

Review of Quality Governance Arrangements – Cardiff and Vale University Health Board

Audit year: 2019

Date issued: June 2022

Document reference: 2962A2022

This document has been prepared for the internal use of Cardiff and Vale University Health Board as part of work performed / to be performed in accordance with statutory functions.

The Auditor General has a wide range of audit and related functions, including auditing the accounts of Welsh NHS bodies, and reporting to the Senedd on the economy, efficiency, and effectiveness with which those organisations have used their resources. The Auditor General undertakes his work using staff and other resources provided by the Wales Audit Office, which is a statutory board established for that purpose and to monitor and advise the Auditor General.

Audit Wales is the non-statutory collective name for the Auditor General for Wales and the Wales Audit Office, which are separate legal entities each with their own legal functions as described above. Audit Wales is not a legal entity and itself does not have any functions.

© Auditor General for Wales 2022

No liability is accepted by the Auditor General or the staff of the Wales Audit Office in relation to any member, director, officer, or other employee in their individual capacity, or to any third party in respect of this report.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000. The section 45 Code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales and Wales Audit Office are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to Audit Wales at infoofficer@audit.wales.

We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

Contents

Summary report	
About this report	4
Key messages	5
Recommendations	6
Detailed report	
Organisational strategy for quality and patient safety	9
Organisational culture and quality improvement	12
Governance structures and processes	21
Arrangements for monitoring and reporting	26
Appendices	
Appendix 1 – management response to audit recommendations	29

Summary report

About this report

- 1 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.
- 2 The drive to improve quality has been reinforced in successive health and social care strategies and policies over the last two decades. In June 2020, the Health and Social Care (Quality and Engagement) (Wales) Act became law. The Act strengthens the duty to secure system-wide quality improvements, as well as placing a duty of candour on NHS bodies, requiring them to be open and honest when things go wrong to enable learning. The Act indicates that quality includes but is not limited to the effectiveness and safety of health services and the experience of service users.
- 3 Quality and safety must run through all aspects of service planning and provision and be explicit within NHS bodies' integrated medium-term plans. NHS bodies are expected to monitor quality and safety at board level and throughout the entirety of services, partnerships, and care settings. In recent years, our annual Structured Assessment work across Wales has pointed to various challenges, including the need to improve the flows of assurance around quality and safety, the oversight of clinical audit, and the tracking of regulation and inspection findings and recommendations. There have also been high profile concerns around quality of care and associated governance mechanisms in individual NHS bodies.
- 4 Given this context, it is important that NHS boards, the public and key stakeholders are assured that quality governance arrangements are effective and that NHS bodies are maintaining an adequate focus on quality in responding to the COVID-19 pandemic. The current NHS Wales planning framework reflects the need to consider the direct and indirect harm associated with COVID-19. It is important that NHS bodies ensure their quality governance arrangements support good organisational oversight of these harms as part of their wider approach to ensuring safe and effective services.
- 5 Our audit examined whether the organisation's governance arrangements support delivery of high quality, safe and effective services. We focused on both the operational and corporate approach to quality governance, organisational culture and behaviours, strategy, structures and processes, information flows and reporting. This report summarises the findings from our work at Cardiff and Vale University Health Board (the Health Board) carried out during 2021. To test the 'floor to board' perspective, we examined the arrangements for general surgical services.

Key messages

- 6 Overall, we found that the **Health Board has agreed quality and safety priorities at all levels of the organisation. Corporate and operational structures for quality governance are reasonably effective. However, there are opportunities to strengthen aspects of culture and quality improvement. Further investment is required to enable the Health Board to fully roll out and embed planned quality and safety improvements.**
- 7 The Health Board has agreed quality and safety priorities at all levels of the organisation. There are reasonable corporate and operational arrangements in place for monitoring risk. Arrangements for monitoring mortality and morbidity are developing. The Health Board has effective arrangements to monitor and track progress with complaints, where it consistently achieves performance targets and arrangements to capture patient experience are reasonably effective. The Health Board has a well-established values and behaviour framework which is embedded in workforce processes. There is collective responsibility for quality and safety amongst Executive Leadership. Corporate and operational structures and processes for quality and safety are reasonably effective and the Health Board is taking steps to strengthen these further. Agendas for corporate and operational quality and safety meetings provide a wide coverage of quality and safety issues for discussion and there is sufficient information for scrutiny and assurance at both corporate and clinical board levels and the Health Board's use of quality data is maturing.
- 8 However, we found poor alignment between corporate and operational quality and safety priorities and monitoring, and reporting on their delivery needs strengthening. There is scope to ensure the corporate Quality, Safety, and Experience Committee maintains greater oversight of risks overseen by other committees where there is a clear quality and safety impact. Arrangements for clinical audit require significant improvement. The Health Board also needs to ensure that staff feel able to raise concerns. Whilst the departure of key clinical executives from the organisation potentially poses risks to rolling out and embedding the new Quality, Safety and Patient Experience Framework; additional resources have been allocated to enable the Health Board to achieve this. There are opportunities for the agenda of corporate Quality, Safety and Experience Committee meetings to be more dynamic to reflect new and emerging quality risks and issues. Reporting on the four harms¹ associated with COVID-19 requires strengthening. Furthermore, reporting requires development at directorate level for services commissioned by the Health Board.

¹ The four harms are – (i) harm from COVID-19 itself; (ii) harm from overwhelmed NHS and social care system; (iii) harm from reduction in non-COVID-19 activity; and (iv) harm from wider societal actions/lockdown.

Recommendations

- 9 Recommendations arising from this audit are detailed in **Exhibit 1**. The Health Board's management response to these recommendations is summarised in **Appendix 1**.

Exhibit 1: recommendations

Recommendations

Quality and Safety Priorities

- R1 The Surgery Clinical Board and Surgical Services Directorate revised their quality priorities in response to the COVID-19 pandemic. However, there appears to be poor alignment between these operational priorities and the Health Board's key delivery actions for quality and safety as outlined in its Annual Plan for 2021-22. The Health Board, therefore, should ensure there is better alignment between operational and strategic quality and safety priorities as articulated in the Health Board's ten-year strategy and new Quality, Safety, and Patient Experience Framework.
-

Risk Management

- R2 There is scope to ensure the corporate Quality, Safety and Experience Committee maintains greater oversight of risks scrutinised by other committees where there is a clear quality and safety impact. There is scope to improve the quality of risk information recorded on operational risk registers and the escalation and de-escalation of risk to/from the Corporate Risk Register. The Health Board, therefore, should:
- a) ensure the corporate Quality, Safety and Experience Committee seeks assurance from other Health Board committees where their risks potentially impact on quality and safety; and
 - b) review and improve the quality of risk information recorded on operational risk registers and introduce an appropriate process for the escalation and de-escalation of risk to/from the Corporate Risk Register.

