

A review of quality governance arrangements at Cwm Taf Morgannwg University Health Board: Joint Review undertaken by Healthcare Inspectorate Wales and the Wales Audit Office

Introduction and background

We are grateful to HIW and WAO for undertaking this joint review. Whilst the report makes for challenging reading, we welcome and accept its findings and recommendations. They largely reflect issues we already recognise but they also give additional helpful perspective on these.

Work is already underway to make improvements in these areas, including implementing a new Operating Model for our organisation, developing our values and behaviours to shape our culture, introducing active staff engagement and involvement, and strengthening the structures and processes underpinning quality governance and risk management in the organisation. While some things can be done quickly, others will take longer to address but we are fully committed to working with HIW/WAO and other partners to make improvements.

There are two important aspects of our current organisational context relevant to this report. Firstly, we are subject to enhanced performance arrangements with Welsh Government – in Special Measures (SM) for Maternity Services, and under Targeted Intervention (TI) for quality and governance, leadership and culture, rebuilding trust and confidence. Secondly, we have had reports highlighting limitations in our systems and processes for quality governance. To address these, we have been working closely with our Regulators, the Delivery Unit, staff, patients, partners and the Welsh Government, taking the learning and recommendations from relevant other reports to formulate a coherent forward plan. We have made some progress on some of these issues and therefore welcome the fact that this report recognises those early shoots of recovery which, although very much in their infancy, offer sense of a right direction of travel.

Ongoing developments in CTMUHB

A different approach is being actively developed in the new organisation to ensure a culture, mind-set and behaviours that reflect its emerging ambition as a patient/community centred and quality driven organisation. An organisational development plan is being developed with ten separate but inter-related work-streams, and the information and recommendations from this Joint Review report will help inform the future actions and requirements of these work-streams, which include:

- Developing and embedding the CTMUHB Values and Behaviours
- Developing the CTMUHB Vision and Mission
- Taking the Vision a step further developing the UHB's long term strategy – Integrated Health and Care Strategy
- Establishing a clear Operating Model to enable CTMUHB to achieve its core purpose, based on agreed design principles
- Establishing a Quality Governance Framework and supporting systems (including workforce skills and support) and embedding these throughout the organisation.
- Reviewing, renewing and embedding the corporate governance framework, processes and systems
- Designing and implementing an involvement and engagement strategy and framework to ensure ongoing two way engagement and involvement with patients, communities, staff and partners
- Developing CTMUHB staff capability and capacity for improvement, transformation and making best use of health intelligence
- Designing and securing leadership and management skills development and continual learning for all staff, and as an organisation
- Establishing a clear delivery programme to secure sustainability for CTM's fragile services

This plan is intended to create a cohesive CTMUHB, clear on its vision for the future, underpinned by shared values and behaviours, and a strong quality governance framework. The plan will take time to deliver and embed, some elements can be delivered quickly whilst other elements will take time, particularly where changing culture, building capacity and capability is required.

Management Response

HIW/WAO report recommendations	Management Commentary	Immediate & Short-term actions with Completion Dates	Evidence	Medium & longer-term actions with Completion Dates	Evidence	Exec Oversight Lead(s)
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 Health Board's Quality Strategy.	<p>We accept this recommendation. We acknowledge that the Health Board does not yet have a clearly articulated and visible quality strategy. While work on this is underway, some of the building blocks are either in place – for example the quality and patient safety governance framework, ongoing organisation-wide work on values and behaviours, and development and implementation of our operating model.</p> <p>Our ambition is for a quality strategy that sets out our vision for quality and which has been developed with our patients, staff and partners. We will make clear in the strategy what our priorities for quality are as well as our view of the risks to quality in the organisation. We want to ensure that this is evidence and data-driven, includes patients' and staff experience and is accompanied by a comprehensive, yet focused, quality dashboard that reflects key elements of the strategy.</p>	<p>IMTP (20-23) will reflect quality primacy – draft Dec 2019, complete Jan 2020.</p> <p>Undertake a systematic analysis of historical Datix information to inform organisational priorities for quality – Feb 2020.</p> <p>Articulate clear quality priorities – March 2020.</p> <p>Publish a quality strategy for CTMUHB – April 2020.</p> <p>Draw on the intelligence from the analysis to complete the development of the Quality Dashboard – March 2020.</p> <p>Establish clear processes and responsibilities for implementing the strategy – April 2020.</p> <p>Introduce executive-led performance accountability meetings including quality KPIs – November 2019 (complete).</p> <p>Introduce a quality /activity/ resource triangle which informs all discussion and is visible in meetings – September 2019 (complete).</p> <p>Weekly quality and safety review meeting attended by clinical execs on Mondays, which informs weekly executive meeting later that day.</p>	<p>CTMUHB IMTP 2020/21.</p> <p>Output of Datix analysis</p> <p>A Quality Dashboard for CTMUHB that has clear narrative, targets and interpretation of quality indicators.</p> <p>A Quality Strategy for CTMUHB which sets out our quality priorities.</p> <p>Corporate and Directorate IMTPs reflect organisation's quality priorities and clearly have stronger emphasis on quality.</p> <p>Agendas and minutes Audit</p> <p>Logo on all business</p>	<p>Establish 'Improvement CTM', setting out the organisation's approach to Quality Improvement – June 2020.</p> <p>IMTP 21 onwards to be clearly quality driven – January 20201.</p> <p>Develop and implement quality-led performance accountability as a component of the new operating model - May 2020 onwards.</p>	<p>QI activity</p> <p>IMTP 2021/22</p> <p>Agendas and minutes Audit</p>	DPH

