

# Quality Governance Follow-up Review – Aneurin Bevan University Health Board

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# Summary report

## Introduction

- 1 Quality should be at the 'heart' of all aspects of healthcare and 'putting quality and safety' above all else is one of the core values underpinning the NHS in Wales. Poor quality care can be costly in terms of harm, waste, and variation.
- 2 During 2021-22, the Auditor General reviewed quality governance arrangements across all Health Boards in Wales. That work focused on:
  - operational and corporate approaches to quality governance.
  - organisational culture and behaviours;
  - strategy, structures, and processes; and
  - information flows and reporting.
- 3 Our [2022 review of quality governance](#) at the Aneurin Bevan University Health Board (the Health Board) found that the Health Board had clearly articulated the corporate arrangements for quality governance and its key areas of focus for quality and safety. However, at the time of reporting there remained weaknesses at a divisional and directorate level which could impact the flow of assurance from floor to Board. We made eight recommendations that covered 16 specific recommended areas for improvement. These focussed on risk management, clinical audit, values and behaviours, patient experience, putting things right, quality governance resources, and divisional quality and safety arrangements.
- 4 In June 2020, the Health and Social Care (Quality and Engagement) (Wales) Act 2020 (the Act) became law. The Act has strengthened 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. Since undertaking our 2022 review, the specific requirements underpinning the Duties for Candour and Quality (introduced under the Act) have been agreed, and all health bodies should have made good progress to implement arrangements to meet those requirements.
- 5 This quality governance follow-up review assesses the Health Board's progress in implementing the 2022 audit recommendations. It also considers whether the Board is receiving necessary assurance that the Health Board is taking appropriate steps to respond to the requirements of the Act.
- 6 The methods we used to deliver our work are summarised in **Appendix 1**.

## Key findings

- 7 Overall, we found that the Health Board is making progress implementing our 2022 quality governance recommendations but needs to fully embed the changes. The Health Board is taking reasonable steps to implement arrangements to deliver implementing the duties of quality and candour but needs to improve training compliance and monitoring.

## Implementation of previous audit recommendations

- 8 While the Health Board has made progress in implementing previous audit recommendations, only five of the 16 recommendations are fully complete.
- 9 Our review of progress against our 2022 quality governance review recommendations found that five of the sixteen recommendations have been fully completed, nine are in progress and are progressing well and two have not been implemented:
- **Recommendations completed** – The Health Board has fully implemented five recommendations. The Health Board has updated the clinical audit strategy, policy and plan, and strengthened committee oversight. There have been improvements to arrangements to support learning from clinical audit. It has also ensured that patient feedback features more prominently at divisional quality and safety meetings. The Health Board has strengthened wider quality focussed resources and has reviewed the operational patient safety and quality groups to ensure they are effectively supporting the Health Boards quality governance arrangements.
  - **Recommendations in progress** – Good progress is being made against nine recommendations but they remain 'in progress'. The Health Board is embedding the Quality and Governance Framework, improving learning from patient experience of using commissioned services, and strengthening quality reporting across the organisation. However, many of these arrangements are new and need to be embedded before the benefits and necessary assurance are fully realised. The Quality Governance and Assurance Framework also needs to be updated to provide clear and appropriate 'floor/ward to Board' assurance arrangements.
  - **Recommendations not started** – We found no action on two of our previous recommendations. These related to the Health Board taking action to understand why some staff feel they are not treated fairly when reporting errors, and appropriate action is not taken to address concerns raised. However, we did note that the Health Board has introduced a range of arrangements to support staff to raise concerns.

## Responding to the requirements of the Duty of Candour and Duty of Quality

- 10 We found that the Health Board **is taking reasonable steps to implement arrangements to deliver the duties of quality and candour, however, there is scope to improve training compliance and monitoring.**
- 11 The Health Board assessed its readiness against the Welsh Government baseline and developed an implementation programme well in advance of the Act's April 2023 implementation date indicating a positive commitment to fulfilling these duties. It engaged a range of key stakeholders to ensure readiness, briefed key staff and board members and routinely reports progress on implementation to the Patient Quality, Safety and Outcomes committee. The Health Board developed and published its quality priorities for 2024-25 in its first annual quality report. These priorities continue to align to and support delivery of its duty of candour and duty of quality requirements and are supported by clear workstreams to deliver them.
- 12 Staff are supported via e-learning modules to help understand and respond to the new duties. However, there remain challenges. While training is in place, the Health Board does not monitor training compliance. This creates a risk that there is insufficient staff understanding of requirements under the Act.
- 13 Addressing the recommendations made in our 2022 Quality Governance report and the new recommendations in this report plays an important role in ensuring that arrangements to deliver the duties of quality and candour are fully embedded.

