



| | | | | |
|--|---|---|--|--|
| Teitl adroddiad: <i>Report title:</i> | Independent Review Management Response: Patient Safety Review | | | |
| Adrodd i: <i>Report to:</i> | QSE Committee | | | |
| Dyddiad y Cyfarfod: <i>Date of Meeting:</i> | 27 October 2023 | | | |
| Crynodeb Gweithredol: <i>Executive Summary:</i> | This report provides the initial management response following the Patient Safety Review. | | | |
| Argymhellion: <i>Recommendations:</i> | The Committee is asked to note this report. | | | |
| Arweinydd Gweithredol: <i>Executive Lead:</i> | Angela Wood, Executive Director of Nursing and Midwifery | | | |
| Awdur yr Adroddiad: <i>Report Author:</i> | Matthew Joyes, Deputy Director for Quality Governance | | | |
| Pwrpas yr adroddiad: <i>Purpose of report:</i> | I'w Nodi <i>For Noting</i> <input type="checkbox"/> | I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/> | Am sicrwydd <i>For Assurance</i> <input type="checkbox"/> | |
| Lefel sicrwydd: <i>Assurance level:</i> | Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i> | Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i> | Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i> | Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i> |
| <p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p> | | | | |
| Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i> | To support Special Measures | | | |

| | |
|---|----------------|
| <p>Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i></p> | Not applicable |
| <p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p> | Not applicable |
| <p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p> | Not applicable |
| <p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p> | Not applicable |
| <p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i></p> | Not applicable |
| <p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i></p> | Not applicable |
| <p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i></p> | Not applicable |
| <p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks: (or links to the Corporate Risk Register)</i></p> | Not applicable |
| <p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i></p> | Not applicable |
| <p>Camau Nesaf: Gweithredu argymhellion Next Steps: Implementation of recommendations</p> | |

QSE Committee, 27 October 2023

Special Measures Independent Reviews - Management Response

Patient Safety Review

1) Background and context

On 27 February 2023, the Minister for Health and Social Services announced that she was escalating the intervention status of the Health Board (BCUHB) to Special Measures with immediate effect. This decision reflected serious and outstanding concerns about board effectiveness, organisational culture, service quality and reconfiguration, governance, patient safety, operational delivery, leadership, and financial management. A number of Independent Advisors (IAs) were appointed to form a BCUHB improvement and support team to provide the support and advice necessary to enable BCUHB to implement the changes required to deliver improvements. The support and advice in this instance refer to an objectively derived blend of measures (monitoring, assurance, evaluation, guidance, encouragement, and support) which in combination will provide assurance to stakeholders (including patients, staff and the wider public).

Discussions with staff and previous Independent Members (IMs) disclosed a number of concerns around BCUHB affiliated patient safety, although no details were shared about these concerns. The Minister when escalating the Health Board to Special Measures requested that a separate assessment be conducted into whether or not these concerns were valid and if so whether further investigation was required.

This report provides the initial management response following this Patient Safety Review.

The Committee is reminded that a Clinical Governance Review is also due to start with strong interdependences, and this review will form long term support, therefore the actions around the wider quality agenda will grow as this further review commences.

2) Overview from Development Session

The Independent Advisor who led on the review presented the report to the Committee in a development session on 14 September 2023. This allowed the Committee to hear from the lead and to ask questions.

The review has not made specific recommendations but rather areas of focus. These areas of focus align fully to the overarching themes identified from all of the collective reviews undertaken as part of Special Measures to date (see below for mapping).

However as mentioned earlier, a number of other complimentary reviews are imminent or underway such as the Clinical Governance Review and Executive Portfolio Review and therefore the attached initial management response will develop to include actions aligned and linked to that wider work.

Where the areas of focus detailed in the report already show alignment to other reviews and improvement activity (such as the Executive Portfolio Review) then actions are not included here to avoid duplication).

