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Iechyd Cyhoeddus
Cymru
Public Health
Wales

Name of Meeting
Board

Date of Meeting
23 January 2020

Agenda item:
7.2.230120

Self-Assessment of Quality Governance Arrangements

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| Executive lead: | Rhiannon Beaumont-Wood, Executive Director of Quality, Nursing and Allied Health Professionals |
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| Author: | Rhiannon Beaumont-Wood, Executive Director of Quality, Nursing and Allied Health Professionals Eleanor Higgins Integrated Governance Manager Helen Bushell, Board Secretary and Head of Board Business Unit |
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| Approval/Scrutiny route: | Self-assessment – Public Health Wales Board (6 January 2020) |
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Purpose

Following publication of the Healthcare Inspectorate Wales and the Wales Audit Office report titled 'A review of quality governance arrangements at Cwm Taf Morgannwg University Health Board' (November 2020), the Minister for Health and Social Services requested that all health boards and NHS Trusts in Wales assess themselves against the recommendations and provide plans for future review of arrangements and/or a necessary action to be undertaken.

This paper provides Board with the final version of the self-assessment, which was submitted to Welsh Government on 7 January 2020.

Recommendation:

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|-------------------------------------|---|---------------------------------------|-----------------------------------|--|
| APPROVE <input type="checkbox"/> | CONSIDER <input checked="" type="checkbox"/> | RECOMMEND <input type="checkbox"/> | ADOPT <input type="checkbox"/> | ASSURANCE <input checked="" type="checkbox"/> |
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The Board is asked to:

- receive **assurance** that the self-assessment report was submitted to Welsh Government on 7 January 2020; and
- **Consider** the ongoing oversight arrangements.

Link to Public Health Wales [Strategic Plan](#)

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.

This report contributes to the following:

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| Strategic Priority/Well-being Objective | All Strategic Priorities/Well-being Objectives |
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Summary impact analysis

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| Equality and Health Impact Assessment | N/A |
| Risk and Assurance | Directly related to Board Assurance Framework strategic risk 2 |
| Health and Care Standards | This report supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes All themes |
| Financial implications | N/A |
| People implications | N/A |

1. Purpose / situation

This paper provides the Board with the final document submitted to Welsh Government as requested by the Minister for Health and Social Services, titled 'A review of quality governance arrangements'.

The self-assessment was submitted to Welsh Government on 7 January 2020, the identified submission return date. This date was requested in the letter received from the Minister for Health and Social Services, asking all health boards and NHS Trusts in Wales to complete a self-assessment against the 14 recommendations.

2. Background

Following publication of the Healthcare Inspectorate Wales and the Wales Audit Office report published on in November 2019, a letter was received by Public Health Wales on the 19 November from the Minister for Health and Social Services, asking organisations to assess themselves against the fourteen recommendations identified within the review and to provide plans for future review of these arrangements and/or the necessary actions to be taken. The letter asked that the self-assessment include a narrative of current arrangements and the current level of assurance identified as: high, medium or low. The letter sent by Welsh Government did not provide any guidance or definition of how high, medium or low should be interpreted.

3. Description/Assessment

The self-assessment was informed by a range of corporate information sources, including internal audit report findings and evidence included from Welsh Audit Office 2019 Structured assessment findings, together with other sources of assurance that could support the assessment such as internal or external reviews. Professional judgement also formed part of the assessment process.

The Executive team and then full Board reviewed the self-assessment and confirmed approval of it during a conference call on the 6 January 2020. The self-assessment was submitted to Welsh Government on the 7 January 2020 in accordance with the deadline.

With regard to the ongoing scrutiny and monitoring of the self-assessment findings, in particular the areas to improve or strengthen, it is proposed that the oversight arrangements should be discharged through the following governing forums supported by a central log to monitor the actions:-

| Governing forum | Self-assessment criteria |
|---|---------------------------------|
| Audit & Corporate Governance Committee | 2, 2i, 2ii, 2iii, 7, 10 |
| Quality, Safety & Improvement Committee | 1, 2iii, 2iv, 4, 6, 7, 9ii, 14 |
| Business Executive team / executive leads | 3ii, 3iii, 5, 8, 9i, 11, 12 |
| Board | 9iii, 13 |

**Criteria not referenced do not have action points to monitor*

The Board will be provided with an assurance report against progress during the first quarter of 2020/21.

Recommendations:

The Board is asked to:

- **Receive assurance** that the self-assessment has been completed and submitted to Welsh Government by the deadline.
- **Consider** the ongoing oversight arrangements.



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Public Health Wales
Number 2 Capital Quarter, Tyndall Street,
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Vaughan Gething
Minister for Health and Social Services
By email: janet.davies@gov.wales

7 January 2020

Dear Minister

All-Wales Self-Assessments of Current Quality Governance Arrangements

Thank you for your letter received on the 19 November 2019, requesting Chairs and Chief Executives of NHS Wales organisations to self-assess our position against each recommendation included in the Healthcare Inspectorate Wales/Wales Audit Office Review of Quality Governance Arrangements in Cwm Taf Morgannwg Health Board, published on the 19 November 2019.

We would wish to acknowledge that Public Health Wales takes the report content very seriously and we welcome the request to participate in this self-assessment.

As the national Public Health Institute for Wales, we are both an integral part of the NHS in Wales through the delivery of our services and provision of support, and also have an important role in working with wider partners to inform, influence and support improvements in health and well-being in Wales. We, therefore, measure a number of facets of quality– the quality and safety of the services we provide and/or commission, together with the quality and impact of the evidence, resources and policy documents that we produce. During the next twelve months we will continue to build on our engagement with both the public and partners to further the delivery of our outcomes.

Consequently, we recognise the importance of excellent quality, and a robust evidence base, to underpin all of our functions, programmes and services provided or commissioned by Public Health Wales. We therefore organise ourselves to ensure that this is central to all that we do.

We further acknowledge that the recommendations published, and subsequent request to assess ourselves against them, are predominantly constructed with health boards in mind, as they deliver a full range of clinical services. That said, there are very clear general points of learning around culture, leadership and governance for us all from the recommendations in the report. The clinical services related recommendations apply more specifically to our public health services (including microbiology, health protection and screening programmes) rather than the full breadth of the work undertaken across Public Health Wales.