Recommendations

Clinical Audit

- R3 The Health Board is developing a Clinical Audit Strategy and Policy, but there has been a delay in progress due to capacity and IT system challenges within the Clinical Audit Team. Internal Audit completed a review of the Health Board's clinical audit arrangements during 2021 and gave a limited assurance rating, identifying several key matters that need to be addressed. Whilst the Health Board is making some progress in this area, it should:
- a) complete the work on its clinical audit strategy, policy, and plan. The plan should cover mandated national audits, corporate-wide, and local audits informed by areas of risk. This plan should be approved by the corporate Quality, Safety and Experience Committee and progress of its delivery monitored routinely; and
 - b) ensure that recommendations arising from the Internal Audit review of clinical audit are implemented as a priority.
-

Values and Behaviours

- R4 The Health Board's Values and Behaviours Framework sets out its vision for a quality and patient-safety-focussed culture. However, there is a mixed picture in relation to the culture around reporting errors, near misses, incidents, and raising and listening to staff concerns. The Health Board, therefore, should undertake work to understand why some staff feel:
- a) that their mistakes are held against them or kept in their personal file;
 - b) that the Health Board does not provide feedback about changes put into place following incident reports or inform staff about errors that happen in their team or department; and
 - c) they do not feel free to question the decision or actions of those with more authority and are afraid to ask questions when something does not seem right.
-

Personal Appraisal Development Reviews (PADRs)

- R5 The Health Board compliance rate for appraisals is consistently below the national target of 85%. The Health Board reports that operational pressures are adversely affecting compliance and enabling work has not delivered the level of improvement anticipated over the COVID-19 pandemic period. The Health Board, therefore, should take appropriate action to improve performance in relation to PADRs at both corporate and operational levels.

Recommendations

Resources to support quality governance

- R6 Resources within both the Corporate Patient Experience and Concerns Teams have reduced over the last three years and the COVID-19 pandemic has had a significant impact on the Infection Prevention and Control Team's capacity. At an operational level, the Surgery Clinical Board and Surgical Services Directorate have designated leads for many key aspects of quality and safety. However, they do not have protected time to fulfil several of these roles. The Health Board, therefore, should ensure there is sufficient resource and capacity to support quality governance at both corporate and operational levels.
-

Monitoring and Reporting

- R7 There is no evidence to indicate that the four harms associated with COVID-19 have routinely been reported to the Board either through the integrated performance report or systems resilience update. Furthermore, there was limited evidence that Clinical Boards consider the four harms associated with COVID-19 as part of the reporting to the corporate Quality, Safety, and Experience Committee. The Health Board, therefore, should ensure that the four harms associated with COVID-19 are routinely considered by Clinical Boards and reported to the corporate Quality, Safety, and Experience Committee and Board.

Detailed report

Organisational strategy for quality and patient safety

- 10 Our work considered the extent to which there are clearly defined priorities for quality and patient safety and effective mitigation of the risks to achieving them.
- 11 We found that **whilst the Health Board has agreed quality and safety priorities at all levels of the organisation, there is scope to ensure that operational priorities are better aligned to corporate priorities. Risks are managed appropriately at both a corporate and operational level, but opportunities exist to improve these arrangements further.**

Quality and patient safety priorities

- 12 The Health Board's ten-year strategy, 'Shaping our Future Wellbeing', sets out its mission of 'caring for people and keeping people well' and its vision that 'a person's chance of leading a healthy lifestyle is the same wherever they live and whoever they are'. To achieve its mission and vision, the Health Board has developed a strategy based on a 'home first' approach which aims to avoid harm, waste, and variation; empower people; and deliver outcomes that matter to them. The Health Board's strategic objectives cover four key areas: population, service priorities, sustainability, and culture.
- 13 A key priority for the Health Board is to develop a patient safety and service quality culture to ensure quality improvement is a part of everyday practice. The ten-year strategy identifies several outcomes for the Health Board if it maintains a continued focus on patient safety, such as:
 - zero tolerance of never events and hospital-acquired infections;
 - patient safety principles are embedded, owned, understood, and acted on by staff at all levels of the organisation; and
 - recognised as a leading UK organisation for its work on patient safety initiatives and the application of improvement methodology.
- 14 To achieve these outcomes, the Health Board's strategy identifies several key actions which include:
 - establishing governance processes that demonstrate learning from the depth and breadth of quality, safety, and patient experience sources; and
 - investment in an expert specialist patient safety team which can support and work alongside teams to respond rapidly when things go wrong, supporting patients, families, and staff and to ensure that actions are taken to prevent harm in the future.
- 15 The Health Board's Annual Plan 2021-22 outlines its commitment to 'focus on quality, safety, and patient experience across all settings where healthcare is provided as we [the Health Board] look to be one of the safest organisations in the

NHS'. To achieve this, the quality, safety, and patient experience element of the plan identifies eight quality priority themes:

- Quality, Safety and Experience Framework 2021-2026 (see **paragraph 17**)
- Organisational safety culture
- Leadership and the prioritisation of quality, safety, and experience
- Patient experience and involvement in quality, safety, and experience
- Patient safety learning and communication
- Staff engagement and involvement in safety, quality, and experience
- Patient safety, quality and experience data and insight
- Professionalism of patient safety, quality, and experience

16 The Health Board's headline activities and delivery timescales are designed to support the achievement of its quality priorities. However, there is no monitoring and reporting framework in place. As a result, we found limited assurance and scrutiny at the corporate Quality, Safety and Experience Committee (QSE Committee) on the key areas of delivery. This creates a risk that the Committee, and subsequently the Board, are not fully sighted on aspects where quality delivery aims are not being achieved or where there is limited progress. This was also a key finding in our 2021 Structured Assessment report², which resulted in a recommendation being made for the Health Board to strengthen its arrangements for monitoring and reporting on overall delivery of the 2021-22 Annual Plan and subsequent plans.

17 Our work found that the Quality, Safety, and Improvement Framework 2017-20 remained in place beyond its 2020 expiry date whilst the Health Board completed work on its new Quality, Safety, and Patient Experience Framework for the period 2021 to 2026. The framework, which was presented to the corporate QSE Committee in September 2021 for approval, focusses on eight key themes:

- Safety culture
- Leadership and prioritisation
- Patient experience and involvement
- Patient safety, learning and communication
- Staff engagement and involvement
- Data and insight
- Professionalism
- Quality Governance

² Audit Wales, Structured Assessment 2021 (Phase Two) – Corporate Governance and Financial Management Arrangements: Cardiff and Vale University Health Board, December 2021

- 18 The Health Board engaged stakeholders as part of the new framework development by seeking the views of clinical and non-clinical staff, patients and their families/carers, and other key external stakeholders and partners, such as the Community Health Council.
- 19 Both the Surgery Clinical Board and Surgical Services Directorate identify quality and patient safety priorities and monitor their progress. The Clinical Board and Directorate revised their priorities in response to the COVID-19 pandemic. However, there appears to be poor alignment between these operational priorities and the Health Board's key delivery actions for quality and safety as outlined in its Annual Plan for 2021-22. **(Recommendation 1)**

Risk management

- 20 The Health Board revised its risk management strategy, approach, and Board Assurance Framework (BAF) during 2021, and established a risk appetite for the safety, quality, and accessibility of care which it defines as 'open'³ with the intention to move to 'seek'⁴.
- 21 One of the ten principal risks to the Health Board as set out in the BAF relates to patient safety, which has been assigned to the clinical Executive Directors as leads responsible for managing the risk and to the corporate QSE Committee to seek and provide assurance that the Health Board is managing the risk appropriately. The BAF clearly outlines the current controls and assurances alongside any gaps and actions to address them.
- 22 Our observation of the corporate QSE Committee in February 2022 indicated that a brief presentation, discussion, and scrutiny took place on the BAF as well as the patient safety risk assigned to the committee.
- 23 There is scope to ensure the corporate QSE Committee maintains greater oversight of risks assigned to other committees where there is a clear quality and safety impact. For example, workforce risks are a consistent theme in the Surgery Clinical Board assurance report, the Corporate Risk Register (CRR), and the BAF. Whilst the strategic workforce risk is appropriately assigned to the Executive Director of People and Culture as lead and to the Strategy and Delivery Committee for assurance purposes, the Health Board should consider how the corporate QSE Committee oversees and gains assurance on the wider workforce risks from a quality and safety perspective. **(Recommendation 2)**

³ Definition of 'open' risk appetite – 'despite short term inherent risks it recognises potential for long term gain. The Health Board often challenges current clinical practices and pursues innovative treatment and care solutions. Confident in its risk control the Health Board allows non-critical decisions to be devolved to a low operational level.'

