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Comparative Picture of Orthopaedic Services (January 2017)												
CPOS 01	Apr-15	Outpatient services: <ul style="list-style-type: none"><li>• 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.</li><li>• 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.</li><li>• The patient cancellation rates are 5.7 per cent and 10.7 per cent for new and follow-up appointments respectively.</li></ul>	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	September 2016 February 2021 August 2021 Now December 2021		In Progress	September 2021 Update. Work remains ongoing with the Planned Care Board, though the impact of the latest surge of COVID has created a detrimental impact on activity across the board. A further update will be available at the November 2021 meeting.	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. 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. March 2021. Work in this area is steady. The ILGs have completed their D&C Plans which have been incorporated into the UHB's IMTP and submitted to WG. This has been significant

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CPOS 05	Apr-15	Day case rates: <ul style="list-style-type: none"><li>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.</li></ul>	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	February 2021 April 2021 August 2021 Now March 2022		In Progress	September 2021. The increase in covid and the management focus that this has generated means that efforts have been focused elsewhere in the last two months. An update will be available at the next meeting - and a meeting to assess how best to address this query given the passage of time since its inclusion in teh audit will take place.	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 appropriatley 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 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. March 2021. See above CPOS 01 - consideration of this element of work on orthopaedics will be included in this work. In addition, the COO has recently met Orthopaedic Leads to discuss these matters and a meeting will be held to decide the way forward in late April 2021.

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CPOS 07	Apr-15	Operating theatres: <ul style="list-style-type: none"><li>• 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.</li><li>• The rates of cancelled operations and cancelled theatre sessions are both high, with 34.7 per cent of lists cancelled at Prince Charles Hospital.</li></ul>	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	February 2021 May 2021 August 2021 Now March 2022		In Progress	September 2021. The increase in covid and the management focus that this has generated means that efforts have been focused elsewhere in the last two months. An update will be available at the next meeting - and a meeting to assess how best to address this query given the passage of time since its inclusion in teh audit will take place.	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 discussed at ACT and Surgery Recovery meetings. Improved utilisation around productivity is already being initiated in ophthalmology. 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. 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 2021.The ILGs have completed their D&C Plans which have been incorporated into the UHB's IMTP and submitted to WG. This has been significant and detailed work.
Follow Up Outpatients Not Booked (January 2017)												

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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	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Where harm has been identified it is capturing this</p> <p>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.</p> <p>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 specialties 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.</p>	Director of Operations			01/02/2021 August 2021 Now December 2021		In Progress	<p>September 2021 Update. There is some improvement in terms of the awareness of the number of delays which has come as a consequence of the Resetting Work, as well as an improvement in the awareness of possible clinical issues - via Harm Reviews. However, this is not across the board as they have been started within specific areas including cancer services and Ophthalmology. Looking ahead, there is the possibility of using some funding to run admin validation on the lists to help support the position. This is currently with ILGs to explore uptake for overtime etc. The UHB is also starting the SOS &amp; PIFU project though there will be some time before any impact of that work is seen due to the time it will take to go speciality by speciality to implement the changes needs and is a longer term transformation as part of the OP strategy.</p> <p>One of the key issues with this is the clinical uptake to review FUs as additional payments arrangements have been rejected pending a decision on WG increasing to WLI rates.</p>	<p>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. 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. March 2021. Implication of covid have meant that this issue has not received the appropriate management focus, however in the last month significant work has been undertaken on Demand and Capacity planning.</p> <p>This process has identified in detail the requirements and also the gaps and ILGs have been required to be clear about where they need additional support to deliver improved waiting times for current and future patients. This will be reported on in coming months via Performance Review and other meetings. May 2021. Now</p> <p>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. March 2021. Implication of covid have meant that this issue has not received the appropriate management focus, however in the last month significant work has been undertaken on Demand and Capacity planning.</p>
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	<p>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.</p> <p>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 specialties 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.</p>	Director of Operations			February 2021 Ongoing August 2021 Now December 2021		In Progress	<p>September 2021 Update. No change from the last comment.</p>	<p>This process has identified in detail the requirements and also the gaps and ILGs have been required to be clear about where they need additional support to deliver improved waiting times for current and future patients. Special importance is being attached to "other ways" of reducing lists and validation will be a focus of this process. This will be reported on in coming months via Performance Review and other meetings. Additional validation resource has been put into place as a short term response to dealing with the impact of Covid which has resulted in many patient pathways being impacted. While this is contrary to the recommendation, it has been a necessary response to the changed circumstances. May 2021 Update - Given the passage of time since this original review, thought will be given to discussing the recommendations of this audit with Audit colleagues. In the meantime, the UHB can offer assurance by confirming that the activity outlind in previous months is continuing and the Elective Recovery Plan is gathering pace and that it is monitored via weekly Board Meetings. July 2021 - work continues via the Planned Care and Unscheduled Care Programmes in line with Resetting. More information will be available at the next meeting. This information is now discussed at ILG level and then monthly at the Performance Review Meetings with teh COO - where progress is demonstrated. Harm Reviews are also ongoing. Revised implementation date not provided</p>

