



**AGENDA ITEM**

2.1.4

**CTM BOARD**

**QUALITY AND PATIENT SAFETY GOVERNANCE FRAMEWORK**

<b>Date of meeting</b>	30/09/2020
<b>FOI Status</b>	Open/Public
<b>If closed please indicate reason</b>	Not Applicable - Public Report
<b>Prepared by</b>	Louise Mann, Assistant Director, Quality & Safety
<b>Presented by</b>	Executive Director of Nursing, Midwifery and Patient Care
<b>Approving Executive Sponsor</b>	Executive Director of Nursing, Midwifery and Patient Care
<b>Report purpose</b>	FOR APPROVAL

**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)**

<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
CEO Execs WG CHC Management Board Quality & Safety Committee	19/06/2020    22/07/2020 08/09/2020	NOTED    SUPPORTED ENDORSED

**ACRONYMS**

CTMUHB	Cwm Taf Morgannwg University Health Board
IMTP	Integrated Medium Term Plan



ILG	Integrated Locality Group
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## 1. SITUATION/BACKGROUND

The new CTMUHB Health Board has established three Localities based around the geographical areas of **Merthyr Tydfil & Cynon Valley, Rhondda Taf Ely** and **Bridgend**. By using this integrated approach, services from primary care through to specialist care are provided as close to home as possible, from pre-conception to end of life and from prevention through to complex care; building on the ambition in Welsh Government legislation and CTMUHB IMTP to move to a more population health and wellness approach. The model aligns quality, outcomes and how resources are used so that quality is embedded in every day operations of the Health Board.

The purpose of this report is to ensure the Quality & Safety Committee are aware of progress in relation to the Quality & Patient Safety Governance Framework and have an opportunity to influence its development. This final draft has been subject to consultation internally and with external stakeholders, whose comments have been welcomed and reflected. The new CTMUHB operating model requires further clarity in respect of how the integrated locality structures will function, such as what is devolved and what is supported at a corporate level, or hosted in a systems group. Further development on quality governance and assurance within these structures that link across the assurance route to committees is needed to complete the framework.

## 2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

This report will provide assurances to the Board of progress on the development of the CTMUHB Quality Governance and Patient Safety Framework. The final draft is at Appendix 1.

## 3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

CTMUHB is committed to improving the health of our communities and the quality and safety of our services. Following the challenges of recent external reporting on organisational governance, the need to put quality at the heart of everything we do is recognised and significant work is underway to change systems and processes across the organisation to ensure that this becomes embedded across all our sites, teams and communities. Particular focus is being placed on making significant changes to improve the way we work and provide the conditions for our staff to deliver the best quality care.

High quality care and patient safety is also dependent on strong clinical leadership, as well as an organisational culture that promotes the active involvement of all staff. Improving quality requires us to actively listen to our staff, partners, patients and communities; engaging and involving these key groups facilitates positivity and co-production of our services.

The Quality Governance and Patient Safety Framework is a key document to provide assurance to the Board that quality drives the organisation. The newly established integrated locality groups (ILG's) is an opportunity to have a shared understanding of quality and localised governance in relation to reporting, management and review of Patient Safety Incidents and Concerns. Progress in relation to the governance structure within the ILG's to facilitate robust systems has been delayed by the prioritisation of the Covid19 response however the pending appointment of a governance lead within each ILG will support a refreshed approach with strong corporate oversight, quality assurance and integrated organisational continuous learning and development.

Pace and focus is required in particular around the setting up the governance structures within each of the three localities, hosted services and systems groups, and the subsequent embedding of processes within these structures.

Another key area of focus is ensuring that the flow of information through the governance structures is comprehensive and effective, including the quality of the reporting, emphasising themes/trends and learning from concerns.

#### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
	Define quality governance and provide structure to what it means to govern for quality across an organisation
	Provide support to Integrated Locality Groups in achieving and delivering quality governance
	Identify and provide links to further publications, documents and concepts that provide detail on supporting aspects of quality governance



<b>Related Health and Care standard(s)</b>	Safe Care
<b>Equality impact assessment completed</b>	Not required
<b>Legal implications / impact</b>	Yes (Include further detail below) Legal implications relate to already established statutory obligations including those related to Putting Things Right.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	Yes (Include further detail below) There are resource implications to develop the governance arrangements within ILG's however these have been agreed.
<b>Link to Main Strategic Objective</b>	To Improve Quality, Safety & Patient Experience
<b>Link to Main WCFG Act Objective</b>	Provide high quality care as locally as possible wherever it is safe and sustainable

## 5. RECOMMENDATION

- 5.1 The Board is asked to:
- **APPROVE** the Quality Governance Framework.