Cwm Taf Morgannwg University Health Board - Quality Governance Arrangements Joint Review Follow-up

August 2023

The Auditor General has prepared this report under section 61 of the Public Audit (Wales) Act 2004, and in accordance with section 145 of the Government of Wales Act 1998. The work has been undertaken jointly with Healthcare Inspectorate Wales.

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales. HIW inspects services, and regulates independent healthcare providers against a range of standards, policies, guidance, and regulations to highlight areas requiring improvement.

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Introduction and background

1   Cwm Taf Morgannwg University Health Board (the Health Board) provides primary, community, and hospital services to the populations of Merthyr Tydfil, Rhondda Cynon Taf, and Bridgend.

2   In November 2019, we undertook a joint review of the quality governance and risk management arrangements at the Health Board[1]. This work followed a report by the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives which identified serious concerns and service failings with maternity and neonatal services. The Royal Colleges' report threw into sharp focus the concerns we had previously articulated about the Health Board's quality governance and risk management arrangements.

3   As a result of the Royal Colleges' report, in April 2019 the Health Board's maternity and neonatal services were placed into 'special measures' and the organisation was escalated to the status of 'targeted intervention' within the NHS Wales escalation and intervention framework[2]. An Independent Maternity Services Oversight Panel (IMSOP) was also established by Welsh Government to provide challenge and support to the Health Board as it sought to improve these services.

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1   A review of quality governance arrangements at Cwm Taf Morgannwg University Health Board (2019)

2   The NHS Escalation and Intervention Arrangements

4   Our 2019 joint review identified a number of fundamental weaknesses in the Health Board's governance arrangements in respect of quality of care and patient safety. We made 14 recommendations in total to support improvements in the following areas:

- strategic focus on quality, patient safety and risk;

- leadership of quality and patient safety;

- organisational scrutiny of quality and patient safety;

- directorate arrangements for quality and patient safety;

- risk management arrangements;

- management of concerns; and

- organisational culture and learning.

The Health Board fully accepted the findings and began to respond to the report's recommendations.

5   In May 2021, we jointly undertook a follow-up review[3] which concluded that the Health Board had made good progress in addressing the recommendations made in 2019, particularly when taking account of the challenges it faced in response to the COVID-19 pandemic. We also noted the considerable commitment, drive, and enthusiasm from the Health Board, and a clear desire to get things right. However, despite the progress made, we felt that work was still required in each area where recommendations were made. As a result, we agreed that each of the 14 recommendations would remain open.

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3 An overview of quality governance arrangements at Cwm Taf Morgannwg University Health Board: A summary of progress made against recommendations (2021)

6   Since our last review, there have been several developments and changes:

- In November 2022, the Minister for Health and Social Services announced the decision to de-escalate maternity and neonatal services from 'special measures' to 'targeted intervention' based on IMSOP's assessment of the Health Board's progress in delivering the required improvements. IMSOP was stood down by the Minister at the end of 2022.

- In March 2023, the Minister for Health and Social Services announced the appointment of a new Chair, whose term began in April 2023[4].

- The Health Board has stabilised its senior leadership team by appointing a permanent Executive Director of Therapies and Health Sciences; Executive Director of Strategy and Transformation; and Chief Operating Officer. The Health Board has also created two new Deputy Chief Operating Officer roles - one for acute services and one for primary, community, and mental health services.

- In March 2022, the Board approved the creation of a new operating model with the aim of supporting post-pandemic recovery; improving service quality; streamlining management arrangements; and facilitating joint working across the Health Board. Phase 1 of implementing the new operating model involved replacing the Integrated Locality Group (ILG) structure with new Health Board wide Care Groups[5]. Phase 1 was completed in November 2022. Phase 2, which was underway at the time of our work, involves establishing and implementing the Clinical Service Group layer of the Health Board. The Health Board is aiming to complete Phase 2 by September 2023.

7   Given the nature of the concerns identified by our joint review in 2019, our assessment of the Health Board's position against the recommendations in May 2021, and the changes outlined above, we decided to undertake a further follow-up review, which commenced in March 2023.

8   We present the findings of our follow-up review in this report, along with our assessment of the Health Board's position against the 14 recommendations we made in our 2019 report. The approach we adopted to deliver our work is detailed in **Appendix 1**.

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4   https://www.gov.wales/new-chair-appointed-cwm-taf-morgannwg-university-health-board

5   There are six care groups in total: Planned Care Group; Unscheduled Care Group; Children and Families Care Group; Diagnostics, Therapies and Specialities Care Group; Mental Health and Learning Disabilities Care Group; and Primary and Community Care Group.

Key findings

9   The Health Board has made significant progress in addressing the substantial concerns and recommendations set out in our 2019 report.

10   As part of our work, we reviewed the Health Board's arrangements for overseeing the implementation of our 2019 recommendations and the delivery of the required improvements to maternity and neonatal services. We found that the Health Board's arrangements were effective and transparent. Senior Executives and Independent Members have been fully involved, providing a good balance of support, scrutiny, and challenge. The Health Board has also ensured that staff and other stakeholders have appropriately been informed of progress on an ongoing basis.

11   The Health Board has a stronger strategic focus on quality and patient safety compared to 2019. The Health Board's new three-year Quality Strategy clearly articulates the organisation's quality vision, mission, pledge, ambitions, and goals. It also sets out clearly the Health Board's approach to quality, as well as what success will look like. The strategy, together with the new three-year Quality and Patient Safety Framework, provides a good foundation to support the delivery of the new Duty of Quality[6] and Duty of Candour[7], which came into effect in April 2023. At the time of our work, the Health Board was developing an Annual Quality Work Plan to set out the quality objectives to support delivery of the strategy. Whilst this is a positive development, finalising the plan at pace must remain a priority for the Health Board to ensure corporate and operational teams fully understand their role in delivering the quality ambitions and goals of the organisation. The Health Board also needs to put robust arrangements in place to monitor the delivery of the plan and strategy to ensure they are improving quality outcomes as intended.