⁴ Definition of 'seek' risk appetite – 'despite short term inherent risks it seeks potential for long term gain. The Health Board will routinely challenge current clinical practices and pursue innovative treatment and care solutions'.

- 24 The Health Board's CRR provides an overview of the key operational risks from the divisions and corporate directorates. Each risk is linked to a sub-committee of the Board for assurance purposes with any risks scoring 20 and above escalated onto the BAF as a principal risk to the Health Board. The CRR identifies several risks in relation to quality and safety.
- 25 At an operational level, the Health Board's Surgery Clinical Board and Surgical Services Directorate maintain and actively manage risk registers. They clearly articulate quality and safety risks at this level which are scored appropriately and have appropriate controls. However, whilst the Clinical Board risk register identifies risk owners, the Surgical Services risk register does not. Risk also features on the agenda for both the Surgery Clinical Board and Surgical Services Quality, Safety, and Experience Committee meetings. Whilst operational processes for managing risk are reasonably effective, our discussions with staff found that risk management arrangements are developing. There is scope to improve the quality of risk information recorded on operational risks registers and the process of escalation and de-escalation of risks to/from the CRR to maintain the quality of the BAF and ensure the Board is appropriately sighted of key risks facing the organisation. We understand that the Health Board is currently addressing these issues.

Organisational culture and quality improvement

- 26 NHS organisations should be focused on continually improving the quality of care and using finite resources to achieve better outcomes and experiences for patients and service users. Our work considered the extent to which the Health Board is promoting a quality and patient-safety-focused culture, including improving compliance with statutory and mandatory training, participating in quality improvement processes that are integral with wider governance structures, listening and acting upon feedback from staff and patients, and learning lessons.
- 27 We found that **the Health Board has a dedicated Quality Improvement Team, but the COVID-19 pandemic has impacted on the support it provides to the Health Board. Arrangements for monitoring mortality and morbidity are developing, but arrangements for clinical audit require significant improvement. There is a well-established values and behaviours framework, but more work is required to develop an open and supportive culture to enable staff to raise concerns. The Health Board has effective arrangements to monitor and track progress with complaints, and consistently achieves performance targets. There are reasonable arrangements to capture patient experience, but more work is required to improve Board and Committee oversight of patient stories.**

Quality improvement

- 28 The Health Board's Quality Improvement (QI) Team consists of 2.6 Whole Time Equivalent (WTE) staff (4 headcount). The capacity of the team has recently increased through the reconfiguration of a previous role and securing 12 months' non-recurring funding for one WTE post.
- 29 Prior to the COVID-19 pandemic, the QI team delivered the Leading Improvement in Patient Safety (LIPS) Programme on a bi-annual basis to both clinical and non-clinical staff. However, the pandemic is limiting usual training activity. The Health Board's intention is to reinstate and refresh the programme during April and September 2022. However, the programme is under review as part of a wider review of the quality improvement process across the Health Board. The Health Board was also able to secure a Health Foundation research grant for its Cardiff and Vale Quality Improvement (CAVQI) programme which aims to support departments across the organisation with data analysis and improvement. The Health Board has completed an evaluation of the programme which identified several positive outcomes, including the development of a dashboard to analyse incident report data in real time. The Health Board intends to introduce the programme across the organisation.
- 30 The Health Board supports the Improving Quality Together Learning Programme; however, it did not provide data to demonstrate the proportion of staff that have completed the various levels of training.

Clinical audit

- 31 Clinical audit is an important way of providing assurance about the quality and safety of services. At the time of our review, the Health Board was developing a Clinical Audit Strategy and Policy, but there has been a delay in progress due to staffing challenges (long-term sickness) and awaiting confirmation from the Health Board on investment plans for clinical audit.
- 32 The Health Board categorises clinical audits into three tiers:
- Tier 1 – Mandatory national clinical audit;
 - Tier 2 – All other national audits and local clinical audits undertaken to address the patient safety and quality agenda; and
 - Tier 3 – Local clinical audit for any other reason including revalidation and continual professional development (CPD) purposes.
- 33 The Health Board approved its clinical audit plan for 2021-22 which includes all tier 1 and anticipated tier 2 audits. Whilst it does not include tier 3 audits, there are arrangements in place to ensure all tier 3 audits are scrutinised and are beneficial to the directorate and clinical board. At the time of our review, we found limited evidence that the Health Board has approved a clinical audit plan for 2022-23.

- 34 Both the Surgery Clinical Board and Surgical Services Directorate have a programme for national, local, and bespoke clinical audits, but have no system to track delivery. They provide progress updates to the corporate QSE Committee through the Clinical Board Assurance Reports. There are arrangements in place to share and discuss clinical audit findings, learning, and good practice across the Health Board's governance structure and with regional networks.
- 35 A corporate QSE Committee update in September 2021 highlighted the activity of the Clinical Effectiveness Committee (CE Committee) since December 2020. The report outlined the progress of tier 1 audits and highlighted several key messages issues, learning, and actions arising from the reviews to discuss at the committee. We also found evidence of verbal updates provided to the corporate QSE Committee during its subsequent meetings. We comment on the purpose of the Health Board's CE Committee in **paragraph 75**.
- 36 The CE Committee update highlighted capacity and IT system issues within the Clinical Audit Team, which are impacting on the support available for local (tier 2) clinical audit activity, the quality of assurance around the development of improvement plans, and the progress being made in addressing audit recommendations. Results from our data collection survey found that corporate resources for clinical audit have reduced over the last three years to enable the Health Board to achieve cost reductions. The team currently comprises 6.21 WTE (7 headcount) and, at the time of our review, there was one vacancy. The Health Board's benchmarking exercise and review of current resources and team structure have also identified that clinical audit requires investment to deliver desired improvements. In addition to increasing the team's capacity, the Health Board has also invested in the AMaT⁵ audit management system to better utilise clinical audit as a source of assurance and establishing a process for monitoring and reporting local (tier 2) clinical audits.
- 37 Internal Audit completed a review of the Health Board's clinical audit arrangements during 2021. The review focussed on three areas: roles, responsibilities, and resources; programme planning and programme delivery; and board assurance. A limited assurance rating was given, and several key matters were identified in relation to the absence of a clinical audit strategy, policy, and procedures; inadequate resources and clinical audit IT system; absence of a clinical audit training plan; and limited oversight and scrutiny of local clinical audit activity. **(Recommendation 3)**

Morbidity and mortality

- 38 Mortality and morbidity review meetings provide a systematic approach for peer review of adverse events, complications, or mortality to reflect, learn from and improve patient care. We found that the processes around universal mortality

⁵ Audit Management and Tracking

reviews were recently superseded by the commencement of the Medical Examiner function.

- 39 The Health Board has established a bi-monthly multi-disciplinary Mortality (Learning from Deaths) Group. The Assistant Medical Director for Clinical Governance and Patient Safety chairs the group. Meetings have a balanced agenda encompassing a range of issues including: COVID-19 mortality; mortality reviews; divisional updates; and detailed reviews of mortality data. Meetings are well attended by clinical staff with good quality reports, presentations, discussion, and challenge.
- 40 Mortality and morbidity feature in the corporate QSE Committee's Quality Indicator report. The February 2022 update provides information on the implementation of the new process for mortality reviews and identifies emerging themes and actions within the Health Board. For example, the report identifies communication as a recurring theme and, as a consequence, the Health Board is recruiting staff to ensure there is timely and regular communication with families.
- 41 At an operational level, mortality data analysis is a standing item on the agenda for the Surgery Clinical Board's Quality, Safety and Experience Committee. However, there is limited evidence of detailed discussion. Furthermore, results from our divisional and directorate data collection surveys suggest there were arrangements in place pre-pandemic to review mortality and morbidity through regular meetings, with learning and good practice shared outside the meetings via distribution of minutes and updates provided to the Surgery Clinical Board's Quality, Safety and Experience Committee. However, they have not been able to maintain these arrangements during the pandemic.

