Review of Quality Governance Arrangements – Betsi Cadwaladr University Health Board

Contents

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. Our review did not include assessment of specific ongoing quality concerns or complaints. This report summarises the findings from our work at Betsi Cadwaladr University Health Board (the Health Board) carried out between May and August 2021. To test the 'floor to board' perspective, we examined the

arrangements for general surgical services, this included conducting a survey of operational staff working across general surgery. The survey findings are shown at **Appendix 2**.

6   As part of our audit approach, we have worked closely with Healthcare Inspectorate Wales (HIW) to ensure relevant information is shared and to prevent any duplication of activity. In accordance with COVID legislative requirements and guidance at the time of fieldwork, all audit work was undertaken remotely.

Key messages

7   Overall, we found that the **Health Board is taking steps to improve quality governance by redeveloping its Quality Improvement Strategy and plans, reviewing its governance processes and systems, and investing in and reorganising resources that support it. There is good Board and committee level scrutiny of quality information and reports. However, there are opportunities for improvement, such as ensuring the new quality priorities reflect quality and harm risks relating to current significant service pressures, establishing multidisciplinary mortality reviews, improving organisation-wide learning and addressing inconsistencies in resources for quality improvement activities.**

8   The Health Board is taking a proactive approach to refreshing its Quality Improvement Strategy and supporting quality framework and is seeking to manage quality risks operationally. It is investing in quality improvement and embedding its culture and behaviours through its Stronger Together programme. Corporate and operational quality and safety governance arrangements are being strengthened, for example through the Health Boards new integrated governance framework. The Health Board has adequate corporate and operational resources to support quality governance, which it is reorganising and strengthening to ensure consistency across the organisation and avoid silo working and duplication. The Board receives a good level of information to scrutinise harm from COVID-19 and the Health Board is taking steps to improve quality dashboards. The Quality, Safety and Experience Committee is well served with quality information, and this is resulting in a stronger focus on improvement.

9   However, there are opportunities for improvement. The Health Board's new Quality Improvement Strategy needs clear outcomes that can be monitored, and new quality priorities will need to reflect COVID-19 recovery plans. Whilst risk management arrangements are improving, we found variation in risk management resource and training at an operational level. We also found that the Health Board needs to better deploy its resources for quality improvement activities such as clinical audit and mortality reviews and ensure it demonstrates learning and impact from these activities. A relatively high proportion of Health Board staff responding to the NHS Wales staff survey said they had experienced bullying, harassment or abuse. Given less than half of the respondents felt the organisation takes effective action when it did occur, the Health Board needs better systems for managing,

addressing, and learning from these concerns. To reduce the risk of quality and safety issues being missed the Health Board needs to provide staff with guidance on using its new 'triple A' template, which highlights critical issues (Alert), summarises activity (Assurance) and outlines significant achievements (Achievements), especially setting out how much detail is expected and how to agree which issues should be escalated. Whilst the Health Board is taking steps to improve its quality and patient safety dashboards, further work is needed, and operational data analytics support needs to be reviewed. The measures in the integrated quality and performance report aligns with the NHS delivery framework, but there are no locally agreed quality measures or wider measures of performance such as for community services. The Health Board's also needs a stronger focus on outcomes, local measures, and the quality of wider of services that the Health Board delivers and commissions.

10   Noting the work which is already underway within the Health Board to strengthen quality governance arrangements, the improvement requirements highlighted in this report should be used to further focus that work, and to ensure that when concerns arise in specific areas, as they have within mental health and vascular services, the Health Board has the necessary arrangements to quickly identify and respond to them and to prevent similar issues occurring in future.

Recommendations

11   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 patient safety priorities
R1   We found that the Health Board did not formally review its quality improvement priorities in light of the consequences of COVID-19. The Health Board should ensure its new Quality Improvement Strategy sets out how the Health Board will manage and mitigate the potential harms associated with the COVID-19 pandemic.

Recommendations

Risk management training

R2   We found that not all operational staff are trained to record clinical and non-clinical risks and compile risk registers. The Health Board should ensure staff have adequate levels of risk management training so that they can confidently contribute to the risk identification and escalation process.

Quality improvement support

R3   The Health Board's Quality Improvement Hub (BCUQI) has developed a quality improvement database to allow staff to share, adopt and learn from existing quality improvement projects. However, we found that the database is not well used. The Health Board should promote and encourage routine use of the database by setting targets for participation, by keeping the level of engagement under regular review and by taking action if engagement is too low.

Clinical Audit

R4   The Health Board has restarted clinical audits after most activity was paused during the pandemic. The Health Board should look to use its programme of clinical audit work to focus on the risk of harm as a result of the pandemic. For example, to better understand the consequences of long waits or exacerbation of chronic conditions. The audits could be targeted at high-risk specialities.

Mortality reviews

R5   We found that mortality reviews are not reported to the QSE Committee in a timely manner. The Health Board should ensure the QSE committee receives a quarterly mortality review report, which highlights learning and what action has been taken.

R6   We found that, generally, mortality reviews are medically led, but there is an appetite for multidisciplinary mortality reviews. The Health Board should look to establish a system where a multidisciplinary mix of staff are routinely involved in mortality reviews.

Recommendations

Sharing learning and good practice

R7   The Health Board recognises that it does not yet have a process to systematically share learning across the organisation. The Health Board should use the new integrated governance framework and the Quality Improvement Hub (BCUQI) as tools to support organisational learning and sharing good practice across the organisation.

Values and behaviours

R8   Only 37.9% of Health Board staff responding to the NHS staff survey agreed or strongly agreed that the organisation takes effective action when bullying harassment or abuse occurred. The Health Board should review its systems for managing, addressing, and learning from the concerns of staff in relation to bullying, harassment, or abuse.

Complaint handling

R9   We found that operational teams did not know what proportion of staff had been trained to investigate complaints, incidents, and root cause analysis. The Health Board should review levels of complaints handling training across the organisation. If this shows shortfalls, the programme of training should be expanded.

Flows of information and assurance

R10   Less than half (42%) of respondents responding to our survey agreed or strongly agreed that they receive regular updates on patient feedback for their work area. Whilst patient feedback is shared with wards monthly, the Health Board needs to ensure all ward staff are aware of this feedback and that it is easily accessible to staff.

R11   The Health Board introduced a new reporting format (triple A) to improve the flow of quality assurance. But we found some variation in the levels of detail provided in the reports. To reduce the risk of quality and safety issues being missed or not correctly escalated the Health Board should provide staff with guidance on using the new template, especially setting out how much detail is expected and how to agree which issues are escalated.

Recommendations

Quality and patient safety performance measures

R12   We found that whilst the measures in the integrated performance report aligns with the NHS delivery framework, there are no locally agreed quality measures or wider measures such as for community services. Through the new Quality Improvement Strategy, the Health Board should review current quality measures with a view to developing measures that reflects the services it provides and commissions across primary, community and secondary care.

Detailed report

Organisational strategy for quality and patient safety

12   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.

