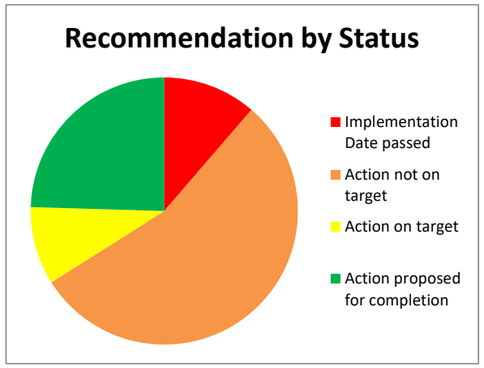
Appendix 1

Cwm Taf Morgannwg

External Audit Recommendations / Action Log - [Month] 2019



Recommendations by Priority & Status					
Priority	TOTAL	Implementation Date passed	Action not on target	Action on target	Actions Completed
High	7	0	6	1	0
Medium/Low	46	6	23	4	13

Progress	
Total Recommendations	
No Change	
Declining	

Recommendations by Executive Lead & Status					
Executive Lead	Total	Implementation Date passed	Action not on target	Action on target	Actions Completed
Director of Finance	4	0	0	4	0
Director of Nursing	1	0	1	0	0
Director of Operations	35	6	16	0	13
Director of Planning & Performance	4	0	4	0	0
Director of Primary, Community & MH	3	0	3	0	0
Director of Public Health	6	0	5	1	0

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Comparative Picture of Orthopaedic Services (January 2017)															
CPOS 01	Apr-15		Outpatient services: • The ratio of follow-up to new appointments in the Health Board is the second highest in Wales at 2.3 and above the Welsh Government target of 1.9. • DNA rates are above the Welsh Government targets at 8.7 per cent of new appointments and 13 per cent of follow-up appointments. The follow-up DNA rate is the highest in Wales. • The patient cancellation rates are 5.7 per cent and 10.7 per cent for new and follow-up appointments respectively.	High	Follow up pathways are being reviewed as part of the Orthopaedic Planned care programme. Implementation of text and remind service is expected to improve DNA rates. This will be monitored and further action taken if Text & Remind does not generate the improvement anticipated A detailed capacity and demand exercise has been undertaken to confirm baseline numbers of clinics and consistent templates. A revised process is in place to monitor cancellation of clinics outside of 6 weeks	Director of Operations		Jun-15	Sep-16	Feb-21		In Progress		November 2020 Update - Significant work has been undertaken in these areas since 2015 with successes a number of areas especially the text and remind services. Given the UHB's need to respond to covid 19, the level of management focus has not been optimal with the last Outpatient Programme Board held in July 2020. Since then, a Programme Manager has been appointed, who is going to be re-establishing the Planned Care Board which will encompass Outpatients and these issues shortly. Urgent matters are managed through the ILG structures with Senior Managers accountable at Clinical Service Group Meetings on each site. Update will be provided in February 2021.	March 2016 Update - work to date has focussed on new patient pathway. Validation of follow ups is underway, with implementation of the planned care programme arthroplasty pathway planned in the next 6 months. June 2016 update - validation of follow-ups continue with the number of patients waiting past target date reduced by 1000. Clinical agreement needed to implement the recommended arthroplasty follow-up pathway this is in progress. Sept 2016 Update - validation of follow-up patients waiting over target date continues, supported by additional clinics. Arthroplasty follow-up pathway agreed and in place. Jan 2017 - There is a need to evaluate the effect of the Text & Remind Service on DNA rates. Further action is also being taken to address Follow Ups Not Booked, including validation of long waiters. March 2017 - Further action is also being taken to address Follow Ups Not Booked, including validation of long waiters. Further validation of patients on the FUNB list is being undertaken, consultants are asked to look at clinic letters. August 2017 - Consultants are carrying out virtual clinics in a bid to determine the patients who do actually require a follow up. Steady progress is being made. November 2017 update - Clinical & Non Clinical Validation continues and there is a stronger alignment with the national planned care programme board. Jan 2018 update - Text reminders are having an impact on DNA rates. Partial booking will be rolled out to all FUP appointments in 2018/19. March 2018 update - still in progress
CPOS 05	Apr-15		Day case rates: • The percentage of the recommended orthopaedic procedures undertaken as a day case is below the Welsh Government target for both Prince Charles and Royal Glamorgan hospitals at 65 and 70 per cent respectively.	High	There is no day surgery unit at RGH, but plans are in place to address this in the next 2 years. In PCH there is a capacity shortfall for day surgery theatre space. A review of theatre space across both sites for orthopaedics is needed alongside sub-specialty level capacity planning. This work will be taken forward as part of the Orthopaedic Planned Care programme. In addition, the Directorate plan to centralise urology flexi-cystoscopy procedures at RGH, which would provide additional day theatre space for orthopaedics at PCH	Director of Operations		N/A	Feb-21			In Progress		November 2020 Update - Updates indicate that the improvements have been made in this area (with the WG target rate achieved in January 2018), however the requirement to respond to covid 19 has reduced management focus. A Planned Care Board has been established in the very recent past and theatre efficiency will be an area of work. Urgent matters are managed through the ILG structures with Senior Managers accountable at Clinical Service Group Meetings on each site, then progressing to monthly ILG Meetings with the Director of Operations. An update will be provided in February	March 2016 Update - Increase in day theatre/day ward capacity at RGH remains dependent on transfer of other services. Plans to centralise urology flexi-cystoscopy have progressed and this is expected to release further day surgery capacity at PCH by the end of the summer 2016. June 2016 Update - The transfer of flexi-cystoscopy sessions to the GUM unit at RGH is planned for October/November 2016 and this will release day theatre space in PCH. Sept 2016 - No further update. Jan 2017 update - fo further progress made. Dependent on wider service changes e.g. ground and first floor scheme PCH. March 2017 - No further progress made. August 2017, ongoing phased plans to move Flexi cystoscopies from PCH to RGH, this includes equipment, staffing and a review of options to utilise this capacity overal are being developed. Currently delays in fully commisioning the Treatment Centre and to plans to convert PCH flexi lists to general anaesthetic lists. Centre opened 10 July 2017. Day case rates are being monitored and will be discussed at CBMs and this will inlcude options to increase the day case rate within current capacity. November 2017 Update - Work being undertaken with Orthopaedic Consultants to improve day of surgery admission. Pilot currently underway. Work across sceduled care to identify cases that are in an inpatient setting that are more appropratley placed in a day case environment. January 2018 - Orthopaedic day case rates have risen above the Welsh Goverment target . March 2018 update - still in progress