Within Public Health Wales we have one Directorate (Public Health Services) which provides our public health services (listed above). The governance arrangements within this Directorate most closely relate to the traditional 'clinical settings' within an NHS organisation. Therefore, much of the focus of our self-assessment centres on this Directorate together with the Directorate with the lead responsibility for quality and integrated governance (Quality, Nursing and Allied Health Professionals) and the wider corporate Board governance arrangements.

We note that definitions for the low, medium, high assessments were not provided with the letter and template received. In considering our assessment ratings, we have taken into account any evidence we have, for example audit reports, relevant data and reports alongside our collective professional judgement. We would also wish you to be aware that, where appropriate, we have included elements of our Welsh Audit Office Structured assessment report, which we received earlier this year. The report remains in draft form until presented at our Audit and Corporate Governance Committee in January 2020.

The Board has reviewed each rating for consistency and has approved our self-assessment submission.

Where we have identified development areas in our submission, many of these were already planned as part of our continuous improvement work. The oversight and scrutiny of these actions form part of our governance systems at either executive, Board Committee or Board level, within which the Board Assurance Framework plays a key role.

Finally, we would point out that, over the last couple of years the whole Board has worked collectively on issues raised around Microbiology service stabilisation, the learning from the TB outbreak in Llwynhendy, recruitment of hard to fill posts, the Diabetic Eye Screening service and screening uptake generally. The Board and its committees undertake 'deep dives' and board development sessions include key service reviews when members come together to consider solutions to the issues raised.

We look forward to receiving feedback on the submission in line with our intent to become a high performing organisation, both in respect of our NHS Trust and Public Health Institute in Wales roles.

Yours sincerely,



Jan Williams
Chair



Tracey Cooper
Chief Executive

cc Andrew Goodall, Director General of Health and Social Services/Chief Executive NHS Wales

Public Health Wales Self-Assessment of the Current Quality Governance Arrangements

The table below represents our Public Health Wales self-assessment against the recommendations within the report of the **Review of quality governance arrangements at Cwm Taf Morgannwg University Health Board**. It is important to note that a number of the recommendations apply most specifically to our public health services and do not cover the breadth of the work of the organisation.

| Recommendations | Self-Assessment | Plan for future action/review |
|---|--|--|
| Strategic focus on quality, patient safety and risk | | |
| <p>1. Organisational quality priorities and outcomes to support quality and patient safety are agreed and reflected within an updated version of the Health Board's Quality Strategy/Plan.</p> | <p>We currently have in place a Quality and Impact Framework, which was approved by the Board in November 2016. A new Quality and Improvement Strategy is in development, which will build on the Quality and Impact Framework.</p> <p>Our Strategic Plan (Integrated Medium Term Plan) 2019-2022 references our whole system approach to health and social care, incorporating patient safety (IMTP Page 9 section 1.2.1).</p> <p>In addition to the key performance indicators across all of our service delivery areas (that have been in place for a number of years and are</p> | <p>Building on our existing quality framework and our desire to continually improve, an outline draft of a new Quality and Improvement Strategy is being developed for February 2020 in readiness for wider organisational consultation.</p> <p>A revised suite of key performance indicators are currently in development</p> |

reported to the Board bi monthly in our Integrated Performance Report), we have Quality and Impact Indicators in place across the organisation that were agreed by the Board in March 2018. These are reported quarterly to the Executive Team and Board as part of the Integrated Performance Report. Performance metrics reported in the Integrated Performance Report are currently being mapped against the six quality domains identified by the Institute of Medicine in order to identify our next iteration of quality metrics.

Other areas reflected in the IMTP, in this context, include Health Protection surveillance work that picks up quality and safety issues, Screening Services; and professional oversight, professional regulatory requirements and codes of conduct (for example Nursing and Midwifery Council (NMC)

/General Medical Council (GMC)/Health Care Professions Council (HCPC). Processes are in place to ensure that all professional staff comply with registration, revalidation and medical appraisal requirements and are reported to our People and Organisational Development Board Committee.

All Directorates are required to take part in Mid-Year and End of Year scrutiny reviews where

and are being aligned to our strategic priorities. As part of this revision, the organisation is further refining the current key performance metrics, which are regularly reported in the Integrated Performance Report against the previously mapped six quality domains identified by the Institute of Medicine, with a view to refreshing these where appropriate.

assurance must be provided against their quality arrangements.

The Quality, Safety and Improvement Board Committee receives deep dives from Divisions and Directorates with a specific focus on quality assurance.

The Health and Care Standards are reflected in the IMTP. Each Directorate completes the Health and Care Standards self-assessment and is subject to a peer review. The Directorate action plans are reported through the Integrated Performance Report.

Evidence from our Wales Audit Office (WAO) Structured Assessment: Work to implement the Trust's Quality and Impact Framework has largely been completed. The integrated performance report now includes quality and impact indicators. The Trust plans to revise the indicators by March 2020 and combine them with other performance indicators once it has refined its outcome measures.

Current level of assurance: Medium

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

Significant work has gone on year-on-year to continue to develop our risk management system across the organisation. This includes the active monitoring of strategic risks in our Board Assurance Framework and corporate risks in the corporate risk register together with a clear management and escalation system for the management of risks at divisional and directorate level.

All newly identified risks are assessed by the Chief Risk Officer and risk owners are supported to ensure that suitable risk management strategies are in place.

The Chief Risk Officer meets regularly with each Executive Team Director, the Chief Executive and the Board Secretary to discuss current and potential risks for inclusion on the corporate risk register.

Deep dives of risks within each directorate take place by the Senior Leadership Team in the organisation and relevant Board Committees when deep dives into different aspects of the business are undertaken.

The Chief Risk Officer develops annually an improvement plan for the risk management system, which feeds into the annual planning process.

A Board development event is planned for March/April to further develop the Board's understanding of its strategic risk appetite and review the risk appetite for any amendments to the strategic risks as a result of the annual review.

Public Health Wales has established strategic priority groups to lead on the delivery of the seven priorities set out in our long-term strategy. In

Each year, the strategic risks are reviewed annually by the Board and amended as appropriate and relevant changes are made to the BAF.