13   We found that **the Health Board is building its strategic approach to quality improvement and is managing quality risks corporately and operationally. But there are opportunities for improvement such as ensuring the new Quality Improvement Strategy has measurable outcomes, reduces the occurrence of concerns and incidents and responds to the increased direct and indirect of harm as a result of the pandemic.**

Quality and patient safety priorities

14   **The Health Board is taking a proactive approach to refreshing its Quality Improvement Strategy and supporting quality framework. However, there are opportunities to ensure the new strategy has clear outcomes that can be monitored.**

15   In 2017, the Board agreed a three-year quality and improvement strategy, which ended in March 2020. The strategy remains extant whilst the Health Board develops a new strategy. It sets out five quality improvement priorities, these are to:

- **Reduce mortality** – reduce avoidable deaths.
- **Reduce harm** – continuously seek out and reduce patient harm.
- **Improve reliability of care** – achieve the highest level of reliability for clinical care.
- **Deliver what matters most** – work in partnership with patients, carers, and families to meet all their needs and better their lives.
- **Deliver integrated care** – deliver innovative and integrated care close to home which supports and improves health, wellbeing, and independent living.

16   Work on the new Quality Improvement Strategy was paused to allow staff to respond to the COVID-19 pandemic. It was restarted in April 2021 but there have been further delays. The Health Board is expecting to finalise the new strategy by summer 2022. Although the strategy has been delayed, the Health Board has continued to review and refine its quality assurance and governance processes. The Health Board is reviewing, developing, and aligning key plans and frameworks which will support the new Quality Improvement Strategy. The following plans will be ready for approval at the same time as the strategy:

- Patient Safety Plan
- Patient and Carer Experience Plan
- Clinical Effectiveness Plan

- Quality Assurance Framework

17   In March 2020, Internal Audit issued a limited assurance report on the 2017-20 Quality Improvement Strategy. It highlighted several issues such as a lack of an implementation plan, lack of regular progress reporting and no formal launch. The review made two high priority recommendations. These related to ensuring clear monitoring and reporting arrangements for the next Quality Improvement Strategy and ensuring the data on ward welcome/quality boards are kept up to date. The Health Board has looked to strengthen its approach in developing its new strategy. The strategy will be accompanied by an implementation plan, delivered through divisional annual quality plans and the Health Board's new integrated governance arrangements (see paragraph 67) will provide oversight of the strategy's implementation. The new strategy is being developed with good internal stakeholder engagement, including operational staff and involvement from the Quality Safety and Experience (QSE) Committee which is helping to shape priorities and outcomes. The Health Board's 2021-22 Annual Plan sets out a vison to deliver 'high quality services, which deliver safe, compassionate and effective care' but it does not detail quality improvement priorities. However, since the Annual Plan was approved by the Board in July 2021, the Health Board has developed interim quality priorities and associated actions for 2021-22, these were approved by the QSE Committee in November 2021.

18   At the height of the pandemic, the Health Board did not formally review its existing quality priorities to reflect challenges posed by COVID-19. But operationally the general surgery services and acute division strengthened existing priorities to focus on infection prevention and control, maintain urgent surgical care, clinical prioritisation, and service recovery. There are significant challenges and service pressures ahead. As a result, the quality improvement priorities in the new strategy will need to reflect the context of resetting and recovering services and the consequences of delayed access across primary, community and acute services (**Recommendation 1**). There are also a range of well-documented quality concerns in specific areas such as mental health and vascular services, as well as increasing concerns relating to urology services. The strategic quality priorities will need to ensure that these issues are learnt from to prevent similar issues occurring in future.

19   Operationally, the three acute divisions[1] and associated general surgery services have quality and safety priorities and plans to deliver them, but we found inconsistencies. The priorities for two of the three acute divisions (Ysbyty Gwynedd and Wrexham Maelor) do not align with those in the previous Quality Improvement Strategy. This is mirrored in the general surgery services. Generally, quality priorities for the acute divisions and general surgery services are reviewed annually, but we found inconsistent methods for identifying them. These ranged from adopting the corporate quality and safety priorities to reviewing national

---

[1] Ysbyty Glan Clwyd, Ysbyty Gwynedd and Wrexham Maelor Hospital.

standards and Welsh Government targets. Staff gave several reasons for the differences, which included unclear corporate priorities whilst the new strategy is developed and that services have some autonomy to set their own priorities. Whilst we accept the actions to deliver the priorities will be tailored to individual service areas, there should be a direct link to the corporately agreed priorities. The Health Board's intention to develop an overarching implementation plan for the new quality strategy with supporting divisional delivery plans should provide a mechanism to achieve this.

Risk management

20 **The Health Board is seeking to operationally manage quality risks and these link into divisional quality group meetings, but there are inconsistencies in the level of operational resources to support risk management and a need for further staff training.**

21 The Health Board is improving its risk management systems and in October 2020 launched its updated risk management strategy and policy. The policy appropriately covers both clinical and non-clinical risks and describes a low-risk appetite for patient and staff safety and quality and patient outcomes. The Health Board's Risk Management Group oversees risk management arrangements, specifically monitoring directorate level risks and the Corporate Risk Register (CRR) prior to scrutiny by the Audit Committee. The Health Board manages its risks through the Datix system, and the process is well documented in its risk management strategy. The new risk management process is still bedding in, we observed members of the QSE Committee seeking clarification on the format and management process for both the CRR and BAF.

22 In our 2020 Structured Assessment we reported that the Health Board introduced specific arrangements for managing COVID-19 risks supported by additional training for those leading command and control and workstreams. COVID-19 risks are now incorporated into and managed through the BAF and CRR.

23 Operationally, risks are reviewed by the secondary care management team, acute divisions and at a service level, for example at quality and patient safety meetings. We found that operational resources for risk management varies. For example, all acute divisions and most general surgery services have designated risk management leads (all except Ysbyty Gwynedd general surgery service). But only the leads at Ysbyty Gwynedd Acute Division and Wrexham Maelor General Surgery Service have protected time to fulfil their role. The risk management team's six members of staff provide support and training for operational staff although the team's capacity was reduced because of the need to respond to the pandemic. We also found inconsistencies in the levels of corporate support received and a need to ensure adequate support and training in risk management (**Recommendation 2**). Those we spoke to recognised and welcomed the improvements to risk management, but also felt further work was needed, this included further staff training in identifying risk.

Organisational culture and quality improvement

24 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.

25 We found that **the Health Board is investing in quality improvement and is seeking to embed a positive culture and behaviours through its Stronger Together programme. But the Health Board needs to deploy its resources more effectively and ensure it demonstrates learning and impact from its activities.**

Quality improvement

The Health Board is driving a good approach to strengthen quality improvement but needs to maximise the value from clinical audit and mortality reviews.