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CPOS 07	Apr-15		Operating theatres: • Orthopaedic theatre utilisation ranges between 80 and 93 per cent across the Health Board. This remains below the Welsh Government target of 95 per cent. • The rates of cancelled operations and cancelled theatre sessions are both high, with 34.7 per cent of lists cancelled at Prince Charles Hospital.	High	At PCH site the planned first floor redevelopment will enable a change in how the specialty manages its capacity with laminar flow and treatment room options. This is linked to lack of theatre capacity highlighted above and trauma/elective split ie. Patients are cancelled but replaced by trauma. The Directorate plan to provide additional day theatre space for orthopaedics at PCH by centralising Urology flexi-cystoscopies at RGH will help support improvements	Director of Operations		Mar-16	Feb-21			In Progress		November 2020 Update - Updates indicate that the improvements have been made in this area with CDs monitoring start and finish times, especially within Ophthalmology. In addition, work is now underway on the changes to the fabric of PCH with the Ground and First Floor project. However, progress has not been optimal – partly as an outcome of the UHB's response to covid 19 – and it is anticipated that this will be resolved via the establishment of a Planned Care Board. Detailed timings are not available on the work programme for the Board, however an update will be provided in February 2021. Urgent matters are managed through the ILG structures with Senior Managers accountable at Clinical Service Group Meetings on each site, then progressing to monthly ILG Meetings with the Director of Operations.	March 2016 Update - As above. June 2016 - No further update. Sept 2016 - No further update. Jan 2017 update - no further progress made. Progress is dependent on wider service changes e.g. ground and first floor scheme PCH, which provides an opportunity to address theatre list allocation, particularly at PCH for elective, day cases and trauma. March 2017 Update - No further progress made. November 2017 Update - Theatre utilisation is being discusssed at ACT and Surgery Recovery meetings. Improved utilisation around productivity is already being initiated in opthalmology. Late satrts and early finishes are monitored through the new qliqsense app enabling CD's to interrogate the data by speciality and inform actions. January 2018 - Work is now underway on improving theatre utilisation rates as part of a programme of work led by Deb Lewis, Assistant Director. This work will be reported to the productivity, Efficiency and Value Board. March 2018 Update - Still in progress
Follow Up Outpatients Not Booked (January 2017)															
R1 Follow Up	Oct-17		Ensure that there is sufficient information on the clinical risks of delayed follow-up outpatient appointments reported to relevant sub-committees so that the Board can take assurance from monitoring and scrutiny arrangements.	Medium/ Low	The original review in 2015 identified that the Health Board needed to broaden the information reported to the Board and is sub committees so that it was aware not only of the volume of delays but also the clinical nature of delays in outpatient follow-up appointments. Since our review the level of scrutiny and focus by the Health Board has increased. There is a clear drive to improve the follow-up position and detailed information is presented in terms of the current performance to Finance, performance and Workforce committee. Quality, Safety and Risk committee has also been scrutinising the performance of the Health Board. However, although the Health Board is targeting its focus on the highest volume areas of follow-up backlog it has not yet produced a risk assessment for follow-up outpatients to determine the clinical conditions where delayed appointments may result in harm. A recent paper to the Quality, Safety and Risk Committee did aim to provide assurance in relation to the clinical risks for patients on the follow-up list, however it did not meet the needs of the committee, and independent members have asked the team to revisit the paper and resubmit it. This is planned for September 2017. The Health Board utilises its Datix system to identify any patients that have come to harm as a consequence of delayed follow up appointments, and these mechanisms are utilised as required. However, despite the lack of a formal assessment of clinical risk, it is clear that within the specialties there is a focus on the clinical areas which can cause the most clinical harm, The Ophthalmology department, for instance, is clear on the conditions which have the most potential for harm and is taking steps to minimise the risk to patients. Where harm has been identified it is capturing this	Director of Operations			Feb-21			In Progress		January 2021. Implication of covid have meant that this has not been able to receive the appropriate management focus - this will be remedied in the next month.	January 2018 Update - A senior manager from the COO team is providing focused senior support to improve the position with an initial focus on gastroenterology. Work is underway to support the clinical team to fully understand the backlog position and to review the patients waiting the longest through clinical nurse specialist reviews and virtual clinics initially. Discussion is also ongoing to refine the risk stratification plan in order to provide additional assurance in respect of the management of any known clinical risks. July 2019 update - FUNB work continues with a strong drive and focus from COO and Deputy COO and Board level support for an ongoing resource plan of c. £1m. Full reports have been provided to FWP and QSR committees in the last meeting cycles confirming that the UHB is on trajectory for its intended end of year position of 10k patients on the list (currently about 13k patients on the FUNB list dropping from c.19k patients following Ophthalmology cases outsourcing). Given this performance the Welsh Government has responded to our recent updates and welcomed a bid for performance funding to see if our delivery of a balanced position (due end of 20/21) could be accelerated. In terms of quality, we continue to report every case of harm generated by delays for clinical treatment through the regular FUNB report to QSR committee. Currently, the UHB has the most advanced FUNB position in Wales.

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R2	Jan-16		Ensure compliance with revised administrative and booking processes across the organisation to avoid unnecessary retrospective validation of patient records.	Medium/ Low	Regular compliance reports will be monitored at the RTTmeetings and Scheduled Care Board, attended by all the appropriate directorate managers. Immediate corrective action will be put in place when necessary to avoid retrospective validation.	Director of Operations		Apr-16	Feb-21			In progress		January 2021. Implication of covid have meant that this has not been able to receive the appropriate management focus - this will be remedied in the next month.	Sept 2016 Update - Regular compliance reports are being monitored at the RTT meetings and Sceduled Care Board. Jan 17 - The complaince reports have highlighted that adherence to the agreed administrative and booking processes is still not being followed in some areas. Details of the staff who are non compliant is available to the directorate managers in order to implement corrective actions. March 2018 Update - Work continues to improve in this area. As part of the outpatient improvement theme new software has been introduced for clinicians to enable them to record the outcomes of their consultations in real time. Although only rolled out to a small selection of specialities the system has potential to improve recording of patient outcomes which will support the quality of patient data in respect of follow-ups. Performance data is also captured though the Qlik Sense system. This data analytics tool enables directorates and clinicians to interrogate a vast array of data to support day to day management and continuous improvement. September 2018 - The COO presented a proposal to the Executive Board in July outlining the additional resourcing required to address the back log taking a risk based approach and outlining the project plan in place to strengthen and develop performance. For the first phase £200k was agreed and the first stage for ophthalmology has been instigated. Going forward full updates will be included within the Integrated Performance Dashboard. December 2018 update - Much work has been undertaken to cleanse all areas of the waiting lists to ensure no patients are lost to follow up. This has had a negative impact on the FUNB numbers as patients are transferred onto the FUNB lists from other areas of the waiting list. The ICT and medical records team are undertaking training for all staff who fail to outcome appointments appropriately and further work will be undertaken with the outpatient staff. This is an area that will require continous monitoring and action over the forthcoming months. March 2019 In general, positive progress has been made with ensuring revised booking processes are consistently applied across the health board
R2 Follow Up	Oct-17		Ensure compliance with revised administrative and booking processes across the organisation to avoid unnecessary retrospective validation of patient records.	Medium/ Low	The original review reported that the Health Board was undertaking unnecessary retrospective validation activities and this was an additional pressure on capacity which could be avoided. Unfortunately retrospective validation is still being undertaken by the Health Board. The latest figures reported in April 2017 show that the current volumes of patients without a target date was 1,129, however this is a significant improvement from the same time last year where the volume was 3,509. It remains an area of focus for the Health Board. Work continues to improve in this area. As part of the outpatient improvement theme new software has been introduced for clinicians to enable them to record the outcomes of their consultations in real time. Although only rolled out to a small selection of specialities the system has potential to improve recording of patient outcomes which will support the quality of patient data in respect of follow-ups. Performance data is also captured though the Qlik Sense system. This data analytics tool enables directorates and clinicians to interrogate a vast array of data to support day to day management and continuous improvement.	Director of Operations			Feb-21			In Progress		January 2021. Implication of covid have meant that this has not been able to receive the appropriate management focus - this will be remedied in the next month.	

