Quality Governance Arrangements – Public Health Wales NHS Trust report: Management response to the audit recommendations

Note : This paper was considered and approved at the Quality, Safety and Improvement Committee on 20 July 2022.

A copy of the paper and the Audit Wales Report is being provided to the Audit and Corporate Governance Committee for information.

Note the actions within this paper will be reviewed as part of the reporting on the Audit Action Log

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Approval/Scrutiny route:	Rhiannon Beaumont-Wood, Executive Director, Quality, Nursing and Allied Health Professionals Business Executive Team – 05 July 2022 Quality, Safety and Improvement Committee 20 July 2022

Purpose
To provide the Quality Safety and Improvement Committee with the management response to the audit recommendations within the Audit Wales *Review of Quality Governance Arrangements – Public Health Wales NHS Trust* report.

Recommendation:				
APPROVE ☒	CONSIDER ☐	RECOMMEND ☐	ADOPT ☐	ASSURANCE ☒
The Quality Safety and Improvement Committee is asked to: • **Take assurance** on the management response and plan to address the recommendations identified in the Audit Wales *Review of Quality Governance Arrangements – Public Health Wales NHS Trust* report.				

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:	
Strategic Priority/Well-being Objective	All Strategic Priorities/Well-being Objectives
Strategic Priority/Well-being Objective	All Strategic Priorities/Well-being Objectives
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Summary impact analysis	
Equality and Health Impact Assessment	An Equality and Health Impact Assessment is not necessary, as no decision is required.
Risk and Assurance	N/A

Health and Care Standards	This report supports and/or takes into account the [Health and Care Standards for NHS Wales](#) Quality Themes
	
	    Governance, Leadership and Accountability
	    Choose an item.
	    Choose an item.

Financial implications	N/A
People implications	N/A

1. Purpose / situation

The paper provides a summary of the management responses to the audit recommendations within the Audit Wales *Review of Quality Governance Arrangements – Public Health Wales NHS Trust.*

2. Background

The Wales Audit Office identifies in its report that "*quality should be at the 'heart' of all aspects of healthcare and putting quality and patient safety above all else is one of the core values underpinning the NHS in Wales. Poor quality care can also be costly in terms of harm, waste, and variation. NHS organisations and the individuals who work in them need to have a sound governance framework in place to help ensure the delivery of safe, effective, and high-quality healthcare. A key purpose of these 'quality governance' arrangements is to help organisations and their staff both monitor and where necessary improve standards of care."*

The Summary section of the Audit Wales report provides a fuller context for this audit which have been undertaken across organisations in NHW Wales.

"The Audit Wales audit examined whether organisational governance arrangements support delivery of high quality, safe and effective services. It focused on both the operational and corporate approach to quality governance, organisational culture and behaviours, strategy, structures and processes, information flows and reporting. The report (see appendix 1) summarises the findings from the Audit Wales work at Public Health Wales NHS Trust carried out between August and November 2021. Audit Wales tested the 'floor to board' perspective through examining the arrangements for the New-born Hearing Screening Programme."

3. Assessment

Public Health Wales welcome the findings and recommendations of the Audit Wales *Review of Quality Governance Arrangements – Public Health Wales NHS Trust* report which are helpful to build upon our existing quality governance processes. Many of the findings relate to our existing plans for improvement which were adversely impacted by the COVID-19 response of the past two years. However, we are keen to address the Audit Wales findings and this is reflected in our responses to the recommendations.

The management responses are outlined in the table below and can also be found within the Audit Wales report in appendix 1.

Management response to audit recommendations

Exhibit 2: management response [This table will be completed once the report and detailed management response have been considered by the relevant committee(s).]