Values and behaviour

- 42 The Health Board's Values and Behaviours Framework sets out its vision for a quality and patient-safety-focussed culture. It focuses on being kind, caring and respectful, and emphasises, integrity, and personal responsibility. The Health Board has embedded values and behaviours in workforce processes, such as recruitment, appraisals, and induction. However, the quality of induction for substantive and temporary staff appear to vary in quality. Of the staff who completed the Health Board's internal patient safety survey⁶, only 36% agreed or strongly agreed that induction arrangements for new and temporary staff in their work area/department support safe and effective care.

⁶ The Cardiff and Vale University Health Board's Patient Safety Staff Survey ran for a period of four weeks in 2021. The survey attracted responses from 988 staff. The findings are unlikely to be representative of the views of all staff across the Health Board. As a result, we have only used them to illustrate particular issues.

- 43 Results from the Health Board's internal patient safety survey also revealed a mixed picture in relation to the culture around reporting errors, near misses or incidents and raising concerns:
- 45% agreed or strongly agreed that when an event is reported, it felt like the person is being reported, not the problem;
 - 36% agreed or strongly agreed when asked if they felt their mistakes are held against them;
 - 46% agreed or strongly agreed that they were worried that mistakes they make are kept in their personal file;
 - 32% agreed or strongly agreed that staff are given feedback about changes put into place based on incident reports;
 - 51% agreed or strongly agreed that staff are informed about errors that happen in their team/department;
 - 57% agreed or strongly agreed that teams/departments discuss ways to prevent errors from happening again;
 - 24% of staff indicated a mistake is rarely or never reported if it is caught and corrected before affecting the patient;
 - 21% of staff indicated a mistake is rarely or never reported if it has no potential harm to the patient; and
 - 45% of staff indicated a mistake is usually or always reported if a mistake could harm the patient. **(Recommendation 4)**
- 44 The most recent NHS Wales Staff Survey⁷ showed a small but still significant proportion of staff expressing concerns relating to bullying, harassment, or abuse by another colleague, member of the public, or line manager over the past year (18.8%, 18.1% and 9.7% respectively). Fewer than half agreed or strongly agreed that the organisation takes effective action if staff are bullied or harassed by members of staff or a member of the public (40.3%). However, results from the Health Board's internal patient safety survey show that 67% of staff agreed or strongly agreed that people treat each other with respect in their team or department.
- 45 Statutory and mandatory training is important for ensuring staff and patient safety and wellbeing. November 2021 figures show overall organisational compliance of 72.26%⁸. Whilst this level slightly has improved since September 2021, it is still below the target of 85%. The Health Board's internal patient safety survey found that 61.28% of staff disagreed or strongly disagreed that they have enough time at work to complete any statutory and mandatory training. The Surgery Clinical Board

⁷ The NHS Wales Staff Survey ran during November 2020 at the same time as the second surge in COVID-19 transmission and rising numbers of hospital admissions. The survey response rate was 22%, compared to an all-Wales average of 19%.

⁸ The Health Board is required to report compliance to the Welsh Government monthly and the target for compliance for all health boards is 85%.

and Surgical Services Directorate have indicated that managers are allowing staff time to complete statutory and mandatory training, although this has been challenging over the last year due to pressures caused by the pandemic. Senior leadership and managers within the Surgery Clinical Board and Surgical Services Directorate encourage and monitor staff compliance through the appraisal process and revalidation events.

- 46 Personal Appraisal Development Review (now Values Based Appraisal) is a two-way discussion which helps staff understand what is expected of them in their role, become more engaged, and take responsibility for their own performance and development. Against a national target of 85%, the overall Health Board compliance rate for appraisals in November 2021 was 31.6%, which has remained broadly consistent with the position reported in September 2021 of 31.9%. Compliance reported by the Surgery Clinical Board during our fieldwork was 27%. The Health Board reports that operational pressures are adversely affecting compliance. At an operational level, the Surgery Clinical Board are encouraging managers to use the Electronic Staff Record (ESR) system by enabling them to access training. However, enabling work has not delivered the level of improvement anticipated over the COVID-19 pandemic period. **(Recommendation 5)**

Listening and learning from feedback

Patient Experience

- 47 The Health Board's standalone Patient Experience Framework which expired in 2020, was replaced in 2021 by the new Quality, Safety and Patient Experience Framework for 2021 to 2026. The new framework identifies patient experience and involvement as one of its eight key themes and includes the development and implementation of a Patient Safety Partner (PSP) framework and a 'What Matters to You' campaign.
- 48 Our work found that Clinical Boards provide patient experience updates to the corporate QSE Committee via their Quality, Safety, and Experience Sub-group meeting minutes, Clinical Board Assurance Reports, and the quality indicators progress report. We also note a standalone patient experience update was provided to the February 2022 corporate QSE Committee. The report provides an overview of the role of the Patient Experience Team and how it operates under the recent Health and Social Care (Quality and Engagement) (Wales) Act 2020. It also highlights key achievements, and areas of risk or concern.
- 49 The Surgery Clinical Board and Surgical Services Directorate use short surveys, suggestion boxes, and 'Happy or Not' kiosks to capture patient experience information. There are also plans to install patient/visitor ward information boards at the entrance to all ward areas. They share the compliments or concerns raised

by patients and their carers with staff to help them understand the patient's perspective of care received and any action to be taken where necessary.

- 50 During the pandemic, the Health Board withdrew its monthly feedback surveys and 'Happy or Not' kiosks and adapted its methods for gaining patient feedback by introducing a range of online surveys. The 'Happy or Not' kiosks have now been reintroduced to gather feedback from the Mass Vaccination Centres. The Health Board also issues surveys to patients and staff as part of bespoke studies across a range of different services.
- 51 The Health Board has a Complaints and Patient Advice and Liaison Service (PALS) that sits under the remit of the Executive Director of Nursing.
- 52 The Health Board is rolling out the Once for Wales Service User Feedback System that will introduce real-time feedback and 'ward to board' reporting functionality. This will ensure a consistent approach across the organisation and enable it to monitor actions and undertake more effective thematic analysis.

Concerns and Complaints

- 53 Against a national target of 75% of complaints responded to within 30 days, the Health Board achieved 77% as at January 2022, which represents a slight decrease in performance of 88% in December 2021. However, the Health Board consistently exceeds the national target through its Corporate Concerns Team, whose approach is to resolve as many concerns as possible under early resolution.
- 54 The Health Board uses information from concerns, complaints, serious incidents (known also as Nationally Reportable Incidents), and never events to identify themes and trends which it includes in its Quality Indicators Report. The top reported categories for serious incidents since June 2021 have been pressure ulcers, patient accidents/falls, unexpected deaths, delayed diagnostic processes/procedures, and delayed access/admission. The main themes in relation to concerns are waiting times, communication, care, and treatment.
- 55 The Surgery Clinical Board reported 812 concerns received between 1 September 2020 to 30 September 2021. It has embedded its arrangements for tracking concerns, with tracker meetings across all directorates aligned to an overarching Clinical Board tracker database. This enables effective monitoring of timelines in responding to concerns and supports the ability to take prompt action where there are delays. The effectiveness of these arrangements and the support received from the Corporate Concerns Team is reflected in the Surgery Clinical Board's performance, with 86% of concerns closed within the 30-day target for the period 1 September 2020 to 30 September 2021. The latest assurance report from the Surgery Clinical Board to the corporate QSE Committee in February 2022 identifies the main themes arising from concerns as: clinical treatment/assessment, appointments, communication issues, admissions, and attitude/behaviour. However, there was limited evidence within the report to demonstrate how the Clinical Board is learning and acting on the main concern themes.