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R4	Jan-16		Develop operational arrangements to deal with the backlog in delayed follow-up appointments, in particular, those specialities or clinical conditions where there is likely to be harm to patients who are delayed.	Medium/ Low	Where specialities are identified to have a backlog through the previously described monitoring mechanism, resources will be identified with the directorates to address these. Resources will be directed initially at those specialites where the risk of harm is greatest	Director of Operations		Mar-16	Feb-21			In progress		January 2021. Implication of covid have meant that this has not been able to receive the appropriate management focus - this will be remedied in the next month.	Sept 2016 Update - Follow up backlogs have been incorporated in their 2016/17 demand and capacity plans for each of the specialties. Directorates have developed plans to provide the additional capacity with changes to clinic templates, additional sessions and the creation of virtual clinics. Improvement trajectories have been developed and these will be monitored through the mechanisms described above. Jan -17 Update - Following a report to the Finance Performance and Workforce Committee on progress, the Committee have requested that directorates focus on the top 10 specialties i.e. those with the largest number of patients past their target date where ongoing delay has an increased potential to result in harm. The specialies are Ophthalmology, ENT, General Medicine, Orthopaedics, Gastroenterology, Gynaecology, Urology, Rheumatology, CAMHS and Respiratory Medicine. An update to the Finace, Performance & Workfroce Committee in May 2017 demonstrating improvement has been requested. March 2017 Update - No further progress made. June 2018 update - A plan is being developed to address the existing backlog on a specialty basis. The programme of work will take 2-3 years and will need to be resourced appropriately. Once the backlog has been reviewed and addressed and sustainable processes and monitoring arrangements are established, the position should be managed within existing demand and capacity plans. September 2018 - The COO presented a proposal to the Executive Board in July outlining the additional resourcing required to address the back log taking a risk based approach and outlining the project plan in place to strengthen and develop performance. For the first phase £200k was agreed and the first stage for ophthalmology has been instigated. Going forward full updates will be included within the Integrated Performance Dashboard. December 2018 update - Plans are developing in all specialities with some areas making more progress than others. In the main the areas with smaller numbers of FUNB are making greater progress. Ophthalmology
R4 Follow Up	Oct-17		Develop operational arrangements to deal with the backlog in delayed follow-up appointments, in particular, those specialities or clinical conditions where there is likely to be harm to patients who are delayed.	Medium/ Low	Our review in 2015 concluded that although the Health Board has plans to develop services within the community, current operational arrangements were having a limited impact on reducing delayed follow-ups and service modernisation would be challenging. Within specialities and directorates there are a range of activities in place to maximise the capacity of the Health Board. We were signposted to new ways of working, for example within Respiratory where a specialist nurse is triaging referrals to identify where patients could be seen by a nurse instead of a consultant, therefore freeing up capacity. Within the Ophthalmology department, community optometrists are being used to provide follow-ups and additional capacity. The range of activities is promising, and shows the commitment of staff within the services to maximise their efficiency. The success of these initiatives is monitored through the regular performance monitoring arrangements in place, and feeds into the demand and capacity plans owned by the services. However, despite these examples of good arrangements there has been less attention given to transformational change to outpatient models. This is recognised within the Health Board, and there is recognition that new ways of working need to be explored and a focus on whole systems change, looking at referral management through to patient discharge	Director of Operations		Mar-16	Feb-21			In Progress		January 2021. Implication of covid have meant that this has not been able to receive the appropriate management focus - this will be remedied in the next month.	January 2018 update - A senior manager from the COO team is providing focused senior support to improve the position with an initial focus on gastroenterology. Work in underway to support the clinical team to fully understand the backlog position and to review the patients waiting the longest through clinical nurse specialist reviews and virtual clinics initially. Discussion is also ongoing to refine the risk stratification plan in order to provide additional assurance in respect of the management of any known clinical risks. April 2018 Update - A senior manager from the COO team is providing focused senior support to improve the position within a number of key specialties with an initial focus on gastroenterology. Work is underway to support the clinical team to fully understand the backlog position and to review the patients waiting the longest through clinical nurse specialist reviews and virtual clinics initially. Discussions to date have been held with the clinical leads for gastroenterology, cardiology, orthopaedics, ENT surgery and ophthalmology. 70+ patients have been reviewed in gastroenterology and plans are in place for monthly virtual review clinics. Some clinical risk has been identified and whilst the majority of the patients have been discharged a number will require follow up appointments. An extra outpatient clinic is planned for May to pick up a further cohort of the gastroenterology patients. Discussion is also ongoing to refine the risk stratification plan for each speciality in order to provide additional assurance in respect of the management of any known clinical risks. It is clear that a dedicated resource is needed in order to progress the work with each of the specialities and attempts are being made to secure an additional administrative resource.
Discharge Planning (March 2018)															
DP 03	Jan-18		Patient leaflet: Adapt the community hospital patient leaflet so it is relevant for patients staying in acute hospitals, setting out ☐ information about the discharge process, ☐ how the patient and family will be kept informed of the discharge process; ☐ arrangements that the patient may need to make (such as arrange transport); ☐ information about follow-up care; and ☐ the complaints process.	Medium/ Low	A patient information leaflet is already in place and used on the community hospital sites. The UHB will now consider the development of an acute hospital information leaflet.	Director of Operations		Sep-18	Feb-21			In Progress			January 2021. Implication of covid have meant that this has not been able to receive the appropriate management focus - this will be remedied in the next month.
Primary Care Services (February 2019)															

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PC 01	Jan-19		The Health Board commissioned the Primary Care Foundation to carry out demand and capacity assessments in GP practices but the take-up from practices has been variable. To maximise value from the commissioned work, the Health Board should centrally analyse and collate the messages from the demand and capacity assessments and share the learning across all practices.	High	Currently this is being undertaken and the outcomes will be shared at Cluster meetings, the Primary Care Strategic Planning Group and reported through to the Primary Care Committee. Numerous practices have implemented changes and this will be captured and shared as a key element of this work.	Director of Primary, Community & Mental Health Services		Dec-18	Mar-20	Mar-21		In Progress			March 2019 update - Delay as a National set of Access Standards have been released and the work needs to be considered in conjunction with this. Bridgend boundary transfer has also an impact and there the work is deferred to end of March 2020. July 2020 Update - Demand and Capacity Took is being commissioned on a national basis as part of the changes to the GMS Contract and introduction of Access Standards. The achievement of this action is now dependent on this as it will be up to date and contemporaneous. Nov 2020: The demand and capacity assessments undertaken by the Primary Care Foundation are now immaterial as demand and the way in which this is managed has signifiantly as a result of Covid-19 pandemic. Many consultations and appointments are undertaken by remote means, e.g. telephone, emails and video as well as face to face. In addition to this access standards have also changed again as a result of National contract negotiations. The national demand and capacity tool will take account of all these changes. The National demand and capacity tool is still being discussed and possibly sourced by Welsh Government and this is awaited.
PC 02	Jan-19		Calculate a baseline position for its current investment and resource use in primary and community care.	High	This work has commenced and will be a crucial element in determining the baseline position for the primary and community element of the Cwm Taf Partnership Transformation Plan.	Director of Primary, Community & Mental Health Services		Mar-19	Mar-20	Mar-21		In Progress			March 2019 update - Bridgend practices now have to be considered as part of the workplan. Deferred for March 2020. July 2020 Update - Deferred for March 2021 as a result of Covid-19 pandemic. Oct 2020 This is being further complicated by the announcement by WG that the transformation funding will be drastically reduced for the period of extension, just a quarter of the funding is being offered. Discussions with WG still taking place
PC 04	Jan-19		The Health Board's workforce planning is inhibited by having limited data about the number and skills of staff working in primary care, particularly community dentistry, optometry and pharmacy. The Health Board should develop and implement an action plan for ensuring it has regular, comprehensive, standardised information on the number and skills of staff, from all professions working in all primary care settings.	Medium/ Low	The Health Board through the Oral Health and Eye Care planning arrangements will commence during 2019/20 more detailed work on the workforce issues in Dentistry and Optometry practices. In particular skill mix approaches and professional shortages. The CDS service will have been repatriated and a full workforce analysis and modernisation approach will be undertaken The Cwm Taf Transformation plan places great store on MDT working of which the role of pharmacy and pharmacists is crucial. Workforce planning in this area is key and will be worked through the Transformation Plan	Director of Primary, Community & Mental Health Services		Mar-20	Mar-21			In Progress			Update July 2020 - Delayed as a result of Covid-19 pandemic
Structured Assessment 2018															
SA18 06	Apr-19		The Audit committee tracker should be expanded to include the recommendations of other external agencies e.g. Healthcare Inspectorate Wales and the Delivery Unit.	Medium/ Low	R6 A new tracker (based on the Audit Tracker) will be developed for recommendations of external agencies and regulators. The audit tracker is already of a considerable size and concerns were raised that adding recommendations could be lost. This new Tracker will report to the Quality Safety and Risk Committee.	Director of Nursing		Jun-19	Oct-20	Feb-21		In progress			July 2020 Update - New tracker currently being populated with recommendations from Healthcare Inspectorate Wales and Delivery Unit reports. Complete database will be complete by September for reporting in October 2020. November 2020 Update - In progress - Tracker has now started to be populated with HIW and DU recommendations
Clinical Coding Follow Up Review															