## Recommendations

- 14 The status of our 2022 audit recommendations is summarised in **Exhibit 1**.

### Exhibit 1: status of our 2022 recommendations

Completed	In progress	Not Started	Superseded	Total
5	9	2	0	16

- 15 **Exhibit 2** details the new recommendations arising from this review. The Health Board's response to our recommendations will be summarised in **Appendix 2** once complete.

## Exhibit 2: New recommendations (2025)

### Recommendations

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- R1 The Health Board should take steps to improve its arrangements for staff to raise concerns by:
- 1.1 updating the procedure for NHS staff to raise concerns so that it is tailored to the Health Board and includes organisation-specific information and contacts (**Paragraph 32**); and
  - 1.2 monitoring the impact of external support services and accreditation initiatives to ensure that these actions meet staff needs and are translating into meaningful improvements in staff engagement and patient safety outcomes (**Paragraph 35**).
- 
- R2 The Health Board should approve an addendum or update to the current 'Putting Things Right' Policy to reflect the current organisational structure and duty of quality and duty of candour requirements. (**Paragraph 43**)
- 
- R3 Within the next 12 months, the Health Board should evaluate the impact of centralising its Quality and Patient Safety teams to ensure the intended benefits are being achieved. (**Paragraph 50**)
- 
- R4 The Health Board should strengthen its arrangements for duty of quality and duty of candour e-learning training. This should include:
- 4.1 taking steps to increase uptake rates for Duty of Quality and Duty of Candour e-learning, to ensure staff have a good understanding of their responsibilities under the requirements (**Paragraph 58**); and
  - 4.2 monitoring and reporting on completion rates for the Duty of Quality and Duty of Candour e-learning (**Paragraph 58**).

# Detailed report

## Progress made with implementing our 2022 audit recommendations

- 16 We considered the Health Board's progress in implementing each of our 2022 audit recommendations. We found that **the Health Board has made progress in implementing previous audit recommendations, but only five are fully complete.**

### Risk management recommendations

#### 2022 Recommendation 1

Divisional risks are presented to the Quality and Patient Safety Operational Group, but there was limited evidence of in-depth analysis and discussion. There is also limited evidence that the General Surgery directorate maintains risk registers that adequately identify quality and safety risks and mitigating actions. The Health Board should:

- 1.1 ensure there is appropriate scrutiny, challenge, cross divisional discussion and sharing of good practice around divisional risks at the Quality and Patient Safety Operational Group; and
- 1.2 ensure that risk registers are completed and maintained across all directorates that identify quality and safety risks and mitigating actions and there are appropriate risk escalation arrangements.

- 17 We considered whether the Health Board had effective arrangements for managing quality and safety risks. We expected to see the following:
- appropriate scrutiny, challenge, cross divisional discussion and sharing of good practice around divisional risks at the Quality and Patient Safety Operational Group; and
  - risk registers are completed and maintained across all directorates which identify quality and safety risks and mitigating actions and there are appropriate risk escalation arrangements.
- 18 We found that **our sample review of directorate risk registers found that that there were omissions in risk information and that some risks may not be reviewed regularly. The Health Board has made changes to arrangements to review operational risks across the organisation, but sharing of risk knowledge and learning across the organisation is not yet routine.**
- 19 The Health Board's Quality and Patient Safety Operational Group was stood down in August 2023. It was replaced with the Patient, Quality and Safety and Learning and Improvement Forum (the Forum). The Forum held its first meeting in March

2024, and has met bi-monthly since. The Forum has good representation from across the directorates and divisions, and meetings generally give good focus on learning, improvement, and patient safety.

- 20 The terms of reference for the Forum are well written, comprehensive and clearly set out the requirement to identify risks and to share knowledge and associated learning across all divisions. However, our audit found that sharing of risk knowledge and learning is not embedded in Forum meetings. Up until the time of our review, the Forum had not yet received any divisional risk registers. **We consider recommendation 1.1 to be in progress.**
- 21 Each division has a new separate Patient Quality and Safety Outcome Committee. Divisional risks are discussed and escalated as appropriate at committee meetings. There are standardised agendas for divisional committee meetings, and risks are reviewed using live data in DATIX<sup>1</sup>. However, we reviewed the General Surgery divisional risk register and identified issues including the absence of mitigating actions and noted that some risks appeared not to have been reviewed for some time. The Health Board needs to ensure that gaps in the general surgery risk register are addressed and ensure that all risks contained in it are regularly reviewed and updated as appropriate. The Health Board should ensure that all divisions maintain up-to-date and comprehensive risk registers and that they consistently use risk escalation procedures and, if necessary, address any gaps. Additionally, the DATIX modules for risk, incidents and clinical audit systems are not integrated, which means triangulation of data to identify themes is not automated. Instead, themes and issues are triangulated manually, which is inefficient and could result in issues being missed. **We consider recommendation 1.2 to be in progress.**