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6   The Duty of Quality in Healthcare

7   The NHS Duty of Candour

12   There is greater clarity on roles, responsibilities, accountability, and governance in relation to quality and patient safety compared to 2019. At an executive-level, the Executive Director of Nursing, Midwifery, and Patient Care; Executive Medical Director; Executive Director of Therapies and Health Sciences; and interim Executive Director of Public Health share responsibility for quality and patient safety. This is a significant improvement compared to 2019, when responsibility for quality and patient safety rested solely with the Executive Director of Nursing, Midwifery, and Patient Care. The Health Board has also significantly increased capacity to support its quality and patient safety arrangements, with several new roles established at both a corporate and operational level. At an operational level, the quality and patient safety governance model of the new Care Groups is clearly set out in the three-year Quality and Patient Safety Framework. The Health Board was making positive progress in embedding the new governance model at the time of our work. However, further work is required, particularly around embedding the Clinical Director roles to ensure full collective responsibility for quality and safety at an operational level.

13   The organisational scrutiny of quality and patient safety has improved considerably, with greater openness and transparency evident in comparison to 2019. The Health Board's Quality and Safety Committee is operating effectively. The quality of the papers prepared for the committee has improved, and we observed Independent Members providing a good balance of support, scrutiny, and challenge. Independent Members told us that they feel more supported to undertake their roles and have good access to learning and development opportunities. There is also greater scrutiny of the Health Board's Clinical Audit Programme. The Health Board has also established new arrangements to oversee, scrutinise, and escalate quality and patient safety matters at an operational level. This includes establishing new groups, such as the Operational Management Board and Improving Care Board. Whilst this is a positive development and a clear improvement on the situation in 2019, the Health Board still has more to do to ensure the arrangements are fully embedded and operating effectively as intended across the new Care Group structure.

14   The Health Board has significantly improved its risk management arrangements since 2019. There is greater awareness of risk management across the organisation, and clearer processes in place for identifying, managing, and escalating risks. The Health Board has an approved Board Assurance Framework (BAF), which is operating well. The BAF, which is actively reviewed at each public Board meeting, clearly identifies the strategic / principal risks to the delivery of the Health Board's strategic goals and provides good information on gaps in controls and assurance, as well as mitigating actions. The BAF is underpinned by a comprehensive risk management strategy and a suite of risk management policies and procedures, which have been updated to reflect the new operating model. The organisational (corporate) risk register has also been strengthened, and there is good evidence of corporate risks being actively reviewed and managed. DATIX is well embedded across the Health Board, with improved oversight and governance arrangements in place. Operational risks have been transferred from the previous operating model (ILG) risk registers to the risk registers of the new Care Group, and the Operational Management Board is beginning to provide good oversight of risks across the new structure. However, opportunities remain to strengthen the content of Care Group risk registers, particularly around the identification of mitigating actions.

15   The Health Board has improved its approach to the management of concerns and complaints since 2019. The concerns and complaints process is clear, and new corporate roles have been created to support implementation and ensure consistency. Whilst training is provided, the Health Board needs to do more to ensure that all relevant clinical and managerial staff are fully involved in the process of proactively identifying and addressing operational quality and patient safety issues. There is also an improved culture of learning within the Health Board, with a range of arrangements now in place to support the identification and sharing of learning and improvement. The new structures and groups established under the new operating model also appear to be creating better opportunities for sharing learning and improvement at an operational level. However, the Health Board is still dealing with a significant concerns legacy as it has failed to submit a number of Learning From Events Reports (LFERs) within the mandatory timescales. The Health Board needs to address the situation as a matter of urgency, and improve its processes to ensure LFERs are submitted on a timelier basis in future.

16   The Health Board has also taken a number of steps to improve the culture of the organisation since 2019. The Health Board has a clear Values and Behaviours Framework in place, which appears to be well embedded across the organisation. There are good examples of the values and behaviours being used to shape recruitment, performance, and organisational development processes. Staff report that the Health Board's culture is much improved, and they also feel that senior leaders are more visible and accessible. However, responses to our staff survey indicate that there are still pockets of poor behaviour within operational teams that need to be addressed, particularly in relation to bullying and harassment.

17   There is early evidence of the new operating model supporting further improvements in organisational culture. The staff we spoke to were positive about the changes. In their view, the new operating model should reduce silo working and strengthen the "one CTM" ethos. However, there is still work to be done to fully integrate the Princess of Wales hospital into the organisation's operational arrangements following the change to the Health Board's geographical footprint in 2019. Whilst this is disappointing, we feel reasonably assured that the new Care Group operating model should ensure the hospital becomes fully integrated. Staff did raise concerns about the delays and lack of communication around the implementation of Phase 2 of the operating model. The Health Board should seek to address these concerns as a matter of urgency to avoid creating any further uncertainty to staff.

18   As in 2019 and 2021, we conducted a survey to capture a snapshot of staff views at the time of our work[8]. Whilst not representative of all staff opinions across the organisation, the responses provide helpful insights into the areas we were reviewing. They key messages from the survey are summarised below:

- The majority of respondents felt that they are providing a safe and effective service to patients. However, they felt there are not enough staff to support the delivery of safe and effective care. They also felt that insufficient staffing levels was having a negative impact on staff well-being and morale. This was a common theme from the 2019 survey results.