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CCFU 01	Oct-19		Raising the importance of good quality medical records throughout the Health Board;	High	In 2014, we found that the quality of medical records across the Health Board was not of a good standard, with key information required for accurate clinical coding often missing or inappropriately filed. Our work has found that there continues to be issues with the quality of medical records within the Heath Board. In 2018, NWIS produced a report into clinical coding documentation. This review was undertaken as part of ongoing service improvement work to improve the quality of clinical coding data. The primary aim of this review was to assess the quality of the clinical documentation held within case notes. Overall administrative documentation was of good quality, but there were issues with loose paperwork and records being filed out of order. There were also issues with deceased notes and unplanned admissions. The quality of information for coders in the notes was poor. Only half of the clinical entries contained a diagnosis and of these, a third would be unable to be used for coding purposes. This report highlights that there are issues that need to be addressed by the Health Board. In our 2014 report, we noted the re-establishment of the Health Records Committee. The aim of this was to give the necessary focus to the quality of medical records to enable coders to code accurately. However, this Committee was disbanded in August 2017 and we are unaware of any new arrangements in place to monitor and ensure the quality of medical records.	Director of Planning & Performance		Not specified by the Health Board	Oct-20	Apr-21		In progress		November 2020 Update - The completeness of the documentation is the responsibility of multiple staff groups across the hospital sites. Both the content and quality of the record will be improved through the plans to commence digitisation, which have been delayed due to COVID-19 until 20/21. This process will reduce the risk of documents being lost from within the record as they will be scanned and held digitally. However it will not improve the quality of the casenote itself without additional steps being taken prior to digitisation. E-forms will also be introduced to capture information electronically, live at the point of care. These forms will be structured and will require the clinical user to provide answers to mandatory questions and use standard terminology through the use of drop-down menus. This should aid completeness and accuracy, as well as legibility of information	Update January 2020 The completeness of the documentation is the responsibility of multiple staff groups across the hospital sites. Both the content and quality of the record will be improved through the plans now being implemented to commence digitisation in November 2019. This process will reduce the risk of documents being lost from within the record as they will be scanned and held digitally. E-forms will also be introduced to capture information electronically, live at the point of care. These forms will be structured and will require the clinical user to provide answers to mandatory questions and use standard terminology through the use of drop-down menus. This should aid completeness and accuracy, as well as legibility of information captured. Digitisation of the critical mass of active patients is expected to take 2 years to complete, but improvements will begin for individual patients from the point of go-live. Rollout of e-form development is planned to commence in April 2020 and this will involve a development programme gradually converting existing paper forms to e-forms. Work will be done to identify those which are highest priority for development, but this is likely to target the highest volume and least complex forms in the first stages. These measures will assist in regards to the completeness of the record and the timely availability of information. Greater focus is needed on every aspect of medical records management, which is clinically led and an organisation wide.
CCFU 03	Oct-19		Developing a programme of routine audits of medical records to provide assurance that the quality of medical records is improving;	Medium/ Low	The quality of the patient record has a direct impact on the coders ability to undertake their role. As highlighted previously, work by NWIS into the quality of documentation highlighted concerns with loose paperwork, and the filing of deceased patient records. As part of the annual clinical audit and effectiveness plan, there is currently a Health Board wide audit of the quality of case notes. This audit is looking at documentation in case notes and is aligned to the health records committee, however this committee has been disbanded so we are unsure where the results of this audit are reviewed. The current audit plan shows that this audit was also undertaken last year but there is no record of the report. The results of the current audit are due for publication in March 2019.	Director of Planning & Performance		Not specified by the Health Board	Oct-20	Nov-21		In progress			Update January 2020 The content and the quality of the Health record is the responsibility of all clinical users adding information to the record and this is monitored and reported by the Clinical Audit team. This is emphasised within staff induction programmes where the importance of accurate Health Records and the impact on Clinical Coding is noted. The Management Board have approved additional resource to recruit a Clinical Coding Auditor/Trainer and our stated intent within our IMTP is to take this action forward utilising this much needed resource. November 2020 Update - this audit work was previously undertaken by the Clinical Audit Department. They may be able to provide an update for this purpose. It was reported at the Health Records Committee but may be reported elsewhere as well. The Committee was not responsible for acting on this report. January 2021 Update The UHB Clinical Audit Team (CAT) currently undertake an annual audit of the quality of case notes which looks at the documentation in case notes and is aligned to the Health Records Committee (HRC) which no longer exists. The Performance and Clinical Information function will shortly begin conversations around areas of overlap between the HRC and PCISG. The outcome of which will inform which group will provide oversight and assurance responsibilities in relation to the results of CAT medical records quality audit. The newly appointed clinical coding trainer has previous experience with auditing and will be undertaking internal coding audits as a part of her responsibilities. The results of these internal coding audits will be made available to the leadership of the Performance and Information (P&I) Directorate and the relevant oversight and assurance groups.

