

Review of Quality Governance Arrangements – Powys Teaching Health Board

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Summary report

About this report

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

Services. We also reviewed the high-level arrangements for assuring quality of provider services.

Key messages

- 6 Overall, we found that **the Health Board is committed to ensure high quality, safe and effective services and has taken steps to improve its quality governance arrangements. There remains work to embed these arrangements, articulate the quality priorities of the organisation and ensure there are measures in place to demonstrate and monitor achievement to drive improvements across the full range of services provided and commissioned.**
- 7 There is a clear commitment to ensure the provision of safe and high-quality services supported by corporate frameworks and improving risk management. The Health Board has well established values and behaviours and staff feel supported to raise concerns. The introduction of the new Clinical Quality Framework is positive, and its roll out is starting to strengthen operational governance, alongside an increase in resources.
- 8 However, the quality priorities and success measures need to be clearer in order to measure impact and improvement. Work on capturing patient feedback needs to be more consistent and there needs to be better systems for demonstrating learning. Capacity constraints within the concerns team remain an issue which needs to be addressed. There is also scope to broaden the current performance reporting to ensure a clearer focus on quality matters covering the breadth of services provided, as well as developing a quality dashboard reflecting the unique nature of the Health Board.

Recommendations

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

Exhibit 1: recommendations

Recommendations

Commissioning Assurance Framework

- R1 The commissioning assurance framework is the mechanism to provide assurance on the quality of services provided to Powys residents.
- Review the Commissioning Assurance Framework to include measures on the standards of care provided or patient outcomes.

Clinical Quality Framework

- R2 The current clinical quality framework articulates the steps needed to improve clinical quality governance. It does not clearly set out the mechanism in place within the Health Board to provide strategic and operational oversight.
- Develop a governance map for the organisation to clearly identify the range of activities in place at the strategic and operational level to ensure there is a clear line of sight from service to Board and identify any overlaps or gaps between groups.

Alignment of Frameworks

- R3 Currently the Health Board has a clinical quality framework (CQF), which focusses on developing the Health Board's quality governance arrangements, and a commissioning assurance framework (CAF) which sets the framework for providing assurance on the quality of services. The CAF has been predominantly focussed on commissioned services, however there is an intention for this approach to be implemented within directly provided services (in place for Mental Health Services and Maternity Services). There are potential synergies between these frameworks and the Health Board should consider repositioning these two frameworks to further build on the inter-relationships.
- Review the potential for alignment of the Clinical Quality Framework and the Commissioning Assurance Framework.

Recommendations

Concerns and Complaints

- R4 As a significant percentage of activity is delivered by commissioned services there needs to be greater clarity on the oversight of complaints from Powys residents on these services.
- Ensure that all complaints by Powys residents (directly and indirectly reported to the Health Board) on commissioned services are captured and reported to the Patient Experience, Quality and Safety Committee.
 - Update the Commissioning Assurance Framework to ensure clarity on responsibility for monitoring and reporting of complaints.
-

Performance Measures

- R5 Our work found that there needed to be articulation of the quality measures in place across the range of services provided. These needed to be clearly identified with a baseline undertaken in order to measure the success of the clinical quality framework.
- Develop a quality dashboard which articulates the quality and patient safety performance measures and key performance indicators for the Health Board, in order to measure success and demonstrate improvements.
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DATIX

- R6 Our work found that at a corporate level only some staff received training and support on how to use the DATIX system to report concerns and near misses.
- Ensure that all corporate staff receive training appropriate to their role.
-

Training

- R7 Statutory and mandatory training is important for ensuring staff and patient safety and wellbeing; however, compliance often falls short of what is required.
- Ensure that all statutory and mandatory training compliance meets the required target.

Recommendations

Data Analytics

R8 Our work found that the Community Services Group did not have a quality dashboard to provide performance information, in addition we found within the Health Board there was no dedicated data analytics team for analysing and interpreting data on quality and safety. Without this information it is difficult to provide a performance baseline, assess progress or identify areas where performance needs to improve.

- Build capacity within the operational teams to undertake analytical analysis within their teams to better understand and evaluate performance.

Detailed report

Organisational strategy for quality and patient safety

- 10 Our work considered the extent to which there are clearly defined priorities for quality and patient safety and effective mitigation of the risks to achieving them.
- 11 We found that **there is a clear commitment to ensure the provision of safe and high-quality services supported by corporate frameworks and improving risk management. There is scope to develop clearer quality priorities and articulate success measures to measure impact and improvement.**

Quality and patient safety priorities

- 12 **The Health Board is committed to ensuring quality from its commissioned and provided services and has developed supporting frameworks to achieve this, but they are yet to define measurable quality priorities and metrics or use quality impact assessments when reviewing service provision.**
- 13 The Health Board does not have standalone quality and patient safety priorities. Instead, it has signalled its commitment to deliver the highest quality clinical care to its local population through its strategy 'A Healthy Caring Powys', Integrated Medium Term Plan (IMTP) and Annual Plan for 2021-22.
- 14 Within the IMTP 'Quality and Citizen Experience' is an organisational priority for the Health Board. Linked to this are a number of priority actions, such as develop a serious incident improvement plan and establish a pressure ulcer scrutiny panel. The 2021-22 annual plan clearly states that clinical quality and improvement remain a priority as the Health Board moves towards recovery post COVID-19. The Powys Health and Care Strategy 'A Healthy Caring Powys' coproduced with Powys County Council and the Powys Regional Partnership Board in 2017 demonstrates stakeholder engagement in relation to the need to secure high quality and safe services to have maximum impact on population needs.
- 15 To support the achievement of quality services from both its provided and commissioned services the Health Board has established two frameworks which are discussed in further detail later in the report. The **Clinical Quality Framework (CQF)** agreed by the Board in 2020 sets out a programme of work to improve quality governance, which in turn supports the delivery of improved quality outcomes. The CQF outlines five organisational goals which have synergy with the Integrated Medium-Term plan and the Annual plans. The CQF is largely process driven, identifying improvement actions across the Health Board. Each of these areas has specific actions identified, as well as a nominated lead executive. The Health Board is essentially putting the foundation blocks in place to establish and strengthen processes and procedures to deliver on its vision. However, the Health Board has not defined outcomes or expected standards against which to measure and assess success. The stated actions within the current documents relate to processes, which need to be established in order to support effective quality

governance. From our work we did not identify any local targets or priorities within the community services group.