## Clinical audit recommendations

### 2022 Recommendation 2

During our review, the Health Board was updating its clinical audit strategy and policy and developing a standalone clinical audit plan. The Health Board's Clinical Effectiveness and Standards group terms of reference were in draft and contained out-of-date information. At an operational level, clinical audit capacity is limited and systems to share learning and good practice are not embedded or systematic. The Health Board should:

- 2.1 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 Patient

<sup>1</sup> Datix is an online system for staff to report information relating to incidents and risks.

## 2022 Recommendation 2

Quality, Safety and Outcomes Committee and progress of its delivery monitored routinely.

- 2.2 update and finalise the terms of reference for the Clinical Effectiveness and Standards Committee.
- 2.3 ensure there is sufficient resource and capacity for clinical audit at an operational level.
- 2.4 ensure systems for learning and good practice from clinical audit are embedded across the organisation.

- 22 We considered whether the Health Board had effective arrangements for clinical audit. We expected to see the following:
- the Health Board has developed a clinical audit strategy, policy and plan which covers mandated national audits, corporate-wide and local audits informed by areas of risk;
  - the Clinical Audit Plan has been approved by the Patient Quality, Safety and Outcomes Committee, which routinely monitors progress of its delivery;
  - the Health Board has updated and finalised the terms of reference for the Clinical Effectiveness and Standards Committee;
  - the Health Board has completed its review of resources and capacity, and addressed any gaps, to support clinical audit at an operational level; and
  - the Health Board is embedding systems for learning and good practice from clinical audit across the organisation.
- 23 We found **that the Health Board has made good progress in its development of Clinical Audit plans and committee oversight of them. However, resources for delivery continue to be an issue for the Health Board.**
- 24 The Board approved the Clinical Audit Strategy 2022-25 in October 2022. The plan sets out four priorities:
1. There is scrutiny of national clinical audit performance with robust development and monitoring of improvement plans
  2. Divisions will identify clinical audits that allow scrutiny and assurance associated with quality and safety risk
  3. Trainees are supported to participate in meaningful clinical audits that support clinical governance
  4. Groups and committees across the Health Board will commission clinical audit to support effective assurance as required
- 25 Our work found that the Clinical Audit Strategy is well embedded and there is routine reporting of progress against the priorities in the strategy. To support the

delivery of the strategy, the Audit, Risk and Assurance Committee approved the 2024-25 Clinical Audit Plan in May 2024. The 2024-25 Clinical Audit Plan sets out an appropriate programme of clinical audits including nationally mandated audits and divisional audits. The plan also contains an appropriate range of risk-based divisional specific clinical audits. The Health Board ensures that it triangulates learning from clinical audit with other intelligence including complaints, incidents, and patient experience. The Patient, Quality and Safety and Learning and Improvement Forum is used to share learning, and reports are also presented to the Patient Quality, Safety and Outcomes Committee.

- 26 There is good committee oversight of both the delivery and outcomes of the clinical audit plan. Both the Patient Quality, Safety, and Outcomes Committee and the Audit and Risk Committee receive regular updates on the plan. However, update reports could be strengthened by more clearly identifying completion rates to determine progress of plan delivery. At an operational level, the Clinical Audit Plan is tracked and monitored via the AMaT system<sup>2</sup>, ensuring audits are completed and signed off at both divisional and Health Board levels. **We consider recommendation 2.1 to be completed.**
- 27 The Health Board has updated its Clinical Effectiveness and Standards Group terms of reference. At the time of our work, the terms of reference were draft and not yet approved. The Health Board has reviewed and amended the membership of the group to ensure it reflects the Health Board's strategic priorities. **We consider recommendation 2.2 to be in progress.**
- 28 At the time of our work, the Health Board was reviewing its operational resources and capacity to support clinical audit. The February 2025 Audit, Risk and Assurance Committee clinical audit plan update highlighted continuing concern regarding local operational resources to deliver clinical audit. However, the Health Board is undertaking a resource mapping exercise with a view to identifying additional capacity. **We consider recommendation 2.3 to be in progress.**
- 29 The Health Board has improved how it shares and applies learning from clinical audit. Following the completion of an audit, improvement actions are incorporated into SMART<sup>3</sup> action plans, which are agreed with leadership teams and approved by the Clinical Effectiveness and Standards Group. National clinical audit results are discussed at the Patient, Safety Quality and Outcomes meetings. Additionally, since March 2024, the Health Board holds bimonthly divisional learning forums focussing on learning from clinical audit. **We consider recommendation 2.4 to be completed.**

