QUALITY & SAFETY COMMITTEE

REVISED QUALITY & PATIENT SAFETY GOVERNANCE FRAMEWORK

Date of meeting	19/01/2021

FOI Status	Open/Public

If closed please indicate reason	Not Applicable - Public Report

Prepared by	Louise Mann, Assistant Director, Quality & Safety
Presented by	Executive Director of Nursing, Midwifery and Patient Care
Approving Executive Sponsor	Executive Director of Nursing, Midwifery and Patient Care

Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	**Date**	**Outcome**
		SUPPORTED

ACRONYMS	
CTMUHB	Cwm Taf Morgannwg University Health Board
ILG	Integrated Locality Group
IMTP	Integrated Medium Term Plan

1.   SITUATION/BACKGROUND

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

This final version has been subject to consultation internally and with external stakeholders, whose comments have been welcomed and reflected. The CTMUHB operating model has been embedding and developing in respect of how the integrated locality structures function, such as what is devolved and what is supported at a corporate level, or hosted in a systems group. Quality governance and assurance within these structures that link across the assurance route to committees are developing robustly and at pace.

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

This report will ensure the Quality & Safety Committee are sighted on the revised CTMUHB Quality Governance and Patient Safety Framework.

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 external reporting on organisational governance, the need to put quality at the heart of everything we do is recognised and significant work is ongoing 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. The impact of the coronavirus pandemic response in 2020 has stymied the progression and pace of change, however significant improvements in quality governance have been made thus far.

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. The recent introduction of patient and workforce led

values and behaviours will make a positive difference to our employees, our organisation, our patients and our communities. A quality culture with shared values and behaviours is central to providing good quality, personalised and effective care. 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 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 continue to be refined under the appointment of a governance lead within each ILG. A locality based governance team support a refreshed approach with strong central oversight, quality assurance and integrated organisational continuous learning and development.

Another key areas 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

	Yes (Please see detail below)
Quality/Safety/Patient Experience implications	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
Related Health and Care standard(s)	Safe Care
Equality impact assessment completed	Not required

Legal implications / impact	Yes (Include further detail below)
	Legal implications relate to already established statutory obligations including those related to Putting Things Right.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	There are resource implications to further develop the governance arrangements within ILG's however these have been agreed.
Link to Strategic Well-being Objectives	Provide high quality, evidence based, and accessible care

5. RECOMMENDATION

5.1   That the content of the report is **NOTED**.