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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	<p>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.</p> <p>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</p>	Director of Operations		Mar-16	February 2021 Ongoing August 2021 Now December 2021		In Progress	<b>September 2021 Update. There is no further update and this issue will be discussed at the forthcoming meeting to look at how to take this matter forward.</b>	<p>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. 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. 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. March 2021 Update - The backlog has grown significantly as a result of Covid</p> <p>Current capacity and demand modelling does not set out a trajectory for resolving the backlog dueing 2021/22. Detailed capacity and demand plans have been completed</p>
Discharge Planning (March 2018)												
DP 03	Jan-18	<p>Patient leaflet: Adapt the community hospital patient leaflet so it is relevant for patients staying in acute hospitals, setting out</p> <p><input type="checkbox"/> information about the discharge process,</p> <p><input type="checkbox"/> how the patient and family will be kept informed of the discharge process;</p> <p><input type="checkbox"/> arrangements that the patient may need to make (such as arrange transport);</p> <p><input type="checkbox"/> information about follow-up care; and</p> <p><input type="checkbox"/> the complaints process.</p>	Medium/ Low	<p>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.</p>	Director of Operations		Sep-18	February 2021 May 2021 August 2021 Now December 2021		In Progress	<b>September 2021 Update. Following the continuation of covid pressures and the organisational focus on resetting elective services, this matter has not received dedicated management time. The ILGs can provide assurance that there are a number of diverse patient information leaflets and detailed advice is sought from their Patient Safety Heads. This information will be available at the next meeting of the Committee.</b>	<p>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. March 2021 Update - An Unscheduled Care Improvement Programme has been designed and constructed to focus on all aspects of urgent care.</p> <p>This specifically includes a workstream on discharge planning and managing stranded patients</p> <p>The programme structure and governance has been reviewed and signed off by Exec and Management Board and is scheduled for review by the Q&amp;S Committee in May 2021. Mobilisation of Unscheduled Care Improvement Board in April 2021 with the detailed project development of the identified workstreams to be completed in May 2021 and beyond</p> <p>Review of programme by Q&amp;S Committee in May 2021. May 2021 Update - The Q&amp;S Committee approved the plans of the Urgent Care Improvement Programme (UCIP) in May 2021. The workstreams include consideration of Flows in Hospitals and this issue will be picked up via that route. It is like;y that there will need to be discussions with ILGs as the plans will be slightly different for each ILG</p>
Primary Care Services (February 2019)												

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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	01/03/2021 September 2021		Completed	September 2021 Update - Pharmacy Needs assessment Complete and reported to committes and full board, dental workforce review completed and recieved through PC governance and will inform IMTP. All Complete	Update July 2020 - Delayed as a result of Covid-19 pandemic. May 2021 Update Implementation date has been revised to coincide with the on boarding of the new Assistant Dental Director. July 2021 Update - Workforce review completed and due to be received by Primary Care Board August and will inform service planning thereafter. On Track to complete full action by Sept 21.
Clinical Coding Follow Up Review												
CCFU 01	Oct-19	Raising the importance of good quality medical records throughout the Health Board;	High	<p>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.</p> <p>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.</p>	Director of Operations		Not specified by the Health Board	October 2020 April 2021 Now March 2022		In progress	September 2021 Update. All of the processes previously described are still ongoing, including an aspect of training in the Junior Doctor Induction Course. Query has gone to Medical Records Manager as within ILGs at present it seems that this has not received significant management focus. Once the current wave of covid has passed then the allocation of time will be more possible.	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 mandat ory 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. 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



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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	<p>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.</p> <p>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.</p>	Director of Operations		Not specified by the Health Board	October 2020 November 2021		In progress	<p>September 2021 Update. The Clinical Audit Team will be undertaking a documentation audit of both acute and community case notes during October / November 2021 using AMaT (audit management software) to support the data capture. Clinical Audit facilitators will be taking a random sample of case notes to retrospectively conduct the audit and report publication is planned for the end of November.</p>	<p>Update January 2020</p> <p>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.</p> <p>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&amp;I) Directorate and the relevant oversight and assurance groups.</p> <p>May 2021 - No further update to report.</p> <p>July 2021. Information on this recommendation has been received and will be escalated to the ILGs for comment next quarter.</p>

