

Cwm Taf Morgannwg University Health Board Quality & Safety Framework: Learning & Improving 2022 - 2025



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Cwm Taf Morgannwg
University Health Board

Foreword

We want to improve health and wellbeing, deliver better care, and better value across the diverse communities that we serve.

We want to sustain trust and confidence in our services and be seen as an organisation who is committed to improve and develop, working in partnership with our communities to ensure that local people can live happier, healthier lives for as long as possible.

This is what drives our commitment to put Quality and Safety at the heart of everything that we do. We recognise the primary importance of being able to deliver safe compassionate care that provides an excellent user experience.

An overarching goal of our NHS is to improve outcomes for people, whoever they are and wherever they live, by providing people with access to high-quality health and care, delivered through a sustainable culture of learning and improvement. We recognise in CTM that better outcomes can be achieved when we all work as one with our local people, our partners and the third sector towards one shared goal – *Building Healthier Communities Together*.

CTM 2030 Our Health, Our Future:

Our organisational strategy, **CTM 2030: Our Health, Our Future**, outlines how we will develop our

services to meet the needs of our population as we look to 2030 and beyond.

We have identified four goals for developing our strategy; they set out the key things we want to achieve in CTM over the next few years and are:

- Creating Health
- Improving Care
- Inspiring People
- Sustaining our Future

Our organisational strategy goals are being discussed and planned through the lens of the five key stages that a person will go through during their lifetime; from first being born to dying with compassionate care.



There has been significant progress made in terms of establishing the Health Board as a quality-led system, such as our maternity and neonatal improvement work, but there is further work to do.

This Quality & Safety Framework does not sit in isolation. Quality is a 'golden thread' that runs through everything that we do, in order to deliver the ambitions of our Health Board. This Framework aligns with our vision and other key

With almost 14,000 colleagues, **our workforce is the lifeblood** not only of our University Health Board, but also of the communities that we serve, as almost 85% of our colleagues live within our footprint.

The purpose of a Quality & Safety Framework

A new National Quality & Safety Framework introduced in 2021 (Welsh Government, 2021) requires that organisations at every level should function as a **quality management system** to ensure that care meets the six domains of quality; care that is **safe, effective, patient-centred, timely, efficient and equitable**.

It sets out the need for a robust quality assurance framework that is utilised to implement effective change and improvement in care delivery.

Reinforcing the approach for quality led services is **The Health and Social Care (Quality and Engagement) Act 2020**, which introduces a strengthened **Duty of Quality** and **Duty of Candour** for the NHS in Wales, as well as the creation of a **Citizen Voice Body** to strengthen the voice of our population. This legislation, together with the need to evidence learning and to recover from the challenges and harms of the COVID-19 pandemic are the principle drivers in developing this Quality and Safety Framework.

The Framework and the duties ensure the NHS in Wales has a **'relentless focus on quality and safety, as a priority above all else'**. It needs to be the central

focus of any decision made with regards to the care of the population as well as the design of services.

Defining Quality

We describe quality using the framework outlined by the Institute for Healthcare Improvement. This model also describes how quality is driven by **'quality enablers'**; optimal organisational drivers which are required to ensure the best sustainable outcomes for our population



CTM is committed to supporting the vision articulated in *A Healthier Wales* (WG, 2018): that everyone in Wales should have longer, healthier and happier lives. **A clear and sustained focus on quality will help us to achieve this for the benefit of our Population.**

Defining quality alone does not guarantee success. We know that high quality, safe care does not happen by accident, but by design and from a commitment to working together. Key to the delivery of our plans is a *Quality Management System* approach in order to embed **a culture where people listen,**

think, feel and act 'quality' - promoting openness and learning, continuous improvement and service transformation. The *National Clinical Framework* (Welsh Government, 2021) provides a clinical interpretation of *A Healthier Wales* and describes a learning health and care system, centred on clinical pathways that focus on the patient, grounded in a life journey approach.

When considering quality in CTM, our focus will be on our **people, patients, and place**.

The Quality Cycle



Quality is a concept commonly discussed in healthcare, but improvement needs to be part of a bigger process – a Quality Management System (QMS).

The Institute for Healthcare Improvement (IHI) has described a framework for effective quality governance. They found little evidence of education for Independent Members on effective quality management and, where it did exist, it was often focused on patient safety (just one of the six domains of healthcare quality) and in hospitals, as opposed to community and population health.

To ensure that quality has a focus in every part of the Health Board, the approach outlined comprises **quality planning, quality**

improvement and quality control. Together these provide quality assurance. The three components form a key part of the Health Board's Quality and Governance Targeted Intervention maturity journey; tracking progress and embedding improvement against these three areas.

Everyone must understand the quality cycle and their role in the quality system. Our population must be able to contribute to each part of the cycle (through feedback and coproduction) to ensure that outcomes are meaningful to those who work within and use our services.

Continuous learning is central to the quality cycle, and so our **CTM Listening and Learning Framework** is a key enabler for our Quality and Safety Framework.