The Board also produces an annual statement of risk appetite, which is articulated in the IMTP with each strategic risk having a specific risk appetite defined against it.

An internal audit of our risk management arrangements was completed in early 2019. The audit reported 'the level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with established controls within the risk management process was reasonable assurance. Overall, the arrangements in place for risk management within the Trust are of a reasonable standard and we have identified good practice across the majority of the areas that we reviewed.'

'The Trust has current risk management policy and procedures in place. While we note ongoing monitoring of the Board Assurance Framework by the Trust Board and other Senior Executive meetings, we found that the risk management arrangements within the Public Health Services Directorate were still evolving and as such, we

in addition, there is a coordination oversight group, which brings together the leads for the strategic groups and enabling functions. By March 2020, all Strategic Priority Groups will have compiled risk appetite statements for their strategic objectives and these will be considered at Board

As part of our continuous development, a new version of the corporate risk register is currently under development with a view to being approved in the New Year.

The Risk Management Policy and Procedure are currently under review with a view to reissuing both by March 2020.

have raised a number of issues, which require management attention.'

Within the Public Health Services Directorate, we have undertaken an extensive review of risk management arrangements, which has resulted in significant improvements.

WAO Structured Assessment: The Trust has a strong Board Assurance Framework, which is being used for effective scrutiny. The Framework is supported by a well-documented risk management system.

We have an approved Risk Maturity Matrix, which is due to be completed operationally for the first time in March 2020. The results from this will be shared with the Board and will be used to develop the work plan for 2020/2021.

The Chief Risk Officer will continue to complete the annual maturity matrix self-assessment for risk management within the organisation, which will inform the annual improvement plan as described above.

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| <p><i>i. The Board Assurance Framework (BAF) reflects the objectives set out in the current Integrated Medium Term Plan (IMTP)/annual plan and the organisation's quality priorities.</i></p> | <p>The Board approved Board Assurance Framework (BAF) reflects the objectives set out in the current Integrated Medium Term plan. Quality Priorities are explicit within the risks identified in the BAF, which are associated with the organisation's clinical service delivery e.g. (Risk 3) health protection, medical microbiology and screening services, and implicit in our other risks, associated with our business as a national Public Health Institute.</p> <p><i>From our WAO Structured Assessment: The Trust has a strong Board Assurance Framework, which is being used for effective scrutiny. The Framework is supported by a well-documented risk management system.</i></p> <p>Current level of assurance: High</p> | <p>The Board Assurance Framework is being further matured. Each risk owner is reviewing the risk, the controls and assurances in place and identifying gaps in the assurances and controls. An assessment of the validity of each control and its assurances is also being completed. The role of the Board, its Committees and the Executive Team is also being revisited to ensure the Board Assurance Framework continues to mature in line with the overall governance structure.</p> <p><i>From our WAO Structured Assessment: The Board Business Unit plans to update the Framework this winter including information to show members what level of confidence they can have in the assurance controls for each risk</i></p> |
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| <p><i>ii. Risk Management Strategy reflects the oversight arrangements for the BAF, the Quality and Patient Safety (Clinical) Governance Framework and any changes to the management of risk within the organisation.</i></p> | <p>See comments above.</p> <p>The Integrated Medium Term Plan includes a section on managing risk and this is supported by a Risk Management Policy and procedure.</p> <p>The Risk Management Policy reflects the oversight arrangements for the BAF. The procedure sets out the expectations for the management of quality risks and the safety of service users. There is no specific reference to the Quality and Impact Framework within the Risk Management Policy. This will be addressed when the policy is reviewed and updated in early 2020.</p> <p>Current level of Assurance: Medium</p> | <p>The Risk Management Policy is due for review in January 2020 and will reflect any changes, which have been made since the last iteration of the policy.</p> |
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| <p><i>iii. The Quality and Patient Safety Governance Framework supports the priorities set out in the Quality Strategy/Plan and align to the Values and Behaviours Framework.</i></p> | <p>Our Strategy includes a section on 'Delivering Quality and Measuring our Impact' which provides a summary of how the current Quality and Impact Framework will ensure that the work we are doing is of high quality, has a positive impact on the health, well-being and the protection of the people of Wales and is safe and reliable.</p> <p>A new Quality and Improvement Strategy is now in development.</p> <p>Quality is further embedded throughout the Integrated Medium Term Plan, with specific reference to the Quality and Impact Framework.</p> <p>In April 2017, Public Health Wales launched its organisational values: Working Together, with Trust and Respect, to Make a Difference. These values are part of our organisational annual and mid-year appraisal process, which we call 'My Contribution'. The organisational values: <i>Working Together, with Trust and Respect, to Make a Difference</i> were developed in partnership with staff and approved by the Board in 2017.</p> | <p>Building upon our existing quality and improvement arrangements, our Quality and Improvement Strategy is in development with a draft ready for approval by the end of quarter one (2020).</p> <p>Quality dash board is in development and a draft will be ready for consideration by February 2020.</p> <p>Strategic Public Health Outcomes and indicators are currently in development.</p> |
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| | <p>The organisation has a behaviour framework and the core values are incorporated into the annual performance review for staff.</p> <p>The Board approved Declarations of Interest, Gifts, Hospitality and Sponsorship Policy outlines the Standards of Behaviour Framework for the organisation. This was developed, in consultation with staff, and approved in 2017. It is due for review in 2020.</p> <p>We continually refer to our values and integrate them into all our work. They are embedded into the Long Term Strategy and the Strategic Objectives; organisational policies and procedures; annual performance reviews; our approach to delivery; and partnership working.</p> <p>Current level of assurance: Medium</p> | <p>Work is currently in progress to review our current Performance measures (within the Integrated Performance Report) against quality domains to align with the US Institute of Medicine definition.</p> |
| <p><i>iv. Terms of reference for the relevant Board committees, including those for Audit, Quality and Safety and Risk, and at divisional /group levels, reflect the latest governance arrangements cited within the relevant strategies and frameworks</i></p> | <p>Terms of Reference for Board Committees have recently been reviewed and reflect the latest governance arrangements cited within relevant Strategies and frameworks.</p> <p>The Safeguarding; Service User Experience; and Infection Prevention and Control Groups have clear terms of reference, which are now due for review. The Information Governance Working Group; Health</p> | <p>Terms of Reference for Safeguarding, Service User Experience and Infection Prevention and Control Groups will be reviewed in</p> |