Recommendation	Management response	Completion date	Responsible officer
R1 **Equality Impact Assessments.** Weaknesses in the Trust's approach to conducting, sharing, and responding to equality impact assessments limit its ability to deliver quality services that meet the needs of the population. The Trust should strengthen its approach to equality impact assessments by: a. Ensuring EIAs are completed where necessary. b. Agreeing quality standards and a process to assess EIAs, ensuring they are meaningful assessments with appropriate actions to mitigate adverse impacts. c. Developing a central repository to store and share EIAs across the organisation.	The importance and value of Equality Impact Assessments in supporting quality services that meet the needs of the Welsh population is understood. This is currently a high priority issue as we realise the importance of enhancing the current arrangements to help the organisation meet the needs of the Socio-Economic Duty. There is a cross-organisational working group currently reviewing the tool for completing impact assessments, with the view to integrating various impact assessments and readying the organisation to develop a digital tool. This tool will support staff to engage with and complete the Equality Impact Assessment process. Currently there is limited dedicated resource to support staff in the organisation to complete these. We are scoping improved support for staff to ensure they are completed in a meaningful way and actions are monitored and completed. This will take into consideration the recommendation that a central repository is held to store EIAs, which was already planned as part of the ongoing implementation of the Socio-Economic Duty. In addition,		TBC

Recommendation	Management response	Completion date	Responsible officer
d. Developing a process to monitor implementation of mitigating actions.	we are launching an Engagement & Experience Network for colleagues across the organisation who have responsibility for designing and delivering our services, programmes and functions. There will be opportunity in the workplan of this network to further develop the capability of staff to complete Equality Impact Assessments to a high standard, including ensuring that the public's voice is at their centre. • Scope and agree the solution • Implement the agreed solution	March 2023 March 2023	
R2 **Risk Management.** The Trust does not have a clear picture of what operational risks are being carried in different parts of the business or how they are managed. Staff use different risk management software and resources are under pressure. The Trust is halfway through developing confidence levels for the controls in its strategic risk register. The Trust should strength its risk management arrangements by:	We are in the process of rolling out the first year of the Risk Management Development plan which is based upon the aim of strengthening risk management and delivering a consistent approach to risk management across the organisation and from Board level down through Directorates and Divisions. Specific actions include: • A revised Board level risk appetite against organisational priorities as the basis for an aligned and embedded system of establishing risk appetite across the Trust. • Risk management embedded as a standard agenda item in relevant meetings across the organisation.		

Recommendation	Management response	Completion date	Responsible officer
a. Prioritising the implementation of its Risk Development Plan. b. Continuing to develop systems to assure the quality of controls in the strategic risk register and consider the best forum to share the information. c. Ensuring consistent software is used to manage risk across the business. d. Review resources for risk management including the breadth of the Chief Risk Officer's portfolio of work, and whether operational staff have protected time for risk management.	• Revised and improved schedule and presentation of the Corporate and Strategic Risk Registers at Executive, Committee and Board levels. • Establish the role of the Leadership Team in Corporate and Directorate Risk Management. • Work in partnership with the Planning Team to embed risk management into the DaDD in all Directorates. In implementing the Risk Management Development Plan focus will also be placed on the quality and effectiveness of controls within the Strategic Risk Register, the Corporate Risk Register and Directorate Risk Registers. The Strategic and Corporate Risk Registers will be regularly reviewed by the Business Executive, Committees and Board and the Corporate Risk Register and Directorate Risk Registers will be reviewed by the Leadership Team. The Trust has successfully implemented the majority of the Once for Wales Concerns Management (Datix Cloud) System but, as with the rest of NHS Wales, is awaiting test release of the Risks Module. This is scheduled for September 2022 with implementation due in January 2023. The roll out of the Risks module will include user training for a system which is expected to be more intuitive and easier to use. In the interim, a training needs analysis to improve the consistency of the use of the current Datix Risks Module will be carried out.	March 2023 March 2023 November 2022	Executive Director for Quality/Nursing and AHP's