Our Quality Management System

The NHS (Wales) Act 2006 provides direction that Health Board's must agree Standing Orders in order to provide the regulatory framework for the business conduct of the Health Board and form the basis upon which the governance and accountability framework is developed.

This framework is integral to CTM's Governance and Accountability Framework, alongside other key frameworks such as the Board Assurance Framework (BAF).

Quality Governance is the combination of structures and processes at a Service to Board level to lead on Health Board-wide

quality performance. The functional elements include:

Compliance with legislation and regulation: e.g. Health & Care Standards, the Nurse Staffing Levels (Wales) Act, 2016, Putting Things Right including redress & clinical negligence, safeguarding & public protection, health and safety, external regulatory frameworks including Health Inspectorate Wales, regulatory notices issued by HM Coroner, recommendations made by the Public Services Ombudsman for Wales,

Quality planning e.g. via the Integrated Medium Term Plan, demonstrating learning and using a quality dashboard based on robust data analysis, through robust public engagement, value based health care and patient experience, based on understanding population health, principles of equality and diversity, workforce development and wellbeing.

Quality improvement: e.g. clinical effectiveness via research, audit, implementation of NICE guidelines professional and service specific standards, learning, education & training, embedding a culture of quality improvement, a shift to Safety II approaches, research & development, medicines management, organisation-wide and national sharing of learning.

Quality control and assurance: e.g. improvements using learning generated by internal and external scrutiny, including those undertaken by HIW, Community Health Council, and other regulatory, speciality, service specific and professional standards, mortality review,

evidence based policies and protocols.

Managing risk e.g. assessing, understanding and articulating risk via risk registers, infection prevention and control, decontamination, clinical incident reporting and investigation, managing concerns, implementation of patient safety solutions alerts and notices applying learning.

As outlined above (Section 1) the Health Board has developed Strategic Goals, which support the delivery of quality. These are:

- Creating Health
- Improving Care
- Inspiring People
- Sustaining our Future

To ensure that planning is underpinned by quality, the **Quality Impact Assessment** (QIA) procedure has been revised to encompass any new plans, service change, programmes, projects or savings schemes. This is a fundamental process to ensure that **any** service changes or plans are thought through, understood and the potential consequences on quality are considered, with mitigating actions outlined in a comprehensive way. Any risk impact should be added to the relevant risk register. The QIA procedure is available on the intranet and there is an expectation that these will be submitted to the Q&S committee for further scrutiny.

Being able to measure quality with high reliability is a key element in a high quality, learning organisations. Building on the minimum dataset informed by national quality and performance indicators, robust data is required to be able to evidence quality outcomes.

Over the past two years, a **Quality Dashboard** has been implemented and refined, which is updated on a bi-monthly basis and presented to the Quality and Safety (Q&S) Committee through to Board. The metrics and indicators will be further developed to provide a greater breadth of measures, including primary care and commissioned services.

The Quality Dashboard was initially Health Board wide. In alignment with the Operating Model, there are Care Group based dashboards to provide more robust, detailed and specific assurance.

The Dashboard presents numerical information about key quality indicators and where possible Statistical Process Control (SPC) charts for a rolling 12 month period. Narrative analysis is also provided, however it is recognised that this is retrospective exercise. Additionally, quality narrative is included in the Integrated Performance Report at Management Board and Board. Further improvements include the setting of improvement trajectories. These have been set initially for pressure damage and falls but will be used along with improvement cycles to support purposeful change.

The Care Groups are supported by central functions such as: Patient Care and Safety, Planning, Workforce and Organisational Development, Finance, Procurement, Digital & Data and Performance. The Central element of the Chief Operating Officer also provides support.

Assurance is provided through Clinical Service Groups through to Care Groups, and to the Board through the Quality and Safety Committee. Where there are matters of immediate concern, a clear escalation pathway is in place from individuals through to the Board through the procedure of NHS Wales Staff to Raise Concerns Policy.

Corporate Assurance Process

The Board (Executives and Independent Members) are ultimately accountable for quality within the Health Board and are responsible for:

- ☑ Setting the organisation's strategic direction.
- ☑ Establishing and upholding the organisation's governance and accountability framework, including its values and standards of behaviour.
- ☑ Ensuring delivery of the organisation's aims and objectives through effective challenge and scrutiny of the Health Board's performance across all areas of activity.

Organisational governance and assurance of quality is scrutinised through Quality and Safety (Q&S)

Committee, a committee of the Board and an in-public meeting.

The Q&S Committee has an annual work programme, meets bi-monthly and is chaired by an Independent Member.

The Committee Chair is supported by the Clinical Executives though any Executive can be required to attend.

Recognising that quality is everybody's business, the Executive leadership of quality is shared by the four Clinical Executives, The Medical Director, The Director of Nursing and the Director of Therapies & Health Sciences

Enabling, monitoring and evaluating delivery

Our 3 year Quality & Safety Framework sits alongside our IMTP and annual plans.

Progression towards delivering our objectives will be monitored through our governance structures, inclusive of feedback and collaboration with our stakeholders, and will form part of our formal reporting structures. Through regular review, our Board and Quality and Safety Committee will ensure that our Quality Strategy and annual quality work plans continue to meet the needs of our organisation and our communities.