- 56 The Assistant Directors of Patient Experience and Patient Safety provide a report and presentation annually to the corporate QSE Committee which outlines the quality, safety, and experience themes and trends identified across the Health Board during the year. The 2020-21 report mainly focuses on the Health Board's work to adapt its reporting and working requirements across the organisation during the pandemic. However, the accompanying presentation identifies themes and trends in relation to key aspects of quality and safety, including patient safety incidents, concerns, redress, mortality reviews, COVID-19 investigations, and national clinical audit.
- 57 There appears to be a generally positive culture within the Health Board in relation to learning lessons and improving patient safety. Results from the Health Board's internal patient safety survey found that:
- 65% of staff agreed or strongly agreed that they are actively doing things to improve patient safety;
 - 58% of staff agreed or strongly agreed that mistakes have led to positive change; and
 - 43% of staff agreed or strongly agreed that after staff make changes to improve patient safety, they evaluate their effectiveness.

Listening to staff concerns

- 58 The Health Board is committed to listening to and learning from staff experiences and concerns. In December 2021, it reviewed and updated its Incident, Hazard, and Near Miss Reporting Procedure to reflect changes made by the NHS Wales Delivery Unit to the way NHS bodies report serious incidents. The procedure outlines a range of mechanisms for staff to raise concerns, including the 'freedom to speak up' initiative, 'safety valve' and whistleblowing policy. However, whilst the procedure references the 'safety valve' process as an option for raising concerns, the Health Board no longer uses it.
- 59 The Health Board's 'freedom to speak up' initiative aims to develop a culture of openness across the organisation. It supports and encourages staff to raise any concerns they may have. During June 2021, the Health Board updated its internet site and established a new communication plan to raise awareness across the organisation.
- 60 Whilst the Health Board regularly reports concerns to its corporate QSE Committee, it was unclear whether this includes concerns raised by staff. Subsequently, we could not assess the effectiveness of the arrangements.
- 61 The Health Board encourages staff to use Datix to report incidents. Whilst all staff within Corporate Services, the Surgery Clinical Board, and the Surgical Services Directorate appear to have access to the Datix system, the results from our data collection surveys suggest only some have received training or support to use the system to report concerns, near misses or run reports.

- 62 There is a mixed picture in relation to the culture around listening to staff concerns. Results from the Health Board's internal patient safety survey found 67% agreed or strongly agreed that staff will freely speak up if they see something that may negatively affect patient care, and 60% of staff agreed or strongly agreed that their supervisor/manager seriously considers staff suggestions for improving patient safety. However, 41% agreed or strongly agreed that staff felt free to question the decision or actions of those with more authority and 27% agreed or strongly agreed that staff are afraid to ask questions when something does not seem right.
(Recommendation 4)

Patient Stories

- 63 Patient stories feature on the agenda of meetings of the Board, corporate QSE Committee, other sub-committees of the Board such as the Mental Health Capacity and Legislation Committee, and the Clinical Board Quality, Safety and Experience Committees. Patient stories are regularly shared in public Board meetings using videos. The corporate QSE Committee notes patient stories included in Clinical Board Assurance Reports and in the minutes of the Clinical Board Quality, Safety and Experience Committees presented during the meeting. Learning and actions arising from patient stories are identified at Clinical Board level.

Patient Safety Walkarounds

- 64 Patient safety walkarounds provide Independent Members with an understanding of the reality for staff and patients, help make data more meaningful, and provide assurance from more than one source of information. The Health Board has recommenced its programme of walkarounds having paused them during the pandemic. However, they are on a smaller scale whilst COVID-19 restrictions and considerations remain in place. Independent Members commented positively on the walkarounds. They indicated that the walkarounds help them to triangulate information, to gain a sense of staff morale, and to understand the day-to-day issues affecting staff. Reports arising from patient safety walkarounds are shared with the respective Clinical Board and reported to the corporate QSE Committee annually.

Internal/External Inspections

- 65 Our 2021 Structured Assessment work found that the Corporate Governance Directorate presents a legislative and regulatory tracker report to each Audit and Assurance Committee meeting. The update provides an overview of the Health Board's progress in implementing recommendations made by inspection and regulatory bodies, such as the Health and Safety Executive, Health Inspectorate Wales (HIW), and Community Health Council. The Corporate Governance Directorate has recently enhanced the content of the report to provide more robust assurance to the Audit and Assurance Committee, as well as to provide a

commentary on the Health Board's management of Welsh Health Circulars, and Patient Safety Solutions. However, there are opportunities for the Audit and Assurance Committee to strengthen its role in seeking assurance from the corporate QSE Committee. Doing so might help provide a greater level of assurance to the Board that appropriate action is being taken to address and monitor external recommendations relating to quality and safety.

- 66 The corporate QSE Committee receives updates on HIW and CHC activity. Updates provided to the Committee meeting in February 2021, June 2021, and February 2022 provide an overview of CHC reports, and HIW local inspections and thematic and national reviews. All update reports gave sufficient information to ensure awareness amongst Committee members of all activity that could potentially impact on the Health Board.

Governance structures and processes

- 67 Our work considered the extent to which organisational structures and processes at and below board level support the delivery of high-quality, safe, and effective services.
- 68 We found **strong collective responsibility for quality and safety amongst the Executive Leadership of the Health Board. However, the departure of key clinical Executives from the organisation potentially poses risks to rolling out and embedding the new Quality, Safety and Patient Experience Framework. Corporate and operational structures and processes for quality and safety are reasonably effective and the Health Board is taking steps to strengthen these arrangements further. However, resources require further investment to enable the Health Board to fully roll out and embed its planned quality and safety improvements.**

Organisational design to support effective governance

- 69 There is strong collective responsibility for quality and patient safety amongst the Executive Leadership of the Health Board, with the Executive Director of Nursing, Medical Director, and Director of Therapies and Health Sciences in particular providing visible leadership in this area. The Health Board's senior leadership is supported by a team of Assistant Directors who provide day-to-day leadership for a range of functions including quality and safety improvement; patient safety; quality assurance; and clinical effectiveness. The Health Board's Director of Nursing is retiring in July 2022 and, therefore, the Health Board will need to recruit to this role. This potentially poses a risk to the Health Board, as both the Director of Nursing and previous Medical Director were instrumental in the development of the new Quality, Safety, and Patient Experience Framework and will have left the Health Board before it has been fully implemented and embedded across the organisation. Our review found that the Executive Management Board regularly

discusses quality and safety as a standing agenda item at its twice-weekly meetings.

- 70 Whilst there is collective responsibility and accountability for quality and safety at a corporate level, our work found that at an operational level there is evidence of 'silo' working and a lack of clarity among Clinical Directors around their responsibilities for quality and safety. We understand that the Health Board is addressing this through the job planning process.