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| | <p>and Safety Group (which is a formal sub- committee of People and Organisational Development Committee); Welsh Language Group; and Official Statistics Group have all undergone a review of their terms of reference in the last 12 months and reflect governance arrangements cited in relevant strategies and frameworks.</p> <p>In the Public Health Services Directorate, which delivers the majority of the clinical services of the organisation (health protection, microbiology and screening services) accountability and governance in relation to quality and patient safety is managed at both a divisional and Directorate level.</p> <p>Microbiology and Health Protection division have a specific quality and safety group charged with oversight and operational matters in relation to these areas. In Screening services, each screening programme has a Programme Board or/and a Quality Board in addition, all of the Screening Programmes have a Quality Lead or improvement role.</p> <p>From these local Directorate level arrangements Quality, safety and risk issues are escalated to the formal Business Executive Team meeting, the Quality, Safety and improvement Committee and where issues require Board level oversight and scrutiny, will be considered at the Board.</p> <p>The Board gives close consideration to risks and</p> | <p>readiness for approval by the end of March 2020</p> |
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issues in relation to quality and safety before determining whether items are remitted to Board Committees for ongoing oversight, scrutiny and monitoring. The Chair of the Quality, Safety and Improvement Board Committee (QSIC) has regular discussions with the Executive leads for quality and the Chair of the Public Health Wales Board. A report is provided by the QSIC Chair to the Board following each Committee meeting.

These leads / Groups report to divisional senior management teams.

Current level of assurance: medium

| Leadership of quality and patient safety | | |
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| <p>3. <i>There is collective responsibility for quality and patient safety across the executive team and clearly defined roles for professional leads:</i></p> | <p>The Executive Director of Quality, Nursing and Allied Health Professionals has joint responsibility for quality and clinical governance with the Executive Director of Public Health Services/Medical Director. They have regular meetings and have Executive responsibility to the Quality, Safety and Improvement Board Committee in ensuring that quality and safety issues are appropriately reported.</p> <p>A new Integrated Governance structure commenced in April 2019, which brings together clinical, corporate and information governance. The new structure focuses on embedding integrated governance culturally across the organisation. Associated systems and processes are being further developed to ensure they are efficient, effective and operate seamlessly across the organisation.</p> | <p>An appointment has recently been made to an Assistant Director of Integrated Governance who will lead the development and implementation of an effective integrated governance framework, with emphasis on strengthening organisational culture in this area at all levels of the organisation.</p> |

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| <p>i. <i>The role of Executive Clinical Directors and divisional/group Clinical Directors in relation to quality and patient safety is clearly defined</i></p> | <p>There is a Scheme of Delegation and Reservation of Powers in place for the Board and Executive Team. This has recently been reviewed and the Board Secretary is participating in an All Wales group to review these for the NHS in Wales.</p> <p>The Executive Director of Quality, Nursing and Allied Health Professionals and Executive Director of Public Health Services/Medical Director each have specific responsibilities for aspects of quality and safety.</p> <p>The Executive Director for Quality, Nursing and Allied Health Professionals is supported by an Assistant Director of Quality and Nursing, who has defined clinical responsibility for quality and safety. The Medical Director is supported by three Assistant Medical Directors (AMDs), each of whom have defined clinical responsibilities for professional oversight and quality and patient safety.</p> <p>The Public Health Services Directorate have well-established quality and clinical governance arrangements in place. Each of the three divisions – Microbiology, Health Protection and Screening - have named professional leads and dedicated groups with a clear remit to ensure the ongoing quality, safety and improvement of services and a</p> | |
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focus on the analysis and scrutiny of information in relation to quality and patient safety issues and actions. The ultimate leadership of quality and safety in all divisions detailed above sits with the Named designated professional/ clinical consultant leads and the relevant service Director i.e. Director of Screening, Director of Integrated Health Protection.

To further evidence quality, the divisions e.g. Microbiology division, have internal rolling programmes of horizontal and vertical audits, within their annual cycle of business, which are included in the annual organisational Audit Plan. In addition to this, there is external assessment of quality standards. Notably in Microbiology services, the laboratories receive an annual external peer review from United Kingdom Accreditation Service (UKAS). This involves a full evaluation of the quality of service delivery including a full audit of every test on every laboratory site being undertaken.

This has resulted in the Microbiology laboratory network receiving and maintaining ISO quality standard accreditation for all PHW laboratories over the last few years.

The Deputy Chief Executive/Executive Director for Operations and Finance has responsibility for Health and Safety.

Medical, nursing and midwifery staff are required to complete professional revalidation with the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) which affirms their clinical responsibilities.

All Health Care Scientists and Allied Health Professionals are registered with the Health Care Professions Council (HCPC) and compliance with their registration is monitored by the organisation.

Public Health specialists register voluntarily with the UK Public Health Register, which upholds and assures professional standards for competence to work in their field.

Assurance on the above is provided to the People and Organisational Development Committee.

For the 2019/20 mid-year assurance reviews, each Director had to demonstrate how they discharge their responsibilities around quality and safety.