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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 Public Health		Not specified by the Health Board	October 2020 September 2021 Now October 2021		In progress	September 2021 - No further update	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. July 2021 Update - As of May /June 2021 efforts to drive quality efficiency and performance improvement within Clinical Coding continue apace with the trialling 3M Medicode 360 product. The Data Quality Analytics (DQA) and Integrity Plus (IP) auditing solution tool will facilitate clinician engagement by providing the evidence needed for consistent and sustainable engagement built around quality information.  Prior to the recently completed 3M Data Quality Assurance Audit, the Clinical Coding Department undertook a quality audit of the information held in the Maternity system MITS against the hand written documentation in the medical record. Aspects of the report provided feedback on the quality of information recorded by clinical staff and plans are being put in place to address the findings.
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 transformation projects.	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 Nursing		Full Est. by April 2023/ December 2020	01/09/2021 Phase 1 - 01/09/2021 Phase 2 - April 2023		Part Completed	SEPT UPDATE - Phase 1 - The new Improvement and Innovation board approved a number of papers in Sept which were approved including organisational prioritisation framework for project resource and delivery, additional PMO resource recruited and in place / start dates confirmed and revised structure now in place. First meeting held with senior change and transformation leaders from across the organisation to create senior profession for change to identify shared issues, risks and areas of change capability build. Wider change and project community of practice being established to launch in Nov 2021. With these papers and previous updates Phase 1 can be considered completed with immediate resource and capability in place to meet organisational main priorities  Phase 2 - Additionally agreed review of wider PMO/Change capability within CTM with Exec Dir of Strategy, Finance and Nursing to move the PMO to a more capability build and professional development area as we approach 2022/2023.	July 2020 Update - We are on track for that date - we've made first appointment (AMD Q1) and will now, pending a conversation we're bringing to Monday Exec, made further appointments. March 2021-Action transferred from Director of Public Health to Executive Nurse Director March 2021-Update Director of Improvement (DOI) appointed and commences post 06 April 2021 March 2021-PMO and Innovation team have moved into the Executive Nurse Director directorate, under the leadership of the DOI and will provide more integrated capacity. March 2021 Update-further progress to be made when DOI commences in post (06.04.21). July 2021 Update - New Improvement Directorate formed under the DOI (April 2021) bringing together PMO, Improvement, Innovation and VBHC. - Review of Improvement capability and recruitment of additional QI and Business Change leads x 2 underway to support business change agenda and ensure sufficient capacity and capability in place. - PMO team structure review being undertaken to ensure correct mix of resources and capability to deliver the change agenda, additional resources being recruited both permanent and fixed term to ensure sufficient capacity to deliver work programme. Additionally reviewing skill mix and team development to ensure sufficient business change skills. - 3 x ILG QI Facility created (MDT) to champion and help deliver change and improvements for each ILG (June 2021) and Improvement training commenced. - Work commenced for cross organisational prioritisation assessment matrix to ensure correct alignment of resources to deliver organisational priorities. - Full implementation of revised structures, capability and processes now due September 21.



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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	<p>The Health Board has in recent years used costing information to benchmark performance and inform service planning through:</p> <ul style="list-style-type: none"><li>• Use of the UK wide Patient Costing Benchmarking tool, allowing comparison of unit cost and cost driver information with a range of English providers.</li><li>• Inclusion of cost information in the internal clinical variation tool.</li><li>• Use of patient level costs to inform currencies for inter Health Board Funding Flows.</li><li>• Development of a Commissioning activity Tool to understand internal variation from a population health perspective.</li><li>• Support of specific pathway redesign projects.</li></ul> <p>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:</p> <ul style="list-style-type: none"><li>• Cost Drivers – indicating how efficiently well we are using our capacity</li><li>• Cost Base – identifying potential savings in the delivery of that capacity – through workforce, procurement etc.</li></ul> <p>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 on Technical Efficiency</p> <ul style="list-style-type: none"><li>• Population Health Efficiency</li></ul>	Director of Finance		Mar-21	01/06/2021 Now 31 December 2021		In Progress	September 2021 - No further update	<p>March 2021 Update - A summary of cost benchmarking information was taken to the Management Board in March 2020, before the Covid lockdown. It was planned to develop this further during 2020/21 but this was not possible because of the focus on the Covid response. Work is now needed to use this and other information to create an opportunity analysis aligned to ILGs, and not just for the former Cwm Taf or for CTM. This work has started but will not be complete by 31 March. A revised deadline of 30 June is proposed for an initial high level opportunity analysis, but in reality it is needed before this and as early as possible in 2021/22. Work will then continue to further develop the opportunity analysis during 2021/22.</p> <p>Next Steps: Complete initial high level opportunity analysis as early as possible in 2021/22 and no later than end June 2021.</p> <p>July 2021 Update -Recruitment into the Financial Planning Team is necessary to deliver the agreed action. This is being progressed but the vacancies are not yet filled. It is planned that this work will utilise the Financial Delivery Unit "Vault" of information on benchmarking, the initial stages of which have just become available. After allowing for a 3 month recruitment period to appoint into the Head of Finance post for Value and Business Intelligence, a realistic date for completing this work is now 31 December. Opportunities for temporary staff to progress this work are also being explored.</p>
Follow Up Review of Operating Theatres												
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			Aug-21		In progress	September 2021 - No further update	<p>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.</p> <p>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.</p> <p>March 2021 Update - Nothing further to report this month. May 2021. The Theatre Department in MC has agreed to a proposal to implement a Theatre Improvement Programme. The issue of pre-operative assessment will be one of a number of key issues – and an update will be provided in August 2021 on this and the other Theatre Departments in</p>

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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 specialities/surgeons to understand/overcome the barriers to increasing DOSA rates.	Medium/Low		Director of Operations			Aug-21		In progress	September 2021 - No further update	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 March 2021 Update - Nothing further to report this month. May 2021 Update - Work continues across the ILGs in this area. See above regarding plans in MC. July 2021 - No further update provided
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			Aug-21		In progress	September 2021 - No further update	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. March 2021 Update - Nothing further to report this month. May 2021 Update - This is likely to form a significant part of the Theatre Improvement Programme in MC. Monitoring of theatre usage and activity continues to identify where improvements can be made across the UHB. July 2021 - No further update provided
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			Aug-21		In progress	September 2021 - No further update	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. March 2021 Update - Nothing further to report this month. May 2021 Update - This area will form a part of the Theatre Improvement Programme in MC. Nothing further to report this month. July 2021 - No further update provided

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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			Aug-21		In progress	September 2021 - No further update	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 and surgery Clinical Service 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.
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			Aug-21		In progress	September 2021 - No further update	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 through 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. March 2021 Update - Nothing further to report this month. May 2021 Update - Nothing further to report this month. July 2021 - No further update provided

