

CSG & ILG Quality Assurance Final Internal Audit Report

August 2022

Cwm Taf Morgannwg University Health Board



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Executive Summary

Purpose

To evaluate and determine the adequacy of the systems and controls in place in relation to Quality Assurance arrangements within CSGs and ILGs.

Overview

We have issued Reasonable Assurance in this area. The matters which require management attention include:

- The absence of a dedicated Surgery Clinical Service Group (CSG) Quality and Safety Group within Merthyr Cynon ILG to align with those in place in other ILGs.
- Lack of quality governance training across the ILGs and the CSGs.
- Absence of quality work plans for all three ILG Quality & Safety Groups.
- Inconsistent approach to sharing learning.

Further matters arising concerning the areas for refinement and further development have been noted in Appendix A.

Report Classification



Reasonable

Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved.

Assurance summary¹

Assurance objectives	Assurance
1 Quality governance monitoring arrangements within CSGs.	Reasonable
2 Staff are clear on the quality matters that should be monitored and reported.	Substantial
3 Checks are undertaken on the quality and integrity of data.	Substantial
4 Role of the Quality and Safety Groups within each ILG.	Reasonable
5 Linkage of quality assurance monitoring undertaken between Groups.	Reasonable
6 Role of the ILG Board in monitoring quality governance arrangements.	Substantial
7 Arrangements for escalation of quality and safety matters.	Substantial
8 ILG reporting to Health Board Quality and Safety Committee.	Substantial
9 Sharing of learning of quality matters.	Reasonable

¹The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Key Matters Arising	Assurance Objective	Control Design or Operation	Recommendation Priority
1 Monitoring arrangement at CSG level	1	Operation	Medium
3 ILG and CSG quality assurance work plans	4	Operation	Medium
4 Surgery CSG - ILG Quality & Safety Group Attendance	5	Operation	Medium
6 Sharing of learning	9	Design	Medium

1. Introduction

- 1.1 Our audit review of Clinical Service Group (CSG) and Integrated Locality Group (ILG) quality assurance arrangements was completed in line with the 2021/22 Internal Audit plan for Cwm Taf Morgannwg University Health Board (the 'Health Board').
- 1.2 Quality should be at the heart of all aspects of healthcare and putting quality and patient safety above all else is one of the core values underpinning the NHS in Wales. Poor quality care can also be costly in terms of harm, waste, and variation. NHS organisations, and the individuals who work in them, need to have a sound governance framework in place to help ensure the delivery of safe, effective, and high-quality healthcare.
- 1.3 In 2020 the Health Board approved a Quality Governance and Patient Safety framework. This outlines the structures and processes in place to provide quality assurance to the Board as part of the revised operating model. The framework details the arrangements in place from the Board down to an ILG level. Our review primarily focussed on arrangements that have been established between the ILGs and their CSGs that in turn allows effective reporting upwards to Board.
- 1.4 We note that work is ongoing to further align the Health Board's Quality Governance and Patient Safety framework to the recently published Welsh Government Quality and Safety framework.
- 1.5 Our testing was undertaken within the following three areas:
 - Surgery CSG in Merthyr Cynon (MC) ILG
 - Mental Health CSG in Rhondda Taff Ely (RTE) ILG
 - Community Services CSG in Bridgend ILG
- 1.6 The relevant lead for our review is the Executive Director of Nursing Midwifery and Patient Care.
- 1.7 The risks considered in our review are as follows:
 - Quality and patient safety issues are not addressed if there are no governance arrangements in place to review and progress quality and safety issues.
 - Current and future quality and safety risks impacting the Health Board are not being addressed.

2. Detailed Audit Findings

Objective 1: The role of the Service Group Performance Review (SGPR) meetings in monitoring the quality governance arrangements within CSGs is clearly defined and taking place.

- 2.1 Within the three CSGs that we sampled the Service Group Performance Review (SGPR) meetings monitor elements of quality governance arrangements. In line

with their terms of reference, this monitoring is mostly around activity performance, that in turn underpins the delivery of a quality service.