Current level of assurance: High

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| <p><i>ii. The roles, responsibilities, accountability and governance in relation to quality and patient safety within the divisions/groups/directorates is clear</i></p> | <p>The Scheme of delegation provides clear roles and responsibilities in relation to quality and patient safety. The existing Scheme of Delegation provides an overview of roles and responsibilities for all levels of the organisation. This is also reflected within the job descriptions of all professionals e.g. nurses and medical professionals etc.</p> <p>Within the Quality and Impact Framework the roles and responsibilities for all Directorates in delivering quality work is summarised.</p> <p>At Directorate/Divisional level key quality and safety responsibilities are specified within particular policies and procedures, for example:</p> <ul style="list-style-type: none"> • Health and Safety Policy and procedures • Risk Management procedure • Alerts Management procedure • Incident Management procedure • Putting Things Right policy • Claims procedure • Health and Care Standards <p>Current level of assurance: Medium</p> | <p>An integrated governance framework will be developed and implemented during 2020/21, which will further strengthen the accountability and governance arrangements across the organisation.</p> |
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| <p><i>iii. There is sufficient capacity and support, at corporate and directorate level, dedicated to quality and patient safety.</i></p> | <p>The Quality, Nursing and Allied Health Professionals Directorate holds corporate responsibility for quality and safety. Since the establishment of the Directorate, between 2015 and 2019, there has been some investment to support the quality and governance agenda. Within some aspects of the quality and integrated governance support capacity, some challenges exist and would benefit from further strengthening, in order to support organisational wide improvement. Recent appointments to the integrated governance aspects of the directorate will assist in addressing this. The Quality, Nursing and Allied Health Professional Directorate is currently reviewing the internal structure to further maximise the effectiveness of existing resources within the Directorate to support the wider organisation.</p> <p>A Quality and Improvement Strategy is in development which will build on the Quality and Impact Framework</p> <p>Current level of assurance: High</p> | <p>The Directorate is currently undergoing a review of its structure and focus, which will provide a clearer picture to allow further work to put forward a case for investment to support the organisation in its next phase of maturity if required.</p> <p>Performance metrics reported in the Integrated Performance Report are currently being mapped against the six quality domains identified by the Institute of Medicine in order to identify quality metrics.</p> |
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Organisational scrutiny of quality and patient safety

4. The roles and function of the Quality and Safety Committee 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 assessment of ensuring sub-groups/committees have sufficient support to function effectively; the content, analysis, clarity and transparency of information presented to the committee and the quality framework in place is used to improve oversight of quality and patient safety across the whole organisation.

The Quality, Safety and Improvement Committee has recently completed an annual self-assessment and has an agreed plan in place to continually develop its role and performance.

The agenda for the Quality, Safety and Improvement Committee is underpinned by the Quality and Impact Framework. Whilst not explicitly driving the Committee agenda, the Framework is received regularly and is implicit in the agenda, for example, service user experience, learning, governance and assurance.

The Health and Care Standards feature in the quality and impact framework. The internal peer review process generates a self-assessment report, which provides oversight of quality and safety within Divisions.

A programme of work is in place for the Board and the Quality, Safety and Improvement Committee to continuously improve using an ongoing cycle of review and an effectiveness action plan/development of a high performing Board criteria. –
Therefore the organisation is confident that it has

Quality and Improvement Strategy in development which will need to drive the Quality, Safety and Improvement Committee.

good processes in place in this area of governance.

Current level of assurance: High

Building on the existing quality and governance framework, and the organisational pursuit of continuous quality improvement, initial work has commenced to develop our next iteration of the organisational approach to improvement. This will include the development of a Quality and Improvement Strategy. Supported by the development of an Integrated Governance Framework

Similarly, the development of the next version of our Quality Dashboard is also underway.

From our WAO Structured Assessment: Board and committee meetings are well-timed with enough time for discussion. Papers generally present clear, accurate information and members give regular constructive challenge on the style and quality of content. Board papers are published on the Trust's website in advance of its meetings.

The new committee (Knowledge, Research and Information) is giving members an insight into parts of the business that have not been scrutinised at committee level in the past. The Committee has

The development of a Quality Dashboard is expected to be completed by the end of the financial year.

WAO Structured Assessment recommendation: *The Wales Audit office to carry out a more detailed review of quality governance arrangements in early 2020*

not relieved workload pressures for the Quality Safety and Improvement Committee as hoped, but this is because the latter is now better sighted of issues within its remit. The Quality Safety and Improvement Committee plans to increase the frequency of its meetings to accommodate additional areas of work arising from its analysis of gaps in assurance.

Work to implement the Trust's Quality and impact framework has largely been completed The Trust is currently implementing 2019 internal audit recommendations focusing on arrangements to ensure performance data on the indicators is accurate. The Trust has informed us that a lack of staff is affecting how quickly incidents are reported and closed and limiting shared learning. The Trust does not have staff to ensure the quality of its analysis of the causes of incidents and could improve information sharing with external organisations.

Current level of assurance: Medium

The Committee has already made plans to increase the time allocated to the Committee from February 2020.

5. *Independent/Non-Executive Members are 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.*

An induction programme is in place for Non-Executive Directors (NEDs) – this includes access to relevant information, training and development internally as well as relevant briefings. The Welsh Government NED induction training will form part of the support for new members.

An ongoing Board development programme is in place, which includes team and personal development, briefings and training content.

NED performance and appraisal reviews are in place which are led by the Chair of the Board – this includes a focus on and review of personal development needs.

The Board Business Unit provides operational support in a day to day basis to the Non-Executive members.

With regards to the support provided to Non-Executive Directors who are in post, our assurance rating is:

Current level of Assurance: High

WAO Structured Assessment: Some non-executive

The induction programme is being further developed to be digitally accessible to NEDs – this will be complete for April 2020.

directors described challenging workloads due to unfilled non-executive director posts and some felt vacancies limited the level of challenge at Board or Committee meetings.

Committees continue to provide good flows of assurance and risks to the Board. Some Committees are reviewing assurance flows to identify possible duplications and gaps.

Recruiting the appropriate calibre of people with relevant experience to fulfil the requirements of Non-Executive Director roles within the Public Appointments framework has been very challenging and continues to present difficulty. We are about to commence a new round of recruitment for 3 roles in January 2020. Reflecting the issues that non-recruitment of additional members presents, we consider our current level of assurance is:-

Current level of assurance: Medium

Work with Welsh Government to continually review our approach to recruitment.

6. *There is sufficient focus and resources given to gathering, analysing, monitoring and learning from user/patient experience across the organisation. This must include use of real-time user/ patient feedback.*

The Board seeks to foster a culture of openness and learning throughout the organisation with a particular desire to learning how we can improve when things go wrong. There are regular opportunities identified for staff 'walk abouts' in all service and function areas by the Chair, Chief Executive and other Non-Executive Directors and Executive Directors.

We utilise the questions from the Welsh Government Revised Framework for Assuring Service User Experience Questionnaire. This primarily relates to the Screening Division and the results of the questions are reported to Quality Safety and Improvement Committee annually and are tabled at the quarterly Service User Experience learning Panel.

