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# Structured Assessment 2019 – Management Response to Audit Recommendations – **Betsi Cadwaladr University Health Board**

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# Introduction

1. We have concluded our 2019 Structured Assessment of Betsi Cadwaladr University Health Board. As part of this work, we made a number of audit recommendations to the Health Board. These are set out with our full report which can be found on our website in due course.
2. This document sets out the Health Board's response and the actions it intends to take to address our 2019 structured assessment recommendations.
3. Any enquiries regarding re-use of this document should be sent to the Wales Audit Office at [infoofficer@audit.wales](mailto:infoofficer@audit.wales).

## Betsi Cadwaladr University Health Board: management response

The following table sets out the Health Board's management response to our 2019 structured assessment audit recommendations

Recommendation	Management response	Completion date	Responsible officer
<p><b>Clinical strategy and service planning</b></p> <p>R1 Ensure that work to develop a clinical services strategy is delivered to planned timescales and includes a fundamental review of the shape and location of clinical services across all three main hospital sites. This work should focus on solving a number of service sustainability issues including:</p> <ul style="list-style-type: none"> <li>• Medical staffing, vacancy gaps and on-call rota management.</li> <li>• Service efficiency and affordability.</li> <li>• Ability to meet forecasted growth in service demand.</li> <li>• Mitigate the impact of unscheduled care on the effectiveness of wider services.</li> <li>• Enabling sub-specialisation of clinical services, where beneficial.</li> </ul>	<p>A digitally enabled clinical strategy has been proposed and extensively discussed at health board meetings in September, October and November 2019. It sets out an ambitious approach to improving population health by focussing on prevention and systems changes, specifically establishing whole-system evidence-based pathways; managed professional networks; and implementing a core bundle of digital healthcare technology, e.g. a digital health record.</p> <p>This strategy will disrupt traditional ways of working and enable greater digital literacy. It will build a system that focusses and measures outcomes and places less and less reliance on the site of care, moving to more accessible and personalised care.</p> <p>The strategy will reduce unwarranted variation in practice and outcomes, enhance specialisation and opportunities to improve research partnerships.</p> <p>The strategy will support prudent healthcare and improve the use of resources and maintain an affordable service that meets growth in demand. The health board is supporting the development of the strategy, with updates and the final implementation plan due by April 2020.</p>	<p>July 2020</p>	<p>David Fearnley, Executive Medical Director</p>

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<p><b>Clinical engagement in service design and transformation</b></p> <p>R2 Ensure clinical engagement and leadership are integral elements as part of the development of clinical strategy and associated change programmes.</p>	<p>Clinical engagement has commenced, as part of a variety of initiatives including service transformation groups, cluster planning and medical and clinical staff involvement in the development of the proposed clinical services strategy.</p> <p>Further engagement is planned before April 2020, including a series of clinical summits, to develop the clinical leadership opportunities and formally appoint clinical leaders for the new pathways and networks, and to enhance the clinical informatics capability across the health board.</p>	<p>April 2020</p>	<p>David Fearnley, Executive Medical Director</p>
<p><b>Programme management arrangements supporting service change and transformation</b></p> <p>R3 To support effective delivery of clinical strategy, introduce clear programme management structure, change programmes and programme management methodology. This should incorporate both required central and corporate structure as well as resources to enhance division-level change management capacity.</p>	<p>The Health Board has agreed to establish a central improvement and portfolio management service. The aim of this service is to support the development and delivery of both an improvement system and methodology together with a portfolio management infrastructure.</p> <p>This recognises the need for both horizontal and vertical (strategic/tactical/operational) delivery of improvement across a complex system.</p>	<p>April 2020</p>	<p>Sue Green, Executive Director of Workforce &amp; Organisational Development</p>

Recommendation	Management response	Completion date	Responsible officer
<p><b>Executive team structure</b></p> <p>R4 The Health Board should review the form and function of the executive team to:</p> <ul style="list-style-type: none"> <li>• ensure that there is clear responsibility for acute care services at an Executive level;</li> <li>• ensure that programme leadership for service transformation has clear executive director level responsibility or responsibilities; and</li> <li>• increase focus on strategy, organisational design and the capacity and capability within the organisation to deliver the necessary change.</li> </ul>	<p>Following discussion at the appropriate Board committee, agreement has been reached on a new structure to ensure there is clear responsibility for acute care services at an Executive level.</p> <p>Programme leadership for service transformation sits with the Executive Director of Workforce and Organisational Development.</p> <p>Increasing our focus on strategy, organisational design and the capacity and capability for change within the organisation will be addressed through our planning process for 2020-2023, culminating in a plan being agreed by the Board prior to April, though achieving the changes in organisational culture and approach will need to be an ongoing programme.</p>	April 2020	Gary Doherty, Chief Executive
<p><b>Reliance on temporary management staffing</b></p> <p>R5 As part of the Health Board's wider approach to workforce planning, aim to reduce reliance on external interim management by building the required senior manager capacity and capability within the organisation, especially in relation to service transformation and change.</p>	<p>A management review is underway under the workforce optimisation structure. One of the key objectives of this review is to determine the management capacity and capability required to move the organisation forward making best use of the system architecture.</p> <p>This is also intrinsically linked with our improvement structure/system and infrastructure as referenced above.</p>	April 2020	Sue Green, Executive Director of Workforce & Organisational Development
<p><b>Acute services structure</b></p> <p>R6 Finalise and agree the management structure for acute services.</p>	<p>Following discussion at the appropriate Board Committee, agreement has been reached on a new structure.</p>	April 2020	Gary Doherty, Chief Executive.

Recommendation	Management response	Completion date	Responsible officer
<p><b>Audit recommendation tracking and sign-off</b></p> <p>R7 Ensure that senior management processes for reviewing and sign-off are strengthened so that the audit committee is assured that progress is accurately reported and that actions in response to recommendations are delivered in a timely and effective manner.</p>	<p>The management of the Audit Tracker Tool and associated processes has recently been strengthened through the trialling of an alternative approach to reviewing tracker recommendations. This approach includes a reformatted tracker report focusing on high risk recommendations exceeding their original implementation date, Internal Audit sampling of closed recommendations to provide added assurance on actions taken, and greater accountability for overdue actions through requiring additional managers to present at Audit Committee meetings.</p> <p>A recent concerted effort to sharpen the focus on priorities has seen a significant number of audit tracker actions closed. This has made the Tracker Tool more manageable and will enable resources to be targeted at enhancing the quality of status updates to ensure they fully address the recommendation, and also at the achievement of realistic implementation dates.</p>	<p>February 2020</p>	<p>Liz Jones, Acting Board Secretary</p>



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