- 2.2 However, not all groups have been holding meetings as frequently as the terms of reference require. We also note one group does not capture minutes or action notes for the meetings held. **(Matter Arising 1)**
- 2.3 For two of our sampled CSGs, more comprehensive quality monitoring is undertaken within dedicated CSG Quality and Safety groups. The groups cover all elements of quality assurance oversight and reporting, and responsibilities are consistently defined within their respective terms of reference. The CSG Quality and Safety groups report into the ILG Quality and Safety group.
- 2.4 There is no Quality and Safety group for the Surgery CSG in MC. A Surgery Governance Group is in place, but its remit is limited to patient concerns matters, and it does not report outside of the CSG. We note that a Prince Charles Hospital Acute Patient Safety Governance meeting has been recently set up which covers all acute services but is not dedicated to Surgery. As such, there does not appear to be a significant amount of time dedicated to quality issues within Surgery compared to other CSGs. **(Matter Arising 1)**

Conclusion:

- 2.5 Within two of the CSGs we sampled there are clear quality governance arrangements in place with dedicated groups with responsibility for monitoring quality matters. Whilst some arrangements exist in the third CSG sampled, these are not as clear. We have provided reasonable assurance against this objective.

Objective 2: Relevant staff within CSGs are clear on the quality matters that should be monitored and reported.

- 2.6 All three CSGs have nominated Quality Assurance Leads, whose roles are to ensure co-ordination of quality governance and reporting in their respective specialities.
- 2.7 There are a clear set of patient quality measures that are set by Welsh Government and the Health Board and are reflected through the activities recorded within Datix, such as the information within the concerns and incidents modules. Weekly and monthly summary reports are produced on areas such as concerns, complaints, incidents, serious incidents and falls. CSGs can report on additional patient quality activity specific and unique to their service provisions if required. For example, in Community Services we saw monitoring of Pressure Ulcer management indicators.
- 2.8 We were unable to identify any quality assurance training being provided to the CSG Quality Assurance Leads, or to members of the Quality and Safety Group. Provision of corporate training could provide wider contextual awareness of quality governance that the measures are reporting upon. **(Matter Arising 2)**

Conclusion:

- 2.9 Whilst there are dedicated quality leads in each CSG, who are specialists in that area and Heads of Quality and Patient Safety in each ILG, to date there has been no quality assurance training provision. Such training with help to underpin or

expand upon understanding of existing quality governance practices and reporting measures in place. We have provided substantial assurance against this objective.

Objective 3: Checks are undertaken on the quality and integrity of data used when reporting.

- 2.10 Our testing identified that all three CSGs receive weekly quality activity related reports from the Datix Team that include the key 'core' patient quality assurance measures such as concerns/complaints, incidents and falls.
- 2.11 This is further summarised into a monthly quality dashboard report which is provided to ILG Heads of Quality and Patient Safety and discussed at the respective ILG Quality and Safety Group meetings. Prior to presenting the reports an element of data cleansing has to take place to correct any incorrect classifications when the information was input on Datix.

Conclusion:

- 2.12 Checks to ensure the accuracy and integrity of reporting data is undertaken by all three sampled CSGs prior to reports being scrutinised and used for decision making purposes in the ILG Quality and Safety meetings. We have provided substantial assurance against this objective.

Objective 4: The role of the Quality, Patient Safety & Experience Group within each ILG is clearly defined, with a programme of work designed to give relevant assurance.

- 2.13 The three ILGs have a quality and safety monitoring and reporting structure in place, that incorporates the oversight of quality management governance arrangements.
- 2.14 The Quality, Patient Safety and Experience Groups had appropriate terms of reference in place. All ILG Heads of Quality and Patient Safety can make changes to the template terms of reference, so as to include quality matters unique or specific to their service provision.
- 2.15 The groups meet regularly, and monitoring was in line with the terms of reference.
- 2.16 However, we understand that the groups do not have an annual work programme. Only one of the three CSGs had an annual Quality Improvement Plan in place.
(Matter Arising 3)

Conclusion:

- 2.17 Whilst the role and oversight of quality assurance issues are defined within all three ILGs, there is no planned annual programme of work in place at ILG level, or annual quality work planning consistently in use at CSG level. We have provided reasonable assurance against this objective.