Quality, Safety and Patient Experience Framework and Structures

- 71 We comment in **paragraph 17** on the Health Board's new Quality, Safety and Patient Experience Framework for 2021-26 which was approved by the corporate QSE Committee in September 2021. The framework articulates a structure which includes a range of committees and groups focussing on specific aspects of quality and safety. Each committee/group is required to provide assurance to the corporate QSE Committee which, in turn, provides assurance to the Board via the quality, safety and experience dashboard and signals from noise data tool. It is expected that the committees/groups in the quality, safety, and experience structure will ensure an increased focus on key quality areas, reduce the workload of the corporate QSE Committee, and provide greater assurance to the Board. Key quality and safety exception reports such as, HIW reports, infection prevention and control reports and significant national quality, safety, and experience reports provide further assurance.
- 72 Whilst the framework is reasonably comprehensive at a corporate level, it does not fully articulate the operational structure and processes for quality and safety, and how they align with the corporate structures to provide 'floor to board' quality and safety assurance. For example, each of the Health Board's Clinical Boards has a local Quality, Safety, and Experience Committee which is underpinned by directorate or site-based leadership Quality, Safety, and Experience groups. Clinical Boards provide assurance to the corporate QSE Committee through periodic assurance reports and the inclusion of minutes from the local meetings. The Health Board is still in the process of rolling out and embedding the new quality, safety and patient experience structure with some key committees and groups – such as the Organisational Learning Committee and Clinical Safety Group – yet to meet.

Corporate Quality, Safety, and Experience Committee

- 73 The corporate QSE Committee is responsible for providing assurance and advice to the Board in relation to quality and patient safety. The corporate QSE Committee considers and seeks assurance from a range of quality and safety information. As part of our work, we observed the committee on several occasions, and found them to be well chaired with good quality discussion, scrutiny, and challenge from

Independent Members. However, our recent structured assessment work highlighted some concerns expressed via the 2020-21 Board Effectiveness Survey regarding the length of the committee agendas.

- 74 The committee's arrangements for providing assurance on quality and safety matters have improved. The committee reviews and scrutinises a range of quality and safety indicators and provides an overview of the Health Board's performance at each Board meeting.

Clinical Effectiveness Committee

- 75 The monthly Clinical Effectiveness Committee (CE Committee) was established in December 2020 to provide a forum for senior clinicians to monitor the implementation of NICE⁹ guidelines, to provide strategic direction for the Health Board's national and local clinical audit programme, and to receive reports from sub-groups and escalate issues/provide assurance to the corporate QSE Committee and Board as appropriate. The committee has multidisciplinary membership and invites representatives from Clinical Boards to discuss items on its agenda.

Clinical Safety Group, Organisation Learning Committee, and Serious Incidents/Concerns Group

- 76 The Health Board intends to further strengthen its quality and safety arrangements by establishing a Clinical Safety Group and an Organisational Learning Committee.
- 77 The Clinical Safety Group's draft Terms of Reference indicates that its role will be to provide advice and assurance to the corporate QSE Committee by overseeing Health Board plans; considering external review/investigation reports and their implications on patient and citizen experience; considering outcomes for patient feedback; reviewing compliance with Health and Care Standards; and monitoring implementation of the Quality, Safety and Experience Framework. The committee will have multidisciplinary membership from nursing, medical, and corporate staff.
- 78 The Organisational Learning Committee's draft Terms of Reference indicate that its role will be to provide strategic direction and leadership to ensuring cross divisional learning from themes and trends. It will also be responsible for agreeing actions for improvement and monitoring the sharing of good practice. The committee will report to the corporate QSE Committee for assurance purposes. Whilst the proposed committee membership includes staff from a range of professional backgrounds, we do note a lack of nursing representation.
- 79 The role of the Serious Incident/Concerns Group is to provide oversight around the management of complaints, claims, serious incidents, patients' experience, never events, inquests etc. We comment on the positive impact this group has had on the

⁹ National Institute of Health and Care Excellence

Health Board's concerns/complaints performance in **paragraph 53**. Our observations of several Serious Incident/Concerns meetings found there to be a positive culture around quality, safety, and patient experience. Meetings were well chaired with open and honest discussions amongst attendees. Clear actions were identified and agreed and assigned to responsible officers.

Clinical Board Quality, Safety and Experience Committees

- 80 The Quality, Safety, and Experience Committees within Clinical Boards are responsible for providing assurance and advice to the corporate QSE Committee. There are bi-monthly Surgery Clinical Board Quality, Safety, and Experience Committee meetings which are chaired by a Consultant Anaesthetist.
- 81 There is good multidisciplinary attendance at meetings from nursing, medical, and corporate staff. The structured meeting agenda aligns to the Health and Care Standards. There are also items relating to sharing feedback from the corporate QSE Committee and considering exception reports and escalation of key issues from Directorate Quality, Safety, and Experience Committees and specialties. This ensures both 'floor to board' quality and safety assurance and enables sharing of key corporate quality and safety information down through the quality and safety structure.

Directorate Quality, Safety, and Experience Committees

- 82 The Directorate Quality, Safety, and Experience Committees are responsible for providing assurance and advice to the Clinical Board Quality, Safety, and Experience Committees. Monthly Surgical Services Directorate Quality, Safety and Experience committee meetings are held and chaired by the Lead Clinician responsible for quality and safety. Meetings are well chaired and have good multidisciplinary attendance from nursing, medical, and corporate staff. There is good quality discussion among participants with sufficient time given to each item allowing everyone to contribute to the discussion.

Resources and expertise to support quality governance

- 83 There are several corporate teams working to support quality and safety issues across the Health Board. The Patient Experience Team and the Concerns Team report to the Executive Director of Nursing. This is in addition to the Quality Improvement, Clinical Audit, and Infection Prevention and Control Teams referred to in this report (see **paragraphs 28, 36, and 85**).
- 84 The Patient Experience Team (3.86 WTE, 4 headcount) provides a range of bespoke training to operational areas supporting staff, carers, and volunteers across the Health Board, alongside its more structured induction training for new staff. The Concerns Team (10.4 WTE, 14 headcount) provides training and support to operational staff in relation to early complaint resolution, breach of duty, putting

things right, and other areas of bespoke training. Both the Patient Experience and Concerns Teams had no vacancies at the time of reporting. However, resources within the teams have reduced over the last three years to achieve cost reductions. Results from our data collection survey indicate that the Health Board does not have a corporate data analytics team.

- 85 The Health Board has a dedicated Infection Prevention and Control Team (7 WTE, 8 headcount), which provides formal and bespoke training and support to operational staff across the Health Board on matters relating to infection prevention and control. During the COVID-19 pandemic, the team worked in association with external/partner organisations and agencies such as Cardiff University, Cardiff Metropolitan University, Cardiff Council, and Vale of Glamorgan Council, to provide PPE¹⁰ and general infection prevention and control training and also ensured attendance at TTP¹¹ operational and board meetings. This has had a significant impact on the team's capacity to provide both support to the immediate pandemic response and to provide advice and training across the Health Board on its regular infection and prevention control work. The team had no vacancies at the time of reporting.
- 86 At an operational level, the Surgery Clinical Board and Surgical Services Directorate have designated leads for many key aspects of quality and safety such as: managing concerns, patient experience, infection prevention and control, quality improvement, risk management, Datix, and data analytics. However, we found that some designated leads do not have protected time to fulfil several of these roles, particularly at the directorate level.
- 87 Indeed, the lack of resources and capacity for quality and safety activity was a consistent theme during our interviews with Health Board staff. Furthermore, results from the Health Board's internal patient safety survey identify this as a significant issue:
- 67% of staff disagreed or strongly disagreed that there are enough staff to handle the workload; and
 - 43% of staff agreed or strongly agreed that staff in their team/department work longer hours than is best for patient care.
- 88 Corporate and operational resources for quality and safety, therefore, require further investment to enable the Health Board to fully roll out and embed its planned quality and safety improvements. **(Recommendation 6)**

