



Quality Management Action Plan Update

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Version: 1

Sponsoring Executive Director: Rhiannon Beaumont Wood, Executive Director of Quality, Nursing and Allied Health Professionals

Who will present: Rhiannon Beaumont Wood, Executive Director of Quality, Nursing and Allied Health Professionals

Date of Committee meeting: 6 October 2016

Committee/Groups that have received or considered this paper:
Executive Team

The Committee are asked to: (please select one only)

Approve the recommendation(s) proposed in the paper

Discuss and scrutinise the paper and provide feedback and comments

Receive the paper for information only

✓

Link to [Public Health Wales commitment and priorities for action](#):
(please tick which commitment(s) is/are relevant)



✓



✓



✓

Priorities for action

include relevant priority for action(s)

1 Introduction

This report sets out to provide the Quality and Safety Committee with an update on the actions and timeline in relation to the implementation of the quality agenda as identified within the Integrated Medium Term Plan (IMTP).

2 Background

An initial paper was presented to the Executive Team in November 2014, by the Director of Quality, Nursing & Allied Health Professionals, setting out the proposed approach to strengthen the focus and arrangements for Quality and Safety within Public Health Wales.

Since then a number of papers have been presented to the Executive Team and Quality and Safety Committee setting out more detail of the proposed way forward and updating on progress. Following an update to the Quality and Safety Committee in April 2016 a further update was requested for the next meeting scheduled for October 2016.

3 Timing

The action plan spans a period until the end of March 2018.

4 Description

This paper provides an update on the Quality Action Plan using the RAG rating system. The definition of the RAG rating for this report is set out at Appendix A.

5 Financial Implications

The action plan has a number of known associated costs e.g. appointment to specific roles but these have been factored into the budgets of the relevant Directorates. As time progresses and the actions are implemented there may be additional costs highlighted.

6 Recommendation

The Committee is asked to **consider** the attached action plan and current position.

Quality Action Plan/ Timeline

No	Action	By When (as identified in IMTP)	Revised target date	Update	RAG Rating
PHASE 0: Identifying the resources and structures					
QUALITY					
1	Investment and appointment of key resources to drive and support the quality agenda	End Sept 2015	January 2016	The Quality Lead commenced 4 January 2016	Completed
2	Implement structural and reporting changes to the quality agenda	End Sept 2015		Executive Lead for Quality now in post and Quality Lead. Quality Management Group established	Completed
3	Commence the development of a Quality Assurance Framework which will support the organisation in identifying quality markers	End Dec 2015	Amended from end of March 2016 to end of June 2016	Draft Framework completed and out for staff consultation until early September 2016. Scheduled for Executive Team consideration in September and Quality and Safety Committee consideration in October.	Completed
4	Quality Lead to engage with all Directorates and Divisions in relation to the quality agenda	End Feb 2017		The Quality Lead continues to meet with members of staff across Directorates and delivered a workshop at the three Mission Possible 2 events.	Ongoing
5	Quality Framework to include the sharing of lessons learnt from Complaints/ Concerns/ Feedback/ Compliments	End Feb 2017		Lessons learnt is a standing agenda item on the Service User Experience and Learning Panel and Quality Management Group. Draft Good Practice Guidance document completed to support the Quality and Impact Framework which has a dedicated section on Lessons Learnt.	Ongoing

No	Action	By When (as identified in IMTP)	Revised target date	Update	RAG Rating
6	Commence implementation of a Quality Framework	End March 2016	Amended from end of June 2016 to end of September 2016	Draft Framework out to staff consultation till early September 2016. Implementation of the commencement of the Quality and Impact Framework to begin in late September / early October when a Task and Finish Group will be established to look initially at the Health and Care Standards within the Framework.	Ongoing
7	Establish a Quality Improvement Hub to support and inspire innovation and continuous improvement for our services and programme	End Dec 2015	Amended from end of June 2016 to end of September 2016	Target date revised due to delay in implementing the Framework. The Hub is integral to the Framework. Initial Hub meeting scheduled for October (due to move of premises)	
8	Establish a quality and risk subgroup which reports via the Executive to the Quality & Safety Committee	End Sept 2015		Inaugural meeting of Quality Management Group held in November 2015. TOR developed. Quarterly meetings scheduled.	Completed
9	Hold three staff events across Wales to start the scoping/ engagement re Quality agenda	End August 2015		Three events were held during July/ August 2015 with the afternoon session focusing on Quality.	Completed
10	Identify main themes raised in engagement events which will help inform Quality Framework	End of September 2015		A report was present to the Executive team in October 2015 of the overall themes	Completed
11	Scope gaps in existing quality indicators	End Dec 2015	Amended from end of June 2016 to end of	Indicators will be developed in collaboration with the Performance and planning Directorate and staff across all Directorates. Workshops	