3) Key Themes from the Review

| Themes from reviews received to date | Applicable to this review <i>Check box if applicable</i> |
|--|---|
| 1. Data, Intelligence & Insight Ensuring that there is an organisation wide approach with prioritised interventions into improving our data, intelligence and insight tools and capabilities. This will be a key enabler for sustainable improvement as well as supporting identification of future potential services of concern. | <input checked="" type="checkbox"/> |
| 2. Culture Defining, engaging and committing to the long-term work necessary to improve the culture of the organisation. Integrated into our broader organisational development plan across Culture, Leadership and Engagement. | <input checked="" type="checkbox"/> |
| 3. Risk Management Reviewing and refining our approach and appetite to risk, including how risks are identified, managed, mitigated, reported and monitored. | <input checked="" type="checkbox"/> |
| 4. Patient, Family, Carer Involvement A single coordinated approach to maximise involvement and engagement with our patients and their families and carers, using their experiences to guide our ongoing service improvement. | <input checked="" type="checkbox"/> |
| 5. Operating model Ensuring our operating model is designed to best deliver our strategic priorities, with clarity for everyone across all levels of the organisation on the roles and responsibilities, systems and processes within divisions and Pan BCU services. | <input checked="" type="checkbox"/> |
| 6. Organisation Governance and compliance Ensuring organisation wide visibility and understanding of governance best practice and ensuring adherence to it. | <input checked="" type="checkbox"/> |
| 7. Integrated Planning A well understood integrated approach to planning as a discipline, as well as contributions to our annual planning process. | <input checked="" type="checkbox"/> |

4) Recommendations

The committee is asked to **APPROVE** the management response in readiness for onward publication into the public domain.

Table 1: Management Response Action Plan

| Data, Intelligence and Insight | | | | | |
|---------------------------------------|---|---------------------------------------|-----------------|-------------------------------|--|
| Ref | Action | Lead | Deadline | RAG status¹ | Progress Update |
| | A Quality Dashboard will be developed underpinned by a series of specialist dashboards (i.e. falls, complains, etc). These dashboards will create a single version of the truth using agreed metrics directly connected to the quality systems for real time data. This will be fully aligned with an overarching integrated, balanced score-card style dashboard in development. | Deputy Director of Quality Governance | 31 Dec 2023 | | An initial draft of the dashboard has been developed and is being reviewed for presentation as a first draft to the executive sponsor (the Executive Director of Nursing and Midwifery) ahead of an initial pilot and subsequent roll-out. |
| | To support the above, a quality data catalogue will be developed from an initial set of core measures, to be extracted from the quality systems in real-time and fed into the data warehouse. | Deputy Director of Quality Governance | 31 Dec 2023 | | An initial link has been made between the Datix system and the data warehouse ahead of further testing and development. |

| | | | | |
|---|--|--------------------|--|---|
| <p>A Quality Systems User Group will be established to ensure wider engagement in the development and management of quality systems.</p> | <p>Deputy Director of Quality Governance</p> | <p>30 Nov 2023</p> | | <p>The group has been established and held its first introductory meeting. The terms of reference will be developed in co-design with all key stakeholders and submitted to the Quality Delivery Group.</p> |
| <p>As part of the re-alignment of portfolios in the quality function, a Quality Informatics Team will be established to provide greater analytical support and greater oversight of quality data alongside support to services. This team will closely link with the Business Intelligence and performance functions.</p> | <p>Deputy Director of Quality Governance</p> | <p>31 Dec 2023</p> | | <p>The initial team has been pulled together and are now reviewing procedures and working practices.</p> |
| <p>A Quality Surveillance Group will be established to undertake triangulation of quality data (including soft intelligence) which feed into the new Service of Concern Process being developed.</p> | <p>Deputy Director of Quality Governance</p> | <p>31 Dec 2023</p> | | |
| <p>A central and digital library of learning will be established which will be launched alongside a revised approach to the collation, analysis and dissemination of learning.</p> | <p>Deputy Director of Quality Governance</p> | <p>31 Mar 2024</p> | | |

| | | | | | |
|--|---|---------------------------------------|-------------|--|--|
| | A new Quality Report for the Executive Team will be established to improve visibility and assurance of quality. | Deputy Director of Quality Governance | 30 Nov 2023 | | |
| | The Board Quality Report will be reviewed and refreshed to improve visibility and assurance of quality. | Deputy Director of Quality Governance | 31 Dec 2023 | | |