Public Health Wales gathers, analyses and learns from user (citizen) experience and feedback across the organisation. However, we do not currently systematically use real-time user feedback.

During mid and end of year reviews, Directorates are expected to demonstrate how they obtain feedback on their service, function or programme in

Service user experience Lead will support services and individual programmes in reviewing service user experience.

'Our Approach to Engagement' implementation will commence during 2020, placing significant emphasis on gaining feedback from citizens and stakeholders, to inform our improvements.

order to continuously improve. This can be through a range of approaches. I.e. Service User Feedback, Professional stakeholder feedback, Behavioural Insights work.

The Annual Quality Statement published at the end of May each year incorporates the principles of 'you said, we did'. The Statement provides an overview of what we will do for the coming year and a look back confirming how we have delivered the previous year's commitment.

The Putting Things Right Annual Report which is also published includes learning from complaints. Furthermore, the Putting Things Right report which is presented to the Quality, Safety and Improvement Committee on a quarterly basis and in the Integrated Performance Report demonstrates learning from complaints and claims.

'Learning from events reports' are now being submitted to Welsh Government to summarise learning from claims.

Following the Once for Wales Concerns Management System tendering process, it was agreed that the service user experience module specification needed further work. A decision was made by the procurement team in Welsh Risk Pool

At the point of readiness Public Health Wales will participate in the roll out and implementation of the 'Once for Wales' Datix

(WRP) to tender separately for this work with a requirement for it to feed into the Once for Wales Datix system.

The organisation is not confident that the 'Once for Wales' new Datix system is likely to meet all of our organisational requirements, particularly the functionality between incident management and risk management.

Public Health Wales, along with other health bodies in Wales, have been supporting WRP with the development of a draft tendering specification. Welsh Risk Pool are now taking forward the procurement process on behalf of NHS Wales. The project aims to conclude with a successful tender award by the 31 March 2020.

Deep Dives, which include a focus on service user experience, are received at each Quality, Safety and Improvement Committee. In early 2020 the Board will begin to hear more service/stakeholder User stories aligned to our strategic priorities, in addition to receiving regular updates from key areas of partnership working.

From our WAO Structured Assessment: Board members regularly hear staff and user experiences and the Trust has better linked their stories to

system being led by the Welsh Risk pool.

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| | <p><i>agenda items and strategic priorities. The Trust is also improving its engagement with children and young people. In 2019, it published two additional Annual Quality Statements: one written by and for 7-10 year olds, and another for young people aged 11 and over. The Trust also established a Young Ambassadors programme to give young people aged 11-21 the opportunity to influence delivery of its strategy. The Trust plans further improvements to its approach to engaging with people of all ages including establishing a people’s panel to provide additional scrutiny of implementation of the Strategic Equality Plan.</i></p> <p>Current level of assurance: Medium</p> | |
| <p>7. <i>There is visibility and oversight of clinical audit and improvement activities across divisions/groups/director-ates and at corporate level. This includes identification of outliers and maximising opportunities for sharing</i></p> | <p>A Quality and Clinical Audit Plan has been approved by the Quality, Safety and Improvement Committee and is monitored on a bi-annual basis. The plan includes national and local audits from across the organisation.</p> <p>Within our Clinical Services within Public Health Services, we have assessed that we have a healthy approach to audit which can be evidenced within our Microbiology vertical and horizontal audits and externally reviewed as part of the ISO accreditation</p> | <p>The Quality team has identified a need for a central repository of Quality and Clinical Audits to allow for learning and sharing of good practice. Recognising we have more to do with regards to sharing and learning – we are well on our way but more to do and: Strive for more systematic</p> |

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| <p><i>good practice and learning.</i></p> | <p>process. Similarly, our Screening Services 'fail safe' processes identify where improvements are needed. Screening Services have an externally appointed Quality Assurance Expert to advice on best quality standards for the respective programmes.</p> <p>A recent base line assessment of Improvement projects (IQT silver) has been undertaken to better understand learning from successful and unsuccessful projects, to inform future planning to support the development of our improvement capability and capacity.</p> <p>To date where Improvement Support has been required, Improvement Cymru has provided improvement support and advice. The intention is that the source of support going forward will be realised through the establishment of an Improvement Hub within the organisation which will focus on increasing improvement capability and capacity across the organisation.</p> <p>Identification of outliers and sharing of good practice and learning takes place at a local level. However, further work is needed to systematically</p> | <p>approach</p> <p>An integral part of the Quality and Improvement Strategy will be the establishment of an Improvement Hub, to further drive our culture of continuous improvement to embed a strengthened quality management system.</p> |
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share this across the organisation.

The Executive Team, and the Quality, Safety and Improvement Committee, recognise the opportunity to increase quality audit activity to reflect all areas of Public Health Practice across the organisation. This is an area which the Committee will focus on to further strengthen and build upon the current Quality/Clinical audit plan.

Also of note, our Knowledge Directorate undertakes a number of audits and reviews e.g. Child Death Reviews, Childhood Anomaly Register and Information Service (CARIS) audits, and the findings are published to drive improvement together with key stakeholders.

Current level of assurance: High/Medium

The Quality Strategy will include the implementation of an Improvement Hub to share learning, and to support and enhance improvement skills to improve the quality and impact of our services, functions and programmes.

Arrangements for quality and patient safety at directorate level

8. *The organisation has clear lines of accountability and responsibility for quality and patient safety within divisions/groups/directorates.*

The wide scope of the work of Public Health Wales means that each Directorate/Division organises itself differently and appropriately according to the remit or function. Business managers help to coordinate the scrutiny of the work, which takes place within directorates.

Public Health Consultants lead on key aspects of work and support presentations provided to Board Committee deep dives and during incident reporting investigations.

Within Public Health Services Directorate as referred to previously, in addition there are a number of roles which lead on quality. The remit for each quality lead reflects the nature of their service/programme area.

Following a recent internal review of the Tuberculosis outbreak in West Wales a review has been undertaken of the Outbreak Escalation Protocol – this is currently being reviewed by the Executive team and due for Board decision in January 2020.

Current level of assurance: Medium

The development of the Integrated Governance Framework will provide strengthened arrangements and lines of site between the local and corporate accountability arrangements.