No	Action	By When (as identified in IMTP)	Revised target date	Update	RAG Rating
			September 2016	will be held with Directorates from October onwards to scope this work. Timescale for the completion of work will depend on availability of Directorates and complexity of indicators identified. It is anticipated that this will not be completed till end of March 2017	
12	Develop and implement bespoke quality indicators across the organisation	End March 2016	Amended from end of March 2016 to end of September 2016	Indicators will be developed in collaboration with the Performance and planning Directorate and staff across all Directorates. Workshops will be held with Directorates from October onwards to scope this work. Timescale for the completion of work will depend on availability of Directorates and complexity of indicators identified. It is anticipated that this will not be completed till end of March 2017	
RISK					
13	Recruit an interim Chief Risk Officer for the organisation to inform the requirements of recruitment to the substantive post	Completed		Permanent position now appointed, commenced May 2016	Completed
14	Appointment of a substantive Chief Risk Officer/ Information Governance	End Sept 2015	October 2015	Permanent position now appointed, commenced May 2016	Completed
15	Undertake a review of our risk management arrangements and make recommendations for implementation	End Sept 2015	Revised time line to end of September 2016	The interim Chief Risk Officer developed and implemented a new Risk Management Framework. The baseline self assessment in Jun/July	Completed

No	Action	By When (as identified in IMTP)	Revised target date	Update	RAG Rating
				2015 reached a maturity score of 32/110. Further review in April 2016 increased this score to 52/110 (20 point improvement). The substantive CRO in post will further review the impact of implementation. Any gaps will be reported by Sept 2016.	
16	Introduce revised risk management framework	End Sept 2015	Nov 2015	The Risk Management Framework and associated guidance/ implementation plan have been developed to strengthen and enhance current arrangements. Policy in place	Completed
17	Develop and strengthen existing and additional risk registers	End Sept 2015	Revised time June 2016 to December 2016	New Board Assurance Framework adopted by the Board June 2016. New Corporate Risk Register adopted by the Executive Team July 2016. Directorate Risk Registers currently in development, target of 31/12/16	Time line revised
18	Implement risk management training and awareness across the organisation	End March 2016	Revised time line from June 2016 to end of October 2016 (for training to commence)	Training needs analysis complete and training packages now being developed, target 31/10/16	On target
PROFESSIONAL ISSUES					
19	Ensure adequate structures in place to confirm professional revalidation of staff as required	Medical staff: Ongoing		Nursing revalidation has now been introduced. Revalidation dates obtained for all	Structure in place

No	Action	By When (as identified in IMTP)	Revised target date	Update	RAG Rating
		Nursing staff: Commences April 2016		registrants. Regular information shared with registrants via e-bulletin and web pages. Training provided for all registrants and all line managers of registrants.	
20	To identify all staff who fall into the remit of Health Care Support Workers (HCSW) and ensure they are aware of the Code of Conduct for HCSW, the Clinical HCSW Career Framework and Modernising Scientific Careers (MSC)	End March 2016	Revised date of end of September 2016	Work completed to identify which roles can be classed as HCSW. Engagements event undertaken in Swansea, Llantrisant and Wrexham to inform HCSWs of Code and Career Frameworks (both Clinical HCSW Framework)	Completed Ongoing engagement
				Revised date due to new ISO standards being implemented and lack of dedicated lead to take forward training. Initial discussion held re Modernising scientific careers. Awaiting appointment of Training Lead in Microbiology who will assist in moving this agenda forward	Job description for training lead ready to be advertised on TRACs. Due to the delay in recruitment the timeframe for taking forward the work with the MSC will be delayed

No	Action	By When (as identified in IMTP)	Revised target date	Update	RAG Rating
					further. Proposed revised timeframe February 2017
PHASE 1: Focus on systematising assurance processes					
21	Continue to systematise the assurance process – particularly within Public Health Services Directorate; including a focus on Stop Smoking Wales	End March 2017		To be updated following completion of Phase 0 In developing the Quality Framework the Health & Wellbeing Directorate will be involved in discussions but will not be involved in systemising the approach until Phase 2	
PHASE 2: Focus on the Health and Wellbeing Directorate					
22	Focus on the assurance process within the Health and Wellbeing Directorate to determine where and how programmes/systems demonstrate and capture quality, to better integrate into organisational wide quality and governance assurance frameworks	End March 2018		To be updated following completion of Phase 0	
23	Fully embed the Quality Assurance Framework	End March 2018		To be updated following completion of Phase 0	

Appendix A: RAG Rating Definition

STATUS	DEFINITION
GREEN "On Track"	All work relating to this action is on track or completed.
AMBER "Early Warning"	This action is behind schedule but will completed by the revised timescale
RED "Behind Schedule"	This action is behind schedule and will not be completed by the revised timescale
BLUE "Out of our control"	Responsibility for the action now sits with an external agency and Public Health Wales has completed all their required actions