<sup>2</sup> AMaT – Audit Management and Tracking tool is a cloud-based clinical audit management tool

<sup>3</sup> Specific, measurable, achievable, realistic and timely

## Values and behaviours recommendations

### 2022 Recommendation 3

The Health Board has a well-established values and behaviours framework which 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 or incidents and raising concerns and the action taken by the Health Board to address them. The Health Board should undertake work to understand why some staff feel:

- 3.1 they are not treated fairly or given feedback when reporting errors, near misses or incidents; and
- 3.2 that the Health Board does not act on concerns they raise or take action to minimise future of occurrence errors, near misses or incidents.

- 30 We considered whether the Health Board had effective arrangements for values and behaviours. We expected to see the following:
- the Health Board has effective arrangements to ensure that staff are treated fairly and given feedback when reporting errors, near misses or incidents; and
  - the Health Board has effective arrangements to promptly act on staff concerns and take action to minimise future occurrence of errors, near misses and incidents.
- 31 We found that, **the Health Board has a good and broad range of initiatives to create a safe environment where staff can disclose concerns. However, it did not underpin the initiatives with an understanding of why staff feel reluctant to raise concerns and think that appropriate action will not be undertaken. The Health Board has not evaluated its initiatives to see if they are having the desired impact.**
- 32 The Health Board's 2022-25 People Plan focuses on 'Putting People First' which is underpinned by its well-established values and behaviours framework. The Health Board has a good procedure for NHS staff to raise concerns. However, its Speaking Up Safely procedure, which is based on the All-Wales model, has not been tailored to the Health Board and contains no specific references to the individuals that staff would need to contact (**2025 Recommendation 1.1**). Other health boards in Wales have adapted the procedure to reflect their internal arrangements and contacts.
- 33 The Health Board has introduced a range of initiatives which aim to improve the culture around reporting errors, near misses, incidents, and raising concerns. These include:

- **Just culture** – the Health Board has established the People and Culture Committee to oversee initiatives related to staff well-being, culture, and values. The committee plays a crucial role by ensuring that policies and practices promote psychological safety, openness, the organisation’s desired culture and values, and a learning-focused environment.
- **Listening and learning framework** – designed to create a safe environment where staff can disclose mistakes, enabling lessons to be learned and preventing recurring errors. This initiative aligns with the Health Board’s vision of a learning-focused culture.
- **Human factors development programme** – over the past 12 months, the Health Board has rolled out the programme which focuses on developing a culture of openness and improving patient safety through staff engagement.
- **Ward and team accreditation** – with the aim of improving understanding of quality and safety data from ward audit and encouraging ownership and learning within teams.
- **External support services** – in March 2024, the Health Board transitioned from an internal system for raising concerns to commissioning externally provided services (Speaking Up Service and Employee Assistance Programme) with the aim of encouraging staff to raise concerns.
- **Email** – a dedicated internal email address for raising concerns.
- **Wellbeing services** – to support staff in all aspects of their role.

34 These Health Board initiatives point to a strong commitment for ensuring that staff feel supported, empowered, and psychologically safe to speak up about patient safety issues. Despite this, we have not found sufficient evidence of an effective response to our recommendations. The Health Board has not sufficiently engaged with staff and does not have adequate information to understand why staff felt;

- they are not treated fairly when reporting errors, near misses or incidents; or
- that the Health Board did not act on concerns.

Therefore, there is limited assurance that the initiatives are appropriately designed to address staff apprehension.

35 Some of these arrangements, such as the ward accreditation programme and external support services are new. Therefore, the Health Board should undertake work to determine whether they are having the desired impact and ensure that the arrangements meet staff needs. **(2025 Recommendation 1.2)**

**We consider recommendations 3.1 and 3.2 not started.**

## Patient experience recommendations

### 2022 Recommendation 4

Whilst the Health Board uses a range of methods to capture patient experience information, regular patient feedback updates are not always provided to work areas or departments and arrangements are not systematic across the organisation or the services it commissions. The Health Board should:

- 4.1 undertake work to understand why patient feedback updates are not regularly provided to work areas or departments; and
- 4.2 ensure there are systematic arrangements for collating and acting upon patient experience information across the organisation and the services it commissions.