¹⁰ Personal Protective Equipment

¹¹ Test, Trace and Protect

Arrangements for monitoring and reporting

- 89 Our work considered whether arrangements for performance monitoring and reporting at both an operational and strategic level provide an adequate focus on quality and patient safety.
- 90 We found that **corporate and operational agendas provide a wide coverage of quality and safety issues for discussion. There is sufficient information for scrutiny and assurance at both corporate and Clinical Board levels, and the Health Board's use of quality and safety data is maturing. However, there are opportunities for agendas to be more dynamic to reflect new and emerging quality risks and issues. Reporting on the four harms associated with COVID-19 requires strengthening. Furthermore, reporting requires further development at directorate level and around services commissioned by the Health Board.**

Information for scrutiny and assurance

- 91 The Board's integrated performance report and balanced scorecard provide performance information against the NHS Wales Delivery Framework measures including complaints, serious incidents, mortality, and falls. The report provides a detailed commentary on quality and safety performance and includes links to other papers that provide further information on specific aspects of quality and safety. For example, the report provided to Board in January 2022 included a link to a separate paper on pressure damage reduction.
- 92 The Board introduced a 'COVID-19 Update Report' in November 2020 (which was renamed 'Systems Resilience Update' in November 2021) to provide updates on key aspects of the Health Board's activities during the COVID-19 pandemic, including in relation to quality and safety. The quality and safety element of the report provides an overview of operational pressures and their impact, as well as some commentary in relation to people experience and investigations into hospital-acquired COVID-19. However, there is no evidence to indicate that the four harms associated with COVID-19 have routinely been reported to the Board either through the integrated performance report or systems resilience update. The Board also receives a range of separate quality and safety related reports around topics such as stroke performance, nurse staffing levels, and the Public Services Ombudsman's Annual Report.
- 93 In June 2020, the corporate QSE Committee agreed a range of quality indicators to routinely monitor at each meeting through a quality, safety, and experience dashboard. Although work on the dashboard is still progressing, the committee continues to provide oversight of quality indicators through its Quality Indicators Report which includes measures on nationally reportable incidents, pressure damage, COVID-19-related incidents, never events, concerns, patient experience, and falls. Whilst the corporate QSE Committee also receives reports from all Clinical Boards which assist in providing assurance across the breadth of the

Health Board's services, there are opportunities to strengthen reporting on the quality and safety of services, including services commissioned by the Health Board.

- 94 Clinical Boards provide regular assurance reports to the corporate QSE Committee on the quality and safety of services at an operational level. The report from the Surgery Clinical Board is aligned to the Health and Care Standards and contains performance information on a range of quality metrics, including never events, healthcare-acquired infections, incidents, concerns, and patient feedback. The report also highlights key risks and mitigating actions and work completed in response to COVID-19. However, there was limited evidence that Clinical Boards consider the four harms associated with COVID-19 as part of the reporting to the corporate QSE Committee. **(Recommendation 7)**
- 95 At an operational level, the Surgery Clinical Board's Quality, Safety, and Experience Committee reviews various presentations, performance reports, and dashboards including data around serious incidents, Datix management, mortality reviews, pharmacy prescribing, medication, patient experience, concerns, and infection control. We found that supporting papers were not provided for some agenda items, with verbal reports and updates provided instead. Whilst verbal reports and updates are appropriate in some cases, a lack of supporting information limits opportunities for attendees to review information in advance and provide sufficient scrutiny and challenge at meetings.

Coverage of quality and patient safety matters

- 96 The corporate QSE Committee's remit is clear in relation to providing oversight of quality and patient safety. Agendas are structured and include several standing items, such as Clinical Board Assurance Reports, Quality Indicators Report, reports on HIW activity, Primary Care updates, and review of the relevant Board Assurance Framework risks. The committee also receives exception reports and specific updates on key aspects of quality and safety such as pressure damage, regular review and approval of quality and safety related policies, and meeting minutes from all Clinical Board Quality, Safety, and Experience Committee meetings.
- 97 Whilst meeting agendas are structured, there are opportunities for them to be more dynamic to reflect new and emerging quality risks and issues. Furthermore, our work identified concerns around the size of agendas, presenting a risk that there is too much information to adequately scrutinise and seek assurance. However, as stated in **paragraph 71**, the establishment of additional committees and groups in the new quality, safety and experience structure should provide focus on key quality areas to provide assurance to the Corporate QSE Committee and, therefore, help to reduce the workload of the committee.
- 98 Operationally, the Quality, Safety and Experience committees within the Surgery Clinical Board and Surgical Services Directorate use standardised agendas which are aligned to Health and Care standards and cover key aspects of quality and

safety such as: risk, patient stories, regulatory compliance and external accreditation, patient safety incidents, patient safety alerts, complaints, and infection control. However, the agendas for these meetings are also large, which can result in meetings overrunning beyond their allocated time.

- 99 Results from our data collection surveys indicate that the COVID-19 pandemic did not impact the way in which the Surgery Clinical Board and Surgical Services Directorate monitors and reports quality and patient safety matters. They share minutes from meetings with the directorate, divisional and executive, management teams.

Appendix 1

Management response to audit recommendations

Exhibit 2: management response

Recommendation	Management response	Completion date	Responsible officer
<p>R1 Quality and Safety Priorities The Surgery Clinical Board and Surgical Services Directorate revised their quality priorities in response to the COVID-19 pandemic. However, there appears to be poor alignment between these operational priorities and the Health Board’s key delivery actions for quality and safety as outlined in its Annual Plan for 2021-22. The Health Board, therefore, should ensure there is better alignment between operational and strategic quality and safety priorities as articulated in the Health Board’s ten-year strategy and new Quality, Safety, and Patient Experience Framework.</p>	<p>To work with all Clinical Boards to agree the QSE priorities aligning to the framework and Annual Plan and to the IMTP.</p> <p>Develop generic and specific Quality indicators aligned to the QSE Priorities in the QSE framework for Clinical Boards which are reported through the QSE structure. and QSE Committee. These will be reported by exception as required and in totality at their scheduled presentation to the Committee.</p>	<p>September 2022</p> <p>September 2022</p>	<p>Assistant Director of Patient Experience and Assistant Director of Patient Safety and Quality</p>

Recommendation	Management response	Completion date	Responsible officer
<p>R2 Risk Management</p> <p>There is scope to ensure the corporate Quality, Safety and Experience Committee maintains greater oversight of risks scrutinised by other committees where there is a clear quality and safety impact. There is scope to improve the quality of risk information recorded on operational risk registers and the escalation and de-escalation of risk to/from the Corporate Risk Register. The Health Board, therefore, should ensure:</p> <p>a) the corporate Quality, Safety and Experience Committee seeks assurance from other Health Board committees where their risks potentially impact on quality and safety; and</p> <p>b) review and improve the quality of risk information recorded on operational risk registers and introduce an appropriate process for the escalation and de-escalation of risk to/from the Corporate Risk Register.</p>	<p>a) All risks detailed within the Corporate Risk Register that might impact on quality and safety will continue to be shared at the Quality, Safety, and Experience Committee. In addition, risks detailed within the Board Assurance Framework that are shared at other committees, such as Work Force, which is discussed at the Strategy and Delivery Committee will, where the risk may have Quality and Safety implications, also be shared with the Quality, Safety and Experience Committee.</p> <p>b) The Health Board’s Risk and Regulation Team operate a check and challenge system to manage the escalation and de-escalation of risks from the Corporate Risk Register. Training is also provided to risk leads to improve the detail recorded within risk registers. Both areas remain a work in progress and will continue to be implemented and improved.</p>	<p>October 2022</p> <p>Underway and an ongoing requirement – March 2023</p>	<p>Director of Corporate Governance</p>

