly Quality and Patient Experience Meetings also scrutinises information from Datix to look at trends and analysis. All three ILGS have identified that analytical capacity is a barrier to using this data effectively and are recruiting to analytical support posts as a consequence. The ILGs have also identified that there is further work to do in addressing training needs for staff in relation to DATIX and ensuring that the right people have access to the system. The January 2021 report to the Quality and Safety committee provided reassurance that feedback from incident reporting through DATIX was improving, however there is further work required to improve the quality of feedback provided to the reporter.

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**Recommendation made in  
November 2019**

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**A summary of progress made by April 2021**

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As noted earlier in the report, the Health Board has also established a Shared Listening and Learning forum which reports to the management board. Part of the forum's remit is to oversee the Health Board's framework for listening and learning from quality and patient/staff related concerns and experiences. In addition, it champions a patient and staff safety culture and facilitates learning and sharing good practice. The forum's inaugural meeting was held in February 2021 with all ILGs presenting themes, issues and learning from incidents, claims and complaints (concerns). Whilst this is a positive development, it is too early to assess the effectiveness of this forum.

## Recommendation made in November 2019

R12 The Health Board must ensure staff receive appropriate training in the investigation and management of concerns. In addition, directorate staff need to be empowered to take ownership of concerns and take forward improvement actions and learning.

## A summary of progress made by April 2021

**Whilst the Health Board has made progress with addressing this recommendation, oversight of training corporately, and within each ILG, requires further attention.** Our 2019 review identified the need to improve the oversight and management of concerns. This included the operational processes for investigating and learning from concerns. Training on concerns management has been prioritised and has been provided across the Health Board for relevant individuals delegated with the responsibility for managing the concerns process. In addition, the Health Board's concerns policy was also reviewed and approved by the Board in August 2020. Training requirements for managing concerns are identified within the policy. Whilst at the time of our work ILGs were not able to accurately report on the proportion of their staff who have received training to investigate concerns, incidents or undertake root cause analysis, we have been informed that since February 2021 the Health Board has developed and launched its own root cause analysis module enabling it to track who has received this training.

There now appears to be consistency of approach and clearer accountability in relation to concerns management across each ILG, with concerns managed within the relevant CSG before gaining ILG approval, and subsequent submission to the corporate concerns team for final response approval. We saw examples of this within quality and safety and experience groups across the ILGs, where there was evidence that staff at local level are taking greater ownership and responsibility for a concern, and for implementation of improvements where required. To further strengthen concerns management processes, recent recruitment has increased the size of locality and corporate concerns teams.

## Recommendations for organisational culture and learning

### Recommendation made in November 2019

R13 The Health Board must ensure the timely development of a Values and Behaviours Framework with a clear engagement programme for its implementation.

### A summary of progress made by April 2021

**The Health Board has made good progress in developing and rolling out its Values and Behaviours Framework, although it has needed to adjust the implementation timescales because of the pandemic.**

At the time of our 2019 report, the Health Board was launching a programme of work to develop a Values and Behaviours framework for the organisation. Listening events were held with staff, patients, and service users between November 2019 and February 2020 to help identify the issues that such a framework would need to address. The outbreak of the pandemic meant further work on the Values and Behaviours Framework was delayed until June 2020. However, when the work resumed the Health Board was able to take account of staff experiences of responding to the pandemic and gather baseline information about staff well-being. In total the Health Board collected around 6,445 pieces of feedback from staff, stakeholders and the local community which informed the framework.

To inform the development of its Values and Behaviours Framework, the Health Board undertook a series of listening events, engaging with approximately 8,000 people, including patients and staff. External consultants were appointed to support this work and to develop the engagement methodology. The work appears to have had a positive impact on the development of the framework and in planning for the Patient Experience Strategy. The Health Board formally launched the Framework on World Values Day, 15 October 2020. There was a live interactive session with a keynote presentation from Professor Michael West on compassionate leadership in the NHS. More than 2,000 staff participated in the event. The framework was also publicised on the Health Board's intranet and social media channels.

## Recommendation made in November 2019

### A summary of progress made by April 2021

A detailed implementation plan is in place to embed the Values and Behaviours, and this is monitored by the People and Culture Committee. Staff whom we interviewed were generally positive about the Values and Behaviours Framework. The Health Board recognises that it will take time to fully embed the Values and Behaviours across the organisation and to enhance employee experience.