- Around a half of respondents felt that communication between senior managers and staff was not effective. Again, this was a common theme from the 2019 survey results.

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8   The survey was conducted with staff working within surgery, theatres, and emergency departments across the Prince Charles, Royal Glamorgan, and Princess of Wales hospitals. We received a total of 121 responses in 2019, 54 responses in 2021, and 40 responses in 2023.

- Respondents were generally positive about the nature of teamwork within their department, as well as their ability to speak up and take action when poor care is identified. However, around a third of respondents said they had personally experienced bullying, harassment, or abuse at work from a manager or a colleague; and almost half of respondents felt that the organisation does not take effective action if staff are bullied, harassed, or abused by other staff members. Again, this was a common theme from the 2019 survey results.

- Almost all respondents felt that staff are encouraged to report errors, near misses, or incidents. Furthermore, almost all respondents felt that learning from errors, near misses, and incidents is shared with staff. This is a significant improvement on the 2019 survey results.

- The majority of respondents were positive about participating in formal learning and development opportunities, and the majority had also received an appraisal or performance and development review of their work in the last 12 months. This was a slight improvement on the 2019 survey results.

Whilst the results show improvements in a number of areas since 2019, they also highlight the need for the Health Board to continue making further improvements in relation to ensuring safe staffing levels and tackling bullying, harassment, and abuse in the workplace.

19   Our assessment of the Health Board's progress against the 2019 recommendations is summarised in **Exhibit 1**. We set out our findings against each recommendation in more detail in the next section of the report.

Exhibit 1: status of our 2019 recommendations

Implemented	Partially Implemented	Superseded	Total
9	4	1	**14**

20   Overall, this is a positive achievement and a clear demonstration of the Health Board's commitment, drive, and desire to address our concerns in full and put things right. Nevertheless, the Health Board still needs to take further action to fully embed its revised quality governance arrangements across the organisation and implement all remaining recommendations in full. Specifically, the Health Board needs to:

- Address the concerns of staff about the delays and lack of communication around the implementation of Phase 2 of implementing the new operating model to avoid creating any further uncertainty.

- Finalise the Annual Quality Work Plan to ensure full operational roll-out and ownership of the strategy, and establish robust arrangements to monitor delivery of the plan and Quality Strategy to ensure they are improving quality outcomes as intended.

- Establish clear performance monitoring and management arrangements within the new Care Group structure.

- Fully embed the Clinical Director roles as part of Phase 2 of implementing the new operating model to ensure full collective responsibility for quality and safety at an operational level.

- Ensure all new operational quality and patient safety groups have clear terms of reference, and provide sufficient administrative support to ensure they operate effectively as intended.

- Make better use of real-time patient feedback to make immediate changes and improvements to the overall patient experience, where appropriate.

- Ensure that patient experience features more prominently in routine performance and quality reports to the Board and relevant committees.

- Ensure clinical audits are appropriately staffed and supported to target areas of concern, and to complete revalidation to assess whether improvements have been made.

- Continue to improve the content of Care Group risk registers, particularly around the identification of mitigating actions.

- Ensure all relevant practitioners, including those within community healthcare teams, have access to DATIX to report and manage incidents in line with the Health Board's process.

- Fully integrate the Princess of Wales hospital into the organisation's operational arrangements.

- Continue to challenge and address behaviour that is inconsistent with the organisation's Values and Behaviours Framework.

- Tackle the LFERs backlog, and put improved processes in place to ensure LFERs are completed and submitted on a timelier basis in future.

It will also be necessary for the Board to continue overseeing the effectiveness of the Health Board's revised quality governance arrangements to ensure they consistently support the delivery of safe and high-quality healthcare and positive patient outcomes. Based on the findings set out in this report, we do not feel it is necessary to schedule any further detailed follow up work. Where we have identified the need for continued action, we will maintain oversight of the Health Board's progress in these areas through our respective routine work programmes.

Detailed findings

21   We set out our detailed findings of the Health Board's progress against each recommendation below. We also indicate which recommendations the Health Board has implemented, partially implemented, or which recommendation has been superseded.

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

Recommendation 1	The Health Board must agree organisational quality priorities and outcomes to support quality and patient safety. This should be reflected within an updated version of the Health Board's Quality Strategy.
Findings	**The Health Board has developed and adopted a new three-year Quality Strategy, which clearly articulates the organisation's quality priorities.** The Board approved a new three-year Quality Strategy for the Health Board in March 2023. The strategy, which is aligned to the Institute for Healthcare Improvement's six domains of quality[9], clearly articulates the organisation's quality vision, mission, pledge, ambitions, and goals. The strategy outlines the Health Board's approach to quality, as well as what success will look like. The strategy, together with the Quality and Patient Safety Framework, provides a good foundation to support the delivery of the new Duty of Quality and Duty of Candour, which came into effect in April 2023. At the time of our work, the Health Board was developing an Annual Quality Work Plan to set out quality objectives to support the delivery of its quality ambitions and goals. We reviewed early drafts of the plan during our work and, in our view, the actions the Health Board were developing were clear, concise, and measurable. Finalising the plan at pace must remain a priority for the Health Board to ensure full operational roll-out and ownership of the strategy. Furthermore, the Health Board also needs to establish robust arrangements to monitor delivery of the plan and strategy to ensure they are improving quality outcomes as intended.
Status	Implemented

9   Improving Health and Health Care Worldwide | IHI - Institute for Healthcare Improvement

Recommendation 2	The Health Board needs to take a strategic and planned approach to improve risk management across the breadth of its services. This must ensure that all key strategies and frameworks are reviewed, updated, and aligned to reflect the latest governance arrangements, specifically:

a.   The Board Assurance Framework (BAF) reflects the objectives set out in the current Integrated Medium-Term Plan (IMTP) and the Health Board's quality priorities.

b.   The risk management strategy reflects the oversight arrangements for the BAF, the quality and patient safety governance framework and any changes to the management of risk within the Health Board.

c.   The quality and patient safety governance framework must support the priorities set out in the Quality Strategy and align to the values and behaviours framework.

d.   Terms of reference for the relevant committees, including the Audit Committee, QSRC[10] and CBM[11], reflect the latest governance arrangements cited.

