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# Quality and Safety Programme *Project Initiation Documentation*

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## **Purpose and Summary of Document:**

The purpose of this document is to set out the approach to delivering a programme of work to address the actions highlighted in the Quality and Safety Framework, published in 2021 by the Welsh Government.

This document sets out the scope of the programme, its structure with identified roles and responsibilities together with the programme's governance arrangements.

# 1 Background

A [Healthier Wales](#) (AHW) sets out a long-term vision that everyone in Wales should have longer, healthier and happier lives. It proposes a whole-system approach to health and social care which is equitable, and where services are designed around individuals and groups based on their unique needs and what matters to them, as well as quality and safety outcomes. The first NHS Wales core value described in A Healthier Wales is “Putting quality and safety above all else – providing high-value evidence-based care for our patients at all times.”

Healthcare organisations in Wales are focused on meeting the quadruple aim of excellence in population health and wellbeing, personal experiences of care, best value from resources and an engaged and committed workforce. Our philosophy of value-based, prudent, health and care underpins this and will continue to be a distinctive feature of the Welsh system. The recent [Health and Social Care \(Quality and Engagement\) \(Wales\) Act 2020](#) which places both an enhanced duty of quality and an organisational duty of candour will strengthen the approach to high quality, safe care.

To achieve the aspiration of having a quality-led health service, all organisations need to operate within an effective quality management system. This [Quality and Safety Framework](#) describes the interlinked key elements that must always be working together to ensure continuous improvement in quality: planning; improvement; and control; and to provide overall assurance that the system is working effectively to deliver the outcomes that we need for the people of Wales.

The Quality and Safety Framework echoes the requirements within the Duty of Quality around the six domains of quality; that our services are safe, timely, effective, efficient, equitable and person-centred.

The Framework describes successful organisations where quality is driven through the organisations by their Boards.

In line with the direction set in A Healthier Wales, work continues to bring the quality agendas within health and social care together. However, this framework focuses largely on NHS organisations in Wales, fully recognising that partnership working is key to success.

## 2 Programme Aim and Objectives

### 2.1 Programme Aim

The overall aim of the Programme is in line with the aims of AHW and the Duty of Quality - to improve the quality of services in NHS Wales and outcomes for the Welsh population.

The Programme will support this aim by creating a visibly joined up programme of work, by working with our partners, to deliver the actions within the Quality and Safety Framework, with the aim of moving towards a quality-driven NHS.

This Programme will align the actions highlighted in the Quality & Safety Framework under one programme to ensure focus and momentum with a coordinated structure and clear governance.

Many of the actions are already in train and therefore the programme recognises that not all actions outlined in the Framework will necessarily be 'owned' by the programme. The role of the programme and supporting team in this respect will be to ensure alignment, influence direction and identify cross-cutting areas of work.

The coordinated approach will ensure links are made between each action and encourage joined up activity to best achieve outcomes. Clear governance will encourage focus and provide a reporting mechanism to provide clarity and transparency.

Where there are actions that do not currently have work in progress to deliver them, this Programme will initiate that work.

More-detailed project aims and objectives will exist at the lower project / action level.

The fifteen actions stated within the Quality & Safety Programme have been recategorised into the following broader "areas for action":

Themes
1. Covid recovery in terms of harm
2. Health and Care Standards
3a. Duty of Quality
3b. Duty of Candour
4. Incident Reporting
5. Learning from deaths
6. Maternity and neo natal improvement
7. Digital systems to support safe care
8. Planning for Quality
9. Capacity and capability for improvement

Themes
10a. Quality Assurance Framework
10b. Patient Experience
11. Quality indicators and measures
12a. Local development of Quality Management Systems
12b. Board development
13. Toolkit for assurance of Quality Management Systems
14. Workforce engagement to create quality-led system
15a. Establishment of Q&S Programme
15b. Establishment of Q&S Board

### 3 Programme Scope and Structure

#### 3.1 Scope

The Quality and Safety Programme is an agile programme. There will be a core set of activities around the key themes listed above, as well as a flexible approach to adding any new developments as agreed by the programme governance structure to the overall scope.

