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Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Quality Governance & Patient Safety Framework

June 2020

Revised November 2020



Version 2



Foreword

“ **Cwm Taf Morgannwg UHB** is committed to improving the health of our communities and the quality and safety of our services. The need to put quality at the heart of everything we do is recognised by the Board and significant work is underway to change systems and processes across the organisation to ensure that this becomes embedded across all our sites, teams and communities.

It has been a difficult year for our organisation following the Royal Colleges’ report into maternity services, the increase in our escalation status, the joint report by Healthcare Inspectorate Wales and the Wales Audit Office, and the independent review into the handling of the Consultant Midwife report. While the challenges that continue to exist are not to be underestimated, focus is being placed on making significant changes to improve the way we work and provide the conditions for our staff to deliver the best quality care for our communities.

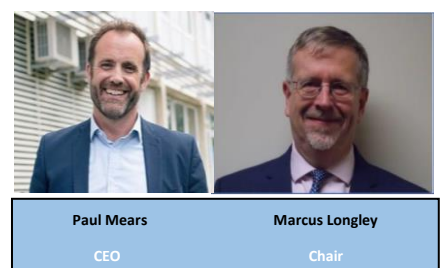
High quality care and patient safety is also dependent on strong clinical leadership, as well as an organisational culture that promotes the active involvement of all staff. Work is underway to embed a new set of values and behaviours for our organisation using the experience and feedback of staff and our communities. Programmes to support staff to develop their confidence and skills in leadership are also underway.

Putting quality at the centre of care also requires us to listen to our staff, partners, patients and communities, and we have developed a programme, called Let’s Talk, to engage and involve these key groups so their feedback and input can shape our services.

While work continues to address the challenges, there is much to be proud of. Progress demonstrates evidence of compassionate care and quality improvement taking place across the organisation. It is important that this good practice and experience of the teams is captured and built on.

The Board remains fully committed to ensuring that quality and safety are paramount in everything we do as an organisation and improvements continue to be made for the benefit

of our staff and our communities ” .



| Contents | | Page |
|----------|--|------|
| 1. | Introduction | 4 |
| 2. | What is Quality & Quality Governance | 5 |
| 3. | Strategic Context | 7 |
| 4. | Quality Strategies & Key Priorities | 10 |
| 5. | Quality Culture, Values and Behaviours | 12 |
| 6. | The CTM Operating Model - Integrated Locality Groups | 13 |
| 7. | Quality Governance within CTMUHB | 15 |
| 8. | Next Steps and Implementation | 21 |
| 9. | References, bibliography and links to relevant documents | 22 |

| | | |
|------------|---|----|
| Appendix 1 | Terms of Reference Q&S Committee | 26 |
| Appendix 2 | Agenda template Q&S Committee | 38 |
| Appendix 3 | Agenda template ILG Quality Groups | 40 |
| Appendix 4 | ILG Complaints Response | 41 |
| Appendix 5 | ILG Serious Incident Process | 42 |
| Appendix 6 | Maternity & Neonatal Response Serious Incidents | 43 |



1. Introduction

Cwm Taf Morgannwg University Health Board (CTMUHB) covers the catchment area outlined in the map below (Figure 1).

Cwm Taf Morgannwg University Health Board



Figure 1. CTMUHB catchment area

This framework aims to:

- **Define quality governance and give shape to what it means to govern for quality across an organisation**
- **Seeks to provide support to Integrated Locality Groups in achieving and delivering this quality governance**
- **Looks to identify and provide links to further publications, documents and concepts that provide detail on supporting aspects of quality governance**

2. What is Quality?

Quality in health care is defined as:

- the effectiveness of health services,
- the safety of health services, and
- the experience of individuals to whom health services are provided [Health and Social Care (Quality and Engagement) (Wales) Act 2020]

The importance of understanding the components of quality are fundamental to addressing improvements in health care delivery. These are detailed by the Institute of Medicine (IOM, 2001) as **safety, timeliness, effectiveness, efficient, equitable** and **person-centred**; providing a valuable framework to evaluate and advance quality of care.

Whilst it is important to identify and deliver against the six separate elements that comprise quality, it is critical to recognise that, though different, they are all aspects of the same thing: high quality care. Quality is only achieved if all six of these domains are present equally and simultaneously in care – delivering on just one or two in isolation is not enough.

What is our Quality Governance Framework?

Quality governance is the combination of structures and processes from point of care to board and within our communities. This includes commissioned services and provides support and monitoring of health board wide quality performance.

Quality governance provides board assurance through a systematic approach to maintaining high quality care and standards which uses ongoing measurement and reporting on safety, effectiveness, staff and user experience, identifying areas for improvement and enabling the sharing of good practice in accordance with statutory obligations.

The Health Board is committed to achieving the vision clearly articulated in 'A Healthier Wales' (WG 2018) and in particular echoing the NHS core value of putting quality and safety first, providing high value evidence based care for our citizens at all times.

The purpose is to embed the framework across the Health Board, its services, localities, hospitals, and all who work in it; to monitor and continuously improve the standards of care planned and delivered directly, or by others on our behalf and to avoid unintended harm.

It is intended to support the delivery of the following outcomes:

- ✓ Support people who receive care, their families and the people who provide it.

- ✓ Supports culture and practice to promote and facilitate continuous improvement by listening and learning
 - ✓ Demonstrates a just culture, where the whole system works to reduce opportunities for patient safety incidents occur; individuals are appropriately accountable and there is a duty of candour with when things go wrong.
 - ✓ Underpins the delivery of safe, timely, effective, efficient, equitable and person centred care.
 - ✓ Increases the level of assurance for all stakeholders through its implementation, with the aim of increasing public trust and confidence.
 - ✓ Articulates the expectations of the Board in relation to quality, patient safety & risk management.
 - ✓ Better informs and shapes the Health Board's Annual Quality Statement through a commitment to quality information
 - ✓ Improves the opportunity for the provision of safe care through clear lines of communication and reporting from 'Ward to Board' and 'Board to Ward'*
- *Please note that 'ward' represents any service or point of care delivery**
- ✓ Supports clarity in roles, responsibilities and lines of reporting

The framework is an important part of the Board Assurance Framework (BAF) and links with the Health Board risk management strategy 2018 – 2023

As defined by IOM and Welsh Government, high quality care can be described as care that is safe, effective, patient-centred, timely, efficient, equitable [this also includes care that is *accessible* to those who experience any form of disadvantage] (Fig 2).

How do we define quality of care?

Principles:

- **Safe:** Avoiding harm to patients from the care that is intended to help them.
- **Timely:** Reducing wait times and harmful delays impacting smooth delivery of care.
- **Effective:** Providing services based on scientific knowledge to all who could benefit. This also refers to refraining from providing services to those unlikely to benefit from them.
- **Efficient:** Using resources to achieve the best possible value. This can include reducing wasteful resource allocation and reducing production and administrative costs.
- **Equitable:** This guards against all forms of discrimination in delivering care. Essentially, an equitable health care worker should provide care that does not vary in quality according to personal characteristics like gender, income, ethnicity or location.
- **Patient-Centred:** Providing care that is respectful of (and responsive to) individual patient preferences, needs and values.



Figure 2. Welsh Government Quality Domains

The framework is relevant to the population and public within the catchment area (and beyond for some services), individual patients, the workforce within CTMUHB and all its partners.

Following on from the former framework published in April 2019, the key changes arise from updated legislation (Section 2), the development of agreed values and behaviours across the Health Board (Section 3) and the establishment of the new operating model within CTMUHB (Section 4).

This document outlines how quality governance functions within the new operating structures which is based on the principle of clinically led and managerial supported care and well-being services (Section 6).

Its aim over time, is to develop an outcome focused, values based approach as articulated in the Integrated Medium Term Plan (IMTP) 2020 - 2023. A key approach in that plan is to develop a health and care system that is more preventative and person centric with access to health care services only when needed.

3. Strategic Context

Since 2006 there have been many legislative and policy documents to direct and advise the NHS in Wales. This section outlines the key documents within the context of quality governance. Hyperlinks to the documents are in the references section

▪ Legislation

The NHS (Wales) Act 2006 is the principal legislation governing the NHS in Wales.