	Recommendation	Management response	Completion date	Responsible officer
		The Quality, Nursing and Allied Health Professionals Directorate is currently finalising a re-purposing change programme where it is proposed that the role of the Chief Risk Officer is split into 2 roles: Head of Information Governance and Head of Risk Management: • Head of Information Governance post - resource will be identified during 2022. • Risk Management – temporary specialist strategic risk resource will be identified for 2022/23. • Head of Risk Management post - further investment will be sought to support a new post which will report to the Assistant Director, Integrated Governance.	August 2022 August 2022 March 2023	
R3	**Clinical Audit**. The Trust does not have central oversight on the quality and totality of its clinical audit programme. It does not have a clear picture of how well the programme links to quality and safety risks, key themes arising from the programme, or whether actions to address recommendations have been implemented. The Trust should strengthen its clinical audit arrangements by:	An implementation plan has been developed for several improvement deliverables to the Quality and Clinical Audit programme. Key objectives include: Facilitating the sharing of learning from completed audits across the organisation: • In the interim, the staff intranet (SharePoint) will be used • A longer-term solution for a central repository will be scoped. The PHW Innovation and Improvement Hub is a one potential option for this. Once the options are scope then a feasibility analysis will	August 2022 March 2023	Executive Director of Quality, Nursing and AHP's.

Recommendation	Management response	Completion date	Responsible officer
a. Creating a central repository to store and share all clinical audits, either in the quality hub or elsewhere. b. Developing a system to track and report progress implementing the recommendations of clinical audit to the Business Executive Team and Quality, Safety, and Improvement Committee. c. Developing a process to link the clinical audit plan more clearly to operational, corporate, and strategic risk registers to demonstrate that audits are mapped to key quality and safety risks. d. Collating themes arising from the clinical audit programme and sharing with the Business Executive Team and Quality, Safety, and Improvement Committee. Future clinical audit plans should provide assurance that themes are being investigated.	take place to determine the optimum solution and move to the implementation phase. Improving the oversight of implementation of audit recommendations through the development of a central action log: • All actions for the 2021-22 quality and clinical audits have been collated into a central action log template • Updates on the progress of these actions are provided to the Quality, Nursing and Allied Healthcare Professionals Directorate on a quarterly basis. This progress will then be reported to the Business Executive Team and Quality, Safety and Improvement Committee in the interim (6-month) and year-end reports. Introduce a risk-based approach to the quality and clinical audit programme: • An initial scoping exercise has been undertaken to determine if audits in the 2022-23 quality and clinical audit plan are linked to risk registers. The findings were that the overwhelming majority are not. • It is recognised that delivery of this objective is intrinsically linked to the delivery of the Risk Management Development Plan. Matrix working between the Risk Team and the Quality, Engagement and Collaboration Team has been	May 2022 March 2023 May 2022 March 2023	

Recommendation	Management response	Completion date	Responsible officer
	established and a joint approach will be taken to engage with the organisation to improve the approach to risk management and consequently the link between risks, and quality and clinical audits. Improve the oversight of findings from quality and clinical audits, utilising this to generate a thematic analysis to inform future audit plans: • An initial thematic analysis was produced for the year-end completed audits report for 2021-22. • This report will be presented to Business Executive Team and Quality, Safety and Improvement Committee in July 2022. The analysis examined the audit themes being investigated, as well as the six domains of healthcare and Health and Care Standards these audits provided assurance against. This analysis will also be presented to the Organisational Clinical Governance Group in July 2022, and quarterly updates on progress of the quality and clinical audit plan provided to the Group. • The introduction, in April 2022, of a standardised template for the reporting of audit results for all 2022-23 quality and clinical audits will further facilitate the generation of a thematic analysis going forward.	May 2022 July 2022 April 2022	