- 16 To support the delivery of commissioned services, the Health Board developed a **Commissioning Assurance Framework (CAF)** in 2018. The CAF describes a continuous assurance process to ensure that commissioned services are safe, personal, effective, and continuously improving. All providers bar one have signed up to this framework, and there are currently ongoing discussions as to the reasons for this with the aim of addressing this issue in the near future.
- 17 There is currently no reference to the use of Quality Impact Assessments (QIA) for productivity and efficiency schemes. These assessments ask organisations to consider the impact on quality and safety of potential service changes and redesigns. Although the podiatry service redesign approved by the Board in August 2020 did contain a detailed Equality Impact Assessment (EQI) which covered access to services and protected characteristics, there was no assessment on effectiveness and outcomes in relation to the change in service provision.

Risk management

- 18 **The Health Board has a clear risk management framework, and risk identification and management are maturing. Work is needed to update the Board Assurance Framework in light of the new strategic priorities and ensure a clearer line of sight from the directorate risk registers to the corporate risk register and ensure that mitigations in registers are sufficient for assurance.**
- 19 The Health Board revised its risk management framework in 2019. The Health Board has described its risk appetite and has clearly stated that it has no appetite for risks that materially impact on the quality and safety of services the Health Board provides or commissions. However, the Health Board's corporate risk register which covers both commissioned and provider services identifies a number of risks, of which 60% are linked to the quality and safety of services. Executives are currently refreshing the register by reviewing their portfolio of risks. The Health Board plans to develop committee risk registers, and work in this area had started but was paused due to COVID-19. A programme of work is underway to map the committees to the risks as well as other assurance sources, such as clinical audit.
- 20 Our 2020 structured assessment¹ reported that the Health Board had a maturing system of risk management, and as part of the response to the pandemic developed and regularly monitored a dedicated COVID-19 gold risk register. The risks from the COVID-19 gold risk register have been merged into the Health Board's corporate risk register.

¹ Audit Wales, [Powys Teaching Health Board Structured Assessment 2020](#), November 2020

- 21 The Health Board has a Board Assurance Framework (BAF), however, in light of the pandemic and the annual priorities of the Board changing the BAF not been reported since January 2020, in the meantime the corporate risk register has continued to be reported to Board with details of the current controls and mitigating actions articulated against each risk.
- 22 The Health Board does not currently use DATIX for risk management, instead they have developed a system of Excel templates to manage the risk management process across the organisation. Through our work we reviewed a sample of these in use which shows they have been adopted widely by the organisation although moving to an electronic system would provide a more robust evidence trail of changes to risk scores over time. The Health Board will be adopting the national Once for Wales Concerns Management system² during 2021, and this will also include use of the DATIX risk management module.
- 23 The Health Board's Risk and Assurance Group usually meets bi-monthly and reports to the Executive Committee. The Group was stood down in September 2020 due to COVID-19, but meetings are scheduled to resume in July 2021. The Group's main purpose is to discuss and ensure consistency of risk scoring across the Health Board.
- 24 Training in risk management has been limited. At the time of our work, Independent Members (IMs) had not received any specific training on risks, or on their roles and responsibilities in relation to risk management. The planned roll out of training for staff on risk registers had been paused due to COVID-19, although the Health Board is engaging with other risk leads across Wales in the development of a standardised risk management training module for use.
- 25 In 2019, the Health Board invested in risk management capacity by appointing a Head of Risk and Assurance and identifying the right level of administrative support. This small, dedicated risk management team (two full-time equivalent staff) provides risk management training and support to operational teams. Within the Community Services Group there is a dedicated lead for risk management.
- 26 As part of our work, we reviewed the Community Services Group's risk register and that of the Director of Primary, Community and Mental Health (directorate). These registers were up to date, with evidence of risks being escalated appropriately from the Community Services register to the Primary, Community and Mental Health Register. However, there were some areas where mitigations were missing, and the evidence for the risk scoring reducing were not clear.
- 27 Our observation of the Community Services Group's patient experience and quality group found there was discussion on the directorate risk register, but this was focussed on the red risks only, rather than the totality of risk. There is potential for some risks not to receive sufficient discussion. There are multiple risks associated

² Once for Wales Concerns Management System Programme was developed from the recommendations in the Welsh Government Report 'The Gift of Complaints'. All Health Boards will be moving to this system at some point.

with some services, eg Radiotherapy, but because these are not flagged as red risks they do not attract much attention, consequently opportunities to take a more thematic analysis of risk in this area are missed. There is the potential for a more holistic view of the risks of the register and the exploring of themes to be raised.