- 36 We considered whether the Health Board had effective patient experience feedback approaches. We expected to see the following:
- the Health Board has effective arrangements to regularly provide patient feedback updates to work areas and departments; and
  - the Health Board has effective arrangements for collating and acting upon patient experience information across the organisation and the services it commissions.
- 37 We found **that the Health Board is strengthening its approach for collecting, analysing, reporting and sharing patient experience. The Health Board now needs to complete its work to capture and report the patient experience of the services that it commissions.**
- 38 In March 2023, the Board approved the Patient Experience and Involvement Strategy to improve services, clinical effectiveness, patient safety, and user experience. The Strategy identifies a range of methods for obtaining patient feedback. These include the introduction of the new Patient Advice and Liaison Service (November 2023), the ongoing roll out of the CIVICA citizen experience platform (since February 2023), the continuation of the 'you said, we did' approach and the 'person-centred' care survey.
- 39 Collectively, the arrangements to obtain patient feedback ensure that a range of views is collected and analysed. Although we understand that public engagement is low compared to other health boards. The Patient Quality Safety and Outcomes Committee receives a patient feedback report every two months which identifies themes and trends, lessons learnt, and improvement actions taken in response. Patient feedback now also forms part of the agenda for the Patient Quality and Safety and Learning Forum and is now a standard agenda item on divisional

quality and patient safety meetings. **We consider recommendation 4.1 completed.**

- 40 The Health Board recognises the importance of obtaining feedback from patients who are treated in commissioned services. The July 2024 Patient Quality Safety and Outcomes Committee received the Health Board's Quality Assurance Framework: Commissioned Services. One of the key areas of focus elements of this framework is to use patient experience information to inform commissioning decisions. The Health Board is currently using Datix to record any patient experience concerns relating to commissioned services. Work is underway to develop a central register of the commissioned services across the Health Board. Once completed, this register will be used to ensure patient feedback is routinely obtained from the entirety of services the Health Board commissions for its residents. **We consider recommendation 4.2 to be in progress.**

## Putting things right recommendation

### 2022 Recommendation 5

The Health Board's Putting Things Right Policy was due to be reviewed in 2018 and contains out-of-date information. The Health Board should review and update the Putting Things Right Policy as a priority.

- 41 We looked for any updates to the Health Board's putting it right policy and expected to see that the Health Board reviewed and updated its Putting Things Right policy.
- 42 We found that **the Health Board has still not reviewed its Putting Things Right Policy, which was due for review in 2018.**
- 43 The Health Board's Putting Things Right Policy remains out of date and has not been reviewed since 2018. **We consider recommendation 5 to be in progress.** Whilst the all-Wales policy remains under review by the Welsh Government, other health boards in Wales have updated their policies to ensure they remain current. While the Health Board is awaiting new guidance from the Welsh Government, it should update its policy in the interim to reflect the current organisational structure, expected standards, and Duty of Quality and Duty of Candour requirements. **(2025 Recommendation 2)**

## Quality and Safety framework recommendations

### 2022 Recommendation 6

The Health Board's Quality Assurance Framework includes a range of committees and groups aligned to Health and Care Standards. The framework is assisting the Health Board in identifying areas which previously had not provided assurance. However, there are still gaps in the flows of assurance from some sub-groups and in relation to elements of the Health and Care Standards. Whilst the framework is comprehensive at a corporate level, it does not fully articulate the operational structure and processes for quality and safety. The Health Board should:

- 6.1 complete its review of the quality and safety framework to ensure that flows of assurance are appropriate, and that the framework functions as intended; and
- 6.2 articulate the operational structures and processes for quality and safety within the quality assurance framework and how they align with the corporate structure to provide 'floor to board' assurance.

- 44 We considered whether the Health Board had effective quality assurance framework. We expected to see the following:
- the Health Board has completed its review of the quality assurance framework to ensure that flows of assurance are appropriate, and that it functions as intended; and
  - the Health Board's quality assurance framework clearly articulates operational structures and processes for quality and safety and how they align with the corporate structure to provide 'floor to board' assurance.
- 45 We found that **the Health Board is making progress implementing its Quality Governance and Assurance Framework, however, it needs to ensure it sets out clear and appropriate 'floor/ward to Board' assurance arrangements.**
- 46 The Health Board approved its Quality Governance and Assurance Framework in July 2023. Progress on its implementation includes:
- centralisation of the quality and patient safety resource, which we discuss more in **paragraph 50**;
  - new systems for accreditation and performance monitoring, including ward-level data visibility and team accreditation, to support a patient facing approach to learning and improvement;
  - reviewing quality and safety structures of groups and committees to determine if they are effectively discharging their responsibilities;
  - developing standardised Quality and Patient safety group agendas to ensure consistency in approach across the organisation, and