			agendas to act a reminder.			
<p>Recommendation 2: The Health Board needs to take a strategic and planned approach to improving its ward-to-Board risk management. This must ensure that all key strategies and frameworks are reviewed, updated and aligned to reflect the latest governance arrangements.</p>	<p>Work has commenced in collaboration with the Board. The Corporate Risk Register has been reviewed to ensure risks are clearly articulated and reported, whilst reviewing the controls and mitigations to reassess the level of risk for each domain. Review of the Health Board's Risk Strategy and Policy will enable a clear identification, assessment, escalation and management of risk. Links to the Board's risk appetite will be key in determining the level of acceptable risk across defined risk domains. These will also link in with the redevelopment of the Board Assurance Framework.</p>	<p>Training (initial) for board on risk management - Nov 2019 (complete)</p> <p>Re-develop the HB's Board Assurance Framework (BAF) - Jan 2020</p> <p>Undertake a comprehensive review of the HB's Risk Strategy and Policy - Mar 2020</p> <p>Ensure Risk reporting and escalation is explicit and integral to the revised management meeting structure associated with the new Operating Model - March 2020</p> <p>Training on risk for locality and directorate groups introduced alongside the implementation of the new operating model - April 2020</p> <p>Secure Risk Management/Advisor resource to gain greater risk oversight and support effective risk management by training and support across the HB - May 2020</p> <p>Board to determine their level of risk appetite, linked to the achievement of agreed objectives - May 2020</p> <p>Reintroduce safety walk abouts – across primary, community, mental health, acute - October 2019 (complete)</p>	<p>HB approval of the re-developed BAF</p> <p>Publication and re-issue of Risk Strategy and Policy</p> <p>Risk Management Advisor in place</p> <p>Training material and attendance</p> <p>Integrated Locality Group (ILG) Meeting agendas and minutes</p> <p>Escalation of operational risks to Management Board, Committees and Board</p> <p>Themes from patient safety walk rounds.</p>	<p>Ongoing programme on training and education and use of risk management for all management groups - Sept 2020.</p> <p>Embedded risk management - Sept 2020</p> <p>Fundamental review of the BAF, informed by an assurance mapping exercise, linked to the Risk Strategy & Risk Appetite of the Board - Sept 2020</p> <p>Put in place comprehensive education and training on Risk Management for Board and Officers across the HB - Sept 2020</p> <p>Risk registers are regularly, routinely and continually updated with clearly articulated risks, controls and mitigating actions.</p>	<p>Programme, material, attendance</p> <p>Audit of use of risk registers baseline Sept 2020, then annual</p> <p>Utilising the risk register to inform decision-making at management, Committee and Board meetings</p> <p>Further iteration of the BAF with Board Risk Appetite identified to inform level of risks for Board consideration.</p>	DoCG