Organisational culture

- 28 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.
- 29 We found that **Quality improvement is important to the Health Board, however, resources are limited. There are well-established values and behaviours within the organisation and staff feel supported to raise concerns. There remains work to improve consistency of capturing patient feedback and demonstrating learning from this.**

Quality improvement

- 30 **The Health Board is committed to growing its quality improvement capacity. There has been better use of clinical audit, although there are opportunities to better utilise clinical audit as a source of assurance.**

Resources to support quality Improvement

- 31 Corporately, the Health Board has a very small, dedicated quality improvement team (0.5 FTE staff), providing staff training on quality improvement methods. Improving Quality Together (IQT) is the national quality improvement training programme for NHS staff in Wales. The goal of the programme is to develop quality improvement capability within NHS Wales using a common language for quality improvement. Information provided by the Health Board shows that a high proportion (74%) of staff had completed the IQT training Bronze level. The team also provides dedicated support to staff completing quality improvement projects for the IQT Silver level. However, only 1% of Health Board staff have achieved IQT Silver.
- 32 The quality improvement team has begun working with the Research, Innovation, and Improvement Hub. This joint venture between the Health Board and Powys County Council aims to co-ordinate and support research, improve services, and support new ways of working at a Powys wide level. The Health Board are using the Research, Innovation, and Improvement hub to look at innovative ways to share learning, although this work is currently in its early development stages. To

support the hub, the Health Board has recruited a small number of staff (2.4 FTE), these staff are not immediate members of the Health Board's quality improvement team. This resource is funded until March 2022 with the staff employed on fixed term contracts. The Health Board needs to evaluate the impact of this initiative and look to fund it on a more sustainable footing if it has proved successful.

- 33 The Health Board has increased resources to focus on value-based healthcare through the recent appointment of a Director for Strategy and value-based healthcare, as part of the Clinical Quality Framework activities. The aim for this role is to support prudent and values-based healthcare to shape quality improvement.
- 34 Progress on the development of the Clinical Effectiveness and Quality Improvement Strategy articulated in the CQF has been further delayed as a result of COVID-19. This work involves using a prioritised and risk-based approach to define and deliver a programme of clinical quality improvement targets. This remains a priority for the Health Board during 2021-22.

Clinical Audit

- 35 Clinical audit is an important way of providing assurance about the quality and safety of services. The Health Board has an approved clinical audit plan for 2021-22 covering national clinical audits and outcome reviews mandated by the Welsh Government. The plan also includes clinical audits based on local priorities and risks identified by senior clinical managers. COVID-19 affected the Health Board's ability to deliver the 2020-21 Clinical Audit Plan because of limitations on resources with staff being redeployed to focus on COVID-19. The Health Board reviewed the 2020-21 plan and risk assessed the outstanding audits and reprofiled new dates to ensure the work is completed, and incorporated this into the 2021-22 clinical audit plan.
- 36 Clinical audit findings and learning are shared with both operational and strategic groups or committees. Reports are presented to the Quality Governance Group (QGG) chaired by the Medical Director and Director of Therapies and Health Sciences and the Experience, Quality and Safety Committee (EQS). Clinical audit outcomes were also considered as part of a suite of information at the inaugural meeting and subsequent meetings of the new quarterly Learning from Experience Group, which is chaired the Director of Clinical Strategy. The composition of this group includes the Director of Therapies and Health Sciences as well as the Director of Nursing and Midwifery, which ensures mechanisms to share information between this group and the Quality Governance Group. This group has identified issues from national audits and has started to discuss some of the issues raised. Operationally, monthly clinical audit and improvement meetings within both the Women's and Children's Service Group and the Community Services Group identify and share learning. All these arrangements are only recent, and need to embed and realise the planned benefits, however, early signs are they are beneficial and have been well received by staff.

- 37 Corporate resources for clinical audit are limited with only 0.5 FTE staff, yet demand for clinical audit is growing. Work on reauditing to ensure that learning has been embedded and improved results is also an area where further work is needed. In addition, clinical audit should serve as an important source of assurance in the board assurance framework and corporate and operational risk registers, however, this was not evident from the documents reviewed.

Mortality reviews

- 38 Multidisciplinary mortality and morbidity review meetings provide a systematic approach for the peer review of adverse events, complications, or mortality to reflect, learn and improve patient care. This is a positive area for Powys, having been the only health board in Wales to pilot the new medical examiner role alongside five other organisations across the United Kingdom. There are clear processes in place for mortality and morbidity reviews, with results as well as learning routinely reported to the Experience and Quality and Safety (EQS) committee and the Learning from Experience Group. Examples of learning have been demonstrated, for example, concerns raised recently about completion of formal documentation for care at the end of life has led to the formation of a small group to determine the ideal set of notes and commit to updating organisational clinical policy.
- 39 Currently the Health Board's EQS does not have any oversight of mortality reviews undertaken within commissioned service providers for Powys residents. There is corporate oversight through the commissioning assurance framework where cases that have been subject to a serious incident investigation within a commissioned service are flagged to the Health Board. The Once for Wales concerns management system had been expected to establish the core functionality for the learning from mortality system, however, implementation has been delayed by factors outside the control of the Health Board.

Values and behaviour

- 40 **There is a well-established values and behaviours framework in place with plans to revisit this soon, staff feel supported to report their concerns, however, there is further work to support staff experiencing bullying and harassment.**
- 41 The Health Board's Values and Behaviours Framework was published in 2015 and sets out its vision for a quality and patient-safety-focused culture with a focus on continuous improvement, openness, transparency and learning when things go wrong. The Health Board plans to bring the framework up to date alongside its organisational development strategic framework for improving organisational effectiveness. Staff induction covers expectations in relation to the Values and Behaviours framework as well as the support staff can expect in order to deliver high quality care.