- appointing a clinical governance lead within each of the divisions to improve clinical engagement with the quality and patient safety team.
- 47 The Health Board is also introducing a new Clinical Governance Assurance and Escalation Framework. Its aim will be to ensure that the Board is clearly sighted on quality issues and assurances across the full range of services. There is a clear implementation plan supporting these changes. We have reviewed progress to date, and although the new framework defines Board and committee quality assurance arrangements, it does not sufficiently describe how directorate and divisional assurances will operate and flow from 'floor to board'. The Health Board is continuing to refine the framework. It plans to present an updated version to the Patient Safety, Quality and Outcomes committee in the summer of 2025. **We consider recommendations 6.1 and 6.2 to be in progress.**

## Resources to support quality governance recommendation

### 2022 Recommendation 7

The Scheduled Care division and General Surgery directorate have designated leads for many key aspects of quality and safety. However, we found that some designated leads do not have protected time for these roles. The Health Board should ensure operational staff have sufficient time and capacity to effectively fulfil these roles.

- 48 We considered whether the Health Board had an effective Quality and Safety framework. We expected to see that the Health Board ensures that operational staff have sufficient time and capacity to fulfil designated quality and safety lead roles.
- 49 We found **the Health Board has introduced new arrangements to strengthen its quality and safety capacity, improve the consistency of approach and train more staff in quality improvement and assurance.**
- 50 The Health Board has taken action to improve quality and safety capacity. In February 2024, it centralised the Quality and Patient Safety Leads<sup>4</sup> into the corporate Quality and Patient Safety Team. It also appointed a new Head of Quality and Safety and developed a new 'business partnering' model. Its new quality and safety partners are allocated to the divisions, but accountable to the Corporate Quality and Patient Safety Team. This is ensuring consistency of approach but also providing a more balanced and equitable allocation of quality and safety resources. The Health Board will need to regularly monitor and evaluate

<sup>4</sup> At the time of writing this was 43 members of staff.

the effectiveness of these changes. This will help ensure that the expected benefits are being realised. **(2025 Recommendation 3)**

- 51 The Health Board has also strengthened wider quality and safety resources. The Scheduled Care division was split into two divisions, general surgery and clinical support services, with more resources provided for quality governance. The Health Board is also investing in additional training through its Quality Initiative plans and developing quality coaches. This investment in staff development is positive and should enhance their understanding of quality governance and ensure its long-term sustainability. **We consider recommendation 7 to be complete.**

## Divisional coverage of quality and safety matters recommendations

### Recommendation 8

The General Surgery directorate has recently established its own Patient Safety and Quality Group. However, the group does not have a Terms of Reference, standardised agenda, or report templates and minutes of meetings are not taken. Whilst quality and safety did feature in bi-annual reviews with the Executive Team and monthly assurance meetings with the Director of Operations, we note the monthly assurance meetings stopped in March 2021. We found limited focus on quality and safety at Scheduled Care Divisional Management Team meetings. The Health Board should:

- 8.1 review the operational patient safety and quality groups to ensure they are effectively supporting the Health Board's quality governance arrangements; and
  - 8.2 ensure that other operational meetings/forums provide sufficient focus on quality and safety alongside finance, performance, and operational matters.
- 52 We considered whether the Health Board's divisional groups appropriately cover quality and safety matters. We expected to see the following:
- the Health Board has reviewed operational patient safety and quality groups to ensure they are effectively supporting its quality governance arrangements; and
  - operational meetings/forums provide sufficient focus on quality and safety alongside finance, performance, and operational matters.
- 53 We found that **the Health Board is making good progress through its new Quality and Governance framework to ensure a consistent and appropriate focus on Quality and Patient safety, more work is needed to ensure this is embedded and covers all areas.**

54 As discussed in **paragraph 50**, the Health Board has reviewed its quality and safety structures, and it has also introduced standardised quality and patient safety agendas to ensure consistency in approach. We reviewed a sample of divisional management team and Quality and Safety meeting agenda and papers in the former General Surgery directorate. We also reviewed the mid-year and end-of-year reports which summarised the activities through the year. We found that quality and safety now feature regularly in weekly Divisional Management Team meetings, with a standing agenda item on patient safety and quality, alongside the finance, performance, and operational matters. Both groups are operating well within the former General Surgery directorate. The Health Board is continuing to implement this approach across all division and service areas. On the basis that this is work that is currently taking place, **we consider recommendation 8.1 to be complete and recommendation 8.2 to be in progress.**