<p>Recommendation 3: Ensure there is collective responsibility for quality and patient safety across the executive team and clearly defined roles for professional leads:</p> <p>I. Strengthening of the role of the Medical Director and Clinical Directors in relation to quality and patient safety</p> <p>II. Clarify the roles, responsibilities, accountability and governance in relation to quality and patient safety within the directorates</p> <p>III. Ensure there is sufficient capacity and support, at corporate and directorate level, dedicated to quality and patient safety.</p>	<p>Leadership of clinical quality is now shared across the four clinical Executive portfolios of Director of Nursing, Medical Director, Director of Public Health and Director of Therapies with all Executives having accountability for quality across their portfolio areas. In addition, all executives have joint accountability for the review of quality as part of their individual portfolios and in contributing to the overall quality approach across the organisation.</p> <p>In order to strengthen senior leadership, specific development is underway including Board level development for Executives and Independent Members. The Executive team is being supported by a bespoke development package to improve team working and resilience and to ensure clarity of roles and responsibilities in the context of corporate and collective responsibility for quality.</p> <p>Operationally, the new Operating Model will provide further clarity around service level clinical and managerial leadership with a focus on role clarity in relation to quality.</p> <p>New Medical Consultants and existing consultants with quality leadership roles have access to a 6 month programme to support their leadership of clinical quality. This commenced in May 2019.</p>	<p>4 clinical executives have agreed collective responsibilities and system to support discharge of these collective responsibility for quality and patient safety – Nov 2019</p> <p>Redeployed resource from centre to localities to support interim strengthening of capacity at directorate level - Nov 2019 (complete)</p> <p>Ensure executive-led performance review meetings are quality driven, utilising quality KPIs and that discussion on quality, resource and activity is had concurrently not in isolation of one or the other - commenced Nov 2019</p> <p>In transition, the CBMs have introduced/strengthened quality and safety to their agendas – since December 2019</p> <p>Review roles and job descriptions and appoint Associate Medical Director for Quality and Safety - Feb 2020</p> <p>Review roles and job descriptions and appoint Associate Medical Director for Quality Improvement - Feb 2020</p> <p>Develop current monthly Medical Leadership Forum to regularly review key quality and safety priorities - March 2020</p> <p>Ensure quality drives discussion at Executive Team meetings on a weekly basis and at Management Board each month.</p> <p>New operating model developed (completed Dec 2019).</p>	<p>Agendas/minutes – Introduced logo as reminder quality/activity/resource</p> <p>Agendas/minutes</p> <p>Job descriptions</p> <p>Structure document</p> <p>Support and development programmes for staff</p> <p>Improved timeliness quality of concerns responses</p>		<p>DPH/ MD / DoN / DoTHS</p>
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<p>Recommendation 4: The roles and function of the QSRC need to be reviewed to ensure it is fit for purpose and reflects the Quality Strategy, Quality and Patient Safety Governance Framework and key corporate risks for quality and patient safety, This should include the following:</p> <p>I. 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</p> <p>II. Improvements to the content, analysis, clarity and transparency of information presented to QSRC</p>	<p>The quality strategy, quality priorities and a clear quality dashboard, will enable the Quality & Safety Committee to take on a clearer focus.</p> <p>We have made some progress in relation to the scrutiny of quality and patient safety in the organisation, we agree that we need to find a way to move improvement faster and further. We also recognise the view that ownership and awareness of the framework is not uniform or consistent across the organisation and this needs to be solved.</p> <p>Since July 2019, a programme has been in place reporting up on progress to the Quality & Safety committee, a sub-committee of the Board. We recognise that the Quality Framework we are currently working with is going through a refresh to take account of the new operating model, approaches and learning. Its refresh is being</p>	<p>Committee structure reviewed and changes to QS sub-committee structure implemented – October 2019</p> <p>Continue organisation-wide work to embed the QGF – December 2019.</p> <p>Complete a review and further refresh of the QGF – April 2020.</p> <p>Sub groups being reviewed to ensure management/executive activity is moved to management systems – January 2020</p> <p>Capacity and capability to work with the QSC to be developed – January 2020.</p> <p>The senior nurse involved in leading and implementing learning from the Andrews work is leading our quality governance refresh under the direction of the Executive Nurse Director (Nov 2019)</p>	<p>Q&S Agenda Directorate level agenda</p> <p>New operating model group agendas</p> <p>Change of committee structure from QSR to QS</p>	<p>QS Committee sub-committee structure to be reviewed and refreshed (if required) based on the implementation of the new operating model. Building in time for assessment of its effectiveness and learning. April – Oct 2020.</p>		DoN