- 42 Our work revealed a varied picture in relation to the culture around reporting errors, near misses or incidents and raising concerns. Of the staff who completed our survey³, (81%) staff agreed or strongly agreed that the organisation encourages staff to report errors, near misses or incidents. Some staff (54%) agreed or strongly agreed that staff involved in an error, near miss or incident are treated fairly by the organisation. Most staff (65%) agreed or strongly agreed that the organisation acts to ensure that errors, near misses or incidents do not happen again.
- 43 It is positive that staff responding to the recent NHS Wales staff survey⁴ reported low levels of bullying, harassment, or abuse by another colleague, member of the public or line manager over the past year (14.6%, 10%, and 8.6%, respectively). However, action is still needed to address the concerns of staff experiencing bullying, harassment, or abuse, given that fewer than half (45.7%) agreed or strongly agreed that the organisation takes effective action when it did occur.
- 44 Staff are encouraged to use DATIX to report incidents and during our interviews there was a positive culture expressed on reporting incidents, however, corporately only some staff receive training and support on how to use the DATIX system to report concerns and near misses. The Community Services Group indicated in their survey that all their staff receive training or support in using the DATIX system to report incidents or near misses.
- 45 Statutory and mandatory training is important for ensuring staff and patient safety and wellbeing, yet our annual Structured Assessment has found that compliance often falls short of that required. Within the Community Services Group, only (42%) of staff responding to our survey agreed or strongly agreed that they have enough time at work to complete any statutory and mandatory training. To improve compliance, the community services group told us that local managers are working with teams to improve the position post COVID-19.
- 46 Improving compliance with personal appraisal and development reviews is another area of focus for the Health Board. The Health Board achieved a rate of 69% compliance in May 2021, which is below the 85% target but was still the fourth best in Wales. This is lower than previous years, but completion has been affected by the pandemic response and staff being redeployed. There are routine meetings with directorates to improve compliance, and the achievement of this is on the agenda for directorate managers. Organisational scrutiny of this metric is undertaken at both Performance and Resources Committee and Board.

³ We invited operational staff working across the community services group 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 community services, we have used them to illustrate particular issues.

⁴ 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 29%.

Listening and learning from feedback

- 47 **The Health Board has a range of formal mechanisms for capturing patient experience, however, these have been affected by COVID-19. Work is underway to develop a new Patient Experience Engagement Framework and Strategy and implement a new real time system to capture patient feedback. There remains work to do to show evidence of learning from feedback.**

Patient Experience

- 48 The Health Board's current patient experience strategy is out of date. As part of the Clinical Quality Framework there are plans to address this through the development of a new Patient Experience Engagement Framework and Strategy. The Health Board are aiming to develop arrangements for learning from patient experience to ensure that patient experience is used to inform staff and clinical service development. However, the Assistant Director, Quality and Safety has been diverted to operational work on concerns, and other staff have been diverted to other areas due to COVID-19, which has resulted in the patient experience engagement framework and strategy falling behind schedule, although work has recently restarted and is scheduled to be completed at the end of 2021.
- 49 The Experience, Quality and Safety Committee (EQS) receive regular thematic reports on concerns and incidents covering all services, these reports identify lessons learnt and highlight actions taken in response. Further detail is provided to the in-committee session of the EQS to enable a more in-depth discussion of issues with patient identifiable data. Currently these reports are only considered at a corporate level, however, there are plans for the next iteration of these reports to be considered by the service groups themselves to improve ownership of the actions as well as the concerns.
- 50 Through our work we have found a lack of clarity regarding the capture of concerns and complaints from commissioned services. Many services for Powys residents are provided by commissioned services and the current reports only identify complaints which are directly reported to the Health Board. There needs to be further clarity on who is responsible for concerns and complaints from commissioned services and ensure the Health Board are notified in all cases of concerns raised by Powys residents, and actions taken in response.
- 51 The Health Board has a well-established Patient Experience Steering Group that captures and monitors patient experience activity, across provided and commissioned services. The Group, which reports to the Executive team, meets quarterly. Service groups, such as the Community Service Group, submit regular updates on their patient experience activity to the Patient Experience Steering Group, and there are plans for the Community Service Group to present reports to Experience, Quality and Safety Committee by autumn. The patient experience and outcome measures include incidents and complaints and findings from patient surveys and feedback cards. There was evidence of themes being identified

through the Patient Experience Steering Group, but actions in response were not clearly identified.

- 52 Through our work, we reviewed evidence of work undertaken to evaluate patient experience, such as recent surveys on the new podiatry service, which demonstrates the Health Board's commitment to obtaining patient feedback. Following the concerns regarding maternity services at Shrewsbury and Telford NHS Trust (SaTH) targeted work was undertaken with Powys residents to understand their experiences to inform the ongoing discussions with the NHS Trust. The Health Board is also currently writing a proposal to purchase Civica software to enable real-time capture of patient experience.
- 53 As part of our work, we asked the Community Services Group about the mechanisms used to seek patient and staff feedback more generally, and how the learning from this feedback was disseminated. Methods used included patient questionnaires, and letters as well as direct questions, with the feedback disseminated through their patient experience report shared with the Patient Experience Group and there are plans for future reports to be presented to the Experience, Quality and Safety committee. The group indicated that the majority of patient experience activity had been negatively affected by COVID-19. This was due to limited staff resources, as well as access to patients being reduced as part of infection, prevention and control arrangements. Our staff survey indicates that more needs to be done to disseminate information on patient experience to staff, given that less than half (45%) of those responding to our survey indicated that they agreed or strongly agreed that they receive regular updates on patient feedback for their work area. The Health Board also needs to consider how it can capture any concerns staff have got about patient experience. We could not see any evidence that this information was routinely captured and considered.
- 54 The Health Board has delivered additional training on investigating complaints and incidents, but further roll out of this training has been affected by COVID-19. The Community Services Group were unable to tell us the percentages of staff who had received training on investigating complaints or undertaking root cause analysis.

Patient Stories

- 55 The Board also has mechanisms for understanding patient experience. Patient stories are told by individuals from their own perspective, and in a healthcare setting, provide an opportunity to understand their experience of the care received helping organisations to learn the good and bad and what can be done to improve the experience. At the time of our audit, patient stories had not been received at Board since January 2020, and the EQS last received a patient story in October 2020. There are plans to restart these within the next few months.

Safety Walkarounds

- 56 Safety walkarounds provide board members with an understanding of the reality for staff and patients, help to make data more meaningful, support the triangulation process, provide assurance from more than one source of information. At the time of our audit, the Health Board did not have an established programme of patient safety walkarounds, but signalled its intent to start these later in the year with a revised set of guidance to support Independent Members.