## Responding to the requirements of the Duty of Candour and Duty of Quality

- 55 We considered the extent to which the Health Board has taken steps to implement arrangements to deliver both the Duty of Quality and Duty of Candour. We expected to see the following:
- the Health Board has considered what it needs to do to implement the duties of Quality and Candour, with plans in place to address any gaps.
  - the Health Board has clear arrangements in place for monitoring implementation which reflect the timescales and risks associated with delivering the plan.
  - progress in implementing the duties of quality and candour is routinely reported to the Board and its committees.
  - board members are appropriately briefed on the requirements and plans and have received appropriate training in relation to the duties of quality and candour.
  - staff training has been delivered to raise awareness of the requirements under the two duties. The Health Board has identified appropriate strategic, senior, and operational leadership to oversee and deliver the duties. All staff understand their respective responsibilities.
- 56 We found that the Health Board **is taking reasonable steps to implement arrangements to deliver the duties of quality and candour, however, there is scope to improve training compliance and monitoring.**
- 57 The Health and Social Care (Quality and Engagement) Act 2020 came into force on 1 April 2023. In advance of its introduction, the Health Board assessed its preparedness for complying with the Act against the Welsh Government baseline position. The Health Board engaged its stakeholders effectively, conducting workshops and sessions with healthcare partners, patients, and staff to ensure

readiness for the implementation of the new the duty of quality and duty of candour requirements. To supplement its implementation, the Health Board also created dedicated training resources and intranet content for staff. It also created videos for the public to help raise awareness more widely. The Health Board developed an implementation programme prior to the Act coming into force in April 2023, with progress delivery reported bi-monthly to the Patient Quality, Safety and Outcomes committee.

58 The Health Board developed and approved its Quality Strategy and briefed Board members in November 2022 prior to the launch of the strategy in April 2023. In May 2024, the Health Board reported progress against its 2023-24 Quality Strategy objectives and set out its quality priorities for 2024-25 in its first annual quality report. The Quality Strategy is aligned to duty of candour and duty of quality requirements and is supported by clear workstreams and SMART objectives. We also found:

- appropriate strategic and senior leadership arrangements for implementing of the duties of quality and candour, led by the Executive Director of Nursing, and supported by her senior leadership team.
- reasonable methods for staff training including the rollout of e-learning modules on the duties of quality and candour. The Health Board also set up clear and accessible intranet pages setting out related arrangements, responsibilities and requirements. However, the Health Board needs to improve uptake of this training and more effectively record and monitor completion rates (**2025 Recommendation 4.1 and 4.2**).
- the Patient Safety, Quality and Outcomes Committee is actively and appropriately monitoring delivery of quality strategy, the implementation plan and wider quality and safety assurances.

59 Addressing the recommendations made in our 2022 Quality Governance report and the new recommendations in this report play an important role in ensuring that arrangements to deliver the duties of quality and candour are fully embedded.

# Appendix 1

## Audit methods

Exhibit 4 sets out the methods we used to deliver this work. Our evidence is limited to the information drawn from the methods below.

Element of audit approach	Description
Documents	<p>We reviewed a range of documents, including:</p> <ul style="list-style-type: none"><li>• Quality Strategy Framework</li><li>• Quality Governance Framework</li><li>• Internal Audit reports</li><li>• Patient Experience and Involvement/Strategy</li><li>• Policies and Procedures</li><li>• Risk Management</li><li>• Listening, Learning and Improvement Framework</li><li>• Quality Performance Reports</li><li>• Audit Plan</li><li>• Clinical Audit Activity Reports</li><li>• Committee Reports for Audit Risk and Assurance</li><li>• Commissioning Assurance Framework</li><li>• Putting Things Right Annual report</li><li>• Annual Quality Report</li></ul>

Element of audit approach	Description
Interviews	<p>We interviewed the following:</p> <ul style="list-style-type: none"> <li>• Executive Director of Nursing</li> <li>• Executive Medical Director</li> <li>• Director of Corporate Governance</li> <li>• Senior Quality Governance Lead</li> <li>• Assistant Director of Quality and Patient Safety</li> <li>• Head of Corporate/Risk and Assurance</li> <li>• Deputy Director of Nursing</li> <li>• Executive Director of Therapies and Health Sciences</li> <li>• Chair of the Patient Quality Safety and Outcomes Committee</li> </ul>
Observations	We observed the Patient Safety, Quality and Outcomes Committee

# Appendix 2

## Organisational response to new audit recommendations

Exhibit 5 sets out the Health Board’s response to our new audit recommendations.