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CCFU 13	Oct-19		Encouraging clinical coding staff to engage clinicians in the validation process and to visit clinical areas.	Medium/ Low	An identified model of good practice is to engage clinicians in the validation process. However, staff are reporting issues with accessing clinicians because it is time consuming and they often do not get a reply. The coding team however have established a single point of contact in ENT for coding queries, but this appears to be the only arrangement that is in place. Where engagement occurs elsewhere, this appears to be reactive to concerns about the quality of coding. For example, cardiology approached the coding team when they were receiving data which did not match what they were expecting. This discussion has however provided an opportunity to raise the importance of good quality case notes to support the coding process.	Director of Planning & Performance		Not specified by the Health Board	Oct-20	Sep-21		In progress		January 2021 Update Training and engagement with Clinicians will be a bigger part of the coding education and engagement programme for 2021/2022. With the provision of quality information we will be working towards reinstating feedback sessions where clinicians have the opportunity to sign off their clinically coded information. We also plan to reinstate presentations at the Junior Doctor induction, engaging with and informing the doctors at the beginning of their career. It is anticipated that the group responsible for health records/clinical information oversight and assurance will comprise of clinical representatives who will facilitate improved engagement between the clinical coding function and clinicians. Updating the CTM coding app will be part of our improvement	Update January 2020 We are optimistic with the role out of i Compare CHKS, that this will further raise awareness to Clinical Staff of the importance of Clinical Coding. We also raise awareness of Clinical Coding through the Junior Doctors Induction programme. At present, we are also engaging with Clinical Staff via the National Audit Programmes for Heart Failure Dementia and Stroke, where during this process clinically coded data is validated by Clinicians and Senior Coding Officers. November 2020 Update - We continue to have a high volume of trainee Clinical Coders, with our qualified Clinical Coders and supervisors supporting them in the workplace. The availability of training sessions has also reduced, meaning a greater level of support is required locally. This makes visiting clinical areas regularly is a challenge. We do however encourage such engagement, since it is beneficial to both parties and there are enthusiastic clinical staff who are keen to understand the differences between clinical terminology which they use daily and clinical coding classifications, which they are less familiar with and come across less frequently. We will look to increase this interaction as we take forward our plans for improving the service. We remain optimistic with the role out of CHKS iCompare, that this will further raise awareness to Clinical Staff of the importance of Clinical Coding. We also raise awareness of Clinical Coding through the Junior Doctors Induction programme. We continue to engage with clinical staff via the National Audit Programmes.
CCFU 14	Oct-19		Providing short briefing material which clearly sets out the implications of poor clinical coding (reflecting timeliness, completeness and accuracy) on key performance indicators;	Medium/ Low	The Health Board has maintained its surveillance of its coding performance, and both completeness and accuracy feature as part of the Health Board's key performance indicators which are reported to Board. The detail and benchmarking information in these have improved since our last review. The information highlights the backlog and the actions being taken. However, the report does not explicitly highlight the impact the backlog has on the quality of data. The results from our board member survey identified that 87% of those responding said they would find it helpful to have more information on clinical coding and the extent to which it affects the quality of key performance information. Since our previous work, the Health Board has had considerable churn of Independent Members who may benefit from training on clinical coding	Director of Planning & Performance		Not specified by the Health Board	Oct-20	Apr-21		In Progress		January 2021 Update Development of briefing material which clearly sets out the implications of poor clinical coding is one of the objectives set for Q1 2021/22. Unfortunately due to the second wave of Covid -19 and the R-rate continuing to be one of the highest in Wales, we were unable to arrange for the two board members to visit the department. This invitation remains open at a more suitable and appropriate time and we further welcome any senior manager/clinician that may want to learn more about clinical coding to engage with us at any time.	Update January 2020 Clinical Coding performance continues to be reported via the Performance Dashboard Report, reflecting the coding position for the past 12 Months. Timeliness Completeness and Accuracy taken from CHKS i Compare are also key indicators that are reported each month within the organisation benchmarked against the Welsh peer group.. There is an accompanying narrative outlining the actions and any issues affecting the production of clinical coding. November 2020 Update - Clinical Coding performance continues to be reported via the Performance Dashboard Report, reflecting the coding position for the past 12 Months. Timeliness Completeness and Accuracy taken from CHKS iCompare are also key indicators that are reported each month within the organisation benchmarked against the Welsh peer group. There is an accompanying narrative outlining the actions and any issues affecting the production of clinical coding. The monthly Performance Dashboard has been transformed, with further developments planned. Using this new format, there will be further detail provided on the depth of clinical coding and its impact on key performance information. Following the January Audit Committee meeting, it was arranged for two independent members to visit the Department. However the date of the visit coincided with the onset of Covid-19 in March and so had to be postponed. Whilst the invitation remains open, it is likley that it will not be appropriate for it to be accepted no earlier than 2021/22.
Structured Assessment 2019															
SA 2019 04	Feb-20		Change management We found that the Health Board has a significant programme of work to develop and implement the Integrated Healthcare Strategy, and strategic transformation plans within directorates. The Health Board should evaluate the capacity within the Programme Management Office to ensure it is sufficient to effectively support service	High	As detailed in the CTM Organisational Improvement Plan, the on-going development, and full establishment of 'Improvement CTM' will enhance change management capacity alongside further recruitment to project management to ensure more rounded programme management capacity in the organisation. On-going recruitment of project managers and identification of staff who already have bronze/silver/gold IQT training will strengthen the capacity across the organisation and are creating a more coherent approach to align our Bevan Fellowships and Exemplars with organisational transformation objectives.	Director of Public Health		Full Est. by April 2023/ December 2020				In Progress			July 2020 Update - We are on track for that date – we've made first appointment (AMD QI) and will now, pending a conversation we're bringing to Monday Exec, made further appointments

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SA 2019 07	Feb-20		A range of benchmarking is used for planning, service improvement and efficiency work, but scope exists to extend the information used in respect of costs. The Health Board should progress its development and use of costing so that it better informs financial planning and management.	Medium/ Low	The Health Board has in recent years used costing information to benchmark performance and inform service planning through: • Use of the UK wide Patient Costing Benchmarking tool, allowing comparison of unit cost and cost driver information with a range of English providers. • Inclusion of cost information in the internal clinical variation tool. • Use of patient level costs to inform currencies for inter Health Board Funding Flows. • Development of a Commissioning activity Tool to understand internal variation from a population health perspective. • Support of specific pathway redesign projects. It has been our experience that it has been hard to develop service engagement around benchmarking of fully absorbed unit costs – more so in the Welsh environment where tariff-based payments and Service Line Reporting are not operational. In pursuit of technical efficiency therefore the approach has moved towards benchmarking the factors that underpin variation in unit cost: • Cost Drivers – indicating how efficiently well we are using our capacity • Cost Base – identifying potential savings in the delivery of that capacity – through workforce, procurement etc. The recent focus of the costing function has been to identify opportunity from cost driver efficiency particularly in respect of patient flow, theatres and outpatients – making use of CHKS and internal information sources. Moving forward the development and use of costing information will be developed in the context of the National Efficiency Framework developed by the Finance Delivery Unit which focuses onTechnical Efficiency • Population Health Efficiency	Director of Finance		Mar-21				In Progress			
Implementing the Wellbeing and Future Generations Act															
IWFG 01	Feb-20		Begin to explore the potential for long-term funding prior to completion of the pilot, so that momentum can be sustained in the event of a successful outcome.	Medium/ Low	The Health Board recognises this is a challenge. Funding has been agreed for 2020/21 from the Early Years Pathfinder grant. This is a pilot, the outcomes of which will need to be considered by the PSB and WG to determine if there is value taking this work forward in the long-term across CTM and Wales. If the pilot is successful and accepted as a more effective mechanism to target support, the longer term future role out and delivery will need to be discussed with Welsh Government, in the context of Cwm Taf Morgannwg as well as any benefit to other regions	Director of Public Health		Feb-20	Nov-20	Mar-21		In Progress			July 2020 Update - The potential for long term funding of this work post-pilot has been discussed in context of wider population health management work for which longer term funding had been secured. The principles and goals are similar and it makes sense to integrate them. The medium-long term outlook for funding of this work however looks bleak in light of the pressures COVID-19 has placed on WG and HB finances. November 2020 Update - This work has been delayed as a result of Covid-19 Pressures. January 2021 - This work has been delayed as a result of Covid-19 Pressures and constraints on funding
IWFG 02	Feb-20		Continue gathering evidence on the causes of vulnerability to inform the model over time.	Medium/ Low	This is a resource intensive commitment at a local level. It was intended to be a one off piece of work to inform the pilot. There is no capacity locally to take this forward. It will be shared with the Early Years Pathfinder programme and the F1000Ds network. If it is considered beneficial to update it nationally, periodically, it would be agreed at a future date. Public Health Wales could potentially take a lead on this as a once for Wales approach.	Director of Public Health		TBA	Nov-20	Mar-21		In Progress			July 2020 Update - Despite the challenges of COVID-19, progress has been made with this aspect. We have successfully engaged SAIL to do the analysis as they had most of the data needed. SAIL are also doing review of the evidence base to inform the weighting of the risk factors to contribute to the score for the vulnerability profiling. They will validate that with risk factors and outcomes for children in the Wales and RCT data they hold from 2000. Also we have a KESS 2 student co-sponsored by Swansea Uni and CTMUHB comparing the Flying Start method of directing resources to the most in need with the Vulnerability Profile scoring to see which one best identifies those most in need of support. Despite different ways of working, the HB and its partners have made progress on aspects of the work recognising the need to overcome barrieirs through mutual understanding. November 2020 Update - This work has been delayed as a result of Covid-19 Pressures. January 2021 Update - This work has been delayed as a result of Covid-19 Pressures.