The Social Services and Well-being (Wales) Act 2014 establishes the legal framework for meeting people's needs for care and support and imposes general and strategic duties on local authorities and LHBs to work in partnership in order to effectively plan and provide a sufficient range and level of care and support services.

The Wellbeing of Future Generations (Wales) Act 2015 places health care within its wider social, economic and environmental context.

Nurse Staffing levels (Wales) Act 2016 outlines the requirements for minimum staffing levels for the nursing workforce.

The Health and Social Care (Quality and Engagement) (Wales) Bill passed by the Senedd on the 17 March 2020 has now received Royal Assent. Its overall aim is to improve the quality of health services across Wales with the citizens of Wales at the heart of improving health and social care. The Act will focus on a system-wide approach to quality improvement and strengthens a culture of openness, honesty and including the public in the design and delivery of health and social care services. It has four main objectives:

- to greatly **strengthen the existing duty of Quality** on NHS bodies and extend this to Welsh Ministers (in relation to their health service functions);

- to **institute a duty of Candour** on NHS bodies in Wales (including primary care providers who provide NHS services), requiring them to be open and honest with patients and service users as soon as they are aware that things have gone wrong, or may have gone wrong, with their care or treatment;
- to strengthen the voice of citizens, by replacing Community Health Councils with a new, **all-Wales Citizen Voice Body** ('the CVB'), to represent the views and interests of people across health *and* social care;
- To enable the appointment of **vice chairs for NHS trusts**, bringing them into line with health boards.

• Policy & Guidance

The Welsh Government articulated a vision in 'A Healthier Wales' (Welsh Government 2018). The focus of services shifts towards prevention, reiterating the philosophy of 'Prudent Healthcare' and the Quadruple Aim. The core values that underpin the NHS in Wales are:

- **Putting quality and safety above all else:** providing high value evidence based care for our patients at all times
- **Integrating improvement into everyday working** and eliminating harm, variation and waste
- **Focusing on prevention, health improvement and inequality** as key to sustainable development, wellness and wellbeing for future generations of the people of Wales
- **Working in true partnerships** with partners and organisations and with our staff
- **Investing in our staff** through training and development, enabling them to influence decisions and providing them with the tools, systems and environment to work safely and effectively

These core values are supported by the good governance principles outlined in the Citizen Centred Governance Principles (2010)

Putting Things Right guidance, 2013:

- This guidance is produced for the NHS in Wales to enable responsible bodies to effectively handle concerns according to the requirements set out in the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 ("the Regulations").

NHS Wales Health and Care Standards, 2015:

- The Health and Care Standards aim to identify outcomes relating to social services and public health and can be implemented in all health care services, settings and locations. They establish a basis for improving the quality and safety of healthcare services by providing a framework which can be used in identifying strengths and highlighting areas for improvement. The health board's quality delivery plan is currently under review.

Listening & learning to improve the experience of care, 2015:

- This Identifies that all patients should be given opportunities to give feedback, without recourse to the concerns process, and more extensive spread of the Framework beyond secondary care is needed. The value of triangulating staff feedback with patient feedback and other relevant information should be exploited as part of the approach to assuring and improving the patient experience.

Framework for Assuring Service User Experience, 2018:

- The framework has been updated following Keith Evans' report "Using the Gift of Complaints" and now links with the amended Health and Care Standards which include a standard to promote listening and learning from feedback.

Prosperity for all – the national strategy: The Welsh Government's well-being objectives, 2017:

- Linked to the 7 wellbeing goals within the Future Generations Act and focusses on how services are delivered, as well as what is being delivered.

The Parliamentary Review of Health and Social care in Wales

- This presented the case for change, and a demand for a new approach to maintain and improve the quality of health and care, as a result of the impact of a growing and changing pattern of need, expectations of services, and the challenge of securing a future workforce. Recommendation 6 is particularly applicable to the PCSD as it describes a health & care system that is always learning.

• Additional Guidance

Further direction and support is provided in The NHS Wales Values and Standards of Behaviour Framework which articulates the expected values and behaviours from all people working in NHS Wales.

Quality Improvement (QI) is a key principle of good governance, building on learning. To enable this, the all Wales organisation **Improvement Cymru** works in partnership with the UHB. This will support methodical and planned improvement work delivered in a safe way, to ensure any changes are long term improvements for the better. A Health Board wide QI function has been established. This will work to support across the Health Board and will place the health Board in a positive position to meet the QI element of the new Quality Act outlined above.

To ensure the needs of each population are planned for, a planning framework is in place for Quarter 1 and 2 (NHS Delivery Framework, Welsh Government 2020).

4. What is our Quality Strategy and key priorities?

With the boundary change which created CTMUHB in April 2019, the Health Board refreshed its mission, vision and strategic objectives:

| | |
|--|--|
| Our Mission | ✓ Building healthier communities together |
| Our Vision | ✓ Across every community people begin, live and end life well, feeling involved in their health and care choices |
| Our Strategic Well-being Objectives | <ul style="list-style-type: none"> ✓ Work with communities and partners and to reduce inequality, promote well-being and prevent ill-health. ✓ Provide high quality, evidence based, and accessible care. ✓ Ensure sustainability in all that we do, economically, environmentally and socially. ✓ Co-create with staff and partners a learning and growing culture. |

Table 1. CTM's Mission, Vision and Strategic Objectives

A focus on quality:

- To ensure that quality has a focus in every part of the Health Board, the approach outlined comprises **quality planning, quality improvement and quality control**. Together these provide **quality assurance**. The three components form a key part of the Health Board's Quality and Governance Targeted Intervention Maturity Matrix, to track progress embedding improvement against these three areas.
- To support the delivery of the strategic and quality objectives outlined in the IMTP, it is planned to develop a clear strategy for quality in 2020 for 2020-23 and onwards. This will be co-produced in partnership with the local population, the workforce and all key stakeholders.
- Within the strategy, the quality priorities for the next 3 – 5 years will be clearly articulated.
- To further embed quality, Improvement CTM, a Health Board wide resource, will support services to test, learn from and spread improvements, thus helping to improve care and reduce unwarranted variation.
- Improvement CTM will work in partnership with and be supported by Improvement Cymru.



Figure 3. The quality triangle

Overarching quality statements CTM IMTP 2020 – 2023

1. Strengthened focus on quality in strategic planning: to include a whole system, population health perspective shaped by the wider integrated partnership agenda, aligned with each of the 5 ways of working outlined within the WBFG (Wales) Act 2015. This includes the development of an Integrated Health & Care Strategy with quality as the golden thread throughout it, and a revised, joined up approach to developing the IMTP, including a 'panel' approach and strengthened guidance related to quality impact assessment

2. Individuals' voices are better heard: actively enabled through coproduced values and behaviours, investment in real time and friends and family test, a strategic approach to patient stories and targeted focus on the individuals' experience of the services provided by the Health Board, through the Patient Experience sub-group, reporting directly to Quality & Safety Committee. The Once for Wales Concerns Management System currently being procured for Wales, will support the Health Board in the planning, capture and analysis of Service User feedback. Equally the voice of staff will be better heard. This priority aligns with involvement and collaboration as aspects of the 5 ways of working.

3. Shared learning and continuous quality improvement: Development of Cwm Taf Morgannwg Improvement, aligned with prevention and long term as aspects of 5 ways of working, through improved triangulation of intelligence and data integrity via investment in data systems and staffing, review of national audit where outlier status is applied, development of a database of external reviews, reports, and improvement plans, utilising the learning and governance sub group appropriately.

4. Risk better articulated, shared & mitigated: following an extensive revision of the Health Board's approach to and management of risk, improving sight of significant service specific concerns and risks, improved exception reporting to Quality & Safety Committee and development of a harm review process. This priority aligns with each of the 5 ways of working.

5. Strengthened two-way 'point of service delivery' to Board sight: ensuring that quality governance and patient safety shapes and features strongly in new organisational structure supported by continued implementation and refresh of the framework.

6. Extensive review and improvement of the management of concerns and serious incidents: through full engagement with supportive intervention of the Delivery Unit and achievement of the improvement plan.