¹ **RAG status definitions:** **Green:** On track, **Amber:** Off track with mitigations in place to bring back on track, **Red:** Off track without mitigations in place to bring back on track

Culture

| Ref | Action | Lead | Deadline | RAG status ¹ | Progress Update |
|-----|--|---------------------------------------|-------------|-------------------------|---|
| | Work will continue during 2023/24 to embed the Duty of Candour and Duty of Quality into everyday practice. This will be reported through to the QSE Committee. | Deputy Director of Quality Governance | 31 Mar 2024 | | Duty of Candour training and Duty of Quality training continues to be rolled-out. An initial audit of compliance with the Duty of Candour has been completed. |
| | A Learning Organisation Framework will be developed, alongside a readiness assessment tool, that will inform future system and culture changes requires to become a learning organisation. | Deputy Director of People | 31 Mar 2024 | | A draft framework has been developed which consists of key building blocks. A workshop with clinicians, leaders and staff is being arranged for November 2023 to ensure this work progresses in co-design with staff. |
| | A Just and Restorative Learning Culture Programme Plan will be developed to inform the future roll-out of this work. | Deputy Director of People | 31 Mar 2024 | | An initial programme plan is being developed by the Associate Director of People, Senior OD Manager and Deputy Director of Quality Governance. An initial area of focus will be employee relation investigations. |
| | A Learning from Excellence process will be developed, to embrace the concepts of Safety II thinking. | Deputy Director of Quality Governance | 31 Aug 2024 | | A "Great-ix" reporting tool, and associated cascade process for the learning, has been established and is now in place. |

| | | | | | |
|--|---|---------------------------------------|-------------|--|--|
| | The Human Factors Programme will be reviewed and refreshed alongside the launch of Civility Saves Lives training and champions. | Deputy Director of Quality Governance | 31 Dec 2023 | | A Civility Saves Lives seminar was held with around 500 staff attending and two workshops have been held to train champions. |
|--|---|---------------------------------------|-------------|--|--|

¹ **RAG status definitions:** **Green:** On track, **Amber:** Off track with mitigations in place to bring back on track, **Red:** Off track without mitigations in place to bring back on track

Risk Management

| Ref | Action | Lead | Deadline | RAG status ¹ | Progress Update |
|-----|---|---------------------------------------|-------------|-------------------------|--|
| | A Quality Impact Assessment process, procedure and tool will be developed and launched aligned to the Duty of Quality and national guidance. | Deputy Director of Quality Governance | 31 Dec 2023 | | |
| | A review of the concerns about specific services/specialities mentioned in the report will take place to ensure these are being assessed and reported, or to make recommendations for further analysis (this will be reported to the Quality Delivery Group). | Deputy Director of Quality Governance | 31 Mar 2024 | | |
| | The approach to quality assurance will be reviewed and refreshed and a new regulatory procedure and quality assurance procedure will be developed. | Deputy Director of Quality Governance | 31 Jan 2024 | | A new Regulatory Assurance Group has been established and the AMaT system now embedded for tracking regulatory actions. A "mock inspection" methodology has also been trialled for future use. |

¹ **RAG status definitions:** **Green:** On track, **Amber:** Off track with mitigations in place to bring back on track, **Red:** Off track without mitigations in place to bring back on track

Patient, Family, Carer involvement

| Ref | Action | Lead | Deadline | RAG status ¹ | Progress Update |
|-----|---|---|-------------|-------------------------|--|
| | A Real Time Feedback Task Group will be established to review the current approach to capturing patient and carer feedback and make recommendations for future development. | Deputy Director of Nursing (Patient Experience) | 31 Dec 2023 | | Meetings for the task group have been set. |

¹ **RAG status definitions:** **Green:** On track, **Amber:** Off track with mitigations in place to bring back on track, **Red:** Off track without mitigations in place to bring back on track

Operating Model

| Ref | Action | Lead | Deadline | RAG status ¹ | Progress Update |
|-----|---|---------------------------------------|-------------|-------------------------|-----------------|
| | The roles of locally based quality support teams will be reviewed and proposals made for the best alignment. | Deputy Director of Quality Governance | 30 Nov 2023 | | |
| | A review of the safeguarding concern detailed in the report will take place with recommendations for further work reported to the Quality Delivery Group. | Deputy Directors of Nursing | 30 Jan 2024 | | |

¹ **RAG status definitions:** **Green:** On track, **Amber:** Off track with mitigations in place to bring back on track, **Red:** Off track without mitigations in place to bring back on track

Integrated Planning

| Ref | Action | Lead | Deadline | RAG status ¹ | Progress Update |
|-----|--|---------------------------------------|-------------|-------------------------|---|
| | The new Quality Strategy will be developed through a co-design process. | Deputy Director of Quality Governance | 31 Mar 2024 | | |
| | A Quality Management System will be developed in line with the Duty of Quality, which will describe how Quality Planning, Quality Control, Quality Assurance and Quality Improvement will work together as a collective quality system | Deputy Director of Quality Governance | 31 Mar 2024 | | This work will be undertaken with support from the NHS Wales Executive National Quality Team as part of the Clinical Governance Review. |

¹ **RAG status definitions:** **Green:** On track, **Amber:** Off track with mitigations in place to bring back on track, **Red:** Off track without mitigations in place to bring back on track

Organisation Governance and Compliance

| Ref | Action | Lead | Deadline | RAG status ¹ | Progress Update |
|-----|--|---------------------------------------|-------------|-------------------------|--|
| | The Quality Governance Framework will be reviewed and refreshed and will include greater clarity on the roles, responsibilities and authorities of all groups including the reporting expectations, process and templates. This will include mapping meetings into an overall cycle and introducing standard templates and a single document repository. | Deputy Director of Quality Governance | 31 Dec 2023 | | |
| | Best practice guidance will be issued to IHCs and Regional Divisions to support effective local quality governance arrangements. | Deputy Director of Quality Governance | 31 Jan 2024 | | |
| | The QSE Committee cycle of business will be reviewed and refreshed. | Board Secretary | 31 Oct 2023 | | A proposed cycle of business has been developed and approved by the Executive Director of Nursing and midwifery (as executive lead) and is being submitted to the QSE Committee in October 2023. |

| | | | | | |
|--|--|---|-------------|--|--|
| | The Putting Things Right Policy will be reviewed and updated. | Deputy Director of Quality Governance | 31 Dec 2023 | | |
| | The Complaints Procedure and process will be reviewed and updated to ensure the process is effective and a focus is place on learning. | Deputy Director of Nursing (Patient Experience) | 30 Jan 2024 | | |
| | The Incident Procedure and process will be reviewed and updated to ensure the process is effective and a focus is place on learning. | Deputy Director of Nursing (Patient Safety) | 31 Dec 2023 | | The procedure is currently being drafted to take into account feedback and a workshop is being held in October 2023. |
| | The Claims Procedure and process will be reviewed and updated to ensure the process is effective and a focus is place on learning. This work will align with the national claims learning programme being undertaken by the Welsh Risk Pool. | Deputy Director of Quality Governance | 30 Jan 2024 | | |

| | | | | | |
|--|--|---|--------------------|--|--|
| | <p>The Redress Procedure and process will be reviewed and updated to ensure the process is effective and a focus is place on learning. This work will align with the national claims learning programme being undertaken by the Welsh Risk Pool.</p> | <p>Deputy Director of Quality Governance)</p> | <p>30 Jan 2024</p> | | |
| | <p>The Inquest Procedure and process will be reviewed and updated to ensure the process if effective and a focus is place on learning. This will take into account feedback from HM Senior Coroners.</p> | <p>Deputy Director of Quality Governance)</p> | <p>30 Nov 2023</p> | | <p>A procedure has been developed and is being presented to the Executive Team for approval in October 2023.</p> |

¹ **RAG status definitions:** **Green:** On track, **Amber:** Off track with mitigations in place to bring back on track, **Red:** Off track without mitigations in place to bring back on track