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IWFG 03	Feb-20		The Health Board and its partners have different ways of working and need to work together to recognise those differences in order to overcome any barriers they may present.	Medium/ Low	This is well recognised. One of the key areas is to try to get consistency of approach across 3 LA areas when requesting/commissioning of services from the UHB. There have been discussions to highlight the need for consistency in the provision of Maternity and Health visiting services so that staff are not requested to provide different services in different areas. Also acknowledgement of different IT software systems in different LA's. This has led us to look at whether SAIL could be used to overcome this issue. The joint working in pilots like this presents the opportunities to recognise differences, learn together and build trust across the system. For example, different organisations have different capacities and experience in undertaking analysis. For this reason, the multi-agency group agreed that Rhondda Cynon Taf would pilot this project as they had a bigger team with experience in profiling children and young people at risk of not being in education, employment or training (NEET). It was agreed that all local authorities would be on the Steering Group so that the learning and barriers could be explored jointly.	Director of Public Health		Mar-21				In progress			July 2020 Update - This is ongoing and I am not sure there's an endpoint I can clearly describe as this is an abiding challenge of partnership working. November 2020 Update - This work has been delayed as a result of Covid-19 Pressures. January 2021 - this work is ongoing. Excellent partnership work in COVID is additional evidence of progress but this is an open ended 'objective'
IWFG 05	Feb-20		Plan a follow-on system-wide engagement event to inform people about progress to date and to pave the way for the next phase of development, ensuring that it includes people with appropriate technical and governance expertise.	Medium/ Low	This is would add value and help communication and consideration will be given to this later in the pilot. Two qualitative involvement projects are planned to inform the next phase of this pilot: • Pregnant women, parents of young children and wider public views on data sharing for this purpose. • Political leaders and senior staff of partner organisations for views on sharing data for this purpose and any concerns or barriers to implementation. This will be picked up through the Vulnerability Profiling work stream.	Director of Public Health		Jun-20	Mar-21			In Progress			July 2020 Update - This work has had to be deferred to the end of the financial year, when the COVID response is hopefully over. November 2020 Update - This work has been delayed as a result of Covid-19 Pressures.
IWFG 06	Feb-20		Included in the report but not in the management response Paragraph 10: No evidence of progress on Corporate Arrangements	Medium/ Low	This is a recognised need within the Health Board and consideration will be given to this. The findings of this audit will be reported back through the Audit Committee of the Health Board to consider the findings, opportunities to strengthen corporate assurance and oversight and respond accordingly. The Committee meets quarterly and the report will go to the next available Committee upon receipt by the Health Board. Any actions identified will be monitored through the Audit Committee. In recognition of the partnership context of this work stream, it will also be reported back to the Cwm Taf and Bridgend Public Services Boards and the Children and Young People's Sub Group of the Cwm Taf Morgannwg Regional Partnership Board. Any actions identified will be reported upon through these mechanisms also. Work is underway to explore how the corporate arrangements for WbFG within CTMUHB can be strengthened. This will include clarity around the assurance, Governance and oversight as well as incorporating the legislation into planning processes	Director of Public Health		Jun-20	Nov-20	Mar-21		In Progress			July 2020 Update - A paper will be submitted to the Exec and Management Board to consider resourcing of WFGA co-ordination. This would align with practice elsewhere. this paper, currently in draft, and which has been delayed by the COVID-19 outbreak, explores how the corporate arrangements for WbFG within CTMUHB can be strengthened. It offers clarity around the assurance, Governance and oversight of the integration of the legislation into planning processes in CTMUHB. November 2020 Update - This work has been delayed as a result of Covid-19 Pressures. January 2021 - no new update
Effectiveness of Counter Fraud Arrangements															
CFA 01	Oct-20		Implement mandatory counter-fraud training for some or all staff groups.	Low	Counter Fraud will be Included within the Health Board's induction training more distinctly than it is now. Additionally, there are a range of options from face to face delivery of training to mandatory counter fraud e-learning to apply to sections of staff at higher risk of fraud that can be explored to supplement the established programme of awareness work undertaken by the Health Board's Counter Fraud Team.	Director of Finance		Mar-21				In progress			
Audit of Accounts Report Addendum															
AA 01	Dec-20		Given that we will be reviewing the Health Board's old accruals as at 30 September, we will consider the need to raise any recommendations after that audit work. In the meantime, the Health Board should: • stop the practice of accounting on a net basis for a movement in an accrual from one year to the next year. In such circumstances, where the Health Board has judged that an accrual's assessed value has changed, it should always reverse out the previous year's accrual in full and then create a	Medium/ Low	The above recommendations have already been shared with the relevant members of the Senior Finance team for implementation within their teams.	Director of Finance		Mar-21				In Progress			

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AA 02	Dec-20		The Health Board should identify all generic references within its fixed asset register and strengthen the meaningfulness of the descriptive entries, which should include references to actual fixed assets. Where this cannot be done, the Health Board should consider reversing the fixed-asset amounts to revenue expenditure. Looking forward, on acquisition, the Health Board should ensure that all capital expenditure is recorded in detail within the fixed asset register, with important	Medium/Low	In the vast majority of cases, where multiple assets are grouped as a single item in the fixed asset register, it is because individually they do not meet the capital threshold, however, they meet the criteria to form a grouped asset and as such are recorded in this way. This often relates to IT equipment, however, is also the case when capitalising items which are part of the 'initial equipping' rule set out in the manual for accounts. The capital team will review the asset register to identify any assets that have been grouped into a single line that should have instead been recorded as separate assets and split these accordingly. In relation to the grouped assets, the names will be reviewed, however, it is considered IM&T Q4 2018-19 is an appropriate name for this type of grouped asset. In relation to tracing these items back to an asset, the capital team will, moving forward, ensure that all PO numbers relating to new grouped assets are recorded in the fixed asset	Director of Finance		Mar-21				In Progress			
Follow Up Review of Operating Theatres															
OPT FUP 01a	Dec-20		Continue with roll out of the new (WHO) surgical checklist and repeat the covert audit on both sites in 12 months.	Medium/ Low		Director of Operations		N/A				Completed	The Health Board recognises the use of the WHO checklist as good practice. Our discussions with staff and review of the Health Board's self-assessment and performance information indicated that compliance with the WHO checklist has improved significantly since our 2014 review, with compliance rates reaching 89% for the period 1st April 2018 to 31st March 2019.		
OPT FUP 01b	Dec-20		Take a decision on the importance of post-list briefings. If the Health Board deems these important, they must be promoted, in particular by the clinical directors who should lead by example.	Medium/Low		Director of Operations		N/A				Completed	The Health Board has implemented both pre-list and post-list debriefs, and staff felt that these were useful. Performance information received from Royal Glamorgan Hospital (RGH) for the period 28/10/2019 to 03/02/2020 showed improvement in the compliance rates.		
OPT FUP 01c	Dec-20		Begin reporting compliance with the five steps to safer surgery alongside efficiency /productivity metrics to ensure more holistic review of performance, quality and safety.	Medium/Low		Director of Operations						In progress			At the time our fieldwork we found there is discussion around five steps of safer surgery at departmental and theatre team leader meetings. However, better use of this information could have been made at Directorate Integrated Governance Business meeting or the Clinical Business meeting. Since our review the Health Board has implemented a new operating framework with three locality areas, each with a Clinical Service Group for surgery. This has increased capacity within the Health Board. COVID-19 has understandably affected the pace of implementation, as well as the impact on elective throughput. However, the Health Board are committed to monitoring compliance with the five steps of safer surgery to ensure a more holistic view of performance and will be embedding this in the new arrangements and as such are developing monitoring arrangements through the newly established Clinical Service Groups and Service planning group meetings. Further work is needed in this area in order to fully address this recommendation