Table 2. CTMUHB IMTP Quality Statements 2020 - 2023

5. Quality Culture, Values and Behaviours

The culture of an organisation and the commitment to quality of all members of staff is a crucial determinant of quality performance. Our values and behaviours exist to make a positive difference to our employees, our organisation, our patients and our communities. A quality culture with shared values and behaviours is central to providing good quality, personalised and effective care. Having a clear values and behaviours framework enables organisations to effectively support individuals who fit with their organisation's culture to deliver the best outcomes for people who need its care and services and to speak up when things go wrong. We want our people not just knowing our values and behaviours but feeling connected to and supported by them. Most importantly, we want to inspire change.

CTMUHB recognises that organisations and their leaders have a key role in fostering quality culture through their own focus on quality and through bringing the knowledge and skills needed to provide an informed challenge to the organisation:

- CTMUHB undertook extensive work with patients and staff to develop the new values and behaviours for 2020 onwards.
- Our values and behaviours builds on the principles outlined in the NHS Wales Values and Standards of Behaviour Framework.

Our three key themes for CTM are:



WE LISTEN, LEARN AND IMPROVE

- ✓ We take time to ask and listen carefully to people's worries, views and ideas – then actively do something to make a difference.
- ✓ We make it safe and easy for people to speak up - as well as being open to giving and receiving feedback as an opportunity to learn.
- ✓ We welcome change, bring a positive, 'will do' attitude and find ways to actively improve the way we do things.



WE TREAT EVERYONE WITH RESPECT

- ✓ To show that we value other people and see them as equals, we treat everybody with kindness and fairness.

- ✓ We go out of our way to be supportive, helpful and friendly.
- ✓ We recognise what people do every day to make a difference, and say 'thank you'.



WE ALL WORK TOGETHER AS ONE TEAM

- ✓ We bring people together and build strong, trusting relationships by including others in decisions and activities.
 - ✓ We look out for people's wellbeing and safety – both physical and psychological – and support them if these are at risk.
 - ✓ We are open, clear and honest in the way we communicate, and – if we need to – change the way we explain something to help people understand.
 - ✓ When we learn something useful and inspiring, we share it with others.
- This work outlines how staff across the organisation can be clear about their role, responsibility and accountability in relation to quality of care and reinforces that **quality is everybody's business**.
 - By adopting the values and behaviours, all staff commit to delivering or supporting the delivery of high quality care, which places the population served, and the people who access care with us at the heart of all CTMUHB do.



Quality in Integrated Locality Groups



| Quality Planning | Quality Assurance | Quality Improvement |
|--|--|--|
| Develop innovative care models that can deliver better population outcomes at lower cost | Ensure achievement of intended improvements and maintain standards when these are in place | Decrease unwarranted variation within services and across organisations so that the best becomes the norm |
| IMTP | Quality & Governance Framework | Building QI capacity & capability |
| Quality Strategy | Quality intelligence: aggregation, triangulation & instrumentalisation | Culture of continuous improvement |
| Quadruple aim – measurable & meaningful outcomes | Hard Data (metrics, FROM's, inspections, concerns) Soft Data (PREM's, staff feedback, site visits, patient stories) | Exploiting national & local expertise & partnerships (Improvement Cymru, HEM, Academi Wales, Universities) |
| Population Health Management | Internal (Q&S committee, dash boards, staff survey) External (Regulators, CHC's, Professional bodies, Benchmarking & Peer Review) | Culture and Safety II approaches |
| Values Based Care & Prudent Health Care | Closing the loop | Service Improvement & Service Transformation |



6. The CTM Operating Model - Integrated Locality Groups (ILG) and Systems Groups

The Health Board has established three Localities based around the geographical areas of **Merthyr Tydfil & Cynon Valley**, **Rhondda Taf Ely** and **Bridgend**. Alongside there are four CTM wide systems groups responsible for securing standards and planning; **pre conception to 1000 days**; **1000 days to 25 years**; **adulthood** and **older people**. By using this integrated approach, services from primary care through to specialist care are provided as close to home as possible, from pre-conception to end of life and from prevention through to complex care building on the ambition in the IMTP to move to a more population health and wellness approach.

The model has been developed to be clinically led and managerially supported, strengthening the commitment to strong clinical leadership across the Health Board.

The model aligns, quality, outcomes and how workforce, estates and financial resources are used so that quality is embedded in every day operations of the Health Board (Fig4).

The principles of the operating model are:

- ✓ Empowering People
- ✓ Community Leadership and Involvement
- ✓ Clinically Led, Community Focused Services
- ✓ Learning and Innovating for Continual Quality Improvement
- ✓ Robust, Simplified and Safe Decision Making



Figure 5. Quality, Outcome & Resource triple aim

To achieve these, the ILGs are supported by central services partners from the following teams: Patient Care and Safety, Planning, Workforce and Organisational Development, Finance, Procurement, IT and Performance and Information. The ILGs and System Groups will be accountable for confirming the standards of care, developing new pathways and sharing national and international best practice and innovation. Business partners are accountable to Group Directors and are key members of the leadership team.

Under the remit of the Executive Director of Operations, some functions will be led at a CTM level though the service delivery will sit within the ILGs. Examples include; Primary Care Contracting and Regulation, strategic planning and commissioning of mental health and community services, Dental and Optometry services and medicines management.

Some services are hosted by one or two ILG's. These services are either specialised or too small to be delivered separately in each localities. Wherever services are delivered in CTM, there will be consistent standards across the organisation and no unwarranted variation between localities.

In terms of committee structures, the ILG Board and sub-committees are illustrated in Fig 5 and outline both the delivery and assurance lines.