Recommendation	Management response	Completion date	Responsible officer
<p>R3 Clinical Audit</p> <p>The Health Board is developing a Clinical Audit Strategy and Policy, but there has been a delay in progress due to capacity and IT system challenges within the Clinical Audit Team. Internal Audit completed a review of the Health Board's clinical audit arrangements during 2021 and gave a limited assurance rating, identifying several key matters that need to be addressed. Whilst the Health Board is making some progress in this area, it should:</p> <p>a) complete the work on its clinical audit strategy, policy, and plan. The plan should cover mandated national audits, corporate-wide, and local audits informed by areas of risk. This plan should be approved by the corporate Quality, Safety and Experience Committee and progress of its delivery monitored routinely; and</p> <p>b) ensure that recommendations arising from the Internal Audit review of clinical audit are implemented as a priority.</p>	<p>The Clinical Audit Plan is to be shared at the Audit and Assurance Committee and discussed at the October QSE Committee meeting. The plan will reference all of the actions from this report.</p> <p>Compliance with internal audit findings will continue to be monitored via the Audit and Assurance Committee.</p> <p>Some investment has been provided to Clinical Audit in year one from the internal Business case (monies to be provided over a three-year period). Posts are being recruited into – investment was provided for a Clinical Effectiveness lead Band 8a and an Audit co-ordinator band 5. Additional resource was provided for a band 5 post to support the AMAT programme.</p> <p>AMAT – Audit management and tracking system has been purchased and is being rolled out through a phased implementation.</p>	<p>October 2022</p> <p>October 2022</p> <p>Recruitment completed by September 2022</p> <p>Implementation completed by March 2023</p>	<p>Head of Quality Assurance and Clinical Effectiveness</p>

Recommendation	Management response	Completion date	Responsible officer
<p>R4 Values and Behaviours</p> <p>The Health Board's Values and Behaviours Framework sets out its vision for a quality and patient-safety-focussed culture. However, there is a mixed picture in relation to the culture around reporting errors, near misses, incidents, and raising and listening to staff concerns. The Health Board, therefore, should undertake work to understand why some staff feel:</p> <ul style="list-style-type: none"> a) that their mistakes are held against them or kept in their personal file; b) that the Health Board does not provide feedback about changes put into place following incident reports or inform staff about errors that happen in their team or department; and c) they do not feel free to question the decision or actions of those with more authority and are afraid to ask questions when something does not seem right. 	<p>A safety culture with a focus upon psychological safety is an enabler of the QSE Framework.</p> <p>Members of the team are undertaking an IHI (Institute for Healthcare Improvement) Leadership course, and their focussed piece of work will address these issues.</p> <p>A project plan is being developed and will be part of the QSE implementation of the framework.</p> <p>Culture surveys and feedback will be part of the evaluation with our quality metrics and will be undertaken annually in quarter 4 to assess whether values and behaviours have improved.</p> <p>Work will be aligned with organisational development colleagues supported through the people and culture plan.</p>	<p>QSE Framework to 2026</p> <p>May 2023</p> <p>Project plan completion October 2022</p> <p>Annual surveys to be undertaken</p>	<p>Head of Patient Safety and Quality reporting to Executive Nurse Director as Executive sponsor for the programme</p>

Recommendation	Management response	Completion date	Responsible officer
<p>R5 Personal Appraisal Development Reviews (PADRs)</p> <p>The Health Board compliance rate for appraisals is consistently below the national target of 85%. The Health Board reports that operational pressures are adversely affecting compliance and enabling work has not delivered the level of improvement anticipated over the COVID-19 pandemic period. The Health Board, therefore, should take appropriate action to improve performance in relation to PADRs at both corporate and operational levels.</p>	<p>The UHB has recognised the issue regarding VBA compliance and an improvement plan has been put in place focusing on communication and engagement, training and support and the impact on staff wellbeing and performance outcomes.</p> <p>This improvement plan has been developed with Trade Union Partners and will be delivered in collaboration with TU Partners.</p> <p>Recognising ongoing service pressures across the UHB as we manage the pandemic recovery phase and ever increasing service demands, the UHB target is to increase compliance to 50% in 2022-23, followed by a target of 85% in 2023-24.</p> <p>These KPIs are reflected in the People and Culture Plan and are reviewed monthly.</p> <p>A focus on promotion and engagement of the new VBA approach (launched in 2019) will develop manager capability and team buy-in through effective and accessible training and development, engagement, and support, including development in delivering an effective VBA, the importance of VBAs on staff wellbeing, performance, motivation, and quality.</p> <p>A range of bite-size learning is also in development which will also provide employees with support in preparing for their VBA. Targeted intervention will support developments regarding pay progression.</p>	<p>50% compliance rate – March 2023</p> <p>85% compliance rate – March 2024</p>	<p>Assistant Director of OD, Wellbeing and Culture</p>

Recommendation	Management response	Completion date	Responsible officer
<p>R6 Resources to support quality governance</p> <p>Resources within both the Corporate Patient Experience and Concerns Teams have reduced over the last three years and the COVID-19 pandemic has had a significant impact on the Infection Prevention and Control Team's capacity. At an operational level, the Surgery Clinical Board and Surgical Services Directorate have designated leads for many key aspects of quality and safety. However, they do not have protected time to fulfil several of these roles. The Health Board, therefore, should ensure there is sufficient resource and capacity to support quality governance at both corporate and operational levels.</p>	<p>The increase in concerns remains significant and resource is an issue. There has been some investment through the Business case which spans a three-year period.</p> <p>Management of resources through the pandemic was challenging for the Infection Prevention and Control team. However as the pandemic reduces the focus for the IPC team is back on normal tier 1 IPC targets, we are now seeing the move back to normal business. Active recruitment also in place to recruit to outstanding vacancies.</p> <p>Recently surgery clinical Board have a dedicated QSE nurse who liaises with corporate teams.</p> <p>The corporate team will work with the clinical board to identify QSE leads and responsibilities with an exercise to identify the time required to effectively deliver these agendas.</p>	<p>May 2024</p> <p>September 2022</p> <p>Completed</p> <p>October 2022</p>	<p>Assistant Director of Patient Experience</p> <p>Executive Director of Nursing</p> <p>Assistant Director of Patient Experience and Assistant Director of Patient Safety and Quality</p>

Recommendation	Management response	Completion date	Responsible officer
<p>R7 Monitoring and Reporting</p> <p>There is no evidence to indicate that the four harms associated with COVID-19 have routinely been reported to the Board either through the integrated performance report or systems resilience update. Furthermore, there was limited evidence that Clinical Boards consider the four harms associated with COVID-19 as part of the reporting to the corporate Quality, Safety, and Experience Committee. The Health Board, therefore, should ensure that the four harms associated with COVID-19 are routinely considered by Clinical Boards and reported to the corporate Quality, Safety, and Experience Committee and Board.</p>	<p>The revised template for the Clinical Boards' QSE meetings will incorporate the four harms associated with COVID-19 reporting.</p> <p>The notes and action logs of the clinical Boards will be shared at the QSE Committee meetings.</p>	<p>August 2022</p>	<p>Assistant Director of Patient Experience and Assistant Director of Patient Safety and Quality</p>



Audit Wales
24 Cathedral Road
Cardiff CF11 9LJ

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

E-mail:

Website:

We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.