Findings	**The Health Board has made significant improvements to its strategic and operational risk management arrangements, which are operating well.**

The Health Board has an approved Board Assurance Framework (BAF), which is operating well. In March 2022, the Health Board approved and introduced a new BAF. This is a significant improvement on the 2019 position, where the BAF was out of date, not aligned to the Health Board's risk management strategy, and did not reflect the priorities of the Health Board's IMTP. The BAF is now an integral part of the Health Board's system of internal control, and clearly defines the strategic / principal risks which could impact upon delivery of the organisation's four strategic goals[12]. It provides good information on gaps in controls and assurance, as well as mitigating actions. The Board actively reviews the BAF at each public meeting. At the time of our work, the BAF clearly referenced the strategic / principal risks to achieving the Health Board's quality ambitions and goals, and had good links to the organisation's revised quality governance arrangements.

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10 In December 2019, the Quality, Safety, and Risk Committee (QSRC) became the Quality and Safety Committee, and the Audit Committee became the Audit and Risk Committee.

11 Clinical Business Meetings (CBM) were stood down following the introduction of the new operating model.

12 The Health Board's four strategic goals are: Creating Health, Improving Care, Inspiring People, and Sustaining our Future.

Findings

The Health Board's risk management strategy and associated policies and procedures are comprehensive, up-to-date, and reflect the new operating model. In January 2021, the Health Board updated its risk management strategy and associated policies and procedures. These documents are comprehensive and have been kept under constant review and updated to reflect relevant changes within the Health Board. In May 2022, the Board approved a revised risk management policy, risk appetite statement, and risk scoring matrix. In May 2023, the Health Board made further changes to the risk management strategy, risk management statement, and the risk domain and scoring matrix to reflect the organisation's new operating model. We discuss the Health Board's risk management arrangements in more detail in a later section (see **Recommendation 10**).

The Health Board has revised its Quality and Patient Safety Framework to support the national Quality and Patient Safety Framework, its own Quality Strategy, and the new operating model. In January 2023, the Board approved a revised Quality and Patient Safety Framework. The three-year framework reflects the requirements of the national Quality and Patient Safety Framework, and the Health and Social Care (Quality and Engagement) Act 2020 which introduced a strengthened Duty of Quality and Duty of Candour for the NHS In Wales in April 2023. The framework is comprehensive and fulfils the requirement to have a Quality Management System to ensure that care meets the six domains of quality as identified by the Institute for Healthcare Improvement. The framework also reflects the Health Board's new operating model and links clearly to the values of the organisation.

Findings	**Terms of Reference for the relevant committees are up-to-date and reflect the latest governance arrangements.** The Health Board has updated the Terms of Reference of all relevant committees to reflect the latest governance arrangements and new operating model. The Corporate Governance Team undertakes an annual review of Board and committee Terms of Reference as part the Health Board's wider review of Board effectiveness. Any changes made to the Terms of Reference are reported to the Board for approval. The Clinical Business Meeting model no longer exists following the introduction of the new operating model. However, further work remains to be done to ensure there are clear performance monitoring and management arrangements within the new Care Group structure (see **Recommendation 9**).
Status	Implemented

Recommendations to improve leadership of quality and patient safety

Recommendation 3	Ensure there is collective responsibility for quality and patient safety across the executive team and clearly defined roles for professional leads: a. Strengthening of the role of the Medical Director and Clinical Directors in relation to quality and patient safety. b. Clarify the roles, responsibilities, accountability, and governance in relation to quality and patient safety within the directorates. c. Ensure there is sufficient capacity and support, at corporate and directorate level, dedicated to quality and patient safety.

Findings

The Health Board has significantly strengthened and clarified roles, responsibilities, and resources in relation to quality and patient safety across the executive team and new Care Group structure.

There is clear collective responsibility for quality and patient safety across the executive team. However, further work is required to ensure full collective responsibility for quality and patient safety at an operational level. In addition to the professional leadership roles for their respective disciplines, the Executive Medical Director; Executive Director of Nursing, Midwifery, and Patient Care; Executive Director of Therapies and Health Sciences; and interim Executive Director of Public Health[13] all have specific responsibilities for quality and patient safety at an executive-level. The Executive Director of Nursing, Midwifery and Patient Care continues to act as the Executive Lead for quality and patient safety. Whilst the Health Board has strengthened the role and responsibilities of Clinical Directors, these arrangements have not yet been fully embedded at an operational level. The Health Board is aware of this and plans to fully embed the Clinical Director roles as part of the next phase of implementing the new operating model. This should lead to greater collective responsibility for quality and safety at an operational level.

