Audit Wales Quality Governance Recommendations Update

QSEC Meeting April 2022

Situation

The purpose of this report is to provide Quality, Safety and Experience Committee with an update following the Review of Quality Governance Arrangements undertaken by Audit Wales.

In October 2021, Audit Wales published a report following the review of quality governance arrangements within Hywel Dda University Health Board (UHB). The Audit and Risk Assurance Committee received and considered the final report at the meeting on 19th October 2021

Audit Wales "found that the Health Board is committed to providing safe, high quality services and has aligned its strategy and plans with risk and quality improvement. While corporate structures and resources provide effective support for quality governance and improvement, inconsistencies in operational arrangements and weaknesses in operational risk management limit the provision of assurance. Monitoring and scrutiny of the quality and safety of services is being strengthened through increased use of quality outcome measures."

Audit Wales made a number of recommendations. The Health Board have developed an action plan in response to the recommendations.

Archwilio Cymru
Audit Wales

Review of Quality Governance Arrangements – Hywel Dda University Health Board

Audit year: 2019
Date issued: October 2021
Document reference: 2583A2021-22

Recommendations

	Recommendation	Management Response	Completion Date	Update
R1	**Effectiveness of quality and safety sub-groups** The Health Board recently issued generic templates for the agendas and terms of reference of sub-groups of the Operational Quality, Safety and Experience Sub Committee to address operational inconsistencies. We found that records for sub-group meetings are not of a consistent standard and are not readily available when required. The Health Board should: a) mandate the use of the recently issued generic templates with the understanding that the agenda template is a minimum requirement which can be supplemented as appropriate; b) issue guidance on record taking at meetings; and c) ensure that local records are stored in a standard location to facilitate access.	a) The EDONQPE to reissue templates and instruct utilisation at each quality governance meeting at service and directorate meetings. b) Guidance document to be developed and issued with (R1a). c) Include within guidance document (R1b) a reminder of the importance of storing of meeting papers in accordance with corporate records management policy	31/11/2021	Completed Completed Completed
R2	**Operational leadership** There are inconsistent leadership arrangements at an operational level for assurance, risk, and safety across the Health Board. The Health Board should either strengthen current arrangements where staff resources for assurance, risk and safety are managed by directorates to improve consistency, or move to a model where those staff are managed centrally, ensuring that support available to the operational teams is consistent across the Health Board.	There are consistent leadership arrangements in place at operational level (acute, community and primary care) for assurance, risk and safety, however responding to the pandemic has impacted on the capacity of the leadership teams to be able to discharge all their accountabilities effectively. There has been a daily focus on managing risks across the system, however this has not always been reflected in the risks on the Datix Risk System. A review will be undertaken to enhance the capacity across operational and corporate teams to ensure a consistent approach to managing assurance, risk and safety. It is possible there will be a financial impact of the review and therefore this will need to be considered as part of the IMTP for 2022-23.	31/12/2022	Meetings continue to be held with Directorates on a six monthly basis to discuss and scrutinise the risk registers. The consistency of operational teams risk registers is discussed through operational business structure An assessment of the current approach, both corporately and operationally, to quality governance has been undertaken. The Head of Quality and Governance will share the findings with the DoN, MD and DoO in the next few weeks.

Recommendations (continued)

	Recommendation	Management Response	Completion Date	Update
R3	**Risk Registers** Risk register entries are not being updated for many months, limiting the assurance that can be taken from them. Some risks are recorded more than once, are not co-ordinated across service areas and there is also potential that the impact of a combination of separate risks could lead to critical consequences for services. Specific risks for the General Surgery Team are also not included in the Scheduled Planned Care Directorate risk register. The Health Board needs to strengthen its management of risks at an operational level by: a) ensuring that operational teams clearly identify the risks for which they are responsible for and update risk registers in line with corporate policy. b) putting arrangements in place to ensure that the management of risks are coordinated across operational teams and that mechanisms are in place to identify when the combination of a number of risks across service areas could lead to an increased severity of risk.	During the ongoing pandemic, risks continue to be managed on a daily basis however, they have not always been captured on the Datix Risk system due to operational capacity. As outlined in R2, a review of capacity across the operational and Corporate functions will be undertaken teams to ensure a consistent approach to managing assurance, risk and safety. In addition to this: a) A joint risk review process of risk registers has been instigated with each Directorate by the EDOO and EDONQPE supported by the Head of Assurance and Risk commencing in October 2021.	31/12/2021	Completed
		b) (i) The joint review process will be used to reinforce the role of oversight by the local triumvirate teams. The expectation that there is communication and consultation between services where there are risks and issues that may affect impact more widely will be reiterated.	31/12/2021	Completed
		(ii) Risk is now a standard item on the newly established Senior Operational Business Meeting and should identify cross directorate risks. The agenda will be based around the Senior Operational Business Meeting's work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year and requests from members.	Completed	Completed
		(iii) Implementation of new Risk Management system (Phase 2 of the Once For Wales).	31/12/2021	The Health board continue to work with the Once for Wales Concerns Management Team with regards to the new all Wales risk management system.
		(iv) Interim work to be undertaken on the current Datix Risk Module to facilitate the combination of similar risks across the Secondary Care Directorate.	31/12/2021	This recommendation has been delayed due to the Omicron variant. The revised date for implementation is July 2022.

Recommendations (continued)

	Recommendation	Management Response	Completion Date	Update
R4	**Risk Management** The approach taken by operational managers to risk management is inconsistent and there is a lack of ownership and accountability of some risks at an operational level. The Health Board should provide support to enable senior managers across the operational structure to take ownership and be accountable for their risk management responsibilities including the need to address the issues set out by the recommendations in this report	This will be addressed as part of the review outlined in R2 and R3.	31/12/2022	See R2 and R3

Recommendation

For the Quality, Safety and Experience Committee to receive an update following the Review of Quality Governance Arrangements undertaken by Audit Wales.