CTM Operating Model

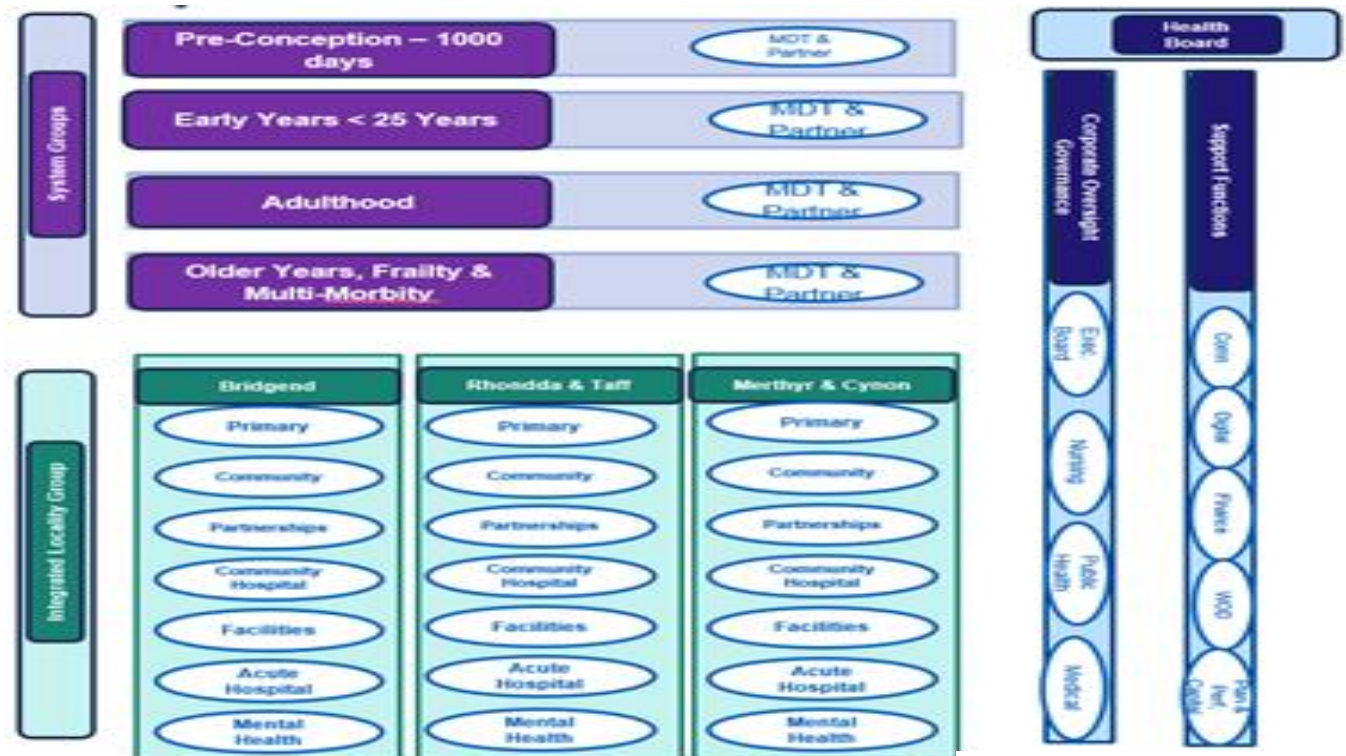


Figure 5. ILG Operating Model

ILG Governance Structure

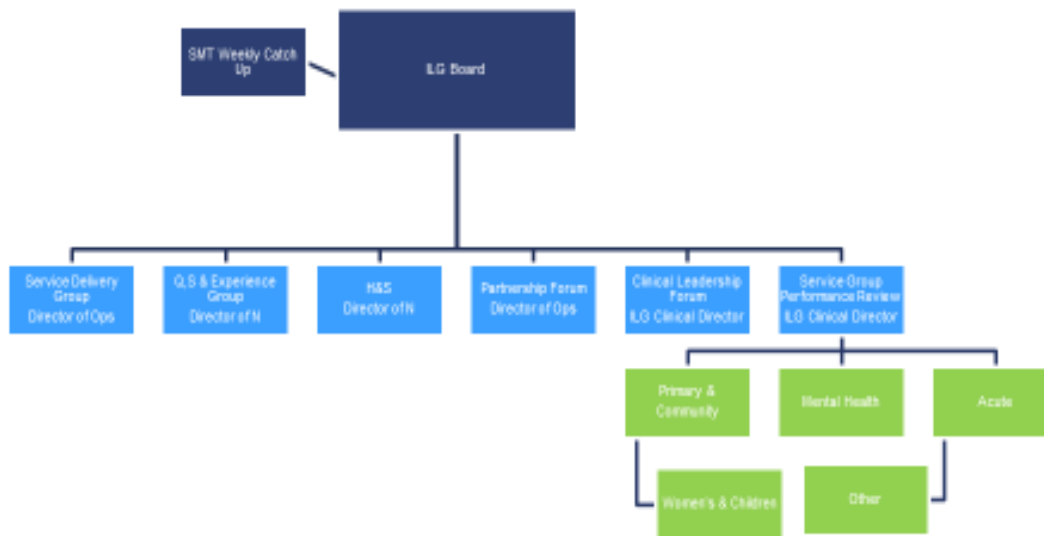


Figure 6. ILG Internal Governance Structure

7. Quality Governance within CTMUHB

The NHS (Wales) Act 2006 includes a requirement for LHBs to work to Standing Orders (SO) to provide the legislative framework for the regulation of its proceedings and business as part of its corporate governance arrangements.

This framework therefore sits under the umbrella of the Health Board and forms an important part of the Board Assurance Framework (BAF). The BAF provides assurance to the Board on the delivery of its core purpose and organisational objectives expressed through the IMTP.

Quality Governance is the combination of structures and processes at and below Board level to lead on Health Board-wide quality performance.

The functional elements include:

- **Compliance with legislation and regulation:** e.g. Health & Care Standards (2015) the Nurse Staffing Levels (Wales) Act, 2016, Putting Things Right including redress & clinical negligence, safeguarding & public protection, health and safety, external regulatory frameworks including Health Inspectorate Wales, regulatory notices issued by HM Coroner, recommendations made by the Public Services Ombudsman for Wales.

- **Quality planning:** e.g. via the Integrated Medium Term Plan, demonstrating learning and using a quality dashboard based on robust data analysis, through robust public engagement, value based health care and patient experience, based on understanding population health, principles of equality and diversity, workforce development and wellbeing.
- **Quality improvement:** e.g. clinical effectiveness via research, audit, implementation of NICE guidelines professional and service specific standards, learning, education & training, embedding a culture of quality improvement, a shift to Safety II approaches, research & development, medicines management, organisation-wide and national sharing of learning.
- **Quality control and assurance:** e.g. improvements using learning generated by internal and external scrutiny, including those undertaken by HIW, Community Health Council, and other regulatory, speciality, service specific and professional standards, mortality review, evidence based policies and protocols
- **Managing risk** e.g. assessing, understanding and articulating risk via risk registers, infection prevention and control, decontamination, clinical incident reporting and investigation, managing concerns, implementation of patient safety solutions alerts and notices applying learning.

As outlined above (Section 1) the Health Board has developed corporate objectives which support the delivery of quality. These are:

- Work with communities and partners to reduce inequality, promote wellbeing and prevent ill-health.
- Provide high quality, evidence based, accessible care
- Ensure sustainability in all that we do, economically, environmentally and socially
- Co-create with staff and partners a learning and growing culture

To ensure that planning is underpinned by quality, the Quality Impact Assessment (QIA) procedure has been revised to encompass any new plans, service change, programmes, projects or savings schemes. This is a fundamental process to ensure that **any** service changes or plans are thought through, understood and the potential consequences on quality are considered, with mitigating actions outlined in a comprehensive way. Any risk impact should be added to the relevant risk register. The QIA procedure is available on the intranet and there is an expectation that these will be submitted to the Q&S committee for further scrutiny.

Being able to measure quality with high reliability is a key element in a high quality, learning organisations. Building on the minimum dataset informed

by national quality and performance indicators, robust data is required to be able to evidence quality outcomes.

Over the past year, a Quality Dashboard has been developed which is updated on a bi-monthly basis and presented to the Quality and Safety (Q&S) Committee through to Board. The metrics and indicators will be further developed to provide a greater breadth of measures, including primary care and commissioned services.

The Quality Dashboard was initially Health Board wide. Since April 2020 as part of its ongoing development and alignment with the Operating Model, there is now a Localities based section in the Dashboard. This will be continuously improved to ensure robust assurance.

The Dashboard presents numerical information about key quality indicators and Statistical Process Control (SPC) charts for a rolling 12 month period. Narrative analysis is also provided, however it is recognised that this is retrospective exercise. Additionally, quality narrative is included in the Integrated Performance Report at Management Board and Board. Further improvements include the setting of improvement trajectories. These have been set initially for pressure damage and falls but will be used along with improvement cycles to support purposeful change.

The Localities are supported by central functions such as: Patient Care and Safety, Planning, Workforce and Organisational Development, Finance, Procurement, IT and Performance and Information. The Central element of the Executive Director of Operations will also provide support.

As the new system groups develop, they will play a central role in standard setting, outcomes, quality planning, improvement and assurance both independently for their areas of responsibility and through support to the ILGs. Systems groups will be key in co-producing patient pathways using values based principles. This is going to be central to re-defining the quality care that will then be delivered by the ILGs

Additional professional support is provided to the systems groups and ILG senior teams from individuals and services with key strategic roles.

Assurance is then provided to the Board through the Quality and Safety Committee.

Where there are matters of concern, a clear escalation pathway is in place from individuals through to the Board through the procedure of NHS Wales Staff to Raise Concerns Policy.

▪ Corporate Assurance Process

The Board (Executives and Independent Members) are ultimately accountable for quality within the Health Board and are responsible for:

- 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 UHB’s performance across all areas of activity

Organisational governance and assurance of quality is scrutinised through Quality and Safety (Q&S) Committee, a sub-committee of the Board and an in-public meeting.

The Q&S Committee has an annual work programme, meets bi-monthly and is chaired by an Independent Member.

The Committee Chair is supported by the Clinical Executives though any Executive can be required to attend.

Recognising that quality is everybody’s business, the Executive leadership of quality is shared by the four Clinical Executives, The Medical Director, The Director of Nursing, the Director of Therapies and the Director of Public Health. Each Director has specific responsibilities:

| Medical Director | Director of Nursing | Director of Therapies | Director of Public Health |
|--|---|---|--------------------------------------|
| Professional standards and regulation – Medicine | Professional standards and regulation – Nursing and Midwifery | Professional standards and regulation – Allied Health Professionals and Healthcare Scientists | Public Health |
| Clinical Governance | Clinical Governance & QI Lead | Clinical Governance | Clinical Governance |
| Standards support to Systems Groups | Patient Experience | Health and Safety | Improvement and Transformation |
| Medicines Management | Safeguarding and Deprivation of Liberties | Fire | Research, Innovation and Development |
| Clinical Audit and Effectiveness | Serious Incidents | Stroke | Health Protection |
| | Infection Prevention & Control | | |

Table 3. Clinical Executive Responsibilities

The Clinical Executives are supported by corporate teams who will provide assistance to the ILGs and systems groups and they will be held to account by the Director of Operational Services.