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OPT FUP 02a	Dec-20		Monitor surgical patient experience at least every six months.	Medium/Low		Director of Operations		N/A				Completed	The Health Board has developed its arrangements for monitoring patient experience and has now rolled out a consistent Health Board approach to using real time surveys. The results of which are discussed at the three Integrated Locality Group Meetings. COVID-19 has affected the amount of survey and real time work that can be undertaken.		
OPT FUP 02b	Dec-20		Audit the process of doctor validation to assess whether patient surveys are sufficiently independent of the doctor in question.	Medium/Low		Director of Operations		N/A				Completed	Processes for doctor revalidation have changed since 2014. There is currently an All Wales agreement for 360 multi-source (patient and colleague) feedback with an external organisation. For Patient feedback, the external organisation will post surveys to the Doctor for distribution and collection is made via a third party (Ward Clerk, Nurse, Secretary etc), which ensures the patient is able to provide feedback anonymously and doctors are sufficiently independent of the process. We understand that the All Wales contract is due to end in March 2020, however an alternative system provided by Health Education and Improvement Wales (HEIW) will be phased in as the current contract ends.		
OPT FUP 03a	Dec-20		Access help and tools from Public Health Wales to enhance the trend analysis of theatre incidents and use Statistical Process Control charts.	Medium/Low		Director of Operations		N/A				Completed	Statistical Process Control tools are no longer published by Public Health Wales NHS Trust, but access is available through the NHS Improvement Website. However, since our 2014 review the Health Board has introduced a theatre incident dashboard which provides real-time information on incidents which is positive and comprehensive. The Senior Nurse for Theatres accesses the information to discuss incidents with staff.		
OPT FUP 03b	Dec-20		Analyse the reasons for the significant increase in incidents during 2012.	Medium/Low		Director of Operations						Completed	Suprseded. This recommendation no longer applies. The Health Board are undertaking work to review incidents as they happen through their Datix reporting system.		

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OPT FUP 03c	Dec-20		Set an objective of increasing incident reporting and monitor the ratio of low harm incidents to all incidents at least every six months.	Medium/Low		Director of Operations		N/A				Completed	A specific objective has not been set by the Health Board, but incidents are discussed at departmental and team leader meetings, where the Senior Nurse for theatres shares a printout of the theatre incident dashboard with staff. There is evidence to suggest learning from individual incidents at a departmental level, with some changes or improvements being made as a result. For example, development of Standard Operating Procedures (SOPs), Local Safety Standards for Invasive Procedures (LocSSIPs), and more focus on completion of the WHO checklist. Following the introduction of the new operating model in April 2020 there is further work being undertaken on reviewing incidents, and reports are being scrutinised through the new Integrated Locality Group structures.		
OPT FUP 04a	Dec-20		Review the effectiveness and safety issues associated with list planning, particularly at Royal Glamorgan. Change the process to ensure theatre staff are fully involved in the quality assurance of lists.	Medium/Low		Director of Operations		N/A				Completed	Operating theatres have introduced the 6-4-2 system at both RGH and PCH which provides a consistent process and 'forward look' for theatre session and list planning. The Health Board have appointed two Scheduling Managers who lead and co-ordinate the 6-4-2 system, assist with daily operational issues, identify and prevent any issues prior to patient surgery and work collaboratively with key operational staff. Positively the health board has introduced theatre huddles to ensure the 6-4-2 system operates effectively. The huddles take place twice a day and are attended by a multidisciplinary team. The purpose is to review the progress of the surgical lists and identify and resolve any issues that could result in case cancellations and delays. An internal evaluation of theatre huddles has indicated a reduction in cancellations and the improvements in communication have reduced outsourcing, improved patient safety and experience, theatre productivity and inter-team relationships. However, COVID-19 has affected list planning, with the reduction in elective activity and the focus on urgent and cancer care. Work has been undertaken to review every		
OPT FUP 05a	Dec-20		Enforce compliance with the six weeks leave rule for consultants. Monitor compliance at least every six months.	Medium/Low		Director of Operations		N/A				Completed	Both consultant and anaesthetists are still required to give six weeks' notice for annual leave. However, our interviews with staff found there are some instances where annual leave is requested within this time period. Authorisation is at the discretion of the department, for instance where the annual leave does not compromise services. Our analysis of Health Board cancellation data for 2019 indicates that 39 out of a total of 4624 cancelled operations across RGH and PCH were due to the surgeon being on annual leave. Our work found no evidence to suggest the Health Board regularly monitors compliance with the 6-week notice rule to understand its impact on cancellations, however cancellations due to annual leave are low at 0.84%.		
OPT FUP 06a	Dec-20		Deliver a project to improve performance management of pre-operative assessment. The Health Board needs to know more about its effectiveness and its impact on cancellations.	Medium/Low		Director of Operations						In progress			Staff were positive about the pre-operative assessment service and its impact on reducing cancellations at both RGH and PCH. There have been some site-specific projects to improve pre-operative assessment. For example, completing pre-operative assessment in day surgery at PCH. However, we found the service is not available to all specialities. For example, it has only recently been introduced for Urology. Our discussions with staff suggested there are inconsistent pre-operative assessment models at RGH and PCH and there was limited evidence to suggest there are performance management arrangements in place for this service. Further progress on this has been affected by COVID-19, and the Health Board is aware that work going forward will need to focus on improving pre-operative assessment as part of the planned care recovery programme following COVID-19.

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OPT FUP 06b	Dec-20		Analyse by speciality/surgeon, where day of surgery admission (DOSA) rates are low. Work with these specialties/surgeons to understand/overcome the barriers to increasing DOSA rates.	Medium/Low		Director of Operations						In progress			DOSA rates are monitored at PCH at RGH. There was limited evidence to indicate whether the Health Board is working with surgeons and/or specialties to secure improvements. As part of the COVID-19 recovery plans further work is planned in this area to maximise capacity as part of the planned care recovery. Scrutiny of information will be undertaken within Integrated Locality Groups
OPT FUP 06c	Dec-20		Address the patient experience issues on SEAL units revealed by the recent patient survey and the Wales Audit Office audit.	Medium/Low		Director of Operations		N/A				Completed	Superceded. The SEAL unit was permanently closed in 2019 this recommendation is no longer applicable.		
OPT FUP 07a	Dec-20		Formally nominate surgeons on each hospital site to act as champions for short stay surgery.	Medium/Low		Director of Operations						In progress			The Health Board has a nominated consultant champion at PCH for short stay surgery, however the Health Board was unable to confirm if there are similar arrangements at RGH. As the Health Board moves forward with its planned care recovery there is an opportunity to ensure there are champions at all sites to improve short stay surgery rates. However, it is noted that the Health Board are working proactively to identify where improvements could be made.
OPT FUP 07b	Dec-20		The champions should lead a project with the aim of increasing short-stay surgery rates within the next 12 months.	Medium/Low		Director of Operations						In progress			The champion for short stay surgery at PCH has completed some site -specific audit/improvement work focussing on unplanned admissions following planned day surgery, improving day case laparoscopic cholecystectomies and adequacy of day surgery post-operative analgesia. However, no evidence was provided to indicate whether short stay surgery rates are formally monitored across hospital sites and there is limited evidence to suggest that any projects have been completed across the hospital sites to increase short-stay surgery rates. Due to COVID-19 planned elective work has been affected significantly, opportunities for maximising short-stay surgery will be explored as part of COVID-19 recovery planning.