Objective 5: There is a link between the quality assurance monitoring taking place through the CSG Service Group Performance Review meetings and the monitoring taking place by the ILG Quality, Patient Safety and Experience Groups.

- 2.18 Within both Community Services CSG, Bridgend and Mental Health, RTE, the terms of reference of the CSG SGPR meetings and Quality and Safety Groups set out their roles and responsibilities in relation to quality assurance and reporting to the ILG Quality, Patient Safety and Experience groups. While there are differences between the roles of each group, there are no obvious gaps between them which could lead to under-reporting of relevant issues.
- 2.19 The Surgery CSG at MC does not have a specific Quality and Safety Group. Whilst there is some quality monitoring and reporting across a number of other groups, as noted above, the approach is not as clear as it is in the other CSGs visited. We can see updates on acute services being discussed at the ILG Quality, Patient Safety and Experience Group. However, as stated in 2.4 there is a concern that by grouping a number of services together, the potential issues specific to surgery CSG are not able to be discussed in the same level of detail as other CSGs. **(Matter arising 1)**
- 2.20 Furthermore, while RTE and Bridgend ILGs require the medical and nursing CSG heads to attend their ILG Quality, Patient Safety and Experience Group, this is not a requirement in MC. Therefore, we saw no evidence of representatives from the Surgery CSG attending the MC ILG Quality, Patient Safety and Experience Group **(Matter Arising 4)**
- 2.21 Of the three CSGs that we reviewed, only Community Services CSG, Bridgend had mapped out their governance structure for quality monitoring. MC ILG had mapped out their governance structure, that incorporates quality assurance arrangements for acute services as a whole, but not specifically for Surgery or quality assurance. **(Matter Arising 5)**

Conclusion:

- 2.22 There is a demonstrable link of quality assurance monitoring and reporting between all three CSGs and their respective ILG Quality, Patient Safety and Experience Group. Although as the Surgery CSG is reported as part of the wider acute services, specific issues may not be given enough consideration. We have provided reasonable assurance against this objective.

Objective 6: The role of the ILG Board in monitoring the quality governance arrangements within ILG is clearly defined and taking place.

- 2.23 Both MC and RTE ILG Board terms of reference documents state their roles and responsibilities regarding the monitoring of quality assurance actions and outcomes.
- 2.24 We note that at the time of our audit MC ILG Board had only met in April and September 2021, with the other quarterly meeting cancelled due to the pandemic. On both occasions when there were meetings the ILG Quality and Safety Group presented their quality progress report to them. In absence of the Board meetings

we confirmed that the ILG Directors do attend the ILG Quality and Safety Group as formal members and are therefore aware of any quality assurance issues.

- 2.25 Whilst there is a Bridgend ILG Board terms of reference document that states the roles and responsibilities regarding its oversight of quality governance, there have been no ILG Board meetings held since the inception of the ILG in July 2020 and appropriate alternative arrangements are in place. We confirmed that the ILG Director and Nursing Director attend the Community Services CSG SGPR meetings and the ILG Quality and Safety Group.

Conclusion:

- 2.26 The roles of the ILG Boards and their Directors in monitoring their quality governance arrangements are clearly defined and are whilst Board meetings are not always taking place as frequently as they should, we can confirm that oversight at a Director level is taking place. We have provided substantial assurance against this objective.

Objective 7: There are arrangements in place to support the escalation of quality and safety matters up from CSGs and where necessary onwards to the Health Board's Quality and Safety Committee.

- 2.27 Whilst there are different quality governance arrangements in place across the three CSGs and ILGs, in all cases we could see the timely flow of quality assurance matters up from CSGs, culminating in ILG Quality and Safety reports being presented to the Health Board Quality & Safety Committee.

Conclusion:

- 2.28 All three ILGs have active processes in place that ensure escalation of quality governance matters up into the Health Board Quality & Safety Committee. We have provided substantial assurance against this objective.