The Quality and Patient Safety Framework provides clarity on roles, responsibilities, accountability, and governance in relation to quality and patient safety. In January 2023, the Board approved a new three-year Quality and Patient Safety Framework, which functions as its Quality Management System. The framework is aligned to the Health Board's organisational strategy and wider governance arrangements and reflects national guidance. The framework provides clarity on corporate and operational roles and responsibilities, and clearly sets out the corporate (Board-level) assurance process, as well as the Care Group quality and patient safety governance model. Under the model, each Care Group is required to have a Quality and Safety Forum. Each forum reports to the Health Board-wide Operational Services Management Board which, in turn, provides assurance to the Board via the Quality and Safety Committee. We discuss the effectiveness of these arrangements in a later section (see **Recommendation 4**).

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13 At the time of our work, the Executive Director of Public Health role was vacant and interim arrangements were in place.

Findings	**The Health Board has significantly increased capacity to support quality and patient safety, at both a corporate and operational level.** The Health Board has taken a number of positive steps to increase capacity to support quality and patient safety at all levels of the organisation. Corporately, the Executive Director of Nursing, Midwifery and Patient Care is supported by a Deputy Director of Nursing, an Assistant Director of Concerns and Claims, an Assistant Director of Nursing and Patient Experience, an Assistant Director of Governance and Risk, and an Assistant Director of Quality and Safety. There are also three Heads of Quality, three Senior Lead Nurse roles, and five Patient Safety Improvement Manager roles which are aligned to the new Care Groups. The Health Board has also centralised its operational Quality Governance Teams. These teams support the Care Groups to manage:

- patient safety incidents;
- investigations
- complaints, compliments and putting things right regulations work;
- patient experience;
- mortality and harm reviews;
- patient safety solutions;
- external action plan reviews; and
- quality improvement and faculty advocates.

This is a positive development, which should strengthen resilience and ensure greater consistency in the way these matters are overseen and managed across the Health Board. The central DATIX function has also been transferred to the Corporate Quality Governance Team. We discuss the transfer further in a later section (see **Recommendation 11**).

Status	Partially implemented

Recommendations to improve organisational scrutiny of quality and patient safety

Recommendation 4   The roles and function of the QSRC need to be reviewed to ensure that it is fit for purpose and reflects the Quality Strategy, Quality and Patient Safety governance framework and key corporate [organisational] risks for quality and patient safety. This should include the following:

a.   Implement the sub-groups to support QSRC must be completed ensuring there is sufficient support (administratively and corporately) to enable these groups to function effectively.

b.   Improvements to the content, analysis, clarity, and transparency of information presented to QSRC.

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

Findings   **The Quality and Safety Committee's role is clear and fit for purpose, and it is operating effectively.**

The Health Board's plans for implementing subgroups to support the Quality and Safety Committee were stood down in 2020. The Health Board decided in 2020 not to implement the planned subgroups to support the Quality, Safety and Risk Committee. As a result, this aspect of the recommendation has been superseded.

Findings

The Health Board has continued to refine and improve reporting to the Quality and Safety Committee. In 2021, we reported positively on the information presented by the Integrated Locality Groups (ILGs) to the committee. The Health Board has recently revisited these arrangements to reflect the new operating model. Now, the new Care Groups provide assurance to the committee via a template report. The template aims to ensure that information is presented in a consistent format in a way that meets the needs of the committee. However, as the arrangements were very much in their infancy at the time of our work, we found that the level of detail provided by the Care Groups in their respective reports varied. The Health Board recognises this and intends to work with each Care Group to agree the correct level of detail for future reports. Our observations of committee meetings found that Independent Members provide a good balance of support, scrutiny, and challenge. We also observed good openness and transparency on a range of quality and patient safety matters. We found that the committee makes appropriate use of Patient Stories, with the Health Board clearly demonstrating how it has learnt from issues or concerns.

The Quality and Patient Safety Framework clearly articulates the governance arrangements, and work to embed these arrangements within the Care Groups is progressing well. As noted previously, the new Quality and Patient Safety Framework provides clarity on the arrangements within the Health Board to maintain oversight of quality and patient safety at all levels of the organisation. Several new groups have been established under the framework, such as the Operational Services Management Board and Improving Care Board. However, not all groups have clear terms of reference in place yet (e.g., the Improving Care Board). Whilst these groups were at various stages of maturity at the time of work, they were well attended by operational and executive staff. However, we found that their effectiveness was potentially being hampered by an inconsistent approach to their administration. In particular, we found examples of some papers being submitted late or submitted in the incorrect format. The Health Board will need to address these administrative issues to ensure the groups operate effectively as intended.

Status

Partially implemented

Recommendation 5	Independent Members must be appropriately supported to meet their responsibilities through the provision of an adequate induction programme and ongoing development so they can effectively scrutinise the information presented to them.
Findings	**Independent Members are appropriately supported to meet their responsibilities.** The Health Board has taken a number of positive steps to improve its induction and development programmes for Independent Members (IMs). All IMs appointed to the Health Board attend the Welsh Government IM induction programme and receive training on a range of topics to further develop their skills. Further support is provided to new IMs through the Health Board's bespoke Induction Pack. The contents of the pack are detailed and cover the breadth of the role. The pack provides a clear map of the Health Board's governance and assurance structure, and information is provided on the remit of each committee, with links to their Terms of Reference. The map has recently been updated to reflect the new appointments to the senior executive roles within the Health Board. IMs receive regular appraisals with the Chair and have good access to training and development opportunities to meet their particular needs. During our work, IMs told us that they felt adequately supported by the Health Board. They were complimentary about the routine briefing meetings held by the Chair and Chief Executive which enable them to keep abreast of the relevant challenges and issues facing the Health Board. In their view, these meetings are open and constructive. IMs also spoke positively about Board Development Sessions, which now give them greater opportunities to discuss and explore topics (such as risk management) in greater depth.
Status	Implemented

Recommendation 6   There needs to be sufficient focus and resources given to gathering, analysing, monitoring, and learning from patient experience across the Health Board. This must include use of real-time patient feedback.