There are a number of ways in which we will measure our progress and iterate our objectives as necessary in order to achieve our ambitions. These include external reviews from HIW, feedback from CHC and other partners, internal reviews, and also our Quality

Management System and quality governance structures.

Our Quality Strategy

Our Quality Vision

It is very important that our organisational vision for quality and safety be coherently reflected within our strategies, frameworks, policies and plans. We want to improve health and wellbeing, deliver better care, and better value across the diverse communities that we serve. We want to be considered an outstanding organisation by everyone – people who use our services, their families and carers, our colleagues, our communities, and our partners.

Our Quality Mission

For our excellent people to deliver high quality care to every person, every day, in every setting.

Our Quality Pledge

We will continuously improve by working in partnership and by placing people at the centre of what we do, so that we can consistently deliver high quality care for everyone.

Our Quality Ambitions



Our Listening & Learning Framework

Healthcare systems and employers need to seek every opportunity to enhance safety and quality in a complex, changing environment.

Organisational learning can help to prevent and reduce risks, errors and harm that occur to patients during provision of care and the workforce in the course of their duties. A cornerstone of positive patient safety and workforce outcomes and experience is continuous improvement based on learning from errors and adverse events.

We are committed to promoting a culture which values and facilitates learning and in which the lessons learned are used to improve the quality of patient care, safety and experience, as well as the experience of our workforce.

A framework of ensuring effective listening, learning and improving has been a significant criticism of the Health Board in external reviews and audits such as the Health

Inspectorate Wales/Audit Wales and NHS Delivery Unit review of quality, governance and incident management processes. Effective learning and improvement processes has also been a cross cutting theme of concern within the Independent Maternity Services Oversight Panel reviews of our maternity and neonatal services.

This Listening & Learning Framework demonstrates how learning will be identified, stored, triangulated, shared, disseminated and implemented in practice to facilitate and embed a culture of appreciative enquiry and continually improving health care services and the experience of our workforce.

Quality Improvement in CTM

Over recent years, CTM has experienced significant change, along with challenges relating to quality and the response to the COVID-19 pandemic. Our organisation recognises the ongoing challenges that we face. We are committed to improving quality and have a dedicated improvement directorate (iCTM).



The iCTM directorate builds capacity for change across our organisation, co-ordinates improvement and innovation activity, and engages with our colleagues, patients, communities and partners to drive the adoption and spread of the most impactful improvement and innovation options, all underpinned

by the principles of Prudent and Value Based Healthcare, and co-creation.

This commitment to provide ALL our people with the knowledge, skills and support to make changes will drive quality improvement initiatives throughout CTM.

We will implement a number of community of practice and community of interest groups to support our people to collaborate to drive high-quality care at every level. These communities will include:

- Change Community of Practice
- Improvement Community of Practice
- Value Based Healthcare Community of Interest.

Partners in Quality

We work closely with external partners such as Improvement Cymru, Healthcare Inspectorate Wales (HIW), Audit Wales, higher and further education institutes, and many others. We will demonstrate an open culture and always seek out opportunities to learn and improve for the benefit of our people, our patients, and our communities. **We will develop, deliver and embed system-wide improvements** across health and social care in order to create a healthier Wales.

Duty of Quality and Candour

The duties of quality and candour come into force in April 2023 and supports us to actively consider whether our decisions improve quality and outcomes for our population, as well as being open and honest when

things go wrong and harm has occurred.

When discharging the duties, we will take into account the Health and Care Standards: the national framework that helps us to demonstrate that we are doing the right thing, in the right way, in the right place. Current review of the *Putting Things Right* regulations will enable the duties to integrate with key patient safety NHS guidance.

The Quality and Safety Framework describes our commitment to the delivery of our quality ambitions and will support people's understanding of the duty of quality. Our regular quality and performance reports will ensure **we are accountable to each other and to our stakeholders, providing service to board assurance of our services.**

Quality monitoring and reporting

Our Quality Strategy sets out our quality ambitions and our quality goals, structured around the six dimensions of quality for 2022-25. We have undertaken stakeholder engagement to ensure that these align with the views and priorities of our stakeholders.

Each year, we will devise an **Annual Quality Work Plan to focus our efforts on the delivery of SMART quality objectives.** Identification of these annual objectives will be data driven and risk-stratified to ensure a targeted approach to improving quality.

As an organisation, we will monitor and report our progress against the SMART quality objectives that we have committed to achieve. We will

do this at regular intervals and will adapt our plans based upon progress and learning.

Within CTM, we ensure that our **quality performance monitoring is 'always on'**. Our Quality Management System will ensure that quality performance data is readily available in order to ensure rapid identification and response to any early warning indicators.

The CTM Quality and Patient Safety Governance Framework defines responsibilities at service level through to the Executive Level. Our Incident Reporting and Management Framework offers clarity to ensure effective reporting and learning from incidents. Our Listening and Learning Framework ensures that we actively seek feedback, positive or negative, as we see this as an opportunity to learn and improve quality. Resources have been strengthened through the introduction of strategic roles to support quality and patient safety within the nursing management team and Allied Health Professions, as well as the office of the Medical Director.