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OPT FUP 08a	Dec-20		Reintroduce optimisation charts to reinvigorate the focus on efficiency (without sacrificing quality and safety).	Medium/Low		Director of Operations						In progress			The Health Board uses the Qlik sense system to collate and monitor operating theatre performance with data available for on the day cancellations, in session utilisation, missed opportunities, non-fallow empty sessions, unused planned time and cost of unused planned time. However, there doesn't appear to be any focus on surgical productivity. Our analysis of the performance trends from July 2018 to December 2019, indicates that operating theatre performance is improving, but more work can be done to secure further improvements around on the day cancellations, in session utilisation, non-fallow empty sessions and unused planned time. Our discussions with staff suggest there is a lack of focus on operating theatre efficiency, despite having the performance information available. This view was reflected during our walkthrough of the operating theatre departments at RGH and PCH which revealed that information on late starts, overruns, cancellations and reasons for these are not recorded on theatre quality improvement boards / optimisation charts. We were told that efficiency information is not always recorded if it's not considered an issue. The impact of COVID-19 has significantly affected theatre throughput and activity. As part of recovery planning the Health Board recognise the need to ensure effective monitoring of efficiency and capacity. There are tools in place, and the new Integrated Locality Structures as well as the new general managers
OPT FUP 08b	Dec-20		One of the clinical directors should lead a project to increase awareness and use of the theatre performance dashboard. The project should seek to understand and address any barriers relating to clinicians not owning the clinician-level efficiency data.	Medium/Low		Director of Operations						In progress			Our discussions with staff indicate that clinicians may be kept informed of theatre efficiency performance verbally, but they do not access the theatre performance dashboard themselves. Following the introduction of the new operating model across the Health Board there has been an increase in senior clinical leadership within the Integrated Locality groups and also within the surgical areas through the new clinical service group managers. Further strengthening has been achieved though the appointment of the clinical directors for two of the three surgical clinical service groups. Work on this area has been affected by COVID-19 however the structures should support the achievement of this recommendation.
OPT FUP 08c	Dec-20		Share learning by clinical directors annually peer reviewing theatre data and observing performance in different specialties. Feed this into job planning, revalidation and appraisals.	Medium/Low		Director of Operations						In Progress			Our discussions with staff found that the monthly Clinical Leaders forum provides opportunities to share learning, analyse theatre data and performance of different specialties, but at the time of our fieldwork, the Clinical Director for ACT had just been appointed and as such had not attended a meeting. We were also not provided with any minutes or papers for this meeting during the audit fieldwork, therefore we were unable to verify this statement. Further progress against this recommendation has been affected by COVID-19, it is hoped that the new arrangements and operating model will support this process.

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OPT FUP 08d	Dec-20		Inform theatre staff by publicising minutes of Band 7 meetings and summarising the key issues in posters/leaflets or emails.	Medium/Low		Director of Operations						Completed	The Health Boards self-assessment indicates that theatre efficiency information is shared with staff at bi-monthly departmental and team leader meetings.		
OPT FUP 09a	Dec-20		In six months, assess whether the bed management role of senior theatre nurses is having a negative impact on their role in theatres.	Medium/Low		Director of Operations						Completed	Superceded. Due to the new operating model this recommendation is no longer needed.		
OPT FUP ABMU 01	Dec-20		Reintroduce a structured programme for theatre improvement, possibly as a workstream within the Surgical Pathway Board.	Medium/Low		Director of Operations						In Progress		Since the transfer of Princess of Wales Hospital from Abertawe Bro Morgannwg University Health Board to Cwm Taf Morgannwg University Health Board, there has been no work to reintroduce a structured programme for theatre improvement. The Health Board has recently introduced a new operating model which is expected to help support this work. COVID-19 has affected further improvements at this time. The Health Board agrees that Theatre Improvement will need to feature strongly in recovery plans post COVID-19 as Health Board seeks to improve planned care throughput following the COVID-19 impact.	

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OPT FUP ABMU 02	Dec-20		Develop an approach to performance management in theatres that ensures good quality data is widely used to drive improvement.	Medium/Low		Director of Operations						In Progress			There are differing arrangements to monitor operating theatre efficiency at Princess of Wales hospital with operating theatre departments at the Health Board's other hospital sites. Currently, Swansea Bay University Health Board provide Princess of Wales hospital with a monthly theatre utilisation report produced to share among operating theatre staff. Our review of the report found it to contain information on session utilisation and late starts / early finishes. This contrasts with the information available to operating theatre departments at RGH and PCH which is more frequent and has a focus on different performance metrics. Although there have been recent improvements in access to the Qliksense system. Princess of Wales Hospital can generate other theatre data internally to answer specific queries, but there was no evidence to suggest monitoring of other aspects of theatre performance and no plans yet to merge systems.
OPT FUP ABMU 03	Dec-20		Introduce a mechanism to ensure more regular executive oversight of theatre efficiency, productivity and safety.	Medium/Low		Director of Operations						In progress			Our interviews with staff found there are no meetings to discuss operating theatre performance. Our review of Quality and Patient Safety meetings, as well as operating theatre departmental meetings found limited evidence of discussion or any action taken to address areas of performance. Previously, the theatre user group monitored theatre performance, but this was disbanded because of poor attendance from surgeons. The Health Board's Integrated Performance Dashboard presented at committee and board level includes information on theatre efficiency, but this primarily focusses on cancellations at all three of its hospital sites and doesn't provide a complete picture of operating theatre performance. The introduction of the new Integrated Locality groups and the new quality governance framework agreed formally by the Health Board in September 2020 should lay the structure in place to improve the opportunity for theatre efficiency and productivity to become more focused. This combined with how the Health Board are moving to recovery following COVID -19 for their planned care workload will also drive conversations in this area.
OPT FUP ABMU 04	Dec-20		Review the role of Clinical Director for theatres to ensure they are empowered to troubleshoot problems wherever they arise in the pathway.	Medium/Low		Director of Operations						Completed	Following the Health Board merger in 2019 Operating Theatres became the responsibility of the Clinical Director for ACT at Cwm Taf Morgannwg University Health Board. In April 2020 this was further strengthened with new appointments to strengthen clinical leadership capacity. The new Integrated Locality Group structure has resulted on a general manager appointment to the Princess of Wales site as well as a Surgery Clinical Service Group which has increased management capacity. The Health Board has reviewed the clinical director roles and there are currently two in place. These have been in post since 2016. At the time of our review these roles were being reappointed as part of the new operating model process.		

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OPT FUP ABMU 05	Dec-20		Draw on the expertise of the Health Board's Communications team to promote to staff the benefits of using the WHO checklist and briefings.	Medium/Low		Director of Operations						In progress			There was no evidence to suggest the operating theatre department have drawn on the expertise of the communications team to promote to staff the benefits of using the WHO checklist and briefings. However, discussions with staff at Princess of Wales Hospital as part of our 2020 work found that compliance with the WHO checklist has improved and prelist briefings are regularly completed. Compliance with post list briefings could be further improved, however the team is confident that where an adverse incident has occurred a post list briefing is completed and are committed to continue to improve coverage in this area and improve learning.
OPT FUP ABMU 06	Dec-20		Carry out further work to understand and manage down the high sickness absence rate in theatres.	Medium/Low		Director of Operations						In Progress			Sickness levels remain of a concern. However, the local teams are aware and are monitoring this position routinely. COVID-19 is currently having an impact on these levels due to staff self-isolating and shielding, as well as vacancies. With the support of the local workforce business partners there is ongoing work to reduce sickness levels. We were informed that this is a mixture of short and long-term sickness which was being managed in accordance with the Health Boards Sickness Absence Policy. Ongoing focus will be needed in this area.