Resources to support quality improvement

26 The Health Board is reviewing its quality improvement resources as part of a wider programme of change. The Health Board realised that the existing system of having three quality improvement teams (Nursing Quality Improvement Team, Medical Quality Improvement Team and Service Improvement Team) was not working effectively or being used as intended, in addition the teams were collectively holding a high number of vacancies (14.8 WTE). As such, the Health Board is currently establishing a Transformation and Improvement Team. Led by the Director of Transformation and Change, this team will centralise quality improvement, service improvement and project management office functions. The new team will incorporate the previous quality improvement functions, ensuring resources are strategically targeted.

27 Improvement in Practice is the national quality improvement training programme for NHS staff in Wales, it replaced Improving Quality Together (IQT) in January 2020. The goal of the programme is to develop quality improvement capability within NHS Wales using a common language for quality improvement. The Health Board delivers this programme locally and training is run throughout the year. Clinical staff deliver the programme, but during the pandemic they have found it difficult to be released from their clinical duties, although the training is now delivered virtually. Considering the size of the organisation, very few Health Board staff have completed this training, in total, 124 staff have completed the silver Improving Quality Together training and to date, 147 staff have completed the Improvement in Practice training.

28   The Health Board's Quality Improvement Hub (BCUQI) is a network to support staff with quality improvement through access to training, information and resources. Staff can also support Health Board Quality Improvement by sharing good practice and learning. To support training, BCUQI has developed a quality improvement database. The database allows staff to share, adopt and learn from existing quality improvement projects. However, the Health Board reported that the database is not well used, this being a consequence of having different improvement teams across the organisation and no central overview (**Recommendation 3**). This does not mean the Health Board does not take part in quality improvement projects, for example it runs a successful ward accreditation scheme and matrons conduct regular audits to identify ward-based issues and learning.

Clinical Audit

29   Clinical audit is an important way of providing assurance about the quality and safety of services. The Executive Medical Director is the executive lead for clinical audit and effectiveness. The Health Board has a clinical audit policy which is currently being reviewed, it was last reviewed in January 2020. The clinical audit plan for 2021-22 was approved by the Audit Committee in June 2021. The plan, which covers national (tier 1), corporate (tier 2), and local audits (tier 3), was also approved by the QSE Committee in July 2021. Whilst the plan has been approved, it remains a 'live' plan with some discussion about whether some tier 3 audits should be upgraded to tier 2 during the year. Most clinical audit activity was paused during the pandemic, with 2020-21 activity being carried forward into the clinical audit plan for 2021-22. Operationally, we found all acute divisions and general surgery services have clinical audit programmes, which cover tier 1-3 audits. The Health Board reported that audit activity is restarting gradually. As such, there is an opportunity for the Health Board to develop clinical audit work focusing on the risk of direct or indirect harm as a result of the pandemic (**Recommendation 4**).

30   The Health Board's Clinical Effectiveness Department supports operational staff to design and deliver audits relevant to their practice. It also offers training, for example a clinical audit e-learning module has been running for the past year and the team holds virtual cafes to support staff. The team employs 6.8 WTE staff but at the time of our review the team held two vacancies; for the Head of Clinical Effectiveness, which is being covered on an interim basis, and for a Clinical Effectiveness Facilitator. We also understand that the lead for clinical audit is retiring. This may present a further risk to the effective delivery of the clinical audit plan.

31   The Health Board recognises that the clinical effectiveness resource is not big enough to adequately support clinical audit and as a result the support offered by the team is variable. For national audits the team will project manage the audit and submit data when requested. But there is limited support for corporate and local audits, which generally includes data processing, some analysis and designing proformas. The level of support offered is agreed by the Head of Clinical

Effectiveness on a case-by-case basis. The Health Board is reviewing this resource and developing proposals to maximise existing resources within the quality and clinical effectiveness departments.

32 The Clinical Effectiveness Department keeps a database of clinical audits. To improve the process, the Health Board is implementing a recently purchased clinical audit management and tracking system. The system will allow the Health Board to capture tier 1-3 audit findings and monitor actions and compliance with clinical guidance for example guidance from the National Institute for Health and Care Excellence (NICE). The new clinical audit management system will make it easier to identify learning which can be triangulated with other sources of quality assurance. Progress against the clinical audit plan is reported quarterly to the QSE Committee and annually to the joint QSE and Audit Committee.

33 Aside from Glan Clwyd general surgery service, the acute divisions and general surgery services have systems for tracking clinical audits. Currently, these paper-based systems track programme delivery and actions to address findings. But there is a lack of consistency about which system is used, that being the divisional/service system, corporate system, or both. The new clinical audit management system will streamline and standardise this process at an operational and corporate level.

34 Generally, findings, learning and good practice from clinical audits is shared and discussed. For example, assurances flow to the QSE Committee through its Clinical Effectiveness sub-group and clinical effectiveness groups held by the acute divisions and Secondary Care Executive Team. Findings are discussed at site and service level for example through matron and managers meetings. However, services are facing operational pressures which can affect quality and outcomes. The Health Board should therefore strengthen how it uses clinical audit intelligence for assurance purposes.

Mortality reviews

35 Mortality review meetings provide a systematic approach for the peer review of patient deaths to reflect, learn and improve patient care. The Health Board is taking steps to improve mortality reviews. In October 2021, it appointed a Clinical Mortality Lead to lead on improving systems and processes and on clearing the Health Board's backlog of stage 2 mortality reviews.

36 Mortality reviews are a regular feature on the QSE Committee agenda, but reporting is not timely. In 2020-21, the committee only received mortality review reports covering the period between January and June 2020. It also received a separate report detailing COVID-19 mortality rates between March 2020 and February 2021. So far, in 2021-22, the committee has only received the 2020 mortality review annual report, covering January to December 2020. Whilst the pandemic has disrupted mortality reviews, the Health Board should be returning to routine and regular reporting. For continued assurance, the committee should

receive mortality review reports every quarter, which highlight learning and actions taken as a result (**Recommendation 5**).

37   Operationally, all three acute divisions and general surgery services have a programme of mortality review meetings. The findings are discussed at the clinical effectiveness groups, which are mirrored at divisional, secondary care and QSE Committee sub-group levels. During the pandemic, whilst the general surgery services sustained mortality review meetings, not all acute divisions did. Review meetings have since been reinstated. Generally, the review meetings are medically led but from our interviews there is an appetite for these to be multidisciplinary reviews (**Recommendation 6**).

38   Good practice and learning from mortality reviews is shared via several routes. For example, through the medical directors' weekly email, departmental briefings, quality, and safety meetings and at clinical conferences. But the Health Board recognises that it does not yet have a process to systematically share learning across sites (**Recommendation 7**). This is not unique to mortality reviews. Those we interviewed felt that more learning could be gleaned from mortality reviews, feeling that because the Health Board has a backlog of stage 2 mortality reviews, caused by COVID-19, there is an emphasis on 'getting them done' and less focus on understanding the learning. Notwithstanding the issues with timeliness of mortality reporting mentioned earlier, the Health Board is starting to improve its mortality review reporting in respect of learning and improvement actions, which can be shared through clinical effectiveness groups. Themes highlighted in the 2020 annual report included missing second signatures on do not attempt cardiopulmonary resuscitation paperwork and the condition of case notes.