A well-defined quality governance structure is established within CTM, with the Quality and Safety Committee receiving assurance and providing scrutiny on quality, patient safety and patient experience.

In addition to the Quality and Safety Committee, an Executive Director led Patient Safety meeting is held each week, where an 'At-A-Glance' dashboard of quality-related matrices is presented to facilitate a timely review of the previous

week's quality performance. The Director of Improvement and Innovation attends this meeting so that any themes and trends are used to inform improvement interventions via iCTM.

Immediately following this weekly meeting, the clinical Executive Directors and the Director of Corporate Governance update the wider Executive Team on the key quality and safety concerns, ensuring that all Executive colleagues are sighted.

Each year we provide an overview of our quality achievements, reporting on issues identified through our quality management system, and setting specific annual quality improvement goals within the Health Boards Annual Report.

Our quality reporting structure provides a way for us to set progressive implementation plans; adapt plans based on experiences and learning, and monitor progress against our strategic goals.

Our Quality Journey

Managing risks and challenges to quality

We recognise the difficulties with delivering our quality ambitions in the challenging times we currently face. National and local plans for recovery from the impact of the COVID-19 pandemic, time frames, and resource pressures make it more difficult to deliver solutions for large- and small-scale system changes and complex issues. Re-energising our colleagues for transformation, changes to operational structures, and national workforce shortages add to the challenge.

We will aim to reduce the impact and risk of these by prioritising the wellbeing of our people and investing in the development of their skills and knowledge. Our continuing drive to innovate, increase integrated working, and engage regularly and effectively with our communities and partners will ensure that we understand each other's challenges and work together to find solutions and mitigations.



Our Quality Ambitions and Strategic Quality Goals

Our 6 inter-dependant quality ambitions are based on the 6 dimensions of quality and shape our strategic quality goals. These in turn provide the framework for our Annual Quality Work Plan, containing SMART objectives (Specific, Measurable, Achievable, Realistic, and Timed) against which we monitor and report our progress at regular intervals, adjusting our plans as required. Where appropriate, priorities have been mapped against NHS Wales Performance Framework & Guidance Document 2022-23.

OUR QUALITY AMBITIONS	OUR STRATEGIC QUALITY GOALS	CTM 2030 GOAL
SAFE CARE: everyone can be confident that our care will cause no harm	Develop and empower our colleagues to deliver outstanding care. Develop a Just Culture that promotes safety through supporting people to speak up, with an effective Listening and Learning Framework.	<ul style="list-style-type: none"> Inspiring People Improving Care
TIMELY CARE: people have timely access to care when they need it	Improve access to urgent and emergency care. Support people whilst they are waiting, optimising their health and wellbeing in order to achieve the best possible outcomes.	<ul style="list-style-type: none"> Creating Health Improving Care Inspiring People
EFFECTIVE CARE: people receive care that is appropriate and based on evidence	Develop evidence-based models of care with our partners, making the most effective use of skills and resources. Contribute to research in practice. Measure the impact and effectiveness of what we do, building on what works well and making brave decisions about what doesn't	<ul style="list-style-type: none"> Improving Care Inspiring People Sustaining Our Future
EQUITABLE CARE: there are no avoidable, unfair or remediable differences in the care we give to people who have similar health needs	New models of care are designed using population health data and reflect local need. We regularly and effectively engage with our patients, communities and stakeholders to understand barriers to seeking early help for health needs.	<ul style="list-style-type: none"> Improving Care Creating Health Inspiring People
EFFICIENT CARE: we will focus on outcomes that matter to people and maximise those outcomes for every pound we spend on providing care	Enable our colleagues to do tasks/roles that they are best suited to do, thus cutting out waste. Support our colleagues to stay well and reduce agency use across CTM.	<ul style="list-style-type: none"> Inspiring People Improving Care Sustaining our Future
PERSON-CENTERED CARE: people will be supported to be actively involved in their care as equal partners	Increase co-production across CTM, delivering care that is responsive to people's needs and wishes. Reduce variability in how well we engage and support patients, carers and families.	<ul style="list-style-type: none"> Inspiring People Improving Care Sustaining our Future

The Care Group Operating Model

In March 2022, the Board made the decision to endorse the onward development of a proposed operating model based on a whole CTM Care Group structure and a move away from the geographic split of three integrated localities.

The following 6 Care Groups have been established to unite the Health Board and create equity of access across all services:

- Planned Care Group
- Unscheduled Care Group
- Children and Families Care Group
- Diagnostics, Therapies and Specialities Care Group
- Mental Health and Learning Disabilities Care Group
- Primary Care & Community Care Group

Each Care Group draws together all specialties and provision of services within that specific sphere of care. Each Care Group will be led by a Triumvirate/Leadership Team whom will have shared responsibility for quality and safety of services. They will use appropriate clinical governance and management structures to ensure that the service is safe, effective and efficient and of the highest quality, with routine audit and opportunities for the spread of learning. Improved quality, safety, outcomes and patient experience will be the primary drivers of each service.