Findings   **The Health Board's approach to gathering, analysing, monitoring, and learning from patient experience has improved. However, further work is required to ensure prompt learning and improvement from patient feedback, and patient experience could feature more prominently in quality performance reporting to Board and committees.**

The Health Board has taken a number of positive steps to improve its arrangements for gathering, analysing, monitoring, and learning from patient experience. In terms of gathering patient experience information, the Health Board has increased capacity within its Patient Advice and Liaison Service (PALS), and recruitment to the new posts was underway at the time of our work. The Health Board also has an agreed framework in place for Board member walkarounds. The framework and walkarounds appear to be working well, with good reporting on the key findings and observations to the Quality and Safety Committee. However, we found that the Health Board could make better use of real-time patient feedback to make immediate changes and improvements to the overall patient experience, where appropriate. The Health Board has also improved its use of patient stories and they now feature more prominently at Board, Quality and Safety Committee, and relevant operational meetings. The Health Board has a planned programme in place to support the gradual roll-out of the Friends and Family Test[14], patient rated outcome measures, and patient rated experience measures. Whilst these developments are encouraging, the Health Board could do more to ensure that patient experience features more prominently in routine performance and quality reports to the Board and relevant committees.

Status   Partially implemented

14 The Friends and Family Test aims to help service providers understand whether patients are happy with the service provided, or where improvements are needed.

Recommendation 7	There needs to be improved visibility and oversight of clinical audit and improvement activities across directorates and at corporate level. This includes identification of outliers and maximising opportunities for sharing good practice and learning.
Findings	**There is sufficient visibility of clinical audit across the organisation at both a corporate and operational level. However, opportunities remain to target clinical audit into areas of concern, as well as to use revalidation to assess whether improvements have been made.**

Since our 2019 work, the Health Board has centralised its clinical audit function, moving it from the office of the Medical Director to the Corporate Governance Team. Our work in 2019 found that although the Audit Committee received the Clinical Audit Plan, there was insufficient scrutiny of the range of audit and improvement activity at the corporate level. In 2021, the Health Board agreed a Clinical Audit Assurance Framework which clearly sets out the role and responsibilities delegated by the Board to the Quality and Safety Committee and the Audit and Risk Committee in seeking assurances in relation to clinical audit. The framework is operating well, with regular reporting to both committees on the delivery of the plan as well as outcomes and impact. We found evidence of greater learning from clinical audit, including the use of a clinical audit newsletter promoting the work of the clinical audit team. The introduction of the Audit Management and Tracking (AMaT) system has also provided better oversight and real time organisation-wide monitoring of the delivery of clinical audit, and compliance with National Institute for Health and Care Excellence (NICE) guidelines. Training is also more evident than previously, with a range of bespoke clinical audit and effectiveness training delivered to staff including pharmacy trainees and trainee doctors as part of the post-graduate teaching programme. However, the capacity of appropriate staff to be involved in the national Tier 1 audits remains challenging. Furthermore, the March 2023 update to the Quality and Safety Committee noted the delay in delivering planned Tier 2 audits as clinical audit resources had been diverted to underpin the prioritised COVID-19 mortality review cases. As a result, opportunities are being missed to target clinical audit into areas of concern as well as to use revalidation to confirm where changes have been made that improvements have been achieved. |
| **Status** | Implemented |

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

Recommendation 8   The Health Board needs to clarify accountabilities and responsibilities for quality and patient safety within directorates. This must include a review of the Heads of Nursing role in relation to site management and quality and patient safety.

Findings   **There are clear accountabilities and responsibilities for quality and patient safety at all levels of the organisation. There is also greater clarity on the role and responsibilities of the Heads of Nursing within each of the three acute sites in respect of quality and patient safety.**

Accountabilities and responsibilities for quality and patient safety have been strengthened across the Health Board. This is evident by the greater emphasis now provided across the Health Board in areas such as Infection, Prevention, and Control; the management of pressure ulcers; and the prevention of falls. Operational accountabilities and responsibilities were being embedded across the new Care Group structure at the time of our work. The accountabilities and responsibilities of the Heads of Nursing in relation to site management and quality and patient safety are also clearly articulated. Whilst some have only recently been appointed to their posts, we found they have a clear sense of responsibility and ownership over the quality and safety agenda. However, as we found in 2021, there continues to be an over-reliance on the Heads of Nursing to provide the overall clinical perspective at key quality and patient safety meetings, with limited input from medical teams. As mentioned previously, the Health Board is aware of this, and plans to fully embed the Clinical Director roles as part of the next phase of implementing the new operating model. This should lead to full collective responsibility for quality and safety at an operational level, and greater medical input at key quality and patient safety meetings.

Status   Implemented

Recommendation 9

The form and function of the directorate governance committees and CBMs (Clinical Business Meetings) must be reviewed to ensure there is:

a. Clear remit, appropriate membership, and frequency of these meetings.

b. Sufficient focus, analysis, and scrutiny of information in relation to quality and patient safety issues and actions.

c. Clarity of the role and decision-making powers of the CBMs.

Findings

This recommendation has been superseded.