Governance structures and processes

- 57 Our work considered the extent to which organisational structures and processes at and below board level support the delivery of high-quality, safe, and effective services.
- 58 We found that **the new clinical quality framework is starting to strengthen operational governance arrangements although the new arrangements need further time to develop and embed. Whilst there has been a small increase in quality governance resources, there are still capacity constraints within the concerns team which need to be addressed.**

Organisational design to support effective governance

- 59 **Recent developments have strengthened lines of accountability and oversight of scrutiny to improve flows of assurance but these need to be embedded.**
- 60 There is clear collective responsibility for quality and patient safety amongst the Executive leadership of the Health Board. Recent substantive appointments made to the Executive team including the Director of Nursing and Midwifery, Director of Therapies and Health Sciences and Medical Director have strengthened this. Furthermore, there is now a Deputy Director of Nursing, who leads on Quality and Safety to provide additional capacity and focus. The Health Board have stated their intent in the clinical quality framework to prioritise clinical leadership development to ensure they become a truly clinically led organisation.
- 61 In March 2021, the Health Board established a Learning from Experience Group as a place for the clinical leaders of the organisation to share information from a range of sources, including clinical audit and mortality reviews with a view to disseminating learning across the organisation. This group has met twice, and an upward report on its work has been provided to the Experience, Quality and Safety group outlining its activities and proposed actions. Early signs of the impact of this group are positive demonstrating the effective triangulation of issues from a range of areas.

Clinical Quality Framework

- 62 The Clinical Quality Framework (CQF) approved by the Board in 2020, sets out a programme of work to improve quality governance over three years. Progress in implementing the framework has been slower than planned because COVID-19 has placed pressures on the teams. Work is currently underway to review and reprioritise the actions and adjust the remaining timescales.
- 63 As part of the Clinical Quality Framework the Health Board will be agreeing and adopting a Clinical Quality Improvement methodology. In June 2021 a progress update to the Experience, Quality and Safety Committee reported the Health Board had yet to define and deliver a programme of quality improvement projects and work on agreeing and adopting an approach to clinical quality improvement including the methodology not yet started. There was no update on the revised timescales for this work, however, it remains a priority for the Health Board during 2021-22.
- 64 At a strategic level, the development and implementation of the CQF is overseen by the Quality Governance Group (QGG). The QGG established in 2019 was initially chaired by the Chief Executive to oversee the Health Board's governance approach. Recently the terms of reference for this group have been revised and although its remit remains the same, the leadership has changed to the Director of Nursing and Midwifery and the Medical Director, with attendance from all the Assistant Directors of the Service groups as well to enable a clear line of sight from service to Board. The QGG will also now directly report to the Experience, Quality and Safety committee, as opposed to through the Executive committee. The Experience, Quality and Safety committee provide Board oversight of implementation of the clinical quality framework, receiving regular milestone reports which identify progress, and areas behind target.

Commissioning Assurance Framework

- 65 The Health Board is primarily a commissioning organisation. The largest proportion of its budget is devoted to securing health care services, including unscheduled and planned care from neighbouring NHS Wales health boards and NHS trusts in England. To assure themselves and their resident population of the safety, quality, and sustainability of these commissioned services, the Health Board developed a commissioning assurance framework (CAF) in 2018. The CAF describes a continuous assurance process to ensure that commissioned services are safe, personal, effective, and continuously improving. The experience of patients is also reviewed as well as numbers of complaints and incidents in order to detect deteriorating quality. All of the Health Board's directorates feed into this process, and there are regular reports and commissioning assurance meetings held with providers to discuss performance, quality and safety and patient experience. The CAF uses a rating system for providers across four domains: access, finance and activity, quality and safety and patient experience. Each provider is rated by the Health Board against the four domains using a red/amber/green process. Special

measures and levels of Government intervention are recorded. All this information is then captured in a high level dashboard to show at a glance the provider rating. Services provided by organisations who have been escalated as part of the respective arrangements within NHS England and Wales, and/ or those who score level 4 on the CAF, are scrutinised and monitored by the Performance and Resources Committee and the Quality Governance Group.

- 66 To ensure a quality focus, the Health Board has a Quality and Safety Commissioning lead, who reports to the Assistant Director, Quality and Safety in order to support the CAF process in assessing quality and safety issues within commissioned services. The Quality and Safety commissioning lead attends all commissioning review meetings with providers. The CAF currently does not include any measures on the standards of care provided or patient outcomes.
- 67 However, due to the pandemic the usual commissioning arrangements have not been in place since March 2020. Since July 2021 work has stepped up to restore the CAF but there remain significant limitations and escalation arrangements cannot operate in the usual way; this has affected quality reporting as well as information on patient experience.

Community Services Group

- 68 The structure of the Community Services Group supports multidisciplinary working through a Head of Nursing and a Head of Therapies. The Group has also recently appointed a lead clinician for quality and safety and is supported by the Assistant Medical Director to provide medical leadership. Also, there are no senior nurse roles for the inpatient wards, which leaves a potential gap in specialist ward nursing oversight and maintenance of nursing practice and quality culture.
- 69 The service groups across the Health Board have started to formally set out their quality governance arrangements and patient safety structures. This work has been ongoing since 2020, but is at varying degrees of implementation across the organisation as a result of capacity being diverted to respond to the pandemic. At the time of our audit, three of the five service groups had produced their quality governance and patient safety structure setting out the processes for oversight of quality and patient safety. Pace has picked up recently and there is a desire to get the new arrangements functioning. Further work is planned regarding delegating aspects of corporate reporting including concerns and incidents into service groups to improve oversight, ownership, and scrutiny of performance at a service group level by improved upward reporting within the next three months.
- 70 We reviewed the governance arrangements within the Community Services Group and observed one of their patient experience and quality groups. These meetings take place bi-monthly and have a standardised agenda. There is currently no quality and patient safety dashboard in place. At the time of our work, there was no formal sharing of the minutes from the quality and patient safety meetings to the executive Quality Governance Group. There was also no formal sharing of minutes

to the directorate meetings, although there was upward reporting on an exception basis.