The main objectives of the Programme are therefore:

1. To oversee (ensure alignment, influence direction and identify cross-cutting areas of work) existing developmental activity within the themes identified in the actions described in the Quality & Safety Framework
2. To establish and oversee new developmental activity within the themes identified in the actions described in the Quality & Safety Framework where work is not yet underway
3. To review current national Quality governance structures and establish appropriate new governance structures to include Quality & Safety Board
4. To oversee new developments within quality and safety as suggested or approved by programme governance structure
5. To provide advice, when sought, on Q&S matters generally

#### 3.3 Priorities for the Programme

Given the agile nature of the programme, and the challenges this creates with effective programme management, it will be essential to prioritise work within the overall scope of the programme. This will make it easier to create and maintain programme and project plans, as well as facilitating programme assurance.

We will ensure that our priorities are regularly reviewed and agreed by the programme governance structure.

### 3.4 Programme Plan

Some of the work that is outlined in the actions is already part of other programmes. Therefore, the extent of the involvement that this programme will have in the actions described in the Framework will differ, dependent on existing work being managed through other structures. The Programme has established four different categories that describe these differing levels – no involvement; low involvement; medium involvement; and high involvement. The level of project plans will reflect the programme’s level of involvement.

Again, given the agile nature of the programme, the programme-level plan will need to remain high-level and flexible in order to respond to any change in priorities.

### 3.5 Roles and Responsibilities

#### Programme Team

The Quality & Safety Programme has dedicated resources to direct and manage the programme activity

Programme Director: Catherine Bridges

The Programme Director will lead, develop, and oversee the implementation of the programme and will provide strong and effective strategic leadership, and direct support to the Programme team.

Project Manager: Tomos Jones

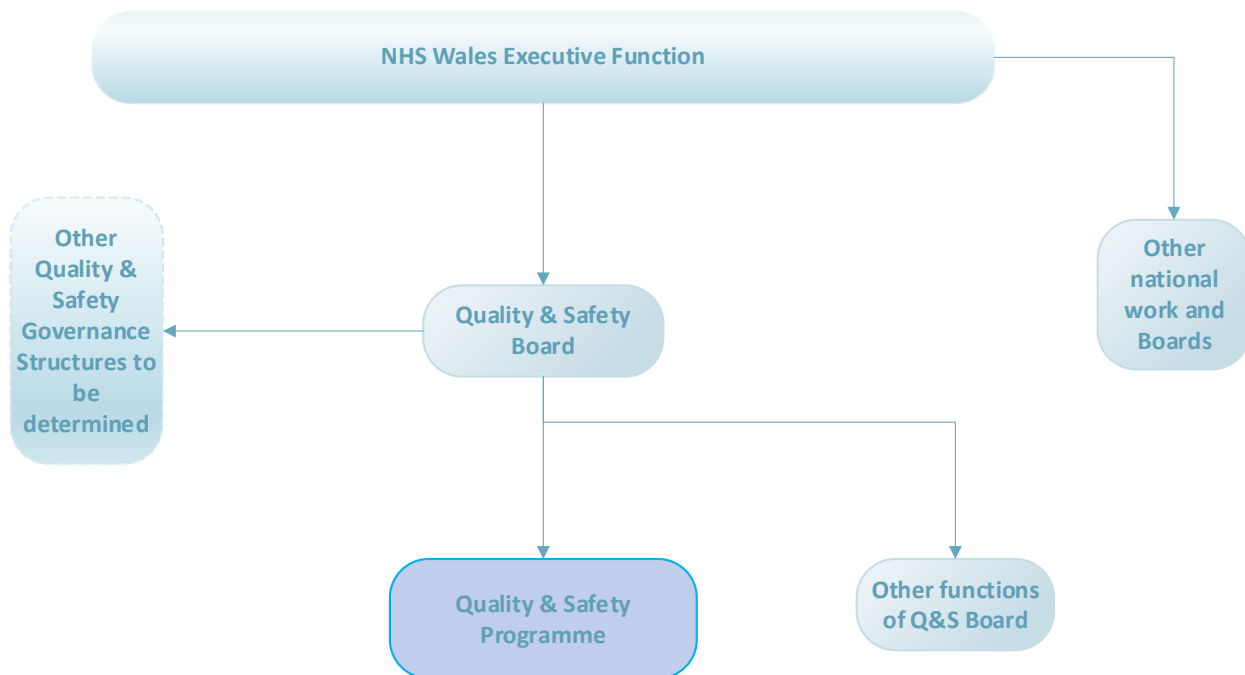
The Project Manager will provide specialist support to the development and implementation of the programme and will support the Programme Director with the design and delivery of programme and project work plans.