The Terms of Reference and Standard Agenda and reporting templates are attached as appendices.

In the previous framework, the Q&S Committee had four sub-committees for quality. As the new operating model has been established with the ILG Quality Groups reporting through the ILG Board to Q&S Committee, the need for these has changed and new Health Board wide shared listening and learning group has been established to support assurance and evidence learning to the Q&S Committee.

▪ **Locality Assurance Process**

At locality level, the Group Director is accountable for quality governance. There is a shared responsibility for quality and the delivery of quality governance with the Nurse Director, and Director of Operations.

Where ILGs host a service, the hosting ILG is accountable for upwardly reporting assurance, gaining that assurance from other relevant ILGs or sites.

Assurance of quality is through the Quality and Safety Group, ILG Board to the Q&S Committee.

The locality Q&S Group, a multi professional group, will have an annual work programme.

It meets bi-monthly and is chaired by the ILG Director.

Each Locality also has a Head of Quality and Safety role to support the quality governance agenda.

The ILG Team works collaboratively with the Systems groups, whom set standards for the services provided. These standards are based on national guidance and best evidence.

The Terms of Reference and Standard Agenda and reporting templates are attached as appendices.

ILG Q&S Governance Structure

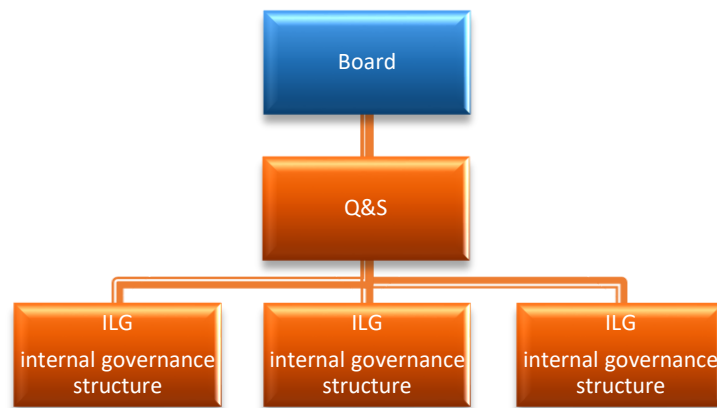


Figure 7. ILG Q&S Governance Structure

▪ **Other Health Board wide quality support and assurance**

Some services will continue to work across all three ILGs and will need to provide assurance in their own right. These include: elements of Primary Care (as outlined in the Operating Model document), Medicines Management, Health and Safety, Safeguarding and Infection Prevention and Control.

In addition to providing assurance through a Health Board wide meeting, they will work in partnership with the ILGs and the System Groups.

Additional advisory groups, again to support the ILGs and advise the Board will be established as and when required.

• **Hosted Bodies**

The standards within the framework will also apply in respect of the roles and responsibilities of Committees hosted by the UHB namely, Emergency Ambulance Services Committee, Welsh Health Specialised Services Committee and the National Imaging Academy, as appropriate. Any quality and safety issues associated with services commissioned for Cwm Taf Morgannwg residents and those services provided by Cwm Taf Morgannwg UHB will be raised to Quality & Safety Committee.

8. Next Steps and Implementation

Following approval of this revised framework, the implementation phase throughout the organisation will continue to embed and establish. This will be led by the ILG senior teams and supported by corporate teams.

9. References, bibliography and links to relevant documents:

- WAG, 2010. *Citizen Centred Governance Principles, Making Sense of Them* Welsh Assembly Government. Cardiff
- NLC, 2010 *The Healthy NHS Board, Principles of Good Governance*
<https://www.leadershipacademy.nhs.uk/wp-content/uploads/2012/11/NHSLeadership-TheHealthyNHSBoard.pdf>
- ICSA (2011) *Mapping the Gap, Highlighting the disconnect between governance best practice and reality in the NHS*
<http://www.wales.nhs.uk/governance-emanual/values-and-standards-of-behaviour-frameworkhttps://gov.wales/sites/default/files/publications/2019-09/nhs-wales-planning-framework-2020-23%20.pdf>
- NHS (Wales) Act 2006
<http://www.legislation.gov.uk/ukpga/2006/42>
- NHS Act 2006
<http://www.legislation.gov.uk/ukpga/2006/41/contents>
- National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011
<http://www.legislation.gov.uk/wsi/2011/704/contents/made>
- Social Services and Well-being (Wales) Act 2014
<http://www.legislation.gov.uk/anaw/2014/4/contents>
- Wellbeing of Future Generations (Wales) Act 2015
<http://www.legislation.gov.uk/anaw/2015/2/contents/enacted>
- The Nurse Staffing levels (Wales) Act 2016
<http://www.legislation.gov.uk/anaw/2016/5/contents/enacted>
- The Health and Social Care (Quality and Engagement) (Wales) Bill
<https://gov.wales/written-statement-health-and-social-care-quality-and-engagement-wales-act-2020>
- 'A Healthier Wales' (Welsh Government 2018)
<https://gov.wales/healthier-wales-long-term-plan-health-and-social-care>

- Citizen Centred Governance Principles (2010)
<http://www.wales.nhs.uk/governance-emanual/citizen-centred-governance-principles>.
- Putting Things Right guidance, 2013,
<http://www.wales.nhs.uk/sitesplus/documents/861/Healthcare%20Quality%20-%20Guidance%20-%20Dealing%20with%20concerns%20about%20the%20NHS%20-%20Version%203%20-%20CLEAN%20VERSION%20-%202020140122.pdf>
- Evans, K (2014) *Using the Gift of Complaints*
[http://www.wales.nhs.uk/sites3/Documents/932/MB%20MD%202702%2014%20-%20Report%20-%20A%20review%20of%20concerns%20\(complaints\)%20handling%20in%20NHS%20Wales%20-%20Using%20the%20gift%20of%20complaints%20by%20Keith%200Evans%20-%202020140611%20Doc%201.pdf](http://www.wales.nhs.uk/sites3/Documents/932/MB%20MD%202702%2014%20-%20Report%20-%20A%20review%20of%20concerns%20(complaints)%20handling%20in%20NHS%20Wales%20-%20Using%20the%20gift%20of%20complaints%20by%20Keith%200Evans%20-%202020140611%20Doc%201.pdf)
- NHS Wales Health and Care Standards, 2015
http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf
- Listening & learning to improve the experience of care, 2015
<http://www.1000livesplus.wales.nhs.uk/sitesplus/documents/1011/Listening%20and%20Learning%20to%20Improve%20the%20Experience%20of%20Care.pdf>
- Prosperity for all – the national strategy: The Welsh Government’s well-being objectives (2017)
<https://gov.wales/about/cabinet/cabinetstatements/2017/prosperityforallwellbeingstatement/?lang=en>
- The Parliamentary Review of Health and Social care in Wales
<https://beta.gov.wales/sites/default/files/publications/2018-01/Review-health-social-care-report-final.pdf>
- The NHS Wales Values and Standards of Behaviour Framework (2013) (<http://www.wales.nhs.uk/governance-emanual/values-and-standards-of-behaviour-frames>)
- Improvement Cymru <https://phw.nhs.wales/services-and-teams/improvement-cymru/>

- Planning framework (<https://gov.wales/sites/default/files/publications/2019-09/nhs-wales-planning-framework-2020-to-2023.pdf>)
- CTMUHB Risk Management Strategy 2018 – 2023 (http://ctuhb-intranet/Policies/_layouts/15/WopiFrame.aspx?sourcedoc=%7b53FA657F-0F50-4ED6-A38F-4E17C19F72C5%7d&file=Risk%20Management%20Strategy%202018%20-%202023%20-%20V4.0.docx&action=default&DefaultItemOpen=1)
- CTMUHB Operating Model 2019 (<http://ctuhb-intranet/dir/OM/Shared%20Documents/Final%20Operating%20Model%20-%20Dec%202019.pdf>)

Appendices

- **Appendix 1: Terms of Reference Quality and Safety Committee**

This Schedule forms part of, and shall have effect as if incorporated in the University Health Board Standing Orders

QUALITY & SAFETY COMMITTEE

TERMS OF REFERENCE & OPERATING ARRANGEMENTS

http://ctuhb-intranet/Policies/_layouts/15/WopiFrame.aspx?sourcedoc=%7BA9BF2C1C-652E-4AD4-B25B-F42E5D6C3840%7D&file=GC01%20Standing%20Orders%20-%20Schedule%203-8%20-%20Quality%20%26%20Safety%20Committee%20ToR%20-%20Final%2030.07.2020.docx&action=default&DefaultItemOpen=1

INTRODUCTION

The Cwm Taf Morgannwg University Health Board (CTMUHB) standing orders provide that “The Board may and, where directed by the Welsh Government must, appoint Committees of the UHB either to undertake specific functions on the Board’s behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board’s commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by Committees”.