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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			Aug-21		In Progress	September 2021 - No further update	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. March 2021 Update - Nothing further to report this month. May 2021 Update - No further progress to report this month. July 2021 - No further update provided
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	September 2021 - No further update	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. March 2021 Update - Nothing further to report this month. May 2021 Update - Nothing further to report this month. July 2021 - No further update provided

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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	September 2021 - No further update	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. March 2021 Update - Nothing further this month to report. The UHB is in the continual process of refining its data quality and availability. May 2021 Update - Nothing further this month to report. The UHB is in the continual process of refining its data quality and availability. July 2021 - No further update provided
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			Aug-21		In progress	September 2021 - No further update	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. March 2021 Update - It is anticipated that one of the benefits of the new operating model is that the creation of the ILGs will allow appropriate management focus on different Clinical Service Groups. A starting point is the establishment of the Performance Review Meetings held monthly with each ILG. Though quality remains at the top of the agenda, these meetings

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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			Aug-21		In progress	September 2021 - No further update	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. March 2021 Update - Nothing for report further at this point. May 2021 Update - Nothing for report further at this point formally. In terms of assurance, the issue has been discussed at at least one of the Performance Meeting with the COO and the ILG and assurance was received. July 2021 - No further update provided
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			Aug-21		In Progress	September 2021 - No further update	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. March 2021 Update - ILGs work closely with their business partners in WOD to look at just this sort of issue. Further information around the numbers and the solutions (if it remains an issue) will be available in June 2021. Sickness levels across the UHB are improving post covid 19. May 2021 Update - No further progress to report this month. uly 2021 - No further update provided
<b>Audit of Accounts Addendum 2020/2021</b>												
AAA 01	Aug-21	The recommendations that we made last year remain valid and relevant. The Health Board has made good progress against them, as mentioned at paragraph 4.	Medium/Low	It is pleasing to note that there was good progress on its review of old current liabilities. There is now improved guidance in place and there have been a number of changes to the accrual process, which will further improve the robustness of reviewing current liabilities. The Health Board is happy to have continued discussion with Audit Wales to provide an overview of the enhanced processes prior to the preparation of the 2021/22 financial statements.	Director of Finance		Dec-21			In Progress	September 2021 Update - Robust in-year balance sheet reviews have taken place to ensure that balances are recorded in line with the guidance. Further reviews will continue to ensure the balances remain valid and robust for the remainder of the year.	



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AAA 02	Aug-21	The Health Board should review its governance and procedures in place for the appointment of senior officers, and as part of the review ensure that it fully understands the extent of WG's delegated authority to the Health Board, and importantly, the decisions that WG has not delegated. The Health Board should ensure that minutes, particularly those of the Remuneration Committee, are clear. For example, minutes should make a clear distinction between when the Remuneration Committee has approved (or rejected) a business case; and when it has endorsed (or not endorsed) a business case that then needs the approval of the WG. In respect of retire and return	Medium/Low	There is a context to the DoTHS delay, for example, which is that the situation was novel, and required Welsh Government banding for a new joint role, which took some time.	Director for People		Immediate			In Progress	September 2021 - No update received	
AAA 03	Aug-21	The Health Board should ensure that all relevant declarations are fully disclosed in the financial statements; and that in doing so officers make robust enquiries of the financial ledger to ensure that all transactions and balances are captured.	Medium/Low	Discussions will take place with the relevant offices to ensure that all declarations are fully disclosed and robust enquiries of the financial ledger take place.	Director of Finance		Apr-22			In Progress	September 2021 Update - No update - implemented at year end	
AAA 04	Aug-21	The Health Board should ensure that working papers provided at the start of the audit are as described in the deliverables document and have clear cross-referencing to the relevant figures in the financial statements. Also, where spreadsheets are the underlying form of evidence, the Health Board should ensure that all cell values have an appropriate audit trail and that they are never manually input.	Medium/Low	The required working papers will be communicated with the relevant finance officers and a request that these are prepared and available in readiness for Audit review.	Director of Finance		Apr-22			In Progress	September 2021 update - Will be implemented at year end.	
AAA 05	Aug-21	The Health Board should ensure that management reviews the draft financial statements, and makes all corrections necessary to the statements, before submitting them to us and the Welsh Government on the stipulated date.	Medium/Low	Timescales for preparation of the accounts are very challenging, the consolidation of the WHSSC accounts provides a further challenge that is not the case for other HBs. There were also a number of late adjustments to the draft accounts from WG and shared services which impacted on the timescales for 2020/21. During 2020/21 there was also unforeseen sickness in the financial accounts team and there was a new appointment at a senior level within the team. Given this processes and timetables will be reviewed and updated to build in time for sufficient review by Senior Management before the draft accounts are submitted.	Director of Finance		Apr-22			In Progress	September 2021 update - Will be implemented at year end.	