Care Group Quality & Patient Safety Governance Model

Our population, who use our services, wherever they live, can expect no variation in approach to care and resources within our Health Board. To provide a consistent, equitable function across the Health Board in respect of Quality Governance, Patient Safety, People's Experience and Putting Things Right, current locality based Quality Governance roles and responsibilities will be re-aligned in order to provide a centrally managed team structure with a focus on effectiveness, performance and equitable distribution amongst the proposed care groups. The centralisation of the functions will provide greater flexibility and mobilisation to services where greater support is required in order to respond to acuity fluctuations and need.

The model will also support a central cohort of professional and technical expertise to support our services in responding to complex issues. The services within the '**Quality & Safety Central Team**' will work hand in glove with the Care Groups and Clinical Service Groups to ensure a quality service from the outset, but when things do go wrong, lessons are learnt and acted on swiftly and our patients and families are supported appropriately.

Each Care Group will benefit from an assurance, escalation and risk framework, clearly demonstrating how this links to the overarching governance framework for point of service to Board assurance.

Similarly, a shared model of a multi-disciplinary panel to quality assure and recommend closure of all care group incident and complaint investigations will provide consistency of approach, robust analysis and drive quality and learning.

A Care Group Quality & Safety (Q&S) Fora, modelled on the current ILG function will enable each group to seek assurance from their clinical service groups and ensure that their services are safe, effective, efficient, equitable, timely and person centred.

Each Care Group Q&S Forum will upward report to a Health Board Wide Operational Services Management Board, which in turn will provide assurance to the Health Board via the Quality & Safety Committee as well as providing performance information to other committees, Executive and Leadership Groups.

There will be a focus on demonstrable improvement in effectiveness, performance and equity of service provision across the Care Groups.

The model proposes a Central Quality Governance Team which supports each of the care groups with a similar model to manage and optimise patient safety incident management and investigation, complaints, compliments, and Putting Things Right regulations work, patient experience, mortality and harm reviews, patient safety solutions, external action plan reviews, quality improvement and faculty advocates. Care Group Quality Governance teams will be centrally managed in order to maintain equity and consistency and strengthen resilience.

The executive and senior leadership team supported by the central patient safety team and the concerns and legal services team, will retain their core functions to provide pan-organisational strategic direction, leadership and oversight in compliance with legislation and regulation, quality planning, quality improvement, quality control and assurance, and in managing risk.

The central Business Intelligence function, which includes **Datix** management, will continue to support organisational assurance and data administration for all quality and safety information requirements.

References

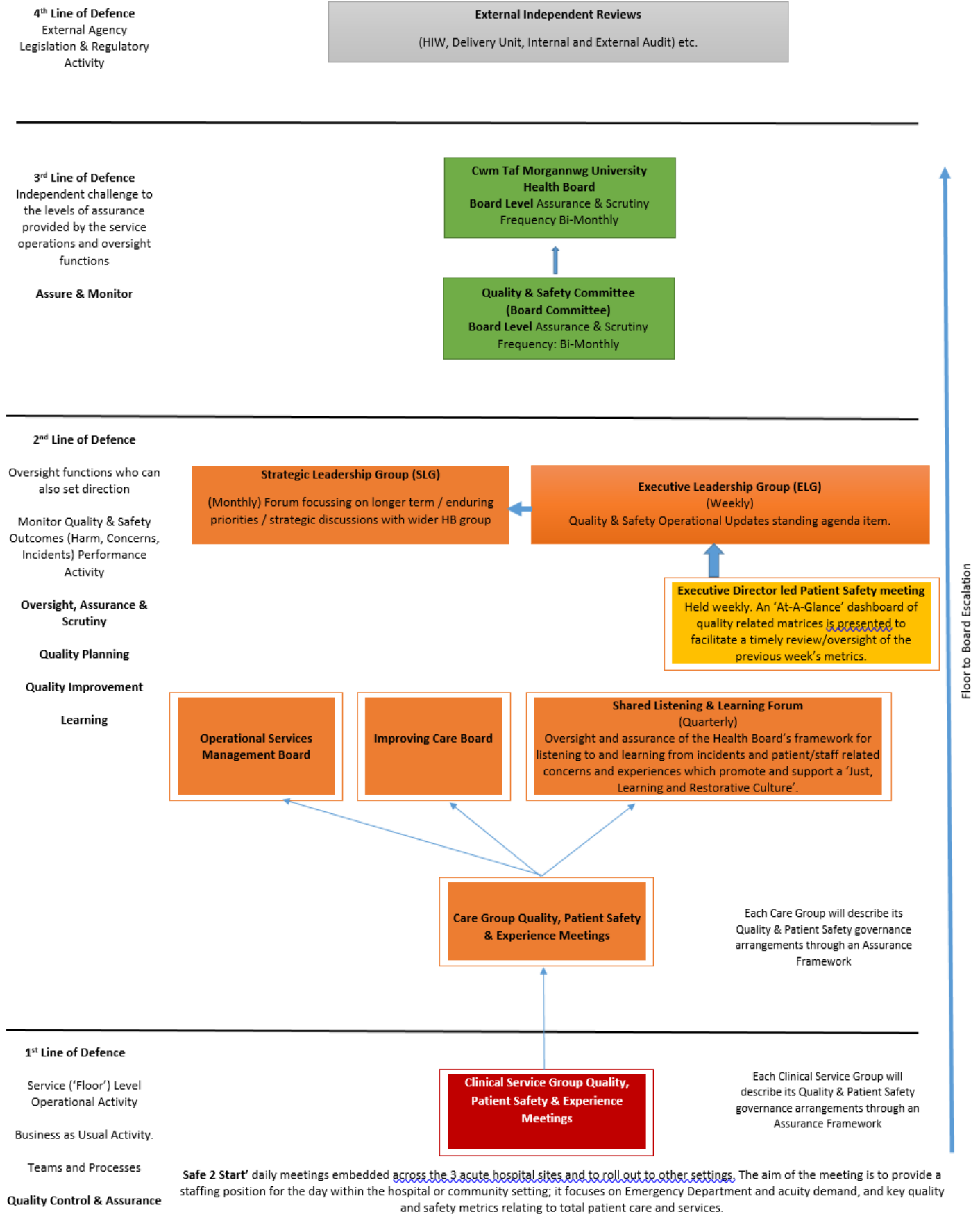
- a. NHS Wales Performance Framework & Guidance Document 2022-23
- b. Health and Social Care (Quality and Engagement) (Wales) Act (WG 2020)
- c. National Clinical Framework for Wales (WG 2021)
- d. National Quality and Safety Framework (WG 2021)
- e. CTM 2030: Our Health, Our Future
- f. A Healthier Wales (WG, 2018)