Values and behaviour

39   **The Health Board is using its 'Stronger Together' organisational approach to improve values and behaviour, but there are opportunities for improvement.**

40   The Health Board is embarking on a major organisational development programme called Stronger Together, which focuses on improving quality, productivity, and engagement. Central to the programme is improving the organisation's culture by ensuring the right behaviours, structures and processes are in place. The 'discovery phase' of Stronger Together, which included staff engagement, lasted three months, ending in October 2021.

41   Our work revealed a mixed picture in relation to the culture around reporting errors, near misses or incidents and raising concerns. Of the staff who completed our survey[2], 77% agreed or strongly agreed that the organisation encourages staff to

[2] We invited operational staff working across general surgery services to take part in our online attitude survey about quality and patient safety arrangements. The Health Board publicised the survey on our behalf. Although the findings are unlikely to be representative of the views of all staff across general surgery services, we have used

report errors, near misses or incidents. Just over half (55%) of respondents agreed or strongly agreed that staff involved in an error, near miss or incident are treated fairly by the organisation. Two thirds of respondents (65%) agreed or strongly agreed that the organisation acts to ensure that errors, near misses or incidents do not happen again.

42   Staff are encouraged to report incidents, and at the time of our review the Health Board had just established a new serious incident's panel. The panel, which is jointly chaired by the Executive Director of Nursing and the Executive Medical Director, is convened within 24 hours of a serious incident and a rapid review is held with the team concerned. Overall, the rapid review is a supportive process to aid learning, which operational staff were positive about. But this process only works well when a culture of open, honest discussion is encouraged. Only a third (32%) of staff responding to our survey agreed or strongly agreed that communication between senior management and staff is effective. Learning from complaints and incidents is disseminated in several ways such as at putting things right, mortality meetings and ward managers meetings. But as highlighted earlier, whilst the Health Board shares learning locally, it does not yet have a systematic way of effectively sharing learning across sites and services.

43   Staff responding to the recent NHS Wales staff survey[3] reported their experiences of bullying, harassment, or abuse by a line manager (12%) or member of the public (16%) or a colleague (21%) over the past year. Given the proportion of respondents saying they had experienced this behaviour we would expect the Health Board to take action when it happened. But fewer than half (37.9%) agreed or strongly agreed that the organisation takes effective action when it did occur (**Recommendation 8**), indicating the need to strengthen focus on this important area.

44   All staff have access to the Datix system to report incidents and near misses. Acute division staff receive training on how to use the system to report concerns and near misses. However, training has been affected by COVID-19 and the work needed to prepare for the new all Wales Datix system which went live in July 2021. This has affected the Datix team's capacity to train although virtual training and support is available.

45   Statutory and mandatory training is important for ensuring staff and patient safety and wellbeing. In July 2021, the Health Board's mandatory training compliance was 83.39%, which is near the 85% target and one of the highest compliance rates in Wales. Whilst the compliance rate is positive, only 32% of general surgery staff responding to our survey agreed or strongly agreed that they have enough time at

them to illustrate particular issues. 164 members of general surgery staff responded to our survey.

[3] The NHS Wales staff survey ran for three weeks in 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 18%.

work to complete any statutory and mandatory training. Although operational teams allot time for staff to complete training, teams should ensure adequate time is allowed.

46   Personal Appraisal and Development Reviews (PADR) is a two-way discussion which helps staff understand what is expected of them in their role and become more engaged and take responsibility of their own performance and development. The Health Board PADR rates have dipped slightly since the pandemic. In July 2021, the Health Board achieved 69.4% against a target of 85%. The Health Board plans to improve compliance rates through communications and tailoring support for areas with especially low compliance rates.

Listening and learning from feedback

47   **The Health Board has a good approach to listening and learning from feedback, which it is seeking to strengthen further. However, the Health Board needs to ensure learning is consistently triangulated, shared, acted on and embedded, and that staff are informed of feedback.**

Patient Experience

48   The Health Board's Patient and User Experience Strategy (2019-22), which sets out how it collects and uses patient and user feedback is under review. The redeveloped strategy, called the Patient and Carer Experience Strategic Plan, will support the new Quality Improvement Strategy. The Health Board expects the new plan will be finalised by summer 2022.

49   The Quality Safety and Experience Committee (QSE) receives a quarterly Patient and Carer Experience report, which covers complaints performance, ombudsman cases and an update on patient feedback. This report identifies lessons learned, emerging themes and remedial actions taken. The committee also receives an assurance report from its Patient and Carer Experience sub-group, which is presented in the Health Board's 'triple A' report format. The Executive Team's weekly quality bulletin also includes high-level details about complaints, serious incidents and never events.

50   The Health Board's Patient Experience Team has 17.8 WTE members of staff and supports services to capture feedback. The Health Board also has a Patient Advice and Liaison Support Service (PALS) which facilitates patient and carer feedback with a view to early resolution. There are three PALS officers for each locality. PALS officers meet as a team to share learning and experience but also meet with the wider Patient Experience Team, so they are not working in isolation. To further enhance the patient experience resource and build expertise throughout the organisation, the Health Board is recruiting 100 patient experience champions. The champions will be a team of multidisciplinary staff volunteers based in each clinical team. The initiative will increase ward level visibility and ownership of patient experience activities. Currently, the Patient Experience Team reports to the acute

divisions, who report directly to the QSE Committee's Patient and Carer Experience sub-group on patient experience matters. This means reporting by-passes both the secondary care management structure and the Executive Team. This will be improved greatly as the Health Board's new governance structure starts to embed (see paragraph 67).

51   The Health Board has good resources for managing complaints and concerns in accordance with the Putting Things Right process. There are 29 WTE staff in the complaints handling team. In May 2021, the Health Board introduced a new complaint handling process, which has a greater focus on early resolution. The central complaints team receives and logs complaints before forwarding to the relevant ward or service for resolution. The PALS officers are central to the new process. When we interviewed staff, the new complaints process had only been in place for two weeks. We found that staff were supportive of the new process and were adjusting to its use. However, there were concerns raised that the process was time consuming for lead nurses. Generally divisional teams did not know what proportion of staff had been trained to investigate complaints, incidents, and root cause analysis (**Recommendation 9**). The majority (70%) of general surgery staff responding to our survey agreed that the Health Board acts on concerns raised by patients. In September 2021, 65.93% of complaints were responded to within 30 days, this is below the Welsh Government target of 75%. But the number of early resolutions has increased since the new complaints handling process was introduced.

52   The Patient Experience Strategy sets an annual target to capture 20% of patient/care/user experience. Understandably, COVID-19 caused a significant drop in patient feedback and the target had not been measured for 12 months, however prior to the pandemic the target was not being met. In July 2021, the Health Board successfully implemented phase one of the new CIVICA Once for Wales Patient Feedback System. The new system aims to support real-time patient and service user feedback, making it easier for the Health Board to reach its target.