<p>III. 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</p>	<p>worked as a formative process that engages all Directorates , which is programmed over 3 months.</p> <p>In addition, work is taking place to ensure CTMUHB has a robust management meeting structure to capture Q&S information which are owned by Management Board and reported for scrutiny and assurance to the Q&S Committed and sub committees.</p>	<p>The new operating model introduces three clear localities each with senior leadership and management accountabilities equally as part of CTM April 2020.</p>				
<p>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.</p>	<p>We recognise the importance of ensuring that the Board has the necessary capabilities and is provided the right support to discharge its duties of governing quality in the organisation. This includes an understanding of and the use of quality data and information.</p>	<p>The induction programme for Independent Members has been reviewed and will be delivered to the newly appointed IM (LA) and will be open to all other IMs (January 2020)</p> <p>Appraisal reviews of IMs has been refreshed with dates set during January 2020. The DoCG will assist the Chair in conducting these reviews, utilising WG guidance and building in personal development opportunities identified via the Deloitte Peer Appraisal survey conducted in October 2019. (all IM appraisals to be conducted by end Feb 2020)</p> <p>Quality and Safety walk abouts have been reinstated – Oct 2019.</p>	<p>Evidence that the Induction Programme for IMs has been reviewed, incorporating best practice from elsewhere as well as learning from the Deloitte Board Development Programme.</p> <p>On-going review of the Induction Programme will be taking elements from elsewhere in NHS Wales including the WG induction programme being launched in December 2019 and the material that will come from the Deloitte Board</p>	<p>Board Development Programme will be set with priority areas, informed by independent sources of assurance. The Development Programme for the Board will sit separately, but be complemented by PADRs for IMs and Execs, and a series of programmed Board Briefings - implemented with effect from March 2020</p> <p>On-going development for the Board is arranged via Deloitte programme, including sessions on Engagement, Team Building, Direction Setting, Good Practice in Board Governance, Effective Scrutiny, and Effective Risk Management -June 2020.</p>		DoCG

			Development Programme			
<p>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.</p>	<p>We accept this recommendation and we are developing a new approach and plan with detailed actions, timeframes and outcome measures. Our expertise and capacity needs strengthening, particularly in the Rhondda Cynon Taf and Merthyr localities. This will be improved as we learn from the work in maternity services on listening and engaging with patients and families. Our experience in putting in place a more rigorous system of real-time patient feedback in Maternity is being rolled out across the organisation</p>	<p>Use patient stories in a disciplined and consistent manner at Board, sub-committee, to focus it on quality of care, to include staff stories – Oct 2019</p> <p>Introduce a learning item on each Management group meeting Feb 2020</p> <p>Concerns, complaints and SIs including learning considered at Executive and executive led performance reviews, ensuring relevant information is triangulated and considered. (Nov 2019)</p> <p>Procure a “Friends and Families Test” platform – March 2020.</p> <p>Roll out the real time patient experience initiative within acute settings – April 2020.</p> <p>Review the current patient experience plan drawing on learning from the maternity improvement work and the engagement of women and families – April 2020.</p> <p>Develop an Engagement and Involvement Strategy addressing four groupings: patients, communities, staff and partners, patient experience plan, the quality strategy and quality dashboard, to help triangulate the information – March 2020.</p> <p>The maturity matrix will be used to track progress and enable triangulation between all elements of the CTMUHB</p>	<p>FFT is in place and is routinely utilised for gathering, analysing and learning from patient experience feedback</p> <p>Trends and themes available to service areas to undertake immediate improvement /resolution. Staff receive regular feedback on care at the point of delivery</p> <p>Revised patient experience plan, consulted upon and approved through the Boards governance framework</p> <p>Strategy document</p> <p>New methods tested</p> <p>Board papers</p>	<p>Implement and embed use of FFT across the organisation – from April 2020</p> <p>Review compliance with patient experience approach and means by which to fully enable patient stories in a range of media – July 2020.</p> <p>Work with Local Partnership Forum to develop a means by which staff are actively enabled to share their stories to help improve quality of care - July 2020.</p> <p>Implement the Once for Wales patient experience model</p> <p>Development of a comprehensive 3 year patient experience strategy, fully consulted upon with key stakeholders – April 2020</p> <p>Put in place and test patient engagement methods in relation to quality improvement – Nov 2020</p>	<p>CTM feature in national datasets, regular reporting to Board</p> <p>Strategy implementation plan active and reported regularly through board structures, Evidence of change initiated based on patient experience received and Q&R Committee subgroups</p>	DoN