Cwm Taf Morgannwg University Health Board – Quality Management System

At Care Group level, the Group Service Director, Group Medical Director and Nurse Director are accountable for their Quality Management Systems. There is a shared responsibility for quality and the delivery of quality governance amongst the leadership team. Where Care Groups host a service, the host is accountable for upwardly reporting assurance, gaining that assurance from other relevant services or sites. Assurance of quality is through the Clinical Service Groups Quality, Safety and Patient Experience Group (QSPEG) to the overarching Care Group QSPEG, to the Q&S Committee. The Care Group QSPEG, a multi-professional group, will have an annual work programme. It will meet bi-monthly and is chaired by the Nurse Director. Each Care Group will have a centrally linked Head of Quality and Safety practitioner, supported by a small team to manage the quality and safety governance agenda. Concerns and *Putting Things Right* regulatory work will be managed centrally with close links to the Care Groups and clinical teams, patient advisory services and patient safety teams. The CTMUHB Listening and Learning Framework will ensure that organisational learning drives quality and continuous improvement of our services.

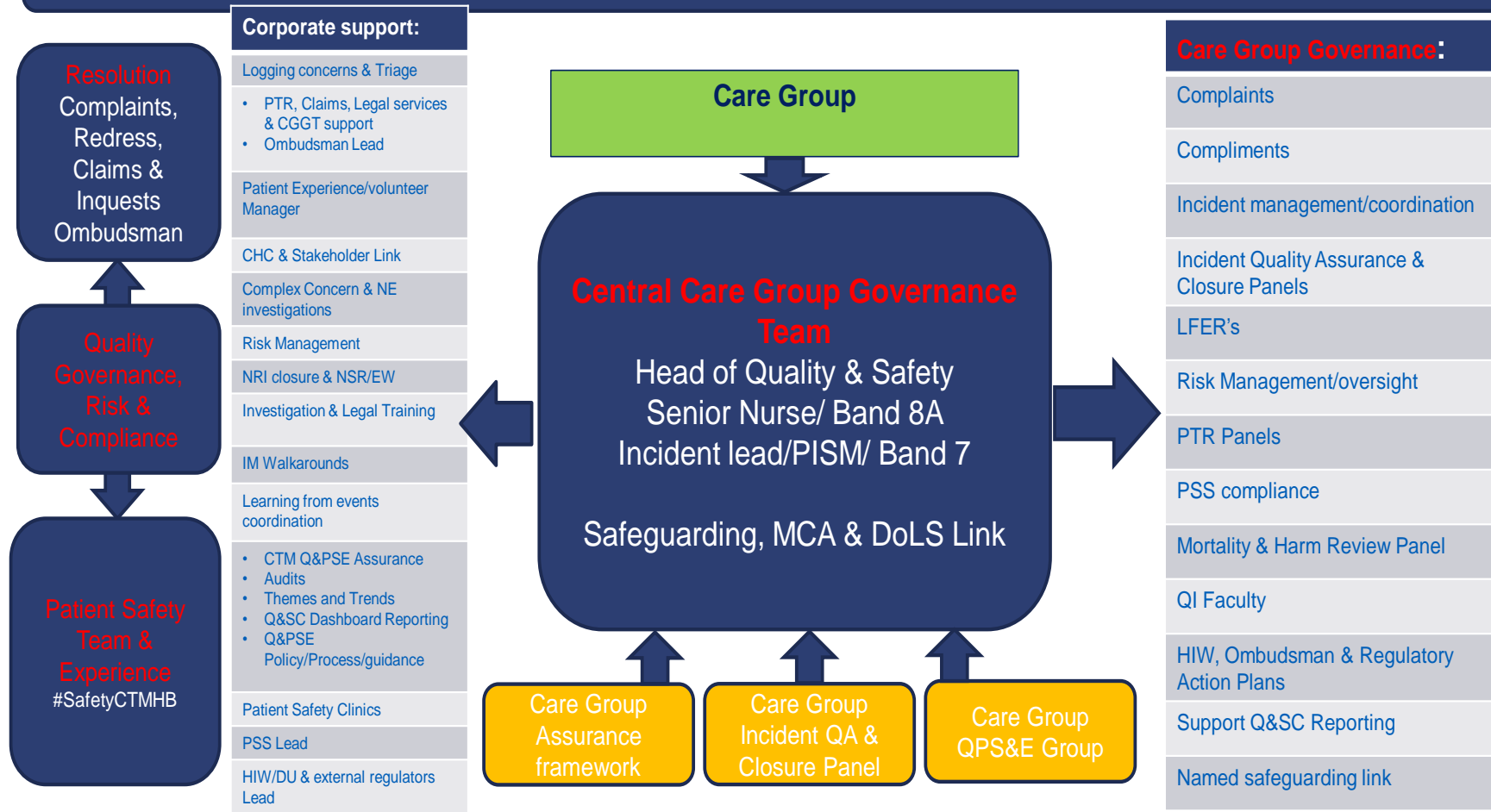


Quality and Patient Safety Framework – Governance System



Quality and Safety Governance and Assurance Standards and Templates

Care Group Governance Teams can mobilise to support Care Groups as required by acuity and workload. Emphasis on equity and consistency of approach across CTM.



Quality Management System Tools

Risk Management Strategy (and Board Assurance Framework)

The Health Board is committed to developing and implementing a Risk Management Strategy (and Board Assurance Framework) that will identify, analyse, evaluate and control the risks that threaten the delivery of its strategic objectives and delivering against its Integrated Medium Term Plan (IMTP). The Board Assurance Framework (BAF) will be used by the Board to identify, monitor and evaluate risks which impact upon strategic objectives. It will be considered alongside other key management tools, such as workforce, performance, quality dashboards and financial reports, to give the Board a comprehensive picture of the organisational risk profile. This is further outlined in the Health Board's Risk Management Strategy available here: [Health Board Policies and Procedures - Cwm Taf Morgannwg University Health Board \(nhs.wales\)](#)

Quality Assurance, Governance and Risk Framework