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AAA 06	Aug-21	The Health Board should review all its fixed assets with a £nil carrying value, and take action where necessary, to ensure that the fixed asset register is accurate. Where relevant and appropriate, this could include revisiting the estimated useful lives of certain assets.	Medium/Low	This is noted and the capital team do undertake regular reviews of assets with a 0 life to confirm they remain in use. It is usual for organisations to utilise assets after the manufacturer recommended life. However, a review of equipment assets will be carried out in the 21/22 financial year to ensure that the most up to date classifications and standard lives are being selected at acquisition.	Director of Finance		Immediate			In Progress	September 2021 - No update received	
AAA 07	Aug-21	The Health Board should ensure that where required by Welsh Government, its financial returns are based on defrayed expenditure.	Medium/Low	While the error looks significant, the initial figure included does relate to a balance held within the Welsh Risk Pool. It is recognised that the value should be the amounts defrayed therefore working papers and process will be updated to ensure this is included in 2021/22.	Director of Finance		Apr-22			In Progress	September 2021 update - Will be implemented at year end.	
AAA 08	Aug-21	The Health Board should perform a restore of the RAM system from backups to confirm that the process works as expected and thereby provide assurance that the system could be recovered in the event of system loss or failure. The Health Board should carry out such testing regularly.	Medium/Low	The Capital team will link with the relevant lead in the ICT team to confirm the programme of backups for the RAM system and agree a process and timeframe for checking and testing the backups have recorded properly. This will be actioned early in 21/22 and an agreed programme and process developed moving forward.	Director of Finance		Immediate			In Progress	September 2021 - No update received	
AAA 09	Aug-21	The Health Board should only allocate superuser access to Health Roster system for users who require it; and remove such access from those who do not require it. The Health Board should also review the minimum user-password length and complexity for the Health Roster system, in line with good practice.	Medium/Low	The Health Roster team will link with the relevant lead in the ICT team to take forward the recommendations.	Director for People		Dec-21			In Progress	September 2021 - No update received	
<b>Audit Wales/HIW Quality Governance Follow Up Review</b>												
R1	Aug-21	The Health Board must agree organisational quality priorities and outcomes to support quality and patient safety. This should be reflected within an updated version of the Health Board's Quality Strategy.	Medium/Low	Organisational quality priorities are expressed within the CTMUEB Annual Plan and IMTP for 2020-23 (see R2) It is anticipated that the Quality Priority Strategy will align to the organisational strategy work.  The AMD for Quality is leading on this supported by Assistant Director of Quality, Safety and Patient Experience. The quality strategy is being progressed and the quality priorities have been published in the QGF. The QGF will be updated to reflect and align with the overall HB strategy once published. Success will be measured by the connection of the strategy to the everyday function of the HB – through our agreed quality governance architecture, quality metrics and performance, and in the experience of our staff and patients – connecting us to the overall vision and demonstrating how the thread provides connectivity to understanding the reason for our work.	Director of Nursing		Nov-21			In Progress	September 2021 - No update received	

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R1	Aug-21		Medium/Low	One Deputy DoTh and one Assistant Director of Therapies and Health Science posts will be advertised in July 21 these roles will strengthen quality and patient safety functions for therapists and healthcare scientists and work as part of the Executive function and strengthen succession planning.	Director of Therapies		Aug-21			Completed	September 2021 Update - ADoTHS recruited to in August, successful candidate will commence in post December 2021 DDoTHS interview scheduled for 17 September, aiming for candidate to be in post by January 2022	
R2.1	Aug-21	The Health Board needs to take a strategic and planned approach to improve risk management across the breadth of its services. This must ensure that all key strategies and frameworks are reviewed, updated and aligned to reflect the latest governance arrangements, specifically; a- The BAF reflects the objectives set out in the current IMTP and the Health Board's quality priorities b- The risk management strategy reflects the oversight arrangements for the BAF, the quality and patient safety governance framework and any changes to the management of risk within the Health Board c- The quality and patient safety governance framework must support the	Medium/Low	We will introduce a revised approach to the Board Assurance Framework and separate Board Assurance Report.	Director of Corporate Governance	Assistant Director of Governance & Risk	Dec-21			In Progress	September 2021 Update - The Health Board is currently out to tender for a partner organisation to work with it to review, design and deliver a Board Assurance Framework.  The Health Board will work with the successful bidder in partnership to review and refresh a bespoke Board Assurance Framework to ensure it appropriately reflects; i. the four new strategic goals of the Health Board; ii. assurance reporting that supports a streamlined and effective committee and reporting structure; iii. a robust mechanism that reaches into each of the localities and central functions to provide assurance on performance, quality and resources across the breadth of the integrated Health Board; iv. international best practice; and v. the management of board meetings and agendas to be focussed equally on Oversight, Insight and Foresight i.e. balancing the governance of immediate operational priorities with the need to focus on long-term strategic planning. The Bidder will be required to work with the Health Board in realising the ambition and desired outcomes a refreshed assurance framework will bring, identifying measurable benefits and indicators on how it will make a difference to the performance and decision-making of the Board.	
R2.2	Aug-21		Medium/Low	Board Development Sessions will be undertaken to review and identify the Risk Appetite, Risk Tolerance levels and grading of principal risks aligned to the new Integrated Healthcare Strategy and the direction of travel for the Health Board – i.e. not necessarily cautious across all risk domains. The Health Board's Risk Appetite Statement will consequently be reviewed.	Director of Corporate Governance	Assistant Director of Governance & Risk	Sep-21	Now 31 October 2021		In Progress	September 2021 Update - The Board Development Session is scheduled for the 21st October 2021 with the aim of reviewing the Health Board's risk appetite and risk tolerance levels.	
R2.3	Aug-21		Medium/Low	The Health Board's overarching quality priorities published within the IMTP/Annual Plan for 2020-23 are as follows: • Strengthened focus on quality on strategic planning; • Individuals' voices are better heard; • Shared learning and continuous quality improvement; • Risk better articulated, shared and mitigated; • Strengthened two-way 'point of service delivery' to Board sight; and • Extensive review and improvement of the management of concerns and serious incidents.  Review of the Quality Governance Framework to reflect the developed quality strategy and enhanced governance processes within ILG's . The revised framework will provide improved granular detail in respect of ILG governance that wasn't available at the previous refresh in November 2020. System testing through attendance at CSG/ILG Q&PSE governance meetings will be introduced for evidence/assurance that the framework is embedded.	Director of Nursing		Dec-21			In Progress	September 2021 - No update received	