53   Operational teams seek patient and staff feedback in several ways, such as on-site comments cards, postal and online patient satisfaction surveys and patients speaking directly with matrons. In April 2020, the Health Board stopped using 'happy or not' customer feedback kiosks to aid infection prevention and control, but tablet computers continue to support digital feedback. As well as working closely with the complaints team, PALS officers hold engagement events across community and acute wards to give patients and carers the opportunity to discuss their concerns. These events called Care to Share continued during the pandemic but were less frequent, held virtually and targeted areas where there were concerns. Whilst patient feedback is shared with wards monthly, our survey of general surgery staff indicates that more needs to be done to disseminate patient experience information given less than half (42%) of respondents agreed or strongly agreed that they receive regular updates on patient feedback for their work area (**Recommendation 10**).

Listening to staff

54   The Health Board is committed to listening to staff so it can learn from their experiences and concern. But less than half (45%) of staff responding to our survey agreed that the organisation acts on the concerns raised by staff.

55   The Health Board reviewed its raising concerns process and in April 2021, launched its Speak Out Safely process. The new process offers staff several avenues to raise concerns in confidence. For example, staff can speak to a Speak Out Safely guardian or champion, anonymously raise concerns through a platform called Work in Confidence and approach their managers and trade union representatives. Work is still ongoing to fully implement the policy, for example two Speak out Safely Guardians have recently been recruited and the Health Board is planning to recruit locally based speak out safely champions.

Patient stories

56   The Health Board is taking steps to improve the reach of patient stories. Whilst the QSE Committee has received stories at most meetings since March 2019, the Board has only recently started to receive them (September 2021). The Health Board also has plans for stories to feature at executive team meetings.

57   The Health Board is also improving the way patient stories are told and organised. Since May 2021, QSE Committee members listen to the story beforehand and an accompanying paper outlines the emerging themes, learning points and suggested service improvements which members discuss. This is a more productive use of committee time. The Health Board is planning to make these recordings available to the public from early 2022. Currently, patient stories are chosen at random, but the Health Board is developing a 12-month schedule and has ambitions to align stories to themes from complaints and incidents. As most patient stories will be digital the Health Board is investing in digital storytelling equipment and training staff to use it. There are also plans to develop a library of stories to use for training purposes.

Patient Safety Walkabouts

58   As with other health bodies, executive and independent member safety walkabouts had to be stopped during the pandemic. Prior to this, walkabouts were ad-hoc in nature and feedback was not collated in a structured way. Staff we spoke to felt that that aside from the Chair, Chief Executive Officer and Executive Director of Nursing, Board members were not visible. Positively, the Health Board has recognised these weaknesses and in July 2021 launched its new Quality and Safety Walkabouts. A standard operating procedure provides clarity on the process, sets out expected frequency, ensures coverage across service areas and templates standardise how feedback is captured and reported. Any actions noted during walkabouts are recorded and monitored through Datix. The Patient Safety and Quality Group received its first quarterly patient safety walkabout report in

October 2021. Between July and September 2021, eight walkabouts had taken place capturing 14 improvement actions. The walkabouts covered a range of services and hospitals including outpatients at Gwynedd Hospital, pharmacy at Glan Clwyd Hospital and the Stanley Eye Unit at Abergele Hospital. This should go some way to improve Board member visibility and further triangulate learning.

Governance structures and processes

59   Our work considered the extent to which organisational structures and processes at and below board level support the delivery of high-quality, and effective services.

60   We found that **there is good ongoing work to strengthen corporate and operational quality and safety governance arrangements and whilst the Health Board has a good level of resources to support quality governance it is taking action to ensure resources are used effectively.**

Organisational design to support effective governance

61   **Ongoing changes to quality governance arrangements are designed to support integrated and collective accountability for quality arrangements.**

62   The Health Board has a complicated organisational structure with multiple tiers, which can make lines of accountability difficult to understand, especially at an operational level. To test the 'floor to board' perspective, this review examined the arrangements for general surgical services, as such **Exhibit 2** shows the current organisational structure for acute services. The Health Board has a similarly complex structure for primary and community services. However, since our fieldwork the Health Board has developed and is currently implementing a new operating model (see paragraph 66).

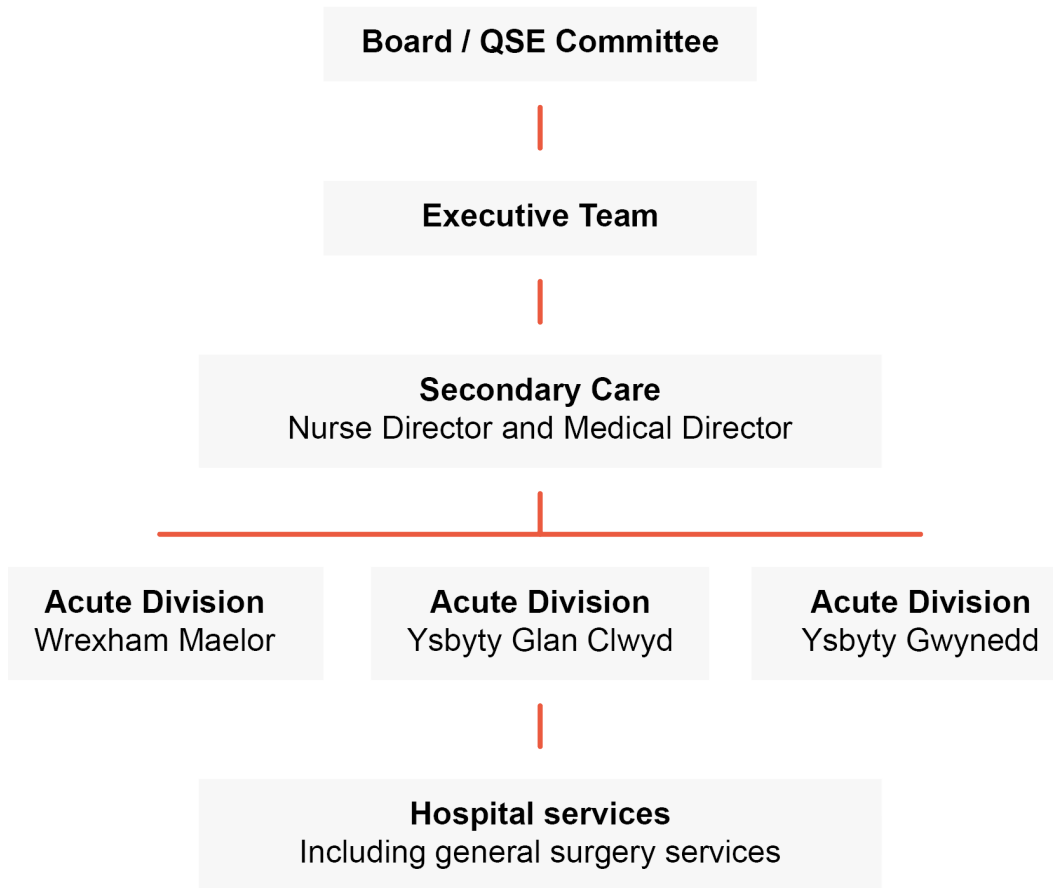**Exhibit 2: current organisational structure for acute services**

```
                    ┌─────────────────────────┐
                    │   Board / QSE Committee  │
                    └─────────────────────────┘
                                 │
                    ┌─────────────────────────┐
                    │     Executive Team       │
                    └─────────────────────────┘
                                 │
              ┌──────────────────────────────────────┐
              │           Secondary Care             │
              │  Nurse Director and Medical Director │
              └──────────────────────────────────────┘
                                 │
        ┌────────────────────┬────────────────────┬────────────────────┐
┌──────────────┐    ┌──────────────┐    ┌──────────────┐
│Acute Division│    │Acute Division│    │Acute Division│
│Wrexham Maelor│    │Ysbyty Glan   │    │Ysbyty Gwynedd│
│              │    │Clwyd         │    │              │
└──────────────┘    └──────────────┘    └──────────────┘
                                 │
                    ┌─────────────────────────┐
                    │    Hospital services     │
                    │ Including general surgery│
                    │        services          │
                    └─────────────────────────┘
```