Objective 8: Consistent and suitable reporting takes place by each ILG into the Health Board Quality and Safety committee.

- 2.29 The Health Board's Quality, Safety & Experience Committee regularly receive ILG Quality & Safety Group Summary Reports that contain quality assurance actions which are consistent in their reported content and format.

Conclusion:

- 2.30 Consistent and suitable reporting is undertaken by each ILG into the Health Board Quality, Safety & Experience Committee. We have provided substantial assurance against this objective.

Objective 9: There are mechanisms in place to allow the sharing of learning in relation to quality across the three ILGs.

- 2.31 The Mental Health CSG in RTE has documented arrangements for sharing learning. A Learning and Governance Group meets bi-monthly to share learning across the mental health specialities within the CSG. Furthermore, a Mental Health Analysis Improvement and Learning Lessons forum is in place to share mental health learning across the three ILGs. We deem this to be good practice.

- 2.32 Within MC ILG a nursing focus group exists that is a sub-group of the Acute Services Patient Safety and Governance Group. Part of the remit of the group is around lessons learnt.
- 2.33 The Community Services CSG in Bridgend ILG plans to implement inter-ILG sharing of best practice within their speciality during 2022/23. **(Matter Arising 6)**
- 2.34 All three ILG Heads of Quality and Patient Safety (or ILG representatives in their absence) attended meetings of the Health Board Shared Listening & Learning Forum during the period we reviewed.

Conclusion:

- 2.35 CSGs across ILGs should be looking to establish mechanisms to share learning and best practice approaches to quality management. We have provided reasonable assurance against this objective.

Appendix A: Management Action Plan

Matter Arising 1: Monitoring arrangements at CSG level (Operation)	Potential Impact
<p>The terms of reference for the Service Group Performance Review (SGPR) meetings require a meeting each month. Part of the groups remit is to monitor performance that underpins the delivery of a quality service. We looked at these meetings for three CSGs and note:</p> <ul style="list-style-type: none"> Community Services CSG, Bridgend have been holding meetings every two months due to operational pressures. They intend to keep this frequency for the foreseeable future. Surgery CSG, MC met three times in nine months, (July, August and September 2021), citing COVID as the reason for cancelling the other meetings. <p>The CSG does not set formal agendas for their SGPR meetings, nor do they formally record discussions or decision-making outcomes. This is out of line with the approach taken at the other two CSGs.</p> <p>The Mental Health CSG, RTE and Community Services CSG, Bridgend, undertake a more focused quality monitoring approach through a dedicated Quality and Safety Group. Terms of reference are in place for these groups which require monthly meetings. However as per the SGPR meetings, Community Services CSG, Bridgend have switched to bi-monthly Quality and Safety Group meetings.</p> <p>Surgery CSG, MC has no equivalent group that covers all elements of quality assurance, oversight and reporting for the CSG. Whilst there is a Surgery Governance Group which appears to discuss concerns, incidents, inquests and related issues, there is no terms of reference for the group, so we cannot determine its full remit. Furthermore, this group does not report into the ILG.</p> <p>There is a Prince Charles Hospital Acute Patient Safety Governance meeting chaired by the ILG Head of Nursing that covers all the acute CSGs for the ILG. The meeting is attended by the Senior Nurse for Surgery CSG. The terms of reference for this group have recently been agreed and at the time of our review, there had only been one meeting. Going forward we understand that there will be monthly meetings and the Surgery CSG Manager will be invited to attend. However, there is a risk that, as</p>	<p>Quality and patient safety issues are not addressed or escalated if suitable governance arrangements are not place at a CSG level.</p>