Recommendation	Management response	Completion date	Responsible officer
R4 **Staff Appraisals and Training**. Compliance with staff appraisals has been consistently below the Welsh Government and Trust's internal target and has recently deteriorated further. Similarly, training compliance falls below the Trust's target, largely because of difficulties providing face to face training in safe environments. The Trust should ensure compliance with staff appraisals and statutory and mandatory training meets the national target within the next 12 months.	People and Organisational Development will: • Continue to report on compliance monthly • Provide detailed individual appraisal data quarterly to the Executive Team and People Business Partners, extending this receiving group to include Business Leads and Leadership Teams, to drive compliance rates up • Communicate about the current My Contribution Process and My Contribution e-learning at key stages in the year The inclusion of Appraisal Dashboards in the Directorate and Divisional Dashboards will give local management and leadership teams alternative and more intuitive data. It is anticipated the implementation of the latest all-Wales Pay Progression Policy will positively impact compliance rates and there will be quality assurance to ensure conversations and appraisals remain meaningful. The development of a revised Behavioural Framework and updated Management and Leadership Framework will support the emphasis on both transactional and transformational management responsibilities regarding appraisals. We are planning engagement activity to ensure this year's review and redesign of the My Contribution process achieves clarity of purpose and drives meaningful discussion and positive behaviour and aligns with PHW's vision of a flexible, skilled and motivated workforce who can deliver our long-term strategy. This review will encompass documentation and recording	12 months from date of report	Director of People and OD

Recommendation	Management response	Completion date	Responsible officer
	processes/software in advance of UK-wide developments in people systems. Compliance with the core suite of statutory and mandatory training remains just above the Welsh Government target of 85% (in June 2022). To drive improvement, People and OD hold two ESR drop-in sessions per month. The sessions are regularly communicated via SharePoint and weekly e-mail communications and are well attended. During 2021-22, in-person training was reinstated for Manual Handling B and C, Resuscitation and Violence and Aggression Breakout Training. We are currently reviewing the position in terms of in-person training to complement the core suite of e-learning. We are aware of some reporting challenges through ESR which is impacting on compliance figures, this also relates to the job planning process for the medical workforce. Work is under way to look at improvements in this area.		
R5 **Policies and procedures**. The Trust does not know whether its directorates have appropriate processes for updating and sharing policies, procedures and Standard Operating Procedures or to test compliance with them. The Trust should strengthen its management of policies, procedures, and written control documents by:	Agree with the recommendation, we will take the following actions: 1. The Policy, Procedure and Other written Control documents Procedure has been strengthened to more clearly outline: • The process for how updates to Corporate Policies and Procedures will be disseminated throughout the directorates. • The requirement for the Policy Owner to test compliance with, and staff awareness of new or	July 2022	Board Secretary and Head of Board Business Unit

Recommendation	Management response	Completion date	Responsible officer
a. Developing a process to update and share policies and procedures at directorate level with staff. b. Monitoring staff awareness of new or updated policies and procedures. c. Testing compliance with new or updated policies and procedures including the Putting Things Right Procedure and All Wales Concerns policy. d. Providing assurance to the Quality, Safety and Improvement Committee that new and updated policies and procedures are being used by staff.	updated procedures, and report to the relevant Committee for assurance, where appropriate. 2. Relating to the process for Local Directorate Procedures, and SOPS, guidance on the appropriate governance arrangements within Directorates will be developed to ensure a consistent approach to the development, dissemination, and testing compliance of Local Procedures. This will be developed in conjunction to the current work being undertaken in this area within the Integrated Governance Model.	October 2022	Board Secretary and Head of Board Business Unit
R6 **Service User and Staff Feedback**. The Trust does not routinely and consistently collect information about the protected characteristics (under the Equality (Wales) Act) of its users, or of people taking part in research surveys. It does not consistently share learning from staff and user feedback or consistently let people	Public Health Wales' Our Approach to Engagement programme aims to support the organisation to build on good practice to develop how we engage with the public. It has a significant role in the implementation of our Quality and Improvement Strategy and the Health and Social Care (Quality and Engagement) (Wales) Act 2020. We agree with the recommendations and we will take the following actions:		Executive Director of Quality Nursing and AHP's