To help embed them, the Health Board is revising its leadership programmes to incorporate the values and behaviours. The Values and Behaviours are reflected in key Health Board documents, and they are visible on its website. They are also reflected in the Terms of Reference for the ILGs.

R14 The Health Board must develop a stronger approach to organisational learning which takes account of all opportunities presented through concerns, clinical audit, patient and staff feedback, external reviews and learning from work undertaken in the Princess of Wales hospital.

**The Health Board has started to develop a stronger approach to organisational learning, although the pandemic has impeded progress against this recommendation.** In 2019, we found a lack of formal processes to identify and share learning for improvement across the organisation to support the delivery of safe and effective care. Additionally, in 2019, the NHS Wales Delivery Unit also raised concerns about the management and learning from serious incidents and never events.

We have highlighted the Health Board's current position regarding learning and improvement in response to concerns and patient and staff feedback (R12). Progress has been made in strengthening the overall responsibility and management of clinical and serious incidents across the Health Board. A clinically-led Serious Incident team has been established, alongside a more robust process for the management of incidents, and learning resulting from them. Supporting this, the Health Board has implemented a Serious Incident Tool kit. This tool has reportedly assisted with consistency in managing incidents and supported sharing learning. The Serious Incident team undertakes a monthly clinical audit and super audit (quarterly) in collaboration with the Patient Care and Safety Team. The findings and actions for learning from these audits are reported through the locality Quality, Safety and Executive groups, and into the Quality and Safety Committee.

**Recommendation made in  
November 2019****A summary of progress made by April 2021**

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The Health Board is also establishing an improvement function called 'Improvement CTM', which will bring together learning from audit activity and concerns. Improvement CTM is expected to empower the Health Board's workforce to take responsibility for implementing continuous improvement through organisational learning. This is still early in its implementation and therefore too early to assess its effectiveness.

It was widely reflected to us that tackling the issue of improving organisational learning has been a challenge for the Health Board because of the pandemic response. Whilst there is some evidence of a stronger approach being taken to organisational learning, we have limited evidence at this time to be assured that learning is being effectively disseminated to all areas of the organisation and frontline staff. Minutes and observations found evidence of learning being shared within CSG and ILG quality and safety meetings. However, there is a need to strengthen overall arrangements for sharing learning across the ILGs. The Health Board is aware of this and hopes this will improve, particularly with the Heads of Quality and safety now in post across all ILGs.

Our observations of CSG and ILG quality and safety meetings found that external activity such as HIW inspections are being regularly discussed to ensure that action is taken to address recommendations, and learning is disseminated across CSGs and the Health Board. The previously mentioned Shared Listening and Learning forum will also focus on the learning and dissemination of findings and recommendations from external reviews, audits, and inspections. However, there is limited evidence to demonstrate that wider learning beyond the clinical area being inspected is shared effectively across all other clinical areas and with staff, particularly with those on the front line who are responsible for day-to-day care of patients.

**Recommendation made in  
November 2019****A summary of progress made by April 2021**

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Assurances are given to the Quality and Safety Committee about learning from incidents, but the reports do not provide examples of the learning and how it is being applied or shared more widely across the organisation. This is an aspect that needs to be strengthened.

Our previous review found that opportunities for learning following the Bridgend transfer in relation to undertaking FFTs had not been taken. In 2019, staff within Princess of Wales Hospital felt there had been little consideration of the benefits for patients and staff through the use of FFT, and its use for real-time patient feedback. However, since our review, the Health Board has embraced this learning and implemented the FFT throughout each site.



Audit Wales  
24 Cathedral Road  
Cardiff  
CF11 9LJ

Tel: 029 2032 0500

Textphone: 029 2032 0660

We welcome telephone  
calls in Welsh and English.

E-mail: [info@audit.wales](mailto:info@audit.wales)

[www.audit.wales](http://www.audit.wales)



Healthcare Inspectorate Wales  
Welsh Government  
Rhydycar Business Park  
Merthyr Tydfil  
CF48 1UZ

Tel: 0300 062 8163

We welcome telephone  
calls in Welsh and English.

E-mail: [hiw@gov.wales](mailto:hiw@gov.wales)

[www.hiw.org.uk](http://www.hiw.org.uk)