Resources and expertise to support quality governance

- 71 **Health Board resources to support quality governance are limited, and historical capacity constraints within the concerns team are affecting the timeliness of responses to complaints, but recent operational appointments are positive.**
- 72 The Health Board reviewed the available resource to support improvement to quality governance arrangements at both a corporate and operational level. It found that service group governance needed strengthening to ensure sufficient capacity and capability at the local level. Following this the Health Board invested in additional operational capacity across some service groups to support quality improvement activities such as clinical audit, and complaints and incident handling. For example, the Community Service Group recently appointed (June 2021) a quality lead ensuring parity with other service groups.
- 73 Health Board resources for both patient experience and concerns are limited. There is no dedicated patient experience team, with the concerns team taking the lead in this area. This was highlighted by the Public Services Ombudsman for Wales⁵ in his special report in October 2020 which tasked the Health Board with undertaking a review of the complaints handling team and its ability and capacity to deal with complaints under the Putting Things Right (PTR) regime in an effective and timely way. The capacity of the concerns team has been limited for a significant time and complaint response times within 30 days have historically been low. However, the latest performance data for May 2021 was more positive, with over 90% of complaints being responded to within 30 days. There is a backlog of concerns which needed to be addressed, an increasing number of concerns related to possible harm from COVID-19 and the rise in concerns relating to commissioned services and General Practice. The lack of capacity has been recognised, and temporary staff are in post and plans to make substantive appointments within the next six months.
- 74 At the time of our audit work, the Health Board was undertaking an internal review of the wider elements of PTR in response to the Public Services Ombudsman's report. The Health Board has identified a number of actions and developed an action plan, which EQS committee considered in July 2021. The plan identifies a number of actions during 2021 including training and the development of a new team structure which is currently being considered. The Health Board is monitoring its work on PTR through weekly accountability and assurance meetings where case management and complex issues are discussed by the Chief Executive, Director of

⁵ Public Services Ombudsman for Wales, Special Report issued under s28 of the Public Services Ombudsman (Wales) Act 2019 following a complaint made by Mrs A against Powys Teaching Health Board, October 2020

Nursing, Deputy Director of Nursing and the Assistant Director, Quality and Safety. There are also weekly meetings with operational teams to monitor work on addressing concerns.

- 75 The Assistant Director, Quality and Safety has had to step into a more operational role due to the capacity constraints within the concerns team. This is affecting their ability to work on other areas of their remit, including patient experience, DATIX and also the commissioning lead for quality and safety. Currently there are increasing demands on the concerns team.

Arrangements for monitoring and reporting

- 76 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.
- 77 We found that **there is scope to broaden the current reporting to ensure a clearer focus on quality matters covering the breadth of services provided and reflecting the unique nature of the Health Board.**

Information for scrutiny and assurance

- 78 **There is a commitment from the Health Board to ensure that information is available to provide information for scrutiny and assurance and commentary on harm from COVID, however the introduction quality dashboards at both the corporate and operational levels would strengthen oversight.**
- 79 There is a clear commitment and understanding from the Health Board that the identification and work in assessing harm from COVID-19 is vital. Papers from the EQS, and the QGG along with our interviews acknowledge the need for the Health Board to work to identify these. However, understanding and assessing harm represents a significant challenge for the Health Board as with others. The Health Board has identified a number of proposed assessment methodologies in order to understand harm across the four harms⁶ and work is ongoing in these areas. However, these assessment methodologies focus on secondary care indicators, and there are no proposed measures related to primary and community care, such as childhood vaccinations or on the wider population health impacts. This work is in its early stages and there remains further work to do as with other Health Boards in Wales.
- 80 The Health Board has undertaken work to better understand the issues around nosocomial transmission of COVID-19. Reports have been produced and learning identified in relation to the improvements needed in data quality of some reporting systems.

⁶ Organisations should be monitoring potential harm across the four quadrants set out in the quarterly operational planning framework.

- 81 Data systems within the organisation do produce information and local teams have access to these and support to interpret information and develop bespoke reports. However, there are limitations and the current systems lack the ability to produce statistical charts or year-on-year comparisons. There is no dedicated data analytics team for analysing and interpreting data on quality and safety, either corporately or operationally.
- 82 At an operational level, the Quality and Patient Experience meetings within the Community Services Group provide oversight of the quality and performance within the service group, which then informs the routine Primary Care, Mental Health and Community directorate meetings. Some of these meetings were stood down during COVID-19 and the reporting focussed more on COVID-19-related risks on a more frequent basis and routine quality indicators less frequently. The routine meetings are now re-established. We observed one of the Community Services Quality and Patient Experience groups, and this aligned to the expected agenda as described within their quality governance framework. Information was provided on patient experience which included Serious Incidents as well as complaints and compliments. There were also highlight reports from each area identifying issues and concerns for escalation. However, the group did not have a performance dashboard of quality metrics in place. Although the governance structure does set out expectations of quality reporting in line with the NHS delivery Framework and identification of measures, these are not currently reported.
- 83 As there are currently no patient safety dashboards in place it is difficult to see an overall summary across service groups or identify any trends and issues. Workforce issues such as sickness are not presented to enable triangulation of sources of information. In addition, due to the nature of the Health Board it is challenging to compare its performance on quality measures against others. It can be difficult therefore to ensure sufficient context to identify if reported figures are of concern.