In accordance with Standing Orders (and the CTMUHB scheme of delegation), the Board shall nominate annually a committee to be known as the **Quality and Safety Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

The term locality team, when used within this document, is to describe out of district general hospital services e.g. Community (in and out of hospital) and Independent Contractor services (GPs, Dentists, Pharmacists and Optometrists).

CONSTITUTION & PURPOSE

The purpose of the Quality and Safety Committee “the Committee” is to provide assurance to the Board on the provision of workplace health & safety and safe and high quality care to the population we serve, including prevention through public health, primary and secondary care. The Committee embraces the values of the Health Board and the objectives outlined within its Integrated Medium Term Plan (IMTP) which are:

- To **improve** quality, safety and patient experience.
- To **protect** and **improve** population health.
- To **ensure** that the services provided are accessible and sustainable into the future.
- To **provide** strong governance and assurance.
- To **ensure** good value based care and treatment for our patients in line with the resources made available to the Health Board.

The Committee will:

- Put the needs of patients, carers and the public at the centre of all its business.
- Ensure appropriate arrangements are in place to support workplace health & safety.

- Provide evidence based and timely advice to the Board, based on local need, to assist in discharging its functions and meeting its responsibilities.
- Provide assurance to the Board in relation to the CTMUHB's arrangements for safeguarding the public and continuously improving the quality and safety of the services we provide.
- Ensure that care is delivered in accordance with the Health & Care Standards for Health Services in Wales.

SCOPE AND DUTIES

SCOPE:

In order to deliver its stated aims the Committee will, in respect of its provision of advice to the Board:

- Oversee the development of the CTMUHB's strategies and plans for the development and delivery of high quality, staff safety, patient safety and public health, consistent with the Board's overall strategic direction.
- Provide strategic direction and scrutiny for the development of the UHB's corporate strategies and plans for those of its stakeholders and partners.
- To receive high level reports and recommendations from external bodies and ensure robust action is taken, monitored and fully implemented.

The Committee will seek assurances from the sub groups established by the Quality and Safety Committee (Appendix 1) that arrangements are appropriately designed and operating effectively, to ensure the provision of high quality, safe and effective healthcare and workplace health & safety across the whole of the CTMUHB's primary, community and secondary care activities.

DUTIES:

To deliver its aims, the Committee's programme of work will be structured as follows:

Strategy

- Oversee and monitor the development and implementation of the UHB's Strategies for patient quality and safety and staff workplace health & safety:

- **Patient Quality and Safety**
 - Provide assurance to Board on implementation of the Quality aspects within the Integrated Medium Term Plan (IMTP) for CTMUHB
 - Provide assurance to the Board in relation to the Quality Governance Framework.
 - Contribute to and oversee the development of the Health Board's Annual Quality Statement
 - Monitor quality via the Quality Dashboard
 - Approve the content of the CTMUHB Annual Quality Statement which relates to the committees work programme
- **Workplace Health & Safety**
 - Provide assurance to Board on the development of related strategies and operating practices to ensure arrangements for staff workplace health & safety are safe and in compliance with associated legislation.
- Monitor and receive reports on the organisation's progress with embedding and implementing the Health & Care Standards
- Scrutinise Quality and Safety arrangements for the Independent Contractor Professions
- Ensure that the organisation, at all levels, has the right systems and processes in place to deliver - from a patient's perspective - efficient, effective, timely and safe services
- Ensure arrangements are in place to undertake, review and act on Clinical Audit activity which responds to National and Local priorities
- Receive recommendations made by internal and external review bodies, ensuring where appropriate, that action is taken in response;
- Receive assurance that the organisation protects the health of the population, by promoting delivery and uptake of screening and immunisation programmes
- Receive assurance that the organisation has robust infection, prevention and control measures in place.

Hosted Bodies

The Committee will also consider issues in respect of the roles and responsibilities of Committees hosted by the UHB namely, Emergency Ambulance Services Committee, Welsh Health Specialised Services Committee and the National Imaging Academy, as appropriate. The Committee will consider any quality and safety issues associated with services commissioned for Cwm Taf Morgannwg residents and those services provided by Cwm Taf Morgannwg UHB.

Organisational Risk

- Monitor the arrangements in place to assess, control and minimise risk and
 - Regularly review the high and extreme risks included on the organisational Risk Register and assigned to the Committee by the Board;

Policies and Procedures

- Approve appropriate Policies (once reviewed and endorsed by the appropriate sub group) and where appropriate any related Procedures.
- Oversee the register of policies, ensuring that it is maintained, and that all assigned policies are subject to review at least every three years.

Research & Development

- Receive reports on progress with Research & Development activity within the organisation. These will:
 - Take into account the national objectives published by the National Institute for Social Care and Health Research (NISCHR)
 - Focus on the outcomes for patients and compliance with Research Risk Governance arrangements.

Quality Improvement activities

The Quality Governance Framework provides the framework for quality improvement projects. The Quality and Safety Committee will:

- Receive regular reports on progress with delivery of its priorities relating to quality improvement.
- Receive at each meeting a Quality Report and Quality and Performance Dashboard – Receive, scrutinise and triangulate quality information to ensure appropriate prioritisation for improvement.

Patient Experience

- Receive and review progress reports relating to the requirements identified in the UHB Patient Experience Plan.
- Receive and review reports on the progress relating to the implementation of the Citizen Engagement Plan.

Concerns

- Receive as presented within the quarterly quality report, reports on Concerns (reported patient safety incidents, complaints, compliments, clinical negligence claims and inquests) reporting trends, with particular emphasis on ensuring that lessons are learnt, and to inform the Annual Quality Delivery Plan

- Receive assurance of effective and timely management of concerns across the University Health Board
- Receive, review and approve the Annual Concerns Report on behalf of the UHB.

Staff Experience

- Receive assurance that there are appropriate systems in place to support workplace health & safety and to listen to staff views, embracing the principles of the Listening Organisation, in order to promote effective team working and staff satisfaction to provide the best possible outcomes for patients.
- Receive assurance that the workforce is appropriately selected, trained and responsive to the needs of the service, and that professional standards and registration/revalidation requirements are maintained.

DELEGATED POWERS

Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of its organisation.

AUTHORITY

The Committee is authorised by the Board to:

- Investigate or have investigated any activity within its terms of reference. It may seek relevant information from any:
 - employee (and all employees are directed to cooperate with any legitimate request made by the Committee), and
 - Any other committee, or group set up by the Board to assist in the delivery of its functions.
- obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements
- approve policies relevant to the business of the Committee as delegated by the Board.

Sub Committees

The Committee may, subject to the approval of the Health Board, establish sub Committees or task and finish groups to carry out on its behalf specific aspects of Committee business. At this stage, no sub Committees/task and finish groups have been established.

ACCESS

The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

MEMBERSHIP

Members:

A minimum of **(6)** members, comprising

Chair Independent Member of the Board

Vice Chair Independent Member of the Board

Members Four Independent Members of the Board

Attendees

- Executive Nurse Director
- Medical Director
- Director of Public Health
- Director of Therapies and Health Sciences
- Executive Director of Operations
- Community Health Council Representative

- Director of Workforce & Organisational Development
- Staff side representative
- Staff side safety chair or vice chair
- Director of Governance / Board Secretary

Notwithstanding the requirement to maintain quorum, Directors may on occasion nominate a suitably senior deputy to attend the Committee on their behalf, but should ensure that they are fully aware and briefed on the issues to be discussed.