		organisational plan (10 programmes) – March 2020.	Production of an engagement document supported by a communication plan			
<p>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</p>	<p>We welcome this recommendation The Quality Improvement & Clinical Effectiveness subgroup (of the Quality and Safety committee) has the responsibility for the oversight of clinical audit. It will receive assurance on clinical audit, compliance with NICE and other key effectiveness measures.</p> <p>Improvement functions are being brought into a single group – 'Improvement CTM' – and strengthened with new resource being made available Its key role will be to define a discrete set of Improvement methods in CTM and grow capability for improvement across the organisation over time , working closely with partners including Improvement Cymru.</p> <p>We recognise the gap we have in relation to data analytical capacity/capability to support quality governance. Strengthening the use of health intelligence which includes better use of health intelligence to support decision making, data triangulation, developing a Data Quality Strategy, an audit surveillance programme.</p>	<p>Medical Director to have identified responsibility for clinical effectiveness (Dec 2019)</p> <p>Revise the Terms of Reference (ToRs) and membership of Clinical Audit Committee – Jan 2020</p> <p>Quality Learning sub-group of QS Committee established to ensure sharing of good practice, and learning – January 2020.</p> <p>Learning item on each management board agenda (Feb 2020)</p> <p>Establish Audit Learning Days in CTMUHB – April 2020</p> <p>Merge digital and health intelligence functions (March 2020)</p> <p>Identify requirement for further support as new operating model is implemented (from April 2020)</p> <p>Programme of work with Improvement Cymru established - joint posts recruited to – December 2019 (completed)</p> <p>Begin recruitment to strengthen capability and capacity – January 2020</p> <p>Establish 'Improvement CTM' – March 2020</p>	<p>ToRs</p> <p>Agenda / minutes</p>	<p>Develop a Data Quality Strategy for CTMUHB – May 2020</p> <p>Recruitment to strengthen modelling and analytical capability (Nov 2020)</p> <p>Development of Kliksense as tool to review "live" audit and performance data and drive improvements in more timely fashion (May 2020)</p> <p>Establish gateway (led by Medical Director) to ensure national audit and NICE data is reviewed and leaning implemented (June 2020)</p>	<p>Strategy document.</p> <p>Establishment.</p>	MD

<p>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</p>	<p>We accept this recommendation. Much reference in this response has already been made to the quality governance framework and the current refresh work to support the new operating model. Embedding this framework successfully within current groups and then transitioning to the new revised locality groups and supporting directorates is key. .</p> <p>Resource requirements are being reviewed as the refreshed QGF is finalised and the new operating model is being implemented.</p> <p>We have transition mechanisms in place at present and quality, patient safety and engagement are core component clearly identified with the job descriptions in the new operating model</p> <p>In relation to Heads of Nursing roles, we intend that the interim arrangements now in place will balance responsibilities across the medical, operational and nursing triumvirate, with the support of service leads and some improvement in underpinning resources.</p>	<p>Develop and implement interim site management arrangements (including strengthening CBMs and clinical governance through implementation of the Quality Delivery Framework). Triumvirate leadership site teams in place, to include 3 Locality Nurse leadership roles to aid capacity. Oct 2019</p> <p>Executive-led performance reviews taking place to understand performance in relation to quality, resources, activity, as well as understanding any capacity issues. Nov 2019.</p> <p>Job descriptions with accountabilities for all roles within operating model defined (Dec 2019)</p> <p>Develop and implement a new Operating Model and structure with clear reporting lines and accountabilities to include site management responsibilities and quality and patient safety, which reflects a clear focus on clinical leadership and quality and safety. Triumvirate leadership site teams in place, to include 3 Locality Nurse leadership roles to aid capacity. April 2020.</p>	<p>Implementation of interim site management arrangements in place from 25/11/2019.</p> <p>New Operating Model and Structures finalised and implemented.</p> <p>Performance review notes.</p>	<p>Review of effectiveness of the new Operating Model to take place on a periodic basis once implemented. October 2020.</p>		<p>COO/ DPCMH</p>
<p>Recommendation 9: The form and function of the directorate governance committees and CBMs must be reviewed</p>	<p>This links with action being implemented in response to R2 above.</p> <p>This review has commenced on the Health Board management meeting structure in light of new operating model to support effective management of directorates / systems / sites across the Health Board.</p> <p>Significant work has been undertaken to adjust the CBMs towards a greater quality focus over the last eight</p>	<p>Develop and implement interim site management arrangements (including strengthening CBMs and clinical governance through implementation of the Quality Delivery Framework). Triumvirate leadership site teams in place, to include 3 Locality Nurse leadership roles to aid capacity. Oct 2019</p> <p>Directorate quality governance committee's standard agenda template</p>	<p>Implementation of interim site management arrangements in place from 25/11/2019.</p> <p>Governance agenda and minutes</p> <p>CBM agenda, ToRs, minutes</p>	<p>Review of effectiveness of the new Operating Model to take place on a periodic basis once implemented. October 2020.</p>	<p>Documented evaluation of new operating model</p>	<p>COO/ DPCMH</p>