Exhibit source: Audit Wales analysis of Health Board organisational structure

63   The Executive Director of Nursing and Midwifery is the named lead for quality and patient safety. But day to day responsibility is shared with the Executive Medical Director and the Director of Therapies and Health Sciences. Below the executive team, sits the secondary care structure, which has a Nurse Director and a Medical Director. Hospital site and community 'Area', responsibility for quality and patient safety mirrors the corporate arrangement. Lead site or service nurses and medical directors or clinical leads take joint ownership for quality and patient safety. Feedback from the services suggests this arrangement works well.

64   The QSE Committee has begun to improve its quality governance structure to improve assurance systems. In August 2020, the committee approved the establishment of four new sub-groups:

•   Patient Safety and Quality

•   Clinical Effectiveness

•   Patient and Carer Experience

- Strategic Occupational Health and Safety

65 Each of the sub-groups has a terms-of-reference and have been meeting since October 2020, although some meetings were cancelled because of COVID-19. In April 2021, we observed a Quality and Patient Safety group meeting. It was clear that the group was still establishing, for example, some of the groups reporting into the sub-group had only met once or twice. Some of the sub-group's administration was not well organised for example the action log was partially complete, which meant the 5-minute item took 40 minutes. The monthly meeting has a very heavy agenda. It receives assurance reports from its sub-groups these include infection prevention and control, personal protective equipment and safer medicines sub-groups. It also receives reports from the secondary care tier, the three acute divisions, women's services and mental health and learning disabilities. The Health Board reported that the QSE Committee sub-groups have since started to settle. Moving forward, the four sub-groups will formally report to the new Executive Delivery Group for Quality as part of the new integrated governance framework.

66 In addition to the ongoing service pressures caused by the pandemic, the Health Board is going through a period of change. It recognises that its current structure is too complicated making oversight and information flow difficult. As such, Stronger Together, the Health Board's organisational development programme, has developed a new operating model. The new model moves towards integrated health communities and some pan-North Wales regional services. The Health Board is currently implementing the new structures and is aiming to have a shadow form operating from 1 April 2022.

67 The Health Board is also beginning to implement its new integrated governance framework, which was approved in July 2021. One of the aims of the new framework is to allow a clearer focus on floor to Board oversight of service quality. The new structure will involve establishing three executive delivery groups, one of which is focused on quality improvement. Reporting into the executive delivery groups will be 10 tactical delivery groups, four of which relate to quality and patient safety, these are: patient safety, patient experience, clinical effectiveness and infection prevention and control groups. To aid clear lines of reporting the tactical delivery groups will be mirrored at an operational level. These will replace and standardise the current divisional and service level quality and safety and clinical effectiveness meetings and improve lines of sight. A similar governance review is underway for divisional teams. As of February 2022, the new executive delivery groups had held or were about to hold their first meetings.

68 To aid the flow of assurances the QSE Committee also approved the 'triple A' reporting model, which filters assurances from operational teams up to the QSE Committee. But some interviewees felt that guidance was needed when introducing the template, as there can be some variation in the level of detail provided (**Recommendation 11**). Without guidance there is the risk that quality and safety issues are missed or not escalated correctly. The Health Board needs assurance that the right information is filtering up.

Resources and expertise to support quality governance

69   **The Health Board has a good level of corporate and operational resources to support quality governance, but there are inconsistencies in levels of resource across the organisation, and concerns that existing resources are not being used to their full potential. The Health Board is taking action to address these concerns.**

70   Corporately, the Acting Associate Director of Assurance manages three heads of service covering quality assurance, patient experience and patient safety. Together the team provide a good level of support for quality governance and patient safety and experience. Across the organisation approximately 130 staff support quality assurance. Staff are generally based within specific service areas, with some being a corporate resource and others local resources. The Health Board has recognised that existing arrangements can result in silo working and duplication and is reviewing its resources and how they are organised. The Health Board is in the process of implementing a business partner model in which staff would be part of a corporate team but still be based in their localities. The aim of this model is to drive consistency, make it easier to share good practice and learning and reduce duplication and silo working. There is also a wider review of divisional governance structures underway which will further clarify roles and structures.

71   All three acute sites have quality governance lead nurses, who are members of the corporate patient safety team and work across clinical teams. They are supported by a team of eight to ten staff. However, the perception of this support varies across the organisation. For example, in our data collection survey[4], all three acute divisions said they had a dedicated quality and patient safety lead, but only Ysbyty Glan Clwyd Acute Division said the lead was part of the corporate team. For general surgery, only Ysbyty Gwynedd said they did not have a dedicated quality lead. This variation suggests that the resource is not well organised or recognised, causing inequities across the organisation, as well as affecting the ability for teams to consistency manage quality improvement and provide the assurances required to the Board and its committees. Overall, the Health Board has a good level of quality governance capacity, but it needs to ensure the review it has undertaken results in these resources being used to best effect.

[4] We asked the Health Board to complete data collection surveys which captured information about corporate resources to support quality and patient safety and quality governance arrangements for the acute divisions and general surgery services.

Arrangements for monitoring and reporting

72   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.