Ref	Recommendations	Organisational response	Completion date	Responsible officer
R1	<p>The Health Board should take steps to improve its arrangements for staff to raise concerns by:</p> <p>1.1 updating the procedure for NHS staff to raise concerns so that it is tailored to the Health Board and includes organisation-specific information and contacts.</p>	<p>The NHS Wales Raising Concerns Procedure is a national procedure applicable to all NHS Wales organisations and includes how to raise concerns dependent on the nature (eg to line manager, Executive Director). We also have a dedicated SharePoint page accessible to all staff which includes specific information and contact details for staff to raise concerns, including named individuals and champions: Speaking Up Safely.</p> <p>We will strengthen our approach to the Procedure for NHS Staff to Raise Concerns by ensuring it reflects our local context and organisational structure. The procedural document and its supporting appendices will be updated to include the Health Board’s name where applicable, identify key individuals within the organisation, and align all appendices with the structure of the Health Board.</p>	June 2025	<p><b>Director of Workforce and Organisational Development</b></p> <p><b>Implemented by:</b> Assistant Director of Workforce and Organisational Development</p>

Ref	Recommendations	Organisational response	Completion date	Responsible officer
	<p>1.2 monitoring the impact of external support services and accreditation initiatives to ensure that these actions, meet staff needs and are translating into meaningful improvements in staff engagement and patient safety outcomes.</p>	<p>The update will be taken through the next scheduled meeting of the Workforce and Organisational Development Policy Group for ratification.</p> <p>The Health Board will assess the impact of ward/team accreditation through a post implementation evaluation process, this will help determine whether the initiative is improving staff engagement, patient safety outcomes and will help determine areas for improvement.</p>	September 2025	<p><b>Director of Nursing</b>  <b>Implemented by:</b> Deputy Director of Nursing</p>
<b>R2</b>	<p>The Health Board should approve an addendum or update to the current 'Putting Things Right' Policy to reflect the current organisational structure and duty of quality and duty of candour requirements.</p>	<p>The extant 'Putting Things Right' Policy has been updated to reflect the current organisational structure and duty of quality and duty of candour requirements.</p>	Completed	<p><b>Director of Nursing</b>  <b>Implemented by:</b> Deputy Director of Nursing</p>

Ref	Recommendations	Organisational response	Completion date	Responsible officer
R3	<p>Within the next 12 months, the Health Board should evaluate the impact of centralising its Quality and Patient Safety teams to ensure the intended benefits are being achieved. (<b>Paragraph 50</b>)</p>	<p>The Head of Quality and Patient Safety will undertake a comprehensive review of the centralisation process.</p> <p>This review will include an assessment of the effectiveness of the centralised structure in improving patient safety outcomes, staff engagement, operational efficiency and compliance. This review will involve collecting feedback from staff, analysing performance metrics, and identifying any areas for improvement.</p>	April 2026	<p><b>Director of Nursing</b></p> <p><b>Implemented by:</b> Head of Quality Patient Safety and Deputy Director of Nursing</p>
R4	<p>The Health Board should strengthen its arrangements for duty of quality and duty of candour e-learning training. This should include:</p> <p>4.1 taking steps to increase uptake rates for Duty of Quality and Duty of Candour e-learning, to ensure staff have a good understanding of their responsibilities under the requirements.</p> <p>4.2 monitoring and reporting on completion rates for the Duty</p>	<p>The NHS Wales – Duty of Candour has been through the Core Learning Advisory Committee and formally adopted as a mandatory e-learning module for all relevant staff in the Health Board.</p> <p>The NHS Wales – Duty of Quality training is scheduled to be taken through the Core Learning Advisory Committee and formally adopted as a mandatory e-learning module for all relevant staff in the Health Board.</p> <p>Monitoring of all statutory and mandatory training compliance is published on a monthly basis, including</p>	<p>Completed</p> <p>June 2025</p> <p>July 2025</p>	<p><b>Implemented by:</b> Assistant Director of Workforce and OD</p> <p><b>Implemented by:</b> Assistant Director of Workforce and OD</p> <p><b>Implemented</b></p>

Ref	Recommendations	Organisational response	Completion date	Responsible officer
	of Quality and Duty of Candour e-learning.	Duty of Candour. Duty of Quality will be included once approved by the Core Learning Advisory Committee.		<b>by:</b> Assistant Director of Workforce and OD



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