Red -  
Orange -  
Yellow -  
Green -  
Blue - Action

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R3.1	Aug-21	Ensure there is collective responsibility for quality and patient safety across the executive team and clearly defined roles for professional leads: a- Strengthening of the role of the Medical Director and Clinical Directors in relation to quality and patient safety b- Clarify the roles, responsibilities, accountability, and governance in relation to quality and patient safety within the directorates c- Ensure there is sufficient capacity and support, at corporate and directorate level, dedicated to quality and patient safety	Medium/Low	Robust interim arrangements to be agreed to cover role and accountabilities of Medical Director until substantive appointment is made.	Medical Director		Jul-21			Completed	September 2021 Update - Completed	
R3.2	Aug-21		Medium/Low	Review Operating Model and ILG/System Group Structure to evaluate effectiveness.	Chief of Staff		Mar-22			In Progress	September 2021 Update Review under way having completed Exec offsite session on this. All fieldwork interviews will be completed by mid-October for recommendations most probably before Christmas.	
R3.3	Aug-21		Medium/Low	Appoint the AHP CD.	Director of Therapies		Aug-21			Completed	September 2021 Update - AHP CD appointed to, commenced in post 23 August 2021	
R3.4	Aug-21		Medium/Low	One Deputy DoTh and one Assistant Director of Therapies and Health Science posts will be advertised in July 21 these roles will strengthen quality and patient safety functions for therapists and healthcare scientists and work as part of the Executive function and strengthen succession planning	Director of Therapies		Aug-21			Completed	September 2021 Update - ADoTHS recruited to in August, successful candidate will commence in post December 2021 DDoTHS interview scheduled for 17 September, aiming for candidate to be in post by January 2022	
R3.5	Aug-21		Medium/Low	Quality metrics capturing a greater breadth of HB services and functions, including population health measures, have been agreed and reviewed at the ILG performance meetings, Quality & Safety	Director of Nursing		Oct-21			In Progress	September 2021 - No update received	
R3.6	Aug-21		Medium/Low	As indicated above development of the Quality Strategy will commence at pace and align with the organisational strategy as it becomes available.	Director of Nursing		Nov-21			In Progress	September 2021 - No update received	
R4.1	Aug-21	The roles and function of the QSRC need to be reviewed to ensure that it is fit for purpose and reflects the Quality Strategy, Quality and Patient Safety governance framework and key corporate [organisational] risks for quality and patient safety. This should include the following; a- Implement the sub-groups to support QSRC must be completed ensuring there is sufficient support (administratively and corporately) to enable these groups to function effectively b- Improvements to the content, analysis, clarity, and transparency of information presented to QSRC c- Focus should be given to ensure the Quality and Patient Safety Governance	Medium/Low	Meeting structure to sit under Management Board being developed to support the operational oversight and Health Board wide co-ordination and learning.	Chief of Staff		Dec-21			In Progress	September 2021 Update • I've mapped what I believe to be the sub structures in place. • ToR for each forum has been captured • Next step is for us to look at what structures are delivering and how they are reporting • Performance is the key here and we have nominated Director of Strategy & Transformation as the lead for Performance who is in the process of pulling together Performance reporting for Management Board. • In terms of flow from ward to board I believe there is a session with corporate governance team to discuss this to make sure papers aren't going to committees before they've had Executive Director input / sight. • I understand the Executive Business Manager now ties in closer with Corporate Governance team to ensure clarity of what's going where. • Operational oversight – ongoing ops oversight sits with COO and he has a structured set of weekly meetings in place with ILGs to ensure performance is tracked and scrutinised.	