This recommendation related to a previous structure in place during our 2019 review. These arrangements were replaced in 2020 when the Health Board made significant changes to the way it organised and managed its business by establishing three clinically led ILGs. Since our 2021 review, the Health Board has embarked on a further organisational restructure, with the ILGs replaced by six new Care Groups in November 2022. New oversight arrangements are now in place, including the Operational Management Board and the Improving Care Board. We have commented on the effectiveness of these arrangements in an earlier section (see **Recommendation 4**). However, the performance management arrangements for the Care Groups had not been established at the time of our work. The Health Board needs to ensure these are established promptly, particularly given the performance challenges facing the organisation. In doing so, the Health Board should issue Accountability Letters that clearly set out the accountabilities and responsibilities of Care Groups in relation to performance, finance, and quality. The Accountability Letters should also set out the arrangements for escalating Care Groups that fail to meet their responsibilities in relation to quality, performance, and finance.

Status

Superseded

Recommendations to improve the identification and management of risk

Recommendation 10

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

Findings

There are clear and comprehensive risk management arrangements at all levels of the Health Board, with a clear process in place for escalating risks from service to Board.

The Health Board has significantly improved its risk management arrangements since our 2019 review. The Health Board has a clear risk management strategy in place, which is underpinned by a suite of policies and procedures. The Corporate Governance Team provides effective risk management support for operational teams, the executive team, and the Board and its committees. At the time of our work, the Health Board had provided risk management training to over 360 members of staff. This training, along with the wider support provided by the Corporate Governance Team, appears to have significantly improved awareness of risk management across the organisation, particularly amongst operational teams. As part of introducing the new operating model, the Health Board has disaggregated the ILG risk registers, and the risks have been transferred to the risk registers of the new Care Groups. This process has been handled well, with good oversight provided by the Audit and Risk Committee. However, opportunities remain to strengthen the content of Care Group risk registers, particularly around the identification of mitigating actions. There are clear arrangements in place for the escalation of risks from services to the Board. The new Operational Management Board has specific responsibility for reviewing all the operational risks identified for escalation to the organisational (corporate) risk register to ensure they are scored in accordance with the risk management strategy and that control measures and mitigating actions are robust. We have observed this happening in practice, with Care Groups bringing operational risks to the Operational Management Board for check and challenge. The organisational (corporate) risk register has also been strengthened, and there is good evidence of corporate risks being actively reviewed and managed by the executive team.

Status

Implemented

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

Recommendation 11   The oversight and governance of DATIX must be improved so that it is used as an effective management and learning tool. This should also include triangulation of information in relation to concerns, at a directorate or corporate level, and formal mechanisms to identify and share learning.

Findings   **DATIX is well embedded across the Health Board, with improved oversight and governance arrangements in place.**

In 2021, we found that the oversight and governance of DATIX was much improved, with greater engagement at all levels of the organisation around learning and managing actions required following incidents, complaints, and claims. However, further work is still required to ensure that all practitioners, such as those within community healthcare teams, can access DATIX to report and manage incidents in line with the Health Board's process. Greater use is made of DATIX reports, which are regularly discussed at the relevant quality, patient safety, and patient experience meetings. Weekly concerns reports are also generated and reviewed, with good engagement from senior executives. As noted earlier, the central DATIX function has been transferred to the Corporate Quality Governance Team. This is a positive development, which has ensured a more consistent approach to the management and escalation of incidents and concerns. The Corporate Quality Governance Team also provides reports to all Care Groups on legacy DATIX information for risks, incidents, complaints, and claims.

Status   Implemented

Recommendation 12   The Health Board must ensure staff receive appropriate training in the investigation and management of concerns. In addition, directorate staff need to be empowered to take ownership of concerns and take forward improvement actions and learning.

Findings   **The Health Board has improved the provision of training for staff on the investigation and management of concerns.**

The Health Board has significantly improved its approach to the management of concerns and complaints. The Health Board's concerns and complaints process is clearly set out, and new roles have been created to support and oversee its implementation including an Assistant Director of Concerns and Claims, a Head of Concerns, and a Concerns Team Manager. The Health Board ensures that staff receive appropriate training. As a result, staff are now more skilled in managing concerns and complaints. There is also greater ownership of concerns at an operational level. Concerns and complaints are regularly discussed at the relevant operational quality, patient safety, and patient meetings, and action on learning and improvement is taken forward. Learning and improvement is also shared with the Operational Management Board. as part of their upward reports.

Status   Implemented

Recommendations to improve organisational culture and learning

Recommendation 13   The Health Board must ensure the timely development of a Values and Behaviours Framework with a clear engagement programme for its implementation.

Findings   **The Health Board has a clear Values and Behaviours Framework, which is actively being used across the organisation. However, further work is required to address pockets of poor behaviour at an operational level.**

The Health Board has a clear Values and Behaviours Framework in place. The framework appears to be well embedded across the organisation, and we saw evidence of the values and behaviours being actively used to shape job roles, and inform recruitment processes, induction arrangements, and leadership development programmes. The staff we spoke to during our recent work told us that Health Board's culture is much improved. Whist they told us that senior leaders are more visible and accessible, the results of the staff survey we undertook suggest that communication between senior management and staff is not as effective as it could be. However, we were also told about examples of poor behaviour in some operational teams which remain to be addressed, particularly around bullying and harassment. This was reinforced in the results of the staff survey we undertook. Around a third of respondents said they had personally experienced bullying, harassment, or abuse at work from a manager or a colleague; and almost half of respondents felt that the organisation does not take effective action if staff are bullied, harassed, or abused by other staff members. Further work is also required to fully integrate the Princess of Wales Hospital following its transfer in 2019 to the Health Board from Abertawe Bro Morgannwg University Health Board (which is now known as Swansea Bay University Health Board). We feel reasonably assured that the new Care Group operating model should ensure the hospital becomes fully integrated into the organisation's operational arrangements. The Health Board is aware of these issues, and is committed to enhancing the culture of the organisation on an ongoing basis.