	months; however these are interim arrangements whilst we transition to the new model. Governance arrangements are under review supported by the work on the QGF.	<p>developed, and issued to directorates – Dec 2019.</p> <p>Monthly CBM meetings to take place until the new Operating Model performance management framework is implemented. CBM meetings to include a clear focus on directorate quality, activity, financial and workforce – Nov 2019.</p> <p>Introduce use of patient stories and quality indicators by CBM. Dec 2019.</p> <p>Introduction of executive led performance reviews including quality for Directorates/CBM (Nov 2019)</p> <p>Develop an operating model with clear reporting lines and accountabilities which reflects a clear focus on clinical leadership and quality and safety.(Nov 2019)</p> <p>Implement operating model (begin recruitment Jan 2020)</p> <p>A performance management framework to underpin the new Operating Model and structure will be developed and implemented with a strong focus on analysing and scrutinising locality/directorate level in relation to quality and patient safety issues and actions. April 2020.</p>	<p>New Operating Model and Structures finalised and implemented</p> <p>Performance management framework</p>			
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	This work will require education and training for Board and senior staff to support Locality groups, Systems groups and Directorates to enable robust review of risks based on the new approach. While some Directorates are making progress on utilisation of risks as part of their	<p>Directorate risk registers to be reviewed at each Directorate Governance Committee meetings. Since Nov 2019</p> <p>Risk potentially requiring escalation to corporate risk register are considered at Management Board. Nov 2019</p>	Directorate governance agendas and directorate risk registers	<p>Ongoing programme on training and education and use of risk management for all management groups (Sept 2020).</p> <p>Embedded risk management (Sept 2020)</p>	Programme, material , attendance Audit of use of risk registers baseline Sept 2020, then annual	DoCG

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	improved approach to quality governance, there remains some way to go to embedding this consistently across the organisation and this will take time.	<p>Training (initial) for board on risk management (Nov 2019 Complete)</p> <p>Re-develop the HB's Board Assurance Framework (Jan 2020)</p> <p>Undertake a comprehensive review of the HB's Risk Strategy and Policy (Mar 2020)</p> <p>Ensure Risk reporting and escalation is explicit and integral to the revised management meeting structure associated with the new Operating Model (March 2020)</p> <p>Training on risk for locality and directorate groups introduced alongside the implementation of the new operating model (April 2020)</p> <p>Secure Risk Management/Advisor resource to gain greater risk oversight and support effective risk management by training and support across the HB. (May 2020)</p> <p>Board to determine their level of risk appetite, linked to the achievement of agreed objectives (May 2020)</p>	<p>Management Board agenda and risk register</p> <p>HB approval of the re-developed BAF</p> <p>Publication and re-issue of Risk Strategy and Policy</p> <p>Risk Management Advisor in place</p> <p>Training material and attendance</p> <p>ILG Meeting agendas and minutes</p> <p>Escalation of operational risks to Management Board, Committees and Board</p> <p>Themes from patient safety walk rounds.</p>	<p>Fundamental review of the BAF, informed by an assurance mapping exercise, linked to the Risk Strategy & Risk Appetite of the Board. (Sept 2020)</p> <p>Put in place comprehensive education and training on Risk Management for Board and Officers across the HB (Sept 2020)</p> <p>Risk registers are regularly, routinely and continually updated with clearly articulated risks, controls and mitigating actions.</p>	<p>Utilising the risk register to inform decision-making at management, Committee and Board meetings</p> <p>Further iteration of the BAF with Board Risk Appetite identified to inform level of risks for Board consideration.</p>	
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	Work on this is already underway and recognised in the refresh of the Quality Governance framework. The Quality Governance and Learning Subcommittee is in place to provide assurance to the Quality & Safety Committee that learning related to quality and patient safety, from good practice and patient experience is made available. It is developing and will oversee a strengthened, co-	<p>Consideration of SIs, concerns complaints and external reviews by: executive weekly; management board monthly; executive led performance reviews monthly. October 2019</p> <p>Training on complaints and SIs has started across CTM, and this is being cascaded. October 2019.</p>	<p>Minutes</p> <p>Strategy document</p>	<p>Development of a framework for Clinical Effectiveness – June 2020</p> <p>Development of the mortality module within DATIX – Aug 2020</p> <p>CTM will be an early adopter for the once for Wales Datix system, which will address the issue of patient safety vs non patient safety issue. From April 2020</p>	Framework document.	MD