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R4.2	Aug-21	Independent members must be appropriately supported to meet their responsibilities through the provision of an adequate induction programme and ongoing development so they can effectively scrutinise the information presented to them.	Medium/Low	Report writing training is being delivered, focussing on improving the quality of reports presented to Committees and Board.	Director of Corporate Governance	Assistant Director of Governance & Risk	Oct-21			Completed	September 2021 Update - Report writing training is now being delivered with scheduled dates in the calendar for the remainder of the year. The training is also supported by a dedicated Governance Support page with all the tools and templates report authors require. The training is receiving positive feedback in its evaluation forms.	
R4.3	Aug-21		Medium/Low	Scrutiny toolkit being developed for Independent Members to support focussed scrutiny at Committees and includes expectations around quality of papers and information.	Director of Corporate Governance	Assistant Director of Governance & Risk	Aug-21			Completed	September 2021 Update - Scrutiny Toolkit has been developed and shared with the Chair and Vice Chair for further dissemination amongst Independent Members.  The Board Secretaries Network is also developing an Independent Member Scrutiny toolkit for which the Health Board has contributed to and will review its own toolkit to ensure best practice and lessons learned is adopted.	
R4.4	Aug-21		Medium/Low	An initial 'focus on' report has been submitted at the May Q&SC as part of the CTM Quality Dashboard and the second one due at the July Q&S. The subject for the focus of this supplementary support is decided by the Chair of Q&S and provides responsive 'deep dive' analysis, scrutiny and interrogation of data.	Director of Nursing		Jul-21			Completed	September 2021 Update - 'Focus on' reports now are a routine appendices to the Quality Dashboard report and are determined by the preceeding Q&SC for further interrogation and detailed information. Topics so far: Pressure Damage and Medication Errors.	
R4.5	Aug-21		Medium/Low	Quality & patient safety reports received at Q&S Committee from each ILG. Agreed metrics outlined in March 2021 Management Board that are being operationalised by performance management colleagues, after which time, targets will be set with trajectories in SPCs.	Director of Nursing		Dec-21			Completed	September 2021 Update - Completed	
R5.1	Aug-21		Medium/Low	Feedback from the Deloitte Board Development Programme (commissioned by WG) and the feedback from David Jenkins (Independent Advisor to the Board) will influence the basis for the Board Development Programme for 2021/2022 and beyond.	Director of Corporate Governance	Assistant Director of Governance & Risk	Mar-22			In Progress	September 2021 Update - CTMUIB is currently out to tender for a partner organisation to work with the Health Board on the review, design and delivery of a complementary Board Development Programme to assist board members in enhancing their personal contribution and in ensuring the overall effectiveness of the Board, with a focus on building the strategic leadership capacity of the Board and delivering its strategic goals.	
R5.2	Aug-21	There needs to be sufficient focus and resources given to gathering, analysing, monitoring, and learning from patient experience across the Health Board. This must include use of real-time patient feedback.	Medium/Low	A significant turnover of Board Members (Executive and IM) will take place in the first half of the financial year so individual and collective development needs will be accounted for by; Induction Programme (in place) Board Development Programme to be supported by relevant professional bodies.	Director of Corporate Governance	Assistant Director of Governance & Risk	Oct-21			Completed	September 2021 Update - Independent Member Induction Pack in place for all new members of the Board.  Bespoke induction plans are established to support any new roles and required introductory meetings.  Board Development programme in development as identified in R5.1.  All new Independent Members are scheduled to attend the WG led Virtual IM Induction Programme.	
R5.3	Aug-21		Medium/Low	Personal Development Plans for all Board Members in place in line with Board Development.	Director of Corporate Governance	Assistant Director of Governance & Risk	Jul-21			Completed	September 2021 Update - All PADR's completed for all Board Members, or booked in (for recently appointed members). Objectives reported to Remuneration Committee. Board Development Programme being procured to commence Nov 2021.	
R6.1	Aug-21		Medium/Low	Health Board purchased CIVICA (captures population feedback using a patient insight software platform) □	Director of Nursing		Jul-21	Now December 2021		In Progress	September 2021 Update - CIVICA PM appointed and produced timeline for roll out within CTM. 'Have your Say' generic people's feedback being placed as a link on the CTMUIB intranet page. Plan for Draft People's Engagement document by December 2021.	

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R6.2	Aug-21		Medium/Low	The shell of the CTM version of the Civica system has been built, and the population of surveys into the system has commenced. The Patient Reportable Experience Measures (PREM) surveys have been uploaded to the system. Links to the survey have been generated and are being tested with members of the Maternity Service Forum, while the automation function is finalised. Project Manager starts in post 12th August and once in post they will be asked to provide a detailed project plan and roll out programme for the project.	Director of Nursing		Sep-21	Now December 2021		In Progress	UPDATE Sept 21. CIVICA PM appointed and produced timeline for roll out within CTM. 'Have your Say' generic people's feedback being placed as a link on the CTMUHB intranet page. Plan for Draft People's Engagement document by December 2021. PREMS fully operational across Maternity services.	
R6.3	Aug-21		Medium/Low	Webpage on SharePoint set up to support learning & excellence across Health Board. Development of a social media site for the L&LF to use analytics on the social media and SharePoint site to explore the extent of colleague engagement and posting. Feedback from participants will be analysed in relation to what they have learned and how this has impacted upon their practice. For the medium and longer term would expect to see learning and improvement being applied in the workplace through our established quality metrics and patient experience feedback.	Director of Nursing		Jul-21			In Progress	UPDATE SEPT 21. There have been 3 Shared Listening and Learning forums since they were created. Prior to the next planned forums there is an opportunity to review the ToR for this forum to ensure it is delivering on the overall aim of shared learning across CTM UHB. There is an Executive commitment to develop a CTM UHB Learning Framework by the end of the year of which the Shared Listening & Learning Forum will form one vehicle for dissemination of learning.	
R6.4	Aug-21		Medium/Low	Reintroduce Exec/IM Patient Safety walkabouts when safe to do so/COVID restrictions allow.	Director of Corporate Governance		Aug-21			Completed	September 2021 Update - The Business Manager for the Patient Care and Safety Team has re-established planned walkarounds commencing in September/October 2021.	
R7.1	Aug-21	There needs to be improved visibility and oversight of clinical audit and improvement activities across directorates and at corporate level. This includes identification of outliers and maximising opportunities for sharing good practice and learning.	Medium/Low	Training Programme for clinicians on the Clinical Audit and NICE Compliance Monitoring IT software (AMaT) being developed for clinical audit.	Medical Director		Aug-21			Completed	September 2021 Update - A standing agenda item has been included for all Clinical Audit meetings and training provided where required  Department training sessions have been established for 2021-22 where required and staff are available and a mechanism to book planned session put in place  All clinical audit staff are trained and provide adhoc training to clinicians when required. This has been in place since April 2020	
R7.2	Aug-21		Medium/Low	Training module for ward & area audits being rolled out.	Medical Director		Mar-22			In Progress	Training statistics are being maintained of all adhoc and formal training provided for inclusion in reports to the QSC" September 2021 Update - Training currently provided with a short term training resource in place until end of October 2021. Options appraisal being developed for a sustainable training resource that will enable the HB wide rollout of the Ward and Area module of the AMaT system for all clinical areas.	
R7.3	Aug-21		Medium/Low	Appointment of Deputy Head and Lead Nurse for Clinical Effectiveness and Deputy AMD for Clinical Effectiveness, a programme of work was established in January 2021 to create a NICE Reference Group (NRG) to review and manage all priority NICE guidelines and standards.	Medical Director		Oct-21			Completed	September 2021 Update - Deputy Head and Lead Nurse for Clinical Effectiveness appointed in January 2021.  ILG Clinical Audit and Effectiveness Leads appointed for all 3 ILGs in August 2021 with responsibility to coordinate and lead on the Clinical Audit and NICE agenda for each ILG.  The first NICE Reference Group held on the 07/09/2021, monthly meetings established through to March 2022.	