Project structures including the role of Senior Responsible Officer to be added once further information is made available on the NHS Executive.

### 3.6 Programme Governance Structure

Action 15b describes the establishment of a Quality and Safety Board. This Board will be established as part of this Programme and will act as the Programme Board for the Programme. The Quality and Safety Board will however exist beyond the life of this Programme.

The Quality and Safety Board will sit beneath the NHS Wales Senior Leadership Team in the Executive Function.



Please note this is the proposed governance structure for the Programme, the overall governance structures around the Quality and Safety Board will be slightly different and further work to define the terms of reference for the Quality and Safety Board will be considered as part of this programme.

The Welsh Government and NHS Wales is currently establishing an NHS Executive function. This Executive function will oversee many of the current strategic programmes. The exact terms of reference and governance structure for this Executive are in development. In the interim, pending the establishment of the NHS Executive and to ensure satisfactory programme oversight, there will be a Programme Oversight and Advisory Group which will consist of the Programme team, the Deputy Chief Medical Officer, the Chief Nursing Officer and the Director of the NHS Wales Health Collaborative.

### 3.7 Programme Funding

Funding for the Quality and Safety Programme will be provided by Welsh Government.

There is currently up to £3m earmarked for the Programme. The current profile is £1m a year over three years, although this is subject to change. Fixed costs of the Programme will be the cost of the Programme Team. Variable costs will include any additional human resource to supplement the Programme Team to support particular actions / projects, together with the purchase of any goods and services that will support our aspirations for a Quality-led service. The Programme will need to ensure value for money for any money that is spent.

Any proposed spending will need to be approved by the Programme governance structures and the Programme will need to comply with WG protocols and controls and for agreeing, obtaining, monitoring and managing spend.

### 3.8 Working with others

As described above, this programme will co-ordinate and align with work of other programmes. Where possible, we will not duplicate programme documentation or reporting, although we will need to remain involved / informed of progress and risks in these other programmes.

We may also need to pull in particular skills and experience to help with delivery of some of the programme actions. We may also outsource some aspects of work to other national partner organisations for example Improvement Cymru and Delivery Unit. The Programme may also need clinical input, this will be determined by the Programme and agreed by the Programme Oversight and Advisory Group.

The Programme will have many stakeholders, both national and local. A Stakeholder analysis and engagement plan will be developed.

## 4 Risk and Issues Management

Early identification and management of risk and issues that may impact upon success of the programme will be highlighted through project management and reporting arrangements. A risk register will identify the risks for targeted intervention work as part of the project management arrangements and will be considered at the programme team meetings.

The Quality & Safety Programme has developed and maintains a dedicated risk register and is reported through the quality & safety programme governance structure.

Risks identified in component action areas will be escalated through this Programme structure as well as their own governance structures where they already exist. This will facilitate an umbrella view of the key risks to the overall Programme, as well as identifying possible areas for the Programme to help to mitigate these risks.

## 5 Benefits

Given the co-ordination and alignment nature of this Programme, it's likely that benefits will be realised in conjunction with partners and work programmes across the NHS. Added value of this programme is likely to be in the form of better co-ordinated, joined up programmes of work; improved efficiencies and economies of scale; and less duplication.

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*Further work will be undertaken to create logic models that describe inputs, activities, outputs and possibly outcomes for priority areas of work.*

## **6 Reporting and Monitoring**

As described in the governance section above, overall reporting and monitoring will be to the [to be established] Quality and Safety Board as part of their Programme Board role.

Until this Quality and Safety Board is established (following establishment of the NHS Executive function) the Programme will report to the Programme Oversight and Advisory Group consisting of DCMO, CMO and Director of NHS Collaborative. Monthly meetings of this group will be established

Informal reporting and monitoring within the programme will happen through weekly planning and retrospective meetings.