73   We found that **the Health Board is adapting and improving its quality monitoring and reporting, recognising the challenge of COVID-19 and wider quality risks.**

Information for scrutiny and assurance

74   **The Board receives a good level of information to scrutinise harm from COVID-19. The Health Board is taking steps to improve quality dashboards, but further work is needed to ensure a more consistent approach is adopted across the organisation and to strengthen operational data analytical capacity.**

75   The Health Board has made a commitment to assessing harm from COVID-19 built around the four quadrants of harm model[5] and has ensured information is reported widely. The Board, QSE Committee and Executive Team receive a COVID-19 update report at each meeting. The report covers the prevalence and impact of the virus, overall risks and issues and an update on the test trace and protect and vaccination programmes. Recent update reports outline the work being done to better understand long-Covid such as data modelling and developing long-Covid patient pathways. The Quality and Performance report also details how COVID-19 is impacting on key performance measures. In addition, the Board receives exception reports for example on how COVID-19 is affecting primary care services. The Health Board has established a team to review nosocomial COVID-19 cases. Like others, the Health Board continues work to establish how best to assess wider harm from COVID-19.

76   The Health Board holds a wealth of data on its 'IRIS' business intelligence data warehouse. But without the correct expertise it is difficult to extract and make use of this information. Whilst there is some corporate informatics support and a small Quality Data Analytics Team (four members of staff), operational staff we interviewed expressed their frustration at the lack of data analytics support.

77   The lack of data analytics support has meant that divisions and service areas have developed their own quality and patient safety dashboards. This means there is inconsistency across the organisation, making it difficult for teams to compare between service areas. The Health Board has recently introduced a new quality dashboard, which houses 15 metrics and can be sorted by ward, speciality, and

---

[5] NHS Wales COVID-19 Operating Framework: quarter 1 2020 to 2021 sets out the four types of harm cause by COVID-19, these being: harm from COVID itself, harm from overwhelmed NHS and social care system, harm from reduction in non-COVID activity and harm from wider societal actions /lockdown.

site. Whilst the dashboard needs further development, this is a positive start. The new Quality Improvement Strategy will look to address further improvement.

78   Not all the divisions and general surgery services have developed quality and patients' safety dashboards. Where they have, the dashboards are discussed at monthly divisional quality and patients' safety meetings and the Acute Division Management Team meetings. Of the three acute divisions, only Glan Clwyd does not discuss a dashboard at its quality and patient safety meeting. And for general surgery only Wrexham Maelor holds a dedicated quality and patient safety meeting, where their dashboard is reviewed. The Quality Data Analytics Team has been tasked with standardising operational quality dashboards. And as the new integrated governance framework embeds the Health Board should see improved levels of consistency of reporting across operational teams.

Coverage of quality and patient safety matters

79   **The Quality, Safety and Experience Committee is well served with quality information, and this is resulting in a stronger focus on improvement. But there needs to be a stronger focus on outcomes, local measures, and the quality of services that the Health Board commissions from other organisations.**

80   The Health Board's Quality and Performance report focuses on the NHS delivery framework and its measures are aligned to the quadruple aims within A Healthier Wales. The Board receives the report at each meeting. For assurance purposes the measures are divided amongst the committees, with the QSE Committee scrutinising quality measures. The report has a clear format, grouping measures and narrative by theme and showing performance trends. The narrative highlights key performance risks and actions to address them. While this report aligns with the NHS delivery framework measures, there are no locally agreed quality measures for acute or community services (**Recommendation 12**).

81   The QSE Committee has a large remit and routinely receives quality and patient safety assurance reports. Routine reports received by the QSE Committee include:

- Patient Safety report - provides quarterly information on aspects such as patient safety incidents, litigation, and patient safety alerts.

- Serious incident report – provides information and analysis on serious incidents and never events over a two-month period.

- Patient and Carer Experience report – covers complaints, ombudsman cases and patient and user feedback.

82   The committee also receives detailed reports on specific current issues such as COVID-19 outbreaks, vascular surgery, urology services and mental health. However, generally there is a greater focus on secondary care services than on community and primary care and the committee does not receive any assurance on the quality of services the Health Board commissions from other organisations.

83   The Health Board is in the process of improving its performance reports. We reviewed recent quality and patient safety assurance reports and the improvements are clear, such as an emphasis on learning and highlighting themes. This is a positive start, but the Health Board accepts there is more to do, such as developing patient-related outcome and experience measures (PROMS and PREMS).

Appendix 1

Management response to audit recommendations

Recommendation	Management response	Completion date	Responsible officer
Quality and patient safety priorities R1 We found that the Health Board did not formally review its quality improvement priorities in light of the consequences of COVID-19. The Health Board should ensure its new Quality Improvement Strategy sets out how the Health Board will manage and mitigate the potential harms associated with the COVID-19 pandemic.	We accept the priorities were not formally reviewed although we did seek to prioritise the mitigation of the four harms from COVID as part of our organisational strategy. We will ensure the new Quality Strategy under development reflects this recommendation. We have set interim quality priorities while the strategy is being developed which are based on the key quality risks and concerns that have been identified.	September 2022	Associate Director of Quality
Risk management training	The Health Board has updated its Risk Management Strategy and training has been made available. The Risk	Completed – ongoing	Director of Governance

Recommendation	Management response	Completion date	Responsible officer
R2 We found that not all operational staff are trained to record clinical and non-clinical risks and compile risk registers. The Health Board should ensure staff have adequate levels of risk management training so that they can confidently contribute to the risk identification and escalation process.	Management Group has refreshed terms of reference and a new executive lead has been appointed (the Executive Medical Director). The Health Board is also working to implement the new Once for Wales Risk Register module as part of the Datix Cymru system and is likely to be the pilot site.	training offer and monitoring via Risk Management Group	
Quality improvement support R3 The Health Board's Quality Improvement Hub (BCUQI) has developed a quality improvement database to allow staff to share, adopt and learn from existing quality improvement projects. However, we found that the database is not well used. The Health Board should	The Heath Board has created a new Transformation and Improvement Directorate bringing together the different teams involved in quality improvement, service improvement, transformation and programme management. This will replace the BCUQI Hub. The team will develop a fundamentally different approach to sharing improvement opportunity and which will be overseen by the Executive Delivery Group for Transformation.	Completed – new Transformation and Improvement Directorate in place.	Director of Transformation and Improvement

Recommendation	Management response	Completion date	Responsible officer
promote and encourage routine use of the database by setting targets for participation, by keeping the level of engagement under regular review and by taking action if engagement is too low.			
Clinical Audit R4 The Health Board has restarted clinical audits after most activity was paused during the pandemic. The Health Board should look to use its programme of clinical audit work to focus on the risk of harm as a result of the pandemic. For example, to better understand the consequences of long waits or exacerbation of chronic conditions. The audits could be targeted at high-risk specialities.	The Health Board will develop a quality and risk informed programme of clinical audit. The Quality Department and Clinical Effectiveness Department are working to develop proposals on closer collaboration and a new clinical audit system is in the process of roll-out.	June 2022	Head of Clinical Effectiveness