Coverage of quality and patient safety matters

- 84 **There is scope to broaden coverage at the corporate and operational level of quality and patient safety matters, and to ensure sufficient coverage on primary care as well as secondary services.**
- 85 Performance reporting within the Health Board aligns to the current national delivery framework with the 84 measures in place mapped to the Healthier Wales quadruple aims. These reports presented to Board clearly identify trend information, and commentary is provided to explain performance and actions being taken to address areas where performance is not in line with expectations. The current performance report, although in line with the NHS delivery framework, does not have any specific broader measures of performance in areas such as District Nursing, and there are no locally agreed measures in place. There are no other performance reports relating to quality and patient safety reported to the Board.

- 86 The agendas of the EQS committee are balanced and informed by routine reports on concerns and complaints. A Putting Things Right report is produced for every meeting and data is interpreted and information on performance as well as commentary on actions taken following concerns and incidents is provided. The EQS also receives updates on commissioned services that are in escalation through the CAF process. Currently, performance on services is contained in corporate reports but there are plans underway as part of the Clinical Quality Framework (CQF) for the service groups to produce and present their own performance reports to EQS and QGG which will enable better Independent Member and executive scrutiny. A report on clinical audit progress is also received at the EQS routinely to provide assurance on progress delivering the Health Board's clinical audit plan.
- 87 The Community Services Group delivers a unique portfolio of services including general community nursing and therapy services, alongside unscheduled care, and minor injuries, including outpatients, elective surgery, endoscopy and diagnostic ultrasound and radiography services. Current quality reporting identified within their quality governance and patient safety structure does not cover all these services, with information largely focused on hospital-based service settings in response to the NHS Wales national delivery framework. Previous audit work has identified the need for more tailored performance metrics for district nursing services, but progress to address this issue appears limited.

Appendix 1

Management response to audit recommendations

Exhibit 2: management response

Recommendation	Management response	Completion date	Responsible officer
<p>Commissioning Assurance Framework</p> <p>R1 The commissioning assurance framework is the mechanism to provide assurance on the quality of services provided to Powys residents.</p> <ul style="list-style-type: none">Review the Commissioning Assurance Framework to include measures on the standards of care provided or patient outcomes.	<p>The Health Board will undertake a review of the Commissioning Assurance process to ensure:</p> <ul style="list-style-type: none">(i) it identifies/reflects patient/service risks post COVID-19; and(ii) it is accessible (in a user-friendly format) to engage a wider range of staff to enable them to inform the corporate view of patient/service risks.	<p>March 2022</p>	<p>Director of Planning and Performance and Director of Nursing and Midwifery</p>

Recommendation	Management response	Completion date	Responsible officer
<p>Clinical Quality Framework</p> <p>R2 The current clinical quality framework articulates the steps needed to improve clinical quality governance. It does not clearly set out the mechanism in place within the Health Board to provide strategic and operational oversight.</p> <ul style="list-style-type: none"> • Develop a governance map for the organisation to clearly identify the range of activities in place at the strategic and operational level to ensure there is a clear line of sight from service to Board and identify any overlaps between groups. 	<p>Changes to the Board's assurance committees for 2021/22 have been approved by Board (July 2021) and are currently being implemented. A review of the management groups enabling Committees is currently underway. On approval of a revised management group structure, the Clinical Quality Framework will clearly set out the mechanism in place within the Health Board to provide strategic and operational oversight.</p>	<p>March 2022</p>	<p>Board Secretary and Director of Nursing and Midwifery</p>

Recommendation	Management response	Completion date	Responsible officer
<p>Alignment of Frameworks</p> <p>R3 Currently, the Health Board has a clinical quality framework (CQF), which focusses on developing the Health Board's quality governance arrangements, and a commissioning assurance framework (CAF) which sets the framework for providing assurance on the quality of services. The CAF has been predominantly focussed on commissioned services, however there is an intention for this approach to be implemented within directly provided services (in place for Mental Health Services and Maternity Services). There are potential synergies between these frameworks and the Health Board should consider repositioning these two frameworks to further build on the inter-relationships.</p> <ul style="list-style-type: none"> Review the potential for alignment of the Clinical Quality Framework and the Commissioning Assurance Framework. 	<p>The Clinical Quality Framework sets out the Health Board's primary strategic approach to continuous development of high-quality services for the people of Powys. The Commissioning Assurance Framework will be more closely aligned to the Clinical Quality Framework.</p> <p>The Commissioning Assurance Framework will be applied to services directly provided by the Health Board.</p>	<p>31 December 2021</p> <p>March 2022</p>	<p>Director of Nursing and Midwifery</p>

Recommendation	Management response	Completion date	Responsible officer
<p>Concerns and Complaints</p> <p>R4 As a significant percentage of activity is delivered by commissioned services, there needs to be greater clarity on the oversight of complaints from Powys residents on these services.</p> <ul style="list-style-type: none"> • Ensure that all complaints by Powys residents (directly and indirectly reported to the Health Board) on commissioned services are captured and reported to the Patient Experience, Quality and Safety Committee. 	<p>The current commissioning assurance mechanisms will be strengthened to ensure that all complaints by Powys residents (directly and indirectly reported to the Health Board) on commissioned services are captured and reported to the Patient Experience, Quality and Safety Committee.</p>	<p>30 September 2021</p>	<p>Director of Nursing and Midwifery</p>

Recommendation	Management response	Completion date	Responsible officer
<p>Performance Measures</p> <p>R5 Our work found that there needed to be articulation of the quality measures in place across the range of services provided. These needed to be clearly identified with a baseline undertaken in order measure the success of the clinical quality framework.</p> <ul style="list-style-type: none"> Develop a quality dashboard which articulates the quality and patient safety performance measures and key performance indicators for the Health Board in order to measure success and demonstrate improvements. 	<p>Within the Clinical Quality Framework (Goal 5) Health Board has committed to ‘Develop Excellent Information and Intelligence Systems, to Enable High Quality Clinical Care’ (Goal 5). This workstream will focus on:</p> <ul style="list-style-type: none"> reviewing and developing performance monitoring arrangements for clinical services; aligning to work undertaken on the Commissioning Assurance Framework; reviewing and developing ward/department and service-level dashboards; developing arrangements for the clinical validation/interpretation of the core datasets relating to clinical services, including the use and interpretation of data in providing assurance; and developing/integrating a valid and robust organisational benchmarking approach, using national/international comparators where available. 	<p>September 2022</p>	<p>Director of Public Health</p>