Request for Board approval of the revised outbreak escalation framework scheduled for January 2020.

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| <p>9. <i>The form and function of the divisional/group/directorate quality and safety and governance groups and Board committees have:</i></p> | | |
| <p>i. <i>Clear remits, appropriate membership and are held at appropriate frequency.</i></p> | <p>The Information Governance Working Group; Health and Safety Group (which is a formal sub-committee of People and Organisational Development Committee); Welsh Language Group; and Official Statistics Group have all undergone a review of their terms of reference in the last 12 months and have clear remits, appropriate membership and are held at appropriate frequency.</p> <p>The Safeguarding; Service User Experience; and Infection Prevention and Control Groups have clear terms of reference approved by QSIC and are held at appropriate frequency (quarterly), however the terms of reference are due for review, which will also include a review of membership in early 2020..</p> <p>As noted in 2 (iv), each division of Public Health Services has a designated group for quality and safety. Terms of Reference (ToR) are in place for these groups, which outlines the remit and membership.</p> | <p>Following the appointment of the Assistant Director of Integrated Governance an Integrated Governance Framework will be developed in 2020</p> <p>Terms of reference for Infection Prevention and Control, Safeguarding and Service User experience to be updated in early 2020.</p> |

Current level of assurance: Medium

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

As outlined in 2 (iv) above the groups have clear roles and responsibilities with Terms of Reference which provide a clear focus on quality and safety issues.

Board Committees undertake annual self-assessments and reviews of effectiveness which consider focus, analysis and scrutiny of information. Each Committee has an agreed plan in place to continually develop its role and performance.

The Board receives the Integrated Performance Report at every meeting. Reporting against quality measures is included in this report. External reviews such as United Kingdom's Accreditation Service (UKAS) accreditation and International Association of National Public Health Institute (IANPHI), Peer review have incorporated quality measures. We have also commissioned and completed in the past 3 years an external review of our Screening Services.

There will be a more strategic approach to service user engagement with the implementation of 'Our Approach to Engagement', to realise our ambition to become a learning organisation informed by citizens who access or are impacted by our programmes, functions and services.

From our WAO Structured Assessment: Board and committee meetings are well-timed with enough time for discussion. Papers generally present clear, accurate information and members give regular constructive challenge on the style and quality of content. Board papers are published on the Trust's website in advance of its meetings.

Current level of assurance: Medium

iii. *Clarity of the role and decision making powers of the Committees.*

See response to 9 (ii)

We will continue to review and continuously improve our Board and Committee effectiveness, and are committed to a programme of annual review and self-assessment.

Current level of assurance: High

Identification and management of risk

10. *The organisation has clear and comprehensive risk management systems at divisional/group/directorate and corporate level, including the review and population of risk registers. This should include clarity around the escalation of risks and responsibilities at directorate and corporate level for risk registers and the management of those risks. This must be reflected in the risk strategy.*

See comments above in section 2.

We have clear and comprehensive risk management systems at all levels of the organisation, including the review and population of risk registers. The Risk Management Policy and Procedure provide clarity around the escalation of risks and responsibilities at directorate and corporate level for risk registers and the management of those risks. Risks are reviewed at Senior Leadership Team.

From our WAO Structured Assessment: The Trust has effective performance and risk management arrangements and is identifying improvements where gaps or weaknesses exist.

Current level of assurance: Medium

Management of incidents, concerns and complaints

11. *The oversight and governance of DATIX and other risk management systems ensures they are used as an effective management and learning tool. This should also include triangulation of information in relation to concerns, at a divisional/group/ directorate or corporate level, and formal mechanisms to identify and share learning.*

DATIX is the risk management system used in Public Health Wales.

We have been working to improve the configuration of our Datix management system in its current format, recognising that we are also part of the NHS Wales Datix 'Once for Wales' project which seeks to procure an improved system.

We are confident that at a local level that triangulation of incidents, concerns and complaints that learning occurs and can be evidenced.

However, at an organisational wide level, there are limitations to DATIX as a system in terms of triangulating information and as an effective tool for management and learning. The Datix incident management system has recently been revised and further work is required to foster a culture of compliance with policies and procedures. Which is expected to improve cross organisational learning, which is more systematic.

We understand the importance of training our staff to recognise and report incidents

Implementing phase one of a revised incident management system.

A quality control process is about to be rolled out through Datix (Q4)

Once for Wales system being implemented which will require 2-3 years of work to embed across organisation.

Implementation of the system is being taken forward by Welsh Risk Pool.

appropriately and are currently rolling out a revised incident procedure. As an organisation, we are signed up to the 'Once for Wales' procurement of a new NHS Wales datix system, we remain concerned the new configuration will still not address our improvement and reporting needs.

A quality dashboard is being developed which is anticipated to help provide better oversight and further opportunities to strengthen learning from concerns and incidents beyond the initial source.

Current assurance level at a local level e.g. Programme: medium

Current level of assurance at an organisational level: low

(We have scored ourselves low on the basis that the current configuration of the Datix system does not enable us to fully implement an effective learning system, and we remain concerned, that the new configuration may still not address all of our improvement and reporting needs).

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| <p>12. <i>The organisation ensures staff receive appropriate training in the investigation and management of concerns (including incidents). In addition, staff are empowered to take ownership of concerns and take forward improvement actions and learning.</i></p> | <p>Root Cause Analysis serious incident training has been delivered to key staff across the organisation. The rationale for this is to ensure the information being entered is of good quality.</p> <p>The concerns team have recently been working with programmes to discuss the concerns process and ensure they understand what is expected in order to deal with concerns effectively. This has proved beneficial and built better working relationships between the concerns team and Programmes.</p> <p>Concerns performance has now improved to 95%, following a number of improvement measures that have been put in place.</p> <p><i>From our WAO Structured Assessment: The Trust wants to improve its incident management approach including raising awareness of the importance of raising concerns and the process for doing so. The Trust told us that a lack of staff is affecting how quickly incidents are reported and closed and limiting shared learning. The Trust does not have staff to assure the quality of its analysis of the causes of incidents. The Trust is also aware of specific areas where it could improve information sharing with external organisations to learn from the collective approach to incident management, such as disease outbreaks. The Trust is reviewing</i></p> | <p>Continuous improvements are being made in this area and the ongoing implementation of Incident Management system will further strengthen this.</p> <p>From January 2020, a quality control system for incidents will be introduced where a review will be completed of 50% of incidents raised and feedback provided including areas of good practice and areas for improvement.</p> <p>Training on incident management system will begin once recruitment of the Risk and Incident Support Officer has been completed.</p> <p>Further work is scheduled to continue this exercise</p> |
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staff levels and arrangements to improve incident management. We will undertake a more detailed examination of the elements underpinning the Trust's quality governance arrangements in early 2020.