Each Clinical Service Group and overarching Care Group are required to have a Framework in place that describes how they provide service to Board assurance in relation to Quality & Safety. The chosen model is based on the four lines of defence model which defines its internal systems and processes to control and govern quality, safety and risk, with a fourth line of defence being external/independent to the organisation.

An example of this Framework is from the Maternity and Neonatal Clinical Service Group, which can be found [here](#).

Quality Patient Safety and Experience Groups (QPSEG) Toolkit

Each Clinical Service Group will require its own QPSEG as part of its governance and assurance business. Each QPSEG will have a **standard agenda, standard blue print of slides for CSG reporting**, including **quality indicators for services** and **Terms of Reference** for its operations. Each Care Group will have an overarching QPSEG utilising the same documents and tools for business. All Care Groups and Clinical Service Groups will have an **Annual Quality Work Plan** to focus on the delivery of SMART quality objectives as part of the **Quality Strategy** and **Quality Duty**. Identification of these annual objectives will be data driven and risk-prioritised to ensure a targeted approach to improving quality. We need to capture the information that is available to us across all aspects of quality management systems to measure the quality and outcomes of care. Central to this is person feedback, patients and staff; the use of Patient Reported Outcome Measures (PROMs), Patient Reported Experience Measures (PREMS) and staff survey measures can help us assess and meet patient needs, understand the lived experience of care and delivery, and to improve services. This can be used locally and nationally, and can inform a framework for measurement and benchmarking. Quality measures need to be on at least an equal footing with performance and finance measures.

Quality Dashboard Reporting

Intelligence is fundamental to improvement and assurance, and information should be consistent and widely available. Timely data is key to both understanding what is happening within our organisations at any point in time but also to look at outcomes, identify areas for improvement as well as for benchmarking. Over the past two years, a CTMUHB **Quality Dashboard** has been implemented and refined, which is updated on a bi-monthly basis and presented to the Quality and Safety (Q&S) Committee through to Board ([template example](#)). The metrics and indicators are under constant review and will be further developed to provide a greater breadth of measures, including primary care and commissioned services. Triangulation of data with workforce and Patient Experience measures are a key ambition to understand the lived experience of care and services in order to affect meaningful improvement.