Recommendation	Management response	Completion date	Responsible officer
<p>DATIX</p> <p>R6 Our work found that at a corporate level only some staff received training and support on how to use the DATIX system to report concerns and near misses.</p> <ul style="list-style-type: none"> • Ensure that all corporate staff receive training appropriate to their role. 	<p>As part of the implementation of the new Once for Wales Concerns Management System there is a full programme of training that is being delivered across the organisation and includes all relevant staff who require access. This training programme will be monitored and reported on to ensure full coverage. Developments will also link to the national programme re implementation, training and module release.</p>	<p>March 2022</p>	<p>Director of Finance and IT</p>
<p>Training</p> <p>R7 Statutory and mandatory training is important for ensuring staff and patient safety and wellbeing; however, compliance often falls short of what is required.</p> <ul style="list-style-type: none"> • Ensure that all statutory and mandatory training compliance meets the required target. 	<p>Statutory and Mandatory training compliance was 81% as of August 2021, which shows an increase of 1% when compared to the previous month (80%). The Workforce & OD team continue to work with managers to improve Statutory and Mandatory Training compliance. Particular focus will be given to those areas who are below the current organisational compliance rate of 85%.</p> <p>Directors will take a personal role in ensuring statutory and mandatory training within their function continues to improve to meet the 85% standard.</p>	<p>31 March 2022</p>	<p>Director of Workforce & OD with Executive Directors</p>

Recommendation	Management response	Completion date	Responsible officer
<p>Data Analytics</p> <p>R8 Our work found that the Community Services Group did not have a quality dashboard to provide performance information, in addition we found within the Health Board there was no dedicated data analytics team for analysing and interpreting data on quality and safety. Without this information it is difficult to provide a performance baseline, assess progress or identify areas where performance needs to improve.</p> <ul style="list-style-type: none"> Build capacity within the operational teams to undertake analytical analysis within their teams to better understand and evaluate performance. 	<p>Within the Clinical Quality Framework (Goal 5) Health Board has committed to ‘Develop Excellent Information and Intelligence Systems, to Enable High Quality Clinical Care’ (Goal 5). This workstream will focus on:</p> <ul style="list-style-type: none"> reviewing and developing performance monitoring arrangements for clinical services; aligning to work undertaken on the Commissioning Assurance Framework; reviewing and developing ward/department and service-level dashboards; developing arrangements for the clinical validation/interpretation of the core datasets relating to clinical services, including the use and interpretation of data in providing assurance; and developing/integrating a valid and robust organisational benchmarking approach, using national/international comparators where available. 	<p>September 2022</p>	<p>Director of Public Health</p>

Appendix 2

Staff survey findings

Exhibit 3: staff survey findings

Breakdown of Respondents	Number of Responses
Administration and Clerical	3
Allied Health Professional	23
Ancillary	15
Healthcare Support Worker	21
Management	6
Nursing or Healthcare Assistant	13
Registered Nurse	51

Breakdown of Respondents	Number of Responses
Other	5

Attitude statements	Number of staff agreeing or disagreeing with statements					Total respondents ⁷
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	
Delivering safe and effective care						
1. Care of patients is my organisation's top priority.	61	52	13	11	1	138
2. I am satisfied with the quality of care I give to patients.	64	55	7	6	1	135

⁷ Not all respondents answered every question therefore the total respondents may vary by question.

Attitude statements	Number of staff agreeing or disagreeing with statements					Total respondents ⁸
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	
Delivering safe and effective care						
3. There are enough staff within my work area/department to support the delivery of safe and effective care.	18	32	33	32	16	134
4. My working environment supports safe and effective care.	38	57	20	14	4	133
5. I receive regular updates on patient feedback for my work area/department.	16	45	36	28	7	132

⁸ Not all respondents answered every question therefore the total respondents may vary by question.

Attitude statements	Number of staff agreeing or disagreeing with statements					Total respondents ⁹
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	
Managing patient and staff concerns						
6. My organisation acts on concerns raised by patients.	42	50	24	7	3	126
7. My organisation acts on concerns raised by staff.	21	56	30	18	7	132
8. My organisation encourages staff to report errors, near misses or incidents.	51	58	19	5	0	133
9. Staff who are involved in an error, near miss or incident are treated fairly by the organisation.	27	47	36	6	1	117

⁹ Not all respondents answered every question therefore the total respondents may vary by question.

Attitude statements	Number of staff agreeing or disagreeing with statements					Total respondents ¹⁰
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	
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.	34	54	30	3	2	123
11. We are given feedback about changes made in response to reported errors, near misses and incidents.	19	41	43	24	2	129
12. I would feel confident raising concerns about unsafe clinical practice.	45	63	14	8	4	134
13. I am confident that my organisation acts on concerns about unsafe clinical practice.	36	49	27	12	2	126

¹⁰ Not all respondents answered every question therefore the total respondents may vary by question.

Attitude statements	Number of staff agreeing or disagreeing with statements					Total respondents ¹¹
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	
Working in my organisation						
14. Communication between senior management and staff is effective.	19	46	43	18	10	136
15. My organisation encourages teamwork.	32	69	20	9	5	135
16. I have enough time at work to complete any statutory and mandatory training.	16	41	31	37	11	136
17. Induction arrangements for new and temporary staff (eg agency/locum/bank/re-deployed staff) in my work area/department support safe and effective care.	19	58	37	12	15	131

¹¹ Not all respondents answered every question therefore the total respondents may vary by question.



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