Current level of assurance: Medium

in the new year with other programmes throughout the organisation.

The establishment of an Improvement Hub which over time will strengthen the support for teams in taking forward programme and service improvements.

Through the implementation of our quality and improvement strategy and our people strategy we seek to strengthen our approach as a learning **organisation and continue to build** improvement capability and capacity.

We plan to undertake a

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| | | climate culture survey during 2020. |
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| Organisational culture and learning | | |
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| <p>13. <i>The organisation has an agreed Values and Behaviours Framework that is regularly reviewed, has been developed with staff and has a clear engagement programme for its implementation.</i></p> | <p>The organisational values: Working Together, with Trust and Respect, to Make a Difference were developed in partnership with staff and approved by the Board in 2017.</p> <p>In April 2017, Public Health Wales launched its organisational values: Working Together, with Trust and Respect, to Make a Difference. These values are part of our organisational annual and mid-year appraisal process, 'My Contribution'. The values have also been enshrined into other organisational processes such as recruitment and our leadership programmes. Our values are at the centre of our annual staff awards which have been branded 'Diolch!'. The organisational values were developed in partnership with staff groups and approved by the Board.</p> <p>We are currently reviewing and redeveloping the set of behavioural descriptors/ framework, launched at the same time as our organisational values. We have drafted an updated Values and Behaviours</p> | |
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| | <p>framework which is being piloted between December 2019 and January 2020.</p> <p>We have utilised our existing leadership framework as well as the current Healthcare Leadership Model to ensure what we have is meaningful and supported by tools available throughout both Public Health Wales and NHS Wales.</p> <p>Following what we hope to be a successful pilot, we aim to engage with staff on what will be the final version of the framework, before launching and embedding it throughout our employment cycle later in 2020 – recruitment, development, wellbeing, engagement and progression.”</p> <p>For more information please refer to section 2 (iii)</p> <p>Current level of assurance: High</p> | |
| <p>14. <i>The organisation has a strong 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 within the</i></p> | <p>The concerns team recently conducted a deep dive audit into identifying lessons learnt from concerns. This provided assurance that the organisation is able to identify lessons that need to be learnt but further work is required to ensure these are fully implemented within a reasonable timescale.</p> <p>Some learning is shared via the Putting Things Right report and at local levels, however there is insufficient systematised sharing at an</p> | <p>A follow up of the deep dive is scheduled for next year to monitor the implementation of the learning identified and ensure that the recommendations have been applied.</p> |

organisation and across the NHS.

organisational level.

We have a strong executive approach to learning from and sharing with others/ benchmarking/researching best practice. These have included undertaken strategic reviews across the organisation including:

- External strategic review of our screening services commissioned in 2016
- External quality review and strategic review of our health intelligence services
- External review of Healthy Work in Wales. Welsh Government commissioned independent academic experts to peer review proposals for a new Healthy Working Wales delivery model. The review was undertaken in summer 2019.
- Internal review of Dental Public Health to consider potential improvements in functions and resource allocation.

Between 2016-2017 the Welsh Government undertook a stock take to consider arrangements between Public Health Wales and Welsh Government in relation to governance and accountability. *"It was acknowledged that*

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| | <p><i>generally governance and accountability arrangements worked well and have developed over time.</i>” Outstanding actions are being taken forward as part of other work streams.</p> <p>We strive to continually review and learn from similar organisations outside of Wales. For example, in 2017 the Board invited the International Association of National Public Health Institutes (IANPHI) to complete a peer review of Public Health Wales. The report and recommendations were received in March 2018.</p> <p>The Board has received regular updates on the progress being made against the areas identified for action. We have continued to learn from the strong work of other National Public Health Institutes.</p> <p>More recently we have undertaken a review of the Tuberculosis outbreak in West Wales. Together with Hywel Dda University Health Board, we have looked at our approach to the outbreak as part of our collective commitment to continually improve the services we deliver and to strengthen health protection arrangements in Wales. This included considering any additional actions that may be of</p> | <p>Public Health Wales will always consider the need to commission an external review where need dictates and continually benchmarks itself against other Public Health Institutes or bodies providing similar functions and services.</p> <p>Public Health Wales will continue to review the best available evidence from national and international research and recognised expert bodies, such as the UK Screening Committee, NICE etc. to inform learning and improvement in all that it does.</p> |
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| | <p>benefit to optimise learning.</p> <p>We are currently considering our approach to quality management / learning and development (Board session scheduled for Feb 2020 following up a Board session in June 2019).</p> <p>More work is needed to improve organisational coordination and application of learning. However, at Directorate and Divisional level there is a lot of data and information to inform learning (audits, reviews, internal reflections)</p> <p>Executive Directors and Professional leads play an active role in NHS national peer groups, for example: Medical Directors, Directors of Nursing, Directors of Finance; Board Secretaries; Directors of Workforce and Organisational Development</p> <p>Improvement Cymru, the all-wales Improvement service for NHS Wales, is part of Public Health Wales and develops, embeds and delivers system-wide improvements across health and social care. Internally, we are actively seeking to learn and adopt an evidence based approach from the current</p> | <p>The Quality, Nursing and Allied Health Professionals Directorate, is currently re-purposing itself in order to ensure that the current resource is able to focus appropriately on both driving quality and improvement and strengthening our integrated governance arrangements.</p> <p>Two key appointments have been made to lead on these areas of focus which are anticipated to be in post in February/April 2020</p> |
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| | <p>work being generated by Improvement Cymru, to our own organisational approach to quality and improvement where appropriate.</p> <p>Current level of assurance: High</p> | |
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