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R7.4	Aug-21		Medium/Low	A review of clinical audit risk log management process to enhance early detection of risks and outcomes of national audits to support learning & best practice to be completed. The review will ensure alignment with the new ILG assurance and governance framework to support early review of outcomes of national audits to support monitoring of identified risks, learning from audit findings and to promote the sharing of best practice.	Medical Director		Aug-21	Now November 2021		In Progress	<p>September 2021 Update - The Head and Deputy heads of Clinical Audit and Quality Informatics meet weekly to review the Clinical Audit and Effectiveness risk log.</p> <p>Draft SOP developed. Meeting scehduled with the Assistant Director of Governance &amp; Risk on the 22/09/2021 to finalise the risk log SOP.</p> <p>Risk Register has been added as a standard agenda Item for the quarterly Clinical Audit &amp; Effectiveness Group meeting. First meeting November 2021.</p> <p>Following finalisation of the SOP and approval at the Clinical Audit &amp; Effectiveness Group in November 2021 this risk will be catgorised as GREEN and complete.</p>	
R7.5	Aug-21		Medium/Low	ILG specialty clinical audit forward plans.	Medical Director		Sep-21			In Progress	September 2021 Update - The ILG Clinical Forward Plans aere on track to be signed off by the end of September 2021	
R7.6	Aug-21		Medium/Low	Resource review for HB Clinical Audit Service is being developed to ensure correct and sufficient skill mix in the team.	Medical Director		Aug-21	Jan-22		In Progress	<p>September 2021 Update - A full review of the resource requirements of the Clinical Audit &amp; Quality Informatics department has bene undertaken in conjunction with a review of the findings from the Internal Audit (IA) review into clinical audit in July 2021. The outcome identified the following:</p> <p>1. The revised structure in place provided a robust assurance framework. However, as noted in the IA there are a number of interim senior managment posts and an unfilled senior managment post (since June 2018). MD Team working with HR to resolve.</p> <p>2. With the introduction of the Medical Examiner process, establishment of ILG based MR processes and revised MR model for CTMUHB there is a requirment for an additional central resource to support the ILGs and provide a coordinated approach to the learning from MRs. An SBAR has been developed for the October Management Board that identifies the resource requirement.</p> <p>3. Due to increasing demands on cardiology and medical services due to COVID and a long term issue with resources to support the nursing assessments needed to support the Cardiology and Respiratory National Clinical Audits. A review was undertaken to identify the necessary resources to provide assurance around compliance with this suite of audits. An SBAR being developed to provide a more robust mechanism for collction of this data and associated learning from</p>	
R7.7a	Aug-21		Medium/Low	Undertake audit of compliance against Royal College of Emergency Medicine (RCEM) Standards for ED to identify baseline and inform continuous improvement programmes and improve compliance aaainst the standards.	Medical Director		Jun-21	Nov-21		In Progress	September 2021 Update - A baseline assessment against the RCEM standards was completed in August 2021. Findings currently under review by the Nursing Unit and Emergency Department.	
R8.1	Aug-21	The Health Board needs to clarify accountabilities and responsibilities for quality and patient safety within directorates. This must include a review of the Heads of Nursing role in relation to site management and quality and patient safety.	Medium/Low	The commencement of the newly appointed AHP CD will give greater assurance of quality and patient safety for therapy services spanning across the 3 ILGs. This post also strengthens the leadership function in AHP services and sharing of good practice and patient centred care across the UHB. This will be further strengthened with new appointments in the Executive DoThs team.	Director of Therapies		Aug-21			Completed	September 2021 Update - AHP CD commenced in post 23rd August.	
R8.2	Aug-21		Medium/Low	There is still work ongoing however with the progress at the pace it is, the quality & safety system is becoming more robust daily. Within 3 months the processes will be embedded