By Invitation:

- Other Directors / Health Board Officers may be invited to attend when the Committee is discussing areas of risk or operation that are the responsibility of that Director.
- The Committee may also co-opt additional independent external members from outside the organisation to provide specialist skills, knowledge and experience.

Secretariat

The Director of Governance / Board Secretary will determine the secretarial and support arrangements for the Committee.

Member Appointments

The membership of the Committee shall be determined by the Chair of the Board, taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

Members shall be appointed for a maximum of 3 consecutive years before formally reviewing their role on the Committee. During this time a member may resign or be removed by the Board.

The Board shall ensure succession planning arrangements are in place.

Support to Committee Members

The Director of Governance / Board Secretary, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to committee members on any aspect related to the conduct of their role, and
- Co-ordinate the provision of a programme of organisational development for committee members as part of the overall Health Board's Organisational Development programme developed by the Executive Director of Workforce & Organisational Development.

COMMITTEE MEETINGS

Quorum

A quorum shall be at least three Independent Members (one of which must be the Committee Chair or Vice Chair).

For effective governance, at least two Executive Directors, one of which must be a Clinical Executive Director should be in attendance at the meeting.

Frequency of Meetings

Meetings shall meet no less than ~~on a~~ 6 times a year, and otherwise as the Chair of the Committee deems necessary.

The Committee will arrange meetings and align with key statutory requirements during the year consistent with the CTMUHB's annual plan of Board Business.

Withdrawal of individuals in attendance

The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

Circulation of Papers

The Director of Governance / Board Secretary will ensure that all papers are distributed at least 7 calendar days ~~5 working days~~ in advance of the meeting.

REPORTING AND ASSURANCE ARRANGEMENTS

The Committee Chair shall:

- Report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes:
 - oral updates on activity
 - submission of written highlight reports throughout the year;
 - to receive annual reports, which will incorporate key information from Research & Development, progress report on the Annual Quality Delivery Plan, Concerns, Safeguarding, Infection Prevention & Control, Clinical Audit & Effectiveness and Medicines Management
- Bring to the Board's specific attention to any significant matters under consideration by the Committee

- Ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant Board Committees of any urgent/critical matters that may affect the operation and/or reputation of the UHB.

The Committee shall provide a written, annual report to the Board on its work in support of the Annual Governance Statement specifically commenting on the adequacy of the assurance arrangement, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the Committees self-assessment and evaluation.

The Board may also require the Committee Chair to report upon the activities at public meetings or to community partners and other stakeholders, where this is considered appropriate e.g. where the Committee's assurance role relates to a joint or shared responsibility.

The Director of Governance / Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

RELATIONSHIP WITH THE BOARD AND ITS COMMITTEES / GROUPS

Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of its organisation.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.

The Committee, through the Committee Chair and members, shall work closely with the Board's other Committees including joint committees/Advisory Groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of information

In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

The Committee shall embed the organisational values and strategic objectives through the conduct of its business, and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.

APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

The requirements for the conduct of business as set out in the CTMUHB Standing Orders are equally applicable to the operation of the Committee, except in the area relating to the Quorum.

CHAIR'S ACTION ON URGENT MATTERS

There may, occasionally, be circumstances where decisions which normally be made by the Committee need to be taken between scheduled meetings. In these circumstances, the Committee Chair, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Board, after first consulting with one other Independent Members of the Committee. The Director of Corporate Governance must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

Chair's urgent action may not be taken where the Chair has a personal or business interest in the urgent matter requiring decision.

REVIEW

These Terms of Reference shall be adopted by the Committee at its first meeting and subject to review at least on an annual basis thereafter, with approval ratified by the Health Board.

Appendix 2:

▪ Standard Agenda Template Q&S Committee



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

QUALITY & SAFETY COMMITTEE

The next meeting of the Committee will be held on xxxxx

Chair:

AGENDA

Patient Story –

PART 1. PRELIMINARY MATTERS

| | | |
|-----|--|--|
| 1.1 | Welcome and introductions | Oral |
| 1.2 | Apologies for absence | Oral |
| 1.3 | Declaration of Interests | Oral |
| 1.4 | Unconfirmed minutes of the meeting held xxxx | Attachment Chair |
| 1.5 | Committee Action Log | Attachment Director of Governance/Board Secretary (Interim) |
| 1.6 | Matters Arising not considered within the Action Log | Oral Chair |

PART 2. ITEMS FOR APPROVAL/ENDORSEMENT

| | | |
|-----|--|--|
| 2.1 | | |
|-----|--|--|

PART 3. GOVERNANCE, PERFORMANCE AND ASSURANCE

| | | |
|-----|--|--|
| 3.1 | | |
|-----|--|--|

| | | |
|------|--|--|
| 3.2 | | |
| 3.3 | | |
| 3.4 | | |
| 3.5 | Directorate Exception Reports | |
| | | |
| | | |
| | | |
| 3.6 | | |
| 3.7 | | |
| 3.8 | | |
| 3.9 | | |
| 3.10 | | |
| 3.11 | Minutes/Reports from Sub Groups | |
| | | |
| | | |
| | | |

PART 4. ITEMS FOR INFORMATION

(Please note these items will not be discussed unless raised with the Committee Chair in advance)

| | | |
|-----|--|--|
| 4.1 | | |
|-----|--|--|

PART 5. OTHER MATTERS

| | | |
|-----|---------------------------|----------------------------|
| 5.1 | Any other urgent business | Oral Chair |
| 5.2 | Forward Look | Attachment Chair |

Date & Time of next meeting:

Appendix 3:

Standard Agenda Template ILG's

ILG – Merthyr/Cynon

Insert Title of Meeting, date time, venue

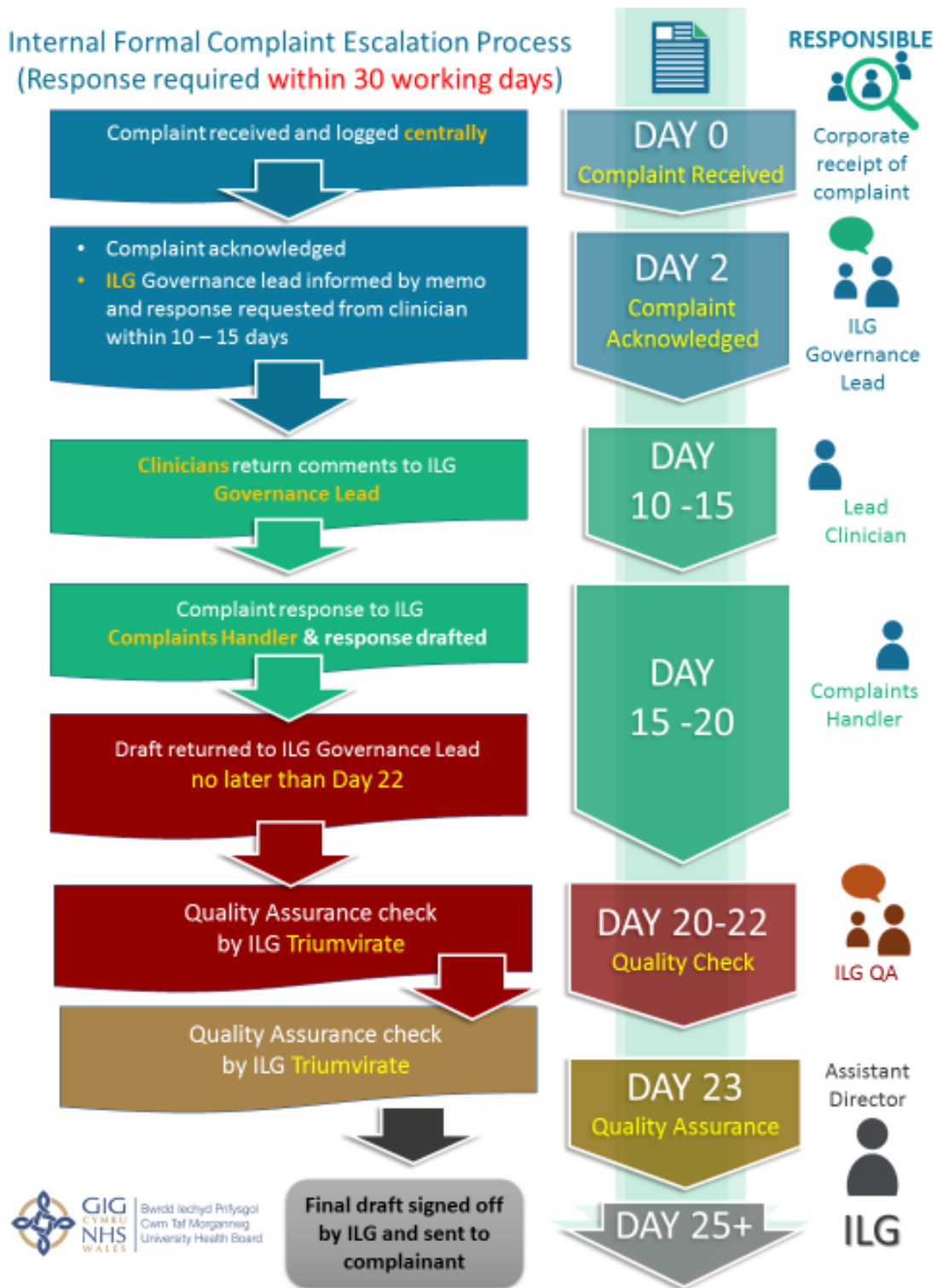


GIG
CYMRU
NHS
WALES

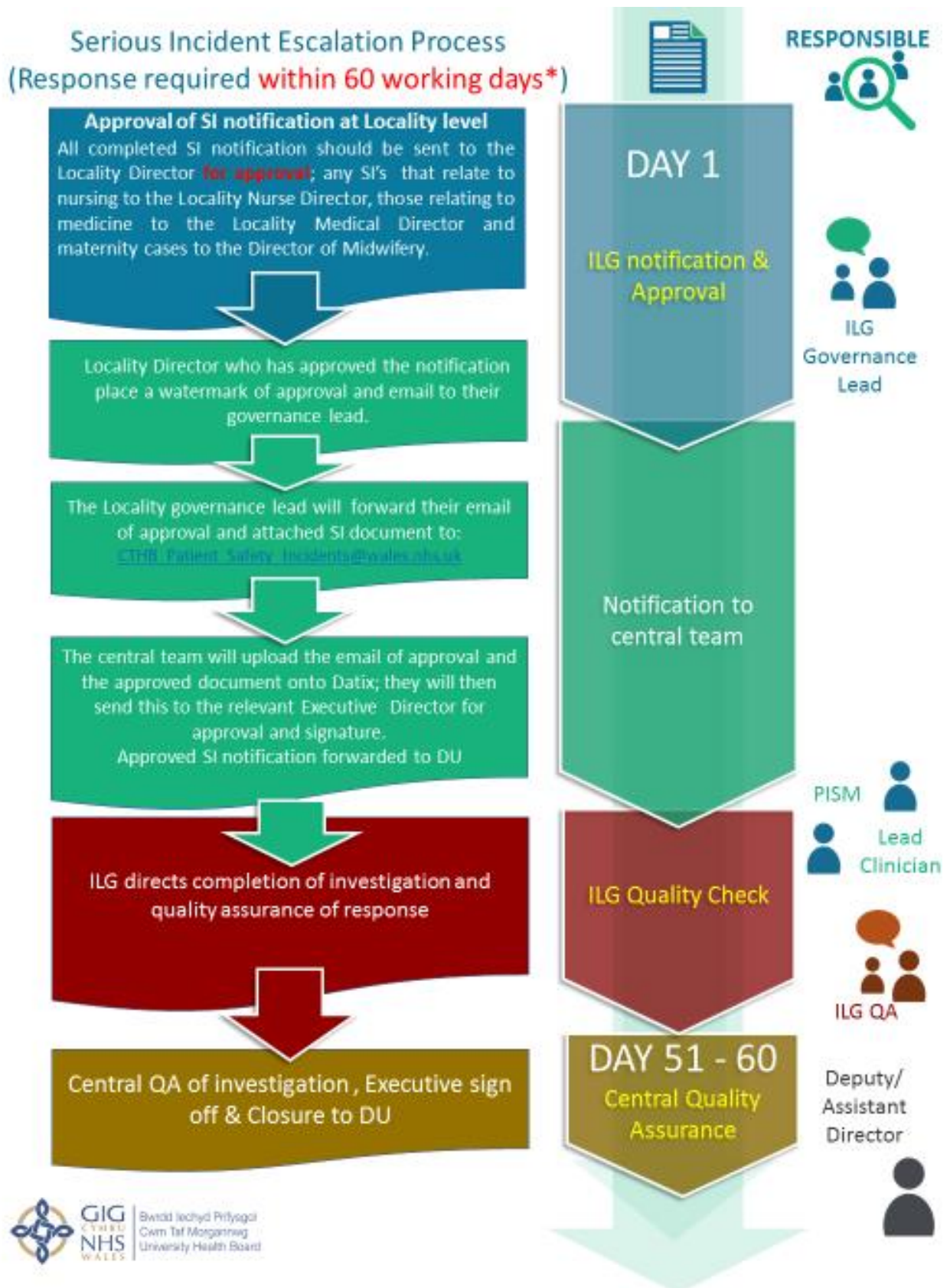
Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

| No. | Agenda | Item Lead | HCS+ | Papers / RAG |
|-----|--|-----------|------|--------------|
| 1. | Welcome and introduction | | | |
| 1.1 | Apologies | | | |
| 1.2 | Action log from previous meeting held on the | | | |
| 2. | Matters Arising | | | |
| 3. | Patient experience e.g. <ul style="list-style-type: none"> • Internal assurance, peer review • trends and themes: <ul style="list-style-type: none"> ○ real time, informal & structured patient feedback ○ Incident reporting ○ Serious incident investigation status, action planning ○ mortality review ○ Concerns, redress, claims & personal injury | | | |
| 4. | Assurance e.g. <ul style="list-style-type: none"> • New unannounced or scheduled visits/inspections • Progress with remedial action plans: HIW, HM Coroner, Ombudsman, CHC, external and internal audit reports, other | | | |
| 5. | Quality planning: e.g. <ul style="list-style-type: none"> • triangulating data analysis & soft intelligence • workforce development: education, learning • wellbeing: staff survey | | | |
| 5. | Quality improvement and clinical effect effectiveness e.g. <ul style="list-style-type: none"> • QI initiatives, overview and progress • clinical audit including results of relevant national audit • implementation of NICE guidelines • research, • medicines management • policies and protocols • sharing of learning | | | |
| 6. | Compliance with legislation and regulation: e.g. <ul style="list-style-type: none"> • health and safety, including fire • safeguarding & public protection, • patient safety notices & alerts • Welsh Language, equality and diversity • business continuity • GDPR | | | |
| 7. | <ul style="list-style-type: none"> • Managing risk e.g. • review risk register, • infection prevention, control and decontamination, • staff sickness, • capital asset registers • agree any items for escalation | | | |
| 8. | Any Other Business | | | |

Appendix 4: ILG Formal Complaint Process



Appendix 5: ILG Serious Investigation (SI) Process



ILG concerns responses and SI Investigations will be subject to a monthly audit cycle

CTM SI Toolkit relaunched December 2020

Appendix 6: Maternity & Neonatal SI Process

Maternity & Neonatal Serious Incident Responses

- ✓ Welsh Government have removed the 60 day SI response target from the NHS Wales Delivery Framework from 1 April 2020. NHS organisations will still be required to work towards the 60 days as a guide, but will not be formally monitored against it.
- ✓ NHS organisations will not be required to undertake full root cause analysis for every incident, only for serious incidents. The investigations carried out should be proportionate to the incident being reviewed and should ensure immediate 'make safes' are put in place with all learning shared widely and systematically across the organisation.

All maternity SI responses have to be Quality Assured by the Director of Midwifery. Neonatal responses signed off by Service lead.

ILG Host & Region receive response.

Final QA check by Assistant/Deputy Director

All Maternity responses to be approved & signed off by Executive Nurse or Medical Director