<p>these meetings are for all acute services in the ILG, then the quality matters specific to Surgery CSG will not be discussed in as much detail as the quality matters in those CSGs that have dedicated Quality and Safety Group meetings.</p>	
Recommendations	Priority
<p>1.1) The terms of reference for the CSG Service Group Performance Review (SGPR) meetings should be reviewed and updated where necessary, including amending the frequency of meetings if deemed appropriate.</p> <p>CSGs should endeavour to hold their SGPR meetings in line with the frequency agreed in the terms of reference.</p>	Low
<p>1.2) Surgery CSG within Merthyr Cynon ILG should ensure a record, in the form of minutes or an action log, is maintained of their SGPR meetings in order to evidence discussion and capture decision making outcomes.</p>	Medium
<p>1.3) A terms of reference for the Surgery Governance Group within Merthyr Cynon ILG should be put in place.</p>	Low
<p>1.4) A review of the quality monitoring arrangements for Surgery CSG within Merthyr Cynon ILG should be undertaken to establish if the remit of the Surgery Governance Group and wider Acute Service Patient Safety Governance Group are able to provide the same level of quality monitoring and assurance that can be provided from a dedicated Quality and Safety Group for the CSG. If necessary, consideration should be given to having a dedicated Surgery Quality and Safety Group in line with other CSGs.</p>	Medium

Agreed Management Action	Target Date	Responsible Officer
<p>1.1) The health board is in transition period of adopting a new operating model. The current framework (Nov 2020) describes quality governance arrangements within the current model of Integrated Locality Groups (ILG's), including a template for Quality, Safety & Patient Experience (QSPE) meetings, terms of reference, frequency, agenda and more recently common quality measures. It is recognised that this clear direction was not extended to the Clinical Service Group (CSG) structure, which was very much in its early stages of development in 2020. This assurance audit was requested to explore the governance interface in relation to CSG, ILG and Health Board assurance, escalation and risk. This has been a very helpful activity in reaffirming the need to apply a standardised framework to CSGs for good governance and assurance from service point to Board line of sight. This granular governance will be articulated through the revised Quality & Patient Safety Framework and embedded within the new Care Group operating model.</p>	December 2022	Assistant Director Quality & Safety
<p>1.2) The ILG Nurse Director has formally requested that minutes of the CSG governance meeting formulate as part of the response for the quality report submitted by the acute services management team for the ILG Quality and Governance Board.</p>	August 2022	ILG Nurse Director
<p>1.3) The CSG are working to draft a ToR document for the medium term until formal governance arrangements have completed in line with the newly forming care group structure across CTM.</p>	August 2022	Acute Services Head of Nursing
<p>1.4) The response to 1.1 applies.</p>		

Matter Arising 2: Quality governance training (Design)		Potential Impact
<p>All three CSGs that we looked at had a suitably nominated Quality Assurance Leads in place to ensure appropriate patient quality governance oversight, monitoring and reporting of quality assurance activity in their areas. Each ILG is also supported in quality governance arrangements by their Head of Quality and Patient Safety. Monitoring takes place weekly and monthly against set patient quality measures.</p> <p>However, from the staff we met, none were aware of the delivery of any quality governance training either Health Board wide or within their ILGs.</p>		<p>Quality and patient safety issues are not addressed if staff are not trained or aware of the right quality governance arrangements needing to be in place.</p>
Recommendations		Priority
<p>Quality governance training should be provided to all relevant staff in the ILGs and their constituent CSGs to ensure a sound understanding of quality assurance principles and practices.</p>		Low
Agreed Management Action	Target Date	Responsible Officer
<p>The Health Board launched a new Patient Safety Incident Management Framework and Toolkit in June 2022. This describes the responsibilities of colleagues in managing patient safety issues from an initial incident and investigation through to complaints, redress, inquests and claims. In July 2022, the Health Board also launched a rolling programme of patient safety investigation training, which includes good governance in relation to quality and patient safety, Datix and patient experience. The training also introduces the important concepts of psychological safety, human factor errors and safety thinking. Attendance is recorded on the Health Board's Electronic Record System, which ensures that those undertaking incident investigations are appropriately, and consistently trained to improve standards and performance.</p>	<p>The nature of this action is ongoing; however, the new structure will provide an opportunity to target CSGs.</p> <p>Quality & Patient Safety</p>	<p>Assistant Director Quality & Safety</p>