Recommendation	Management response	Completion date	Responsible officer
Mortality reviews R5 We found that mortality reviews are not reported to the QSE Committee in a timely manner. The Health Board should ensure the QSE committee receives a quarterly mortality review report, which highlights learning and what action has been taken.	The Health Board will introduce reporting on mortality reviews to the QSE Committee either through a dedicated report or the Patient Safety Report.	30 June 2022	Associate Director of Quality & Associate Medical Director of Mortality Review
Mortality reviews R6 We found that, generally, mortality reviews are medically led, but there is an appetite for multidisciplinary mortality reviews. The Health Board should look to establish a system where a multidisciplinary mix of staff	The Health Board has appointed a new Associate Medical Director for Mortality Review to provide strategic leadership and is in the process of embedding the new Learning from Deaths Framework. The Reducing Avoidable Mortality Group has been reformed and the Health Board is working with the national work stream for	30 September 2022	Associate Medical Director of Mortality Review

Recommendation	Management response	Completion date	Responsible officer
are routinely involved in mortality reviews.	the new Mortality Module of Datix Cymru. The overall new system will enhance multi-professional involvement.		
Sharing learning and good practice R7 The Health Board recognises that it does not yet have a process to systematically share learning across the organisation. The Health Board should use the new integrated governance framework and the Quality Improvement Hub (BCUQI) as tools to support organisational learning and sharing good practice across the organisation.	The Health Board will implement a learning library through its new Intranet, BetsiNet rather than the external BCUQI Hub web site which will become part of the new Transformation and Improvement Service. In addition, the revised Incident Policy and Complaints Policy will set out new approaches to sharing learning systematically including Learning Events and a Learning Bulletin. The Safety Alert process is also to be revised. These actions form part of the mitigation actions for the risk on the Board Assurance Framework.	30 September 2022	Associate Director of Quality
Values and behaviours	The Health Board has adopted the all-Wales Respect and Resolution Policy. The Health Board has launched a new	Completed – and continued	Associate Director of HR

Recommendation	Management response	Completion date	Responsible officer
R8 Only 37.9% of Health Board staff responding to the NHS staff survey agreed or strongly agreed that the organisation takes effective action when bullying harassment or abuse occurred. The Health Board should review its systems for managing, addressing, and learning from the concerns of staff in relation to bullying, harassment, or abuse.	Speak out Safely Policy and framework including the appointment of Speak out Safely Guardians, a Multi-Disciplinary Team to oversee concerns and a new secure platform for staff to anonymously raise concerns. Additionally, significant work is underway as part of Stronger Together to explore and improve staff engagement and support.	through the Stronger Together programme	
Complaint handling R9 We found that operational teams did not know what proportion of staff had been trained to investigate complaints, incidents, and root cause analysis. The Health Board should	The Health Board has refreshed its complaint handling training, and this was re-launched in spring 2022 (following deferment over post-winter pressures). Training will be recorded within the ESR system. In addition, virtual complaint support clinics are held weekly to support staff.	Completed	Associate Director of Quality

Recommendation	Management response	Completion date	Responsible officer
review levels of complaints handling training across the organisation. If this shows shortfalls, the programme of training should be expanded.			
Flows of information and assurance R10 Less than half (42%) of respondents responding to our survey agreed or strongly agreed that they receive regular updates on patient feedback for their work area. Whilst patient feedback is shared with wards monthly, the Health Board needs to ensure all ward staff are aware of this feedback and that it is easily accessible to staff.	The Health Board has implemented the new all-Wales Civica Real Time Feedback System. All services are available in this system with all team/ward managers and above given access to the dashboard. Monthly Reports are also sent to services. Patient and Carer Champions are being recruited with over 100 now in place. To complement this a new framework for collecting and acting on patient feedback is being developed setting out standards and good practice for teams to follow.	30 September 2022	Associate Director of Quality

Recommendation	Management response	Completion date	Responsible officer
Flows of information and assurance R11 The Health Board introduced a new reporting format (triple A) to improve the flow of quality assurance. But we found some variation in the levels of detail provided in the reports. To reduce the risk of quality and safety issues being missed or not correctly escalated the Health Board should provide staff with guidance on using the new template, especially setting out how much detail is expected and how to agree which issues are escalated.	As part of the new Operating Model being developed as part of the Stronger Together programme, a new integrated governance and assurance framework will be developed setting out a new governance framework, and standards and principles for governance across the organisation including reporting, escalation, and accountability.	30 June 2022	Director of Governance

Recommendation	Management response	Completion date	Responsible officer
Quality and patient safety performance measures R12　We found that whilst the measures in the integrated performance report aligns with the NHS delivery framework, there are no locally agreed quality measures or wider measures such as for community services. Through the new Quality Improvement Strategy, the Health Board should review current quality measures with a view to developing measures that reflects the services it provides and commissions across primary, community and secondary care.	A new Quality Highlight Report has been produced for the Board. New quality measures will be included in the new Quality Strategy.	30 September 2022	Associate Director of Quality

Appendix 2

Staff survey findings

Exhibit 4: staff survey findings

Attitude statements	Number of staff agreeing or disagreeing with statements					
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Total respondents
Delivering safe and effective care						
1. Care of patients is my organisation's top priority	58	70	21	7	5	162
2. I am satisfied with the quality of care I give to patients	67	57	11	20	7	162
3. There are enough staff within my work area/department to support the delivery of safe and effective care	13	39	30	39	40	163
4. My working environment supports safe and effective care	27	65	30	24	17	163

Attitude statements	Number of staff agreeing or disagreeing with statements					
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Total respondents
Delivering safe and effective care						
5. I receive regular updates on patient feedback for my work area / department	14	54	38	37	14	162
Managing patient and staff concerns						
6. My organisation acts on concerns raised by patients	37	77	25	7	3	162
7. My organisation acts on concerns raised by staff	16	56	41	26	18	159
8. My organisation encourages staff to report errors, near misses or incidents	45	79	25	5	5	161
9. Staff who are involved in an error, near miss or incident are treated fairly by the organisation	21	68	36	17	7	161

Attitude statements	Number of staff agreeing or disagreeing with statements					
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Total respondents
Managing patient and staff concerns						
10. When errors, near misses or patient safety incidents are reported, my organisation acts to ensure that they do not happen again	27	77	33	8	5	160
11. We are given feedback about changes made in response to reported errors, near misses and incidents	19	58	45	26	7	161
12. I would feel confident raising concerns about unsafe clinical practice	32	70	32	15	10	163
13. I am confident that my organisation acts on concerns about unsafe clinical practice	28	67	37	13	11	164
Attitude statements	Number of staff agreeing or disagreeing with statements					

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Total respondents
Working in my organisation						
14. Communication between senior management and staff is effective	14	39	38	45	28	164
15. My organisation encourages teamwork	27	70	38	16	11	163
16. I have enough time at work to complete any statutory and mandatory training	9	43	34	43	35	164
17. Induction arrangements for new and temporary staff (e.g. agency/locum/bank/re-deployed staff) in my work area/department support safe and effective care	12	60	46	15	16	163[6]

6 14 respondents responded, 'don't know'.

Audit Wales

24 Cathedral Road

Cardiff CF11 9LJ

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

E-mail: info@audit.wales

Website: www.audit.wales

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