mechanisms to identify and share learning	<p>ordinated, organisation-wide approach to sharing learning.</p> <p>This committee is in its infancy but work is already ongoing to provide assurance concerning the datasets we are using.</p>	<p>Development of thematic analysis of DATIX to report to Quality and Learning to inform learning priorities – April 2020</p> <p>Review allocation of Datix co-ordinator resource within the UHB – April 2020</p> <p>Development of safety and quality communication strategy – April 2020.</p> <p>Let's Talk Culture programme has included feedback from patients and staff to help inform the organisational values, and share learning across the HB. March 2020.</p>				
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	<p>The Health Board agrees and accepts that there is work to do in relation to management of concerns at all levels. Work is already underway with the Delivery Unit, in particular to focus on early engagement with the complainant, themes and trends. In conjunction with the supportive intervention provided by the Delivery Unit to revise pathways, actions have been/will be taken to include deployment of the corporate concerns resource into Royal Glamorgan and Prince Charles Hospitals, weekly scrutiny applied by clinical executives, and the development of a training programme.</p> <p>Currently a corporate team works with the Directorates on all elements of concerns. This will be revised as the new Operating Model is put in place with the localities embedding the responsibility for this locally with support embed this work within their teams. Assurance through the new board committee structure will strengthen and enable triangulation of all relevant information. This work will</p>	<p>Development of a managing concerns improvement plan. Dec 2019.</p> <p>Implementation of the new Operating Model and structure clarifies the quality governance infrastructure arrangements, lines of accountability to ensure that concerns responses, along with patient safety incidents, are identified, acknowledged, owned and addressed by clinical and management teams delivering care. April 2020.</p> <p>A fully costed model for the continued delivery of training will be developed and presented to Management Board</p> <p>Actions from the internal audit report on whistleblowing will be implemented. March 2020</p>	<p>Existence of a senior locality triumvirate and the supporting quality governance posts with each of the 3 localities</p> <p>& of response times within 30 days</p> <p>number of PSOW referrals and outcomes</p> <p>Policy content. Compliance with duty of candour</p> <p>Approved policy widely available</p> <p>Board paper with clear decision making trail. Developed training</p>	<p>Review of effectiveness re the system for managing concerns at locality level, as per the Quality and patient Safety Governance Framework (which will be reviewed/refreshed based on the new Operating Model) – September 2020.</p> <p>The work underway in relation to cultural change will feature in all policy and guidance related to the management of concerns. The revised concerns policy will be consulted upon, and thereafter approved through the Board's governance systems, training requirements will be identified within the policy. April 2020</p> <p>A fully costed model for the continued delivery of training will be developed and presented to Management Board – May 2020.</p>	audit results, application of recommendations	DoN

	<p>also align with the new approach to risk.</p> <p>Staff are encouraged to raise concerns but we recognise that it is not the experience of every member of staff that they have felt able and supported to report concerns. This is being tackled through the cultural change required within the organisation using including the Values and Behaviours work, refreshed approach to speaking out, learning from the work being undertaken in maternity services. , The review also highlighted a number of specific areas we are addressing immediately include: the practice of differentiating patient-safety vs. non-patient safety incident in Datix.</p> <p>Training for our staff in using Datix and processes for learning from Datix incident reporting are already in progress but we must consider the opportunity to accelerate the pace of this effort especially in light of the likely adoption of Datix ICloud in 2020.</p> <p>Finally, putting in place a systematic process for reviewing and learning from concerns and complaints is recognised as significant gap for us which we are working on.</p>		<p>programme based on model supported.</p> <p>% staff in receipt of and continued compliance with, appropriate level of training for role</p> <p>Full implementation of the plan reported regularly to Management Board and Quality and Safety Committee Completed action plan</p> <p>New Operating Model engagement document and performance management framework</p>			
<p>Recommendation 13: The Health Board must ensure the timely development of a Values and Behaviours Framework with a clear engagement programme for its implementation</p>	<p>The work is underway and will be complete by the end of this financial year (2019/20) with an agreed set of values and the behaviours that fall out of these. A plan for how these will be embedded at all levels of the organisation to ensure they are lived values is underway involving widespread engagement of staff, service users and others.</p>	<p>Continue with delivery of the organisation-wide Values and Behaviours programme – Lets Talk – Ongoing to Feb 2020</p> <p>Let's talk values and behaviours (a) workshops (b) survey Dec 2020</p> <p>Staff survey analysis Jan 2020</p>	<p>Evidence of completion of Programme March 2020</p> <p>Percentage of staff surveys completed. February 2020</p> <p>Number of patients and</p>	<p>HB to work with HEIW to develop a talent management and succession planning approach in line with NHS Wales – Draft proposals December 2020</p> <p>Analysis of leadership skills gaps to be undertaken - November 2020]</p>	<p>The health board has sufficient leadership capacity and capability to deliver high quality care – demonstrated by strong leadership</p>	<p>DoWOD</p>