The Quality Dashboard was initially Health Board wide. In alignment with the Operating Model, there are now Care Group and Clinical Service Group quality and safety dashboards to provide more robust, detailed and specific

assurance and benchmarking. The Central Business Intelligence Team work closely with Clinical Audit, Digital and Performance teams to support the requirement for valid quality and safety data and information. Highlight report example found [here](#).

The Dashboard presents numerical information about key agreed quality indicators and, where possible, Statistical Process Control (SPC) charts for a rolling 12-month period. Narrative analysis is required, however it is recognised that this is retrospective exercise. Additionally, quality narrative is included in the Integrated Performance Report at Management Board and Board. Further improvements include incidents per bed days and the setting of improvement trajectories. These have been set initially for pressure damage and falls but will be used along with improvement cycles to support purposeful change.

Incident Management Framework and Toolkit

All incidents will be managed in accordance with the CTMUHB [Incident Management Framework & Toolkit](#).

Incident Investigation Training

There is a comprehensive package of training for incident investigation at all levels delivered by the patient safety team on a bi-monthly basis. Training records are maintained on the Electronic Record System (ESR). Practitioners must have received health board training to lead an incident investigation. Bespoke training and Patient Safety Clinics are available by negotiation.

Quality Assurance and Closure Panels

The Health Board has developed a gold standard for scrutiny and quality assurance of its completed incidents. The Quality Assurance and Closure Panel process must be used by Clinical Service Groups to ensure robust application of this standard for all its Nationally Reportable Incidents. There is a common [Terms of Reference](#) and [Quality Assurance Checklist](#) available.

Quality Impact Assessment (QIA)

Our CTMUHB [Quality Impact Assessment](#) tool provides an opportunity for any service development, change or cessation to be considered in terms of its impact on patient safety, patient experience, workforce and clinical effectiveness. It is a tool to help develop service change. It should be used at the beginning of a change process ensuring that the dimensions of quality are reviewed and that the service is developed in a comprehensive way, based on rounded data and intelligence.

When a change to a service/care pathway is proposed, the Health Board must ensure that the proposal has only positive effects on patient safety and patient experience, and are evidence based, and demonstrate best practice. Only then can we be assured of high quality care. We also need to demonstrate that issues of workforce planning, and skills transfer, together with education and training have been appropriately considered. This tool will enable the Board to be assured that all essential factors are being considered and addressed through the development of service design and that we are compliant with our Duty of Quality. The QIA threshold result is designed to provide an assessment of the perceived impact that the service development will have on the quality of care delivered. Whatever the outcome of the threshold result, there may be individual indicators rated as having a negative impact on quality. In that case, due consideration should be given to all of these to establish how the service/plan could be changed to improve the quality impact or to ensure that on balance, the scheme is worth pursuing. In these cases, the reason for the decision to go ahead should be clearly documented. High risk service developments that result in a red risk score should be escalated through to Quality and Safety Committee for consideration.

Sign off processes

- ☑ All Care Group complaints responses will be signed off by the relevant Care Group Director.
- ☑ All MP or MS queries or concerns on behalf of constituents will be managed by the corporate team for consistency and will require CEO sign off. Awareness and copies of responses will be made available to the Care Group Directors and linked appropriately with any ongoing/parallel activity in relation to the concerns raised.
- ☑ Early Warning notifications will be authorised (watermarked) by the relevant Care Group Director prior to quality assurance within the central patient safety team [CTHB Patient Safety@wales.nhs.uk](mailto:CTHB.Patient.Safety@wales.nhs.uk) before executive sign off and submission to Welsh Government.

- ☑ Notification of Nationally Reportable Incidents (NRIs) will be approved by the relevant Care Group Director prior to quality assurance within the central patient safety team [CTHB Patient Safety@wales.nhs.uk](mailto:CTHB.Patient.Safety@wales.nhs.uk) before executive sign off and submission to the NHS Delivery Unit. NRI closures will be approved by the Quality Assurance Panel and relevant Care Group Director before submission to the central patient safety team [CTHB Patient Safety@wales.nhs.uk](mailto:CTHB.Patient.Safety@wales.nhs.uk) for executive sign off and submission to the NHS Delivery Unit.
- ☑ Locally Reportable Incidents require relevant Director approval and sign off only.
- ☑ Risks will be reviewed and approved for escalation by the Care Group Director.

Listening & Learning Framework and Repository of Learning

Our Listening and Learning Framework and the Repository of Learning demonstrates how organisational learning will be identified, triangulated, stored, disseminated and implemented in practice to facilitate and embed a culture of appreciative enquiry and continually improving health care services and the experience of our workforce. The Framework facilitates a strategic approach to support the organisation to listen and learn lessons from a range of internal and external sources, to record, store and use this learning to share knowledge, shape change and create opportunities to develop excellence in practice.

Quality Improvement – iCTM

The iCTM directorate builds capacity for change across our organisation, co-ordinates improvement and innovation activity, and engages with our colleagues, patients, communities and partners to drive the adoption and spread of the most impactful improvement and innovation options, all underpinned by the principles of Prudent and Value Based Healthcare, and co-creation.

This commitment to provide ALL our people with the knowledge, skills and support to make changes will drive learning and quality improvement initiatives throughout CTM.