Status   Implemented

Recommendation 14   The Health Board must develop a stronger approach to organisational learning which takes account of all opportunities presented through concerns, clinical audit, patient and staff feedback, external reviews and learning from work undertaken in the Princess of Wales Hospital.

Findings   **There is an improved culture of learning within the Health Board. However, further improvements are required, particularly in relation to completing and submitting Learning From Events Reports on a timelier basis.**

The Health Board has strengthened its approach to organisational learning, with formal arrangements now in place to support the identification and sharing of learning and improvement. These arrangements include the Listening and Learning Framework, the Learning Repository, and Listening and Learning Events. Whilst these developments are positive, we found the Health Board could encourage greater clinical engagement with the Listening and Learning Events. The Health Board's improvement function – iCTM – is also effective at facilitating learning and improvement across the organisation. During our recent work, we found good examples of learning being rolled out and applied in practice, such as the "safe to start" huddles. We also saw some early evidence of the new structures and groups established under the new operating model creating better opportunities for sharing learning and improvement at an operational level. The Health Board should ensure that learning and improvement remain a priority for the new Care Groups and operational groups, such as the Operational Management Board and Improving Care Board. The results of the staff survey we undertook also show improvements in this area. Almost all respondents felt that staff are encouraged to report errors, near misses, or incidents. Furthermore, almost all respondents felt that learning from errors, near misses, and incidents is shared with staff. Whilst there is an improved culture of learning across the organisation, the Health Board is still dealing with a significant concerns legacy. The Health Board recently received a penalty of £25,000 from the Welsh Risk Pool due to delays in completing the mandatory Learning From Events Reports (LFERs). LFERs should be produced within 12 months following the investigation of a nationally reportable incident, or a clinical claim or redress investigation. The Health Board has made a commitment to address all historical LFERs by the end of December 2023. The Health Board will need to ensure robust joint clinical ownership to tackle the backlog and ensure the learning is captured and shared appropriately. Furthermore, the Health Board will need to put improved processes in place to ensure it completes and submits to LFERs on a timelier basis in future.

Status   Partially implemented

Appendix 1 – Review methodology

The methods we used to deliver this work are set out in **Exhibit 2**. Our evidence is limited to the information drawn from the methods below.

Exhibit 2 – Review methods

Review method	Description
Self-assessment	We asked the Health Board to self-assess its progress against our 2019 recommendations, which we reviewed prior to undertaking fieldwork.
Documents	We reviewed a range of documents, including:

- Board and Committee Terms of Reference, work programmes, agendas, papers, and minutes.

- Key governance documents, including Terms of reference for the Quality and Safety Committee, Quality Framework and local Quality and Governance terms of reference;

- Operational Management Board and Improving Care Board, agendas, papers, and minutes

- Clinical Audit plans and delivery updates

- Key organisational strategies and plans, including the IMTP.

- Quality Strategy and Implementation plan and documents relating to the Quality and Governance frameworks and models.

- Key documents relating to the consultation, design, and implementation of the new operating model

- Key risk management documents, including the Board Assurance Framework and Corporate Risk Register and operational risk registers within surgical services.

- Relevant policies and procedures.

- Reports prepared by the Internal Audit Service, Health Inspectorate Wales, Local Counter Fraud Service, and other relevant external bodies.

Review method	Description
Observations	In addition routine attendance at Audit and Risk Committee, and the observation of regular business at Board and the Quality and Safety Committee, the follow up review drew specifically on observations at the following meetings:
	• Board (30/03/2023)
	• Audit and Risk Committee (13/02/2023 and 19/05/2023)
	• Quality and Safety Committee (16/03/2023)
	• Operational Management Board (22/03/2023)
	• Improving Care Board (05/04/2023)
	• Quality, Patient Safety, and Experience meetings within the Planned Care Group (23/03/2023), the Children and Families Care Group (23/03/2023), and the Mental Health and Learning Disabilities Care Group (12/4/2023)
Staff Survey	We repeated the staff survey (limited to teams within surgical services) from both our original 2019 review, and 2021 follow-up review.

Review method	Description
Interviews	We interviewed the following:

- Chair of the Board
- Chair and Vice Chair of the Audit and Risk Committee & Vice Chair
- Chief Executive
- Director of Corporate Governance
- Chief of Staff
- Executive Medical Director
- Executive Director for People
- Executive Director of Nursing, Midwifery & Patient Care
- Chief Operating Officer
- Executive Director for Therapies and Health Science (Lead for HB Quality Strategy)
- Deputy Chief Operating Officer for Acute Services
- Assistant Director Nursing - Quality, Safety & Safeguarding (Nursing Quality Lead)
- Assistant Director Nursing - Patient Experience
- Assistant Medical Director for Legal
- Assistant Medical Director for Quality
- Assistant Director of Concerns & Claims
- Assistant Director of Governance & Risk
- Planned care Group – Group Service Director
- Planned Care Group – Medical Director
- Planned Care Group – Nurse Director
- Deteriorating Patients Lead for CTMUHB

| **Focus Groups** | We held focus groups with the following: |

- Surgical Specialty Leads - Planned Care (Royal Glamorgan Hospital)
- Surgical Speciality Leads - Planned Care (Prince Charles Hospital)
- Surgical Clinical Service Group - Acute Site Leads Royal (Glamorgan Hospital)
- Surgical Clinical Service Group - Acute Site Leads (Princess of Wales Hospital)
- Surgical Clinical Service Group - Acute Site Leads (Royal Prince Charles Hospital)

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