	<p>First set of Listening workshops form part of the Values and Behaviours took place in November. These were held to capture views from staff and patients on what makes a good or bad day at work or being cared for at CTM to help understand what really matters. This was accompanied by a Culture survey which, to date, has seen more than 30% of staff complete. Patients and the public have also taken part in a survey.</p> <p>Further workshops will take place in December on all 3 main hospital sites and then there will be topic specific workshops in the new year around key areas such as bullying. These activities will support us as an organisation as we develop our values and behaviours for CTM.</p>	<p>Define our values.</p> <p>Listening workshops in December 2019</p> <p>Activate our Values on February 24, 25, 26 – feedback values and refine</p> <p>Lead with values – w/c March 30 - Translate values into behaviours that patients and staff do / don't want to see.</p> <p>Values and behaviours to be used in recruitment and induction (April 2020)</p> <p>Ongoing programme supporting agreed behaviours developed (April 2020).</p>	<p>staff attending the Lets Talk workshop February 2020</p> <p>Documented organisational values</p> <p>April 2020</p> <p>Based on, Values and Behaviours, Healthcare strategy and operational model, the HB is beginning to develop a leadership development programme to develop capability.</p> <p>June 2020</p> <p>Based on the work outlined above the HB is clear where the leadership gaps are and are working to fill these gaps.</p> <p>December 2020</p> <p>Leaders understand the challenges to quality and sustainability, and can identify</p>	<p>Multi-disciplinary leadership programme developed and operational</p> <p>December 2020</p> <p>Coaching strategy to be developed to support senior leaders - 2021</p>	<p>fields on recruitment</p> <p>The health board does not have any significant leadership gaps. Leaders can clearly evidence the actions to address challenges in relation to quality and sustainability.</p> <p>– demonstrated and supported by a robust talent and succession planning framework and approach</p> <p>There is evidence of collective leadership. Leaders understand the unique qualities and needs of their team(s). evidence by feedback from staff and teams</p>	
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			<p>the actions needed to address them.</p> <p>June 2020</p> <p>Leaders are visible and approachable through formal and informal mechanisms e.g., Board walkabouts, Let's talk sessions, rotation of management meetings etc</p> <p>Commenced September 2019 Documented organisational values</p>		<p>There are clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership, and there is a leadership strategy or development programme, which includes succession planning. Evidenced by an agreed strategy, reflected in the IMTP and evidenced by staff and public feedback</p>	
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<p>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 Princess of Wales Hospital.</p>	<p><u>We are seeking to enhance quality and safety in a changing organisational context. We will look out for and adopt organisational learning practices that can help us improve skills and knowledge. At various levels of our organisation's leadership, we will use the shared vision and purpose we are creating to facilitate the connections between action and reflection, and strengthen the desirable elements of our culture while modifying the structures, behaviours and assumptions that do not promote quality care.</u></p> <p>We are using the learning and experience from the Princess Of Wales (POW) locality. The excellent Datix management methodology in use in the POW Hospital needs to be adapted and adopted for each of the locality areas. This work will evolve as the new operational model is agreed and implemented. As part of the operational model the allocation of Datix co-ordinator resource within the UHB will be reviewed to ensure this resource is integrated with the locality operational teams, ensuring learning from Datix is integral to service provision.</p>	<p>Review of ToRs Quality Governance and Learning Subcommittee – Jan 2020</p> <p>Head of Nursing (POW) leading the development of our quality approach including to datixDatix, use of FFT and learning. Nov 2019.</p> <p>New performance management framework to underpin the new Operating Model and structure to include cross locality learning. April 2020.</p> <p>External reviews log to be established to log and learn from common themes identified by external/regulator input and feedback. These reviews to take place at Management Board meetings to ensure Locality Clinical Leadership aware of and involved in the learning. Jan 2020</p> <p>Management Board to start with Learning Agenda item to help promote cross directorate/locality learning on a regular basis. Feb 2020.</p>				MD/DoN
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