<p>Bespoke Datix training has been rolled out by the Datix Management Team following the adoption of the Once for Wales incident module, and is ongoing.</p> <p>The corporate team have initiated good governance training in relation to assurance report writing and preparedness for Boards and Committees as well as Risk Management Awareness Training.</p> <p>Training sessions are supported by the Health Board’s Communication channels, Intranet SharePoint system where further information and assistance for colleagues is signposted by the Patient Care and Safety site.</p> <p>A further opportunity to raise awareness and understanding of the quality assurance principles and practice to the wider workforce will be the publication of the Quality and Patient Safety Framework.</p>	<p>Framework December 2022</p>	
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Matter Arising 3: ILG and CSG quality assurance work plans (Operation)		Potential Impact
<p>The Quality Governance and Patient Safety Framework states that the locality Quality and Safety Groups should have annual work programmes in place. However, none of the ILG Quality and Safety Groups have such a work plan in place. A work plan would provide a structured focus on quality assurance planning and reporting outcomes and a summary overview for review and scrutiny by the ILG Board members.</p> <p>The lack of work plans at an ILG level means that there is no consistent approach across the quality assurance work plans of CSGs, which should inform and act upon quality assurance objectives produced by the three ILG Quality and Safety Groups.</p> <p>It is only Community Services CSG, Bridgend that has an annual Quality Improvement Plan, that states priorities for improvement that are based on the wider Health Board priorities, and also their quality dashboard. Updates on the Quality Improvement Plan feed into its Quality and Safety Group reports and SGPR meetings.</p>		Quality and patient safety issues are not addressed if there are no governance arrangements in place to review and progress quality and safety issues.
Recommendations		Priority
All ILG Quality and Safety Groups and their constituent CSGs should establish annual quality assurance work plans that will allow focus, monitoring and reporting on their relevant quality issues and objectives in a targeted manner.		Medium
Agreed Management Action	Target Date	Responsible Officer
Response as in 1.1; The health board is in transition period of adopting a new operating model. The current framework (Nov 2020) describes quality governance arrangements within the current model of Integrated Locality Groups (ILGs), including a template for Quality, Safety & Patient Experience (QSPE) meetings, terms of reference, frequency, agenda and more recently common quality measures. It is recognised that this clear direction was not extended to the Clinical	December 2022	Assistant Director Quality & Safety Care Group Nurse Directors

Service Group (CSG) structure, which was very much in its early stages of development in 2020. This assurance audit was requested to explore the governance interface in relation to CSG, ILG and Health Board assurance, escalation and risk. This has been a very helpful activity in reaffirming the need to apply a standardised framework to CSG's for good governance and assurance from service point to Board line of sight. This granular governance will be articulated through the revised Quality & Patient Safety Framework and embedded within the new Care Group operating model.

In addition, the requirement of annual work plans for Clinical Service Groups will be re-established and monitored through the new Care Group model governance system. Progress against CSG annual plans will be upwardly reported by Care Groups to Quality and Safety Committee on a yearly basis.

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Matter Arising 4: Surgery CSG - ILG Quality, Patient Safety and Experience Group Attendance (Operation)		Potential Impact
<p>Within Mental Health CSG, RTE and Community Services CSG, Bridgend we saw evidence of the CSG Managers attending their Quality and Safety Group, and their ILG Quality, Patient Safety and Experience Group.</p> <p>Within MC ILG, at the time of our fieldwork, the newly formed Acute Services Patient Safety and Governance Groups had only met once and the Surgery CSG manager had been omitted from the meeting invite in error. There were no other Surgery CSG representatives at the meeting.</p> <p>We were informed that five MC ILG Quality, Patient Safety and Experience Group meetings that have taken place since April 2021. We were only provided with minutes for two of the meetings and noted that there was no representation from the Surgery CSG at either meeting. The terms of reference for the group indicate that Clinical Directors should attend these meetings and no reference is made to the CSG managers, however we saw no evidence of the Clinical Director attending. Reports on Acute services as a whole were presented at the meetings by the Head of Nursing for the ILG.</p>		<p>Quality and patient safety issues are not addressed if there are no governance arrangements in place to review and progress quality and safety issues.</p>
Recommendations		Priority
<p>It should be ensured that going forward there is Surgery CSG representation at the PCH Acute Services Patient Safety and Governance Group.</p> <p>Consideration should be given to reviewing the terms of reference for the ILG Quality, Patient Safety and Experience Group to include representatives from the CSGs so that quality matters for those areas can be discussed in greater detail.</p>		Medium
Agreed Management Action	Target Date	Responsible Officer
<p>Notwithstanding the pending changes to the operating model, this finding has been relayed to the Nurse Director of Merthyr Cynon ILG who is chair of the ILG QPSE group for corrective actions. This will also be highlighted in the Merthyr Cynon ILG</p>	<p>1st September 2022</p>	<p>Merthyr Cynon ILG Nurse Director</p>

quality and patient safety legacy document in preparation for the change in the operating model.		
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Matter Arising 5: Mapping of Quality Assurance Arrangements (Design)		Potential Impact
At the time of our review only Community Services CSG, Bridgend had fully mapped out their quality assurance monitoring arrangements. MC ILG has mapped out their governance arrangements for acute services as a whole, which incorporates quality assurance arrangements, however it does not show the link into the respective CSGs.		Quality and patient safety issues are not addressed if there are no governance arrangements in place to review and progress quality and safety issues.
Recommendations		Priority
For clarity, each CSG should consider mapping out its quality assurance reporting and oversight arrangements from the CSG up to the ILG Quality and Safety Group.		Low
Agreed Management Action	Target Date	Responsible Officer
This will be actioned through the new Quality and Patient Safety Framework as detailed in earlier agreed management actions.	December 2022	Assistant Director Quality & Safety

Matter Arising 6: Sharing of learning (Operation)		Potential Impact
<p>We discussed the arrangements in place for sharing learning in relation to quality matters with each of the Heads of Patient Safety and Quality and the CSG managers. There is some sharing of learning in two of the three CSGs that we looked at.</p> <p>We understand that the Community Services CSG in Bridgend plans to implement inter-ILG sharing of best practice within their specialty during 2022/23.</p>		<p>Quality and patient safety issues are not addressed if there are no governance arrangements in place to review and progress quality and safety issues.</p>
Recommendations		Priority
<p>CSG specialties should seek to formally liaise with one another to share learning and best practice with a view to harmonisation of best practices in quality management.</p>		Medium
Agreed Management Action	Target Date	Responsible Officer
<p>The Health Board is committed to promoting a culture which values and facilitates learning and in which the lessons learned are used to improve the quality of patient care, safety and experience. The Health Board does not currently have a systematic approach to learning and improvement.</p> <p>A method of ensuring effective listening, learning and improving is urgently required and has been a significant criticism of the health board in external reviews and audits such as the Health Inspectorate Wales/Audit Wales and NHS Delivery Unit review of quality, governance and incident management processes. Effective learning and improvement processes has also been a cross cutting theme of concern within the Independent Maternity Services Oversight Panel reviews of our maternity and neonatal services.</p>	<p>Listening & Learning Framework launch</p> <p>17th September 2022</p>	<p>Assistant Director Quality & Safety</p>

A proposed Listening & Learning Framework will demonstrate how learning will be identified, triangulated, disseminated and implemented in practice, in order to facilitate and embed a culture of appreciative enquiry and continually improving health care services. The Listening & Learning Framework recognises that the Integrated Locality Groups and Clinical Service Groups have internal governance and learning structures. This Framework, therefore, seeks to complement and build on these arrangements by adding a strategic approach to support the organisation to learn lessons from a range of internal and external sources, and to use this learning to share knowledge, shape change and create opportunities to develop excellence in practice. The Framework will be launched on world patient safety day via an organisational learning event.

The Health Board has a number of organisational wide learning opportunities currently in place such as the Shared Listening & Learning Forum, which brings together learning and good practice from across the organisation and provides a repository of this learning within its SharePoint site. The central patient safety team provide monthly newsletters on learning from incidents, PTR activity, inquests and ombudsman, as well as bi-monthly patient safety clinics on organisational, national and global safety issues.

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	No assurance	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Assurance not applicable	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.



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