Recommendation	Management response	Completion date	Responsible officer
know what changes it made as a result of their feedback. The Trust has recently invested in the CIVICA system to improve its approach to user feedback. More broadly, the Trust should strengthen its approach to user and staff feedback by: a. Developing and implementing the CIVICA system and a consistent approach to capture information on the protected characteristics of service users and respondents to research surveys. b. Developing an approach to combine feedback from staff, service users, complaints, incidents, and compliments to create a more robust picture of the quality and safety of services. c. Developing mechanisms to inform service users about the impact their feedback has had on service improvement. d. Including service user feedback in deep dives for the Quality, Safety, and Improvement Committee. e. Developing an approach to sharing learning from	• Implementation of the Service User Feedback Experience (Civica) system • Provide training for teams in Public Health Wales to use the Civica system to capture feedback from their service users and/or stakeholders efficiently, equitably and in a consistent manner across the organisation • Development and implementation of standardised, and evidenced-based, survey questions on protected characteristics • Recruitment of a new Engagement & Evidence Lead post, whose role will contribute to improved use of existing evidence relating to impacts on people with different protected characteristics, including from a range of different sources, including third sector and community groups • Development and implementation of an Engagement & Experience Network for colleagues across the organisation who have responsibility for designing and delivering our services, programmes and functions • Existing organisational governance arrangements reviewed and strengthened for all engagement activity across the organisation, enhancing the citizen voice and providing support to the Public Health Wales Leadership Team and Business Executive Team to improve assurance and governance in respect of public engagement	June 2022 June 2022 August 2022 October 2022 July 2022 September 2022	

Recommendation	Management response	Completion date	Responsible officer
engagement with staff and users either through the implementation of the Quality as a Business Strategy and progressing agile methods which have been initiated.	• Develop organisational framework for engagement which outlines how engagement should be embedded in our key strategies and processes with impact and value	October 2022	
	• Review current assurance mechanisms for Service User Experience, to ensure our systems provide for the amplification of citizen voice and capturing learning and improvements in line with the requirements of the Quality & Engagement Act	October 2022	
	• Implement recommendation from literature review of evaluation measures to develop an evaluation framework for engagement activity, with clear performance and outcome metrics measured on a regular basis that monitor the impact of our engagement activity	November 2022	
	• Develop tools and resources for a best practice approach to engagement and informed by internal engagement with staff to identify learning and knowledge needs	January 2023	
	• Collaboratively design and develop an organisational approach to capacity and capability building for skills in engagement and feedback analysis to inform planning and improvement	March 2023	
	• Using gathered intelligence to develop corporate resource (e.g. central stakeholder database) to facilitate shared relationships with external stakeholders and to identify and fill gaps so that we reach all sectors of the Welsh population	March 2023	Director for NHS Quality Improvement and Patient Safety
	• Development and implementation of the Improvement and Innovation hub to support	September 2022	

Recommendation	Management response	Completion date	Responsible officer
	sustainable continuous improvement and innovation.		
R7 **Sub-groups of the Quality, Safety, and Improvement Committee**. The terms of references for the Quality, Safety and Improvement Committee do not include its sub-groups. Sub-groups currently report by exception reducing the level of assurance that the Committee can take that these sub-groups are functioning effectively. The Trust should revise its terms of reference of the Quality, Safety, and Improvement Committee to include its sub-groups and reporting mechanisms. In doing so, it should ensure that the Committee has oversight of the breadth of material covered by the sub-groups and key themes or issues arising from discussions.	**Agree with the recommendation.** All Committee terms of reference have been reviewed and clarification added to detail the sub groups and assuring groups to the Committees. The QSIC Work plan also has been amended to include more frequent reporting from the two assuring groups (IPC and Safeguarding) to increase from annual to Bi-annually. We have also scheduled future deep dives into the two areas on the work plan.	Completed	Board Secretary and Head of Board Business Unit

4. Recommendation

The Quality Safety and Improvement Committee is asked to:

- **Approve** the management response to the audit recommendations within the Audit Wales *Review of Quality Governance Arrangements – Public Health Wales NHS Trust* report

Appendix 1: Audit Wales *Review of Quality Governance Arrangements – Public Health Wales NHS Trust* report

The Public Health Wales management response is within Appendix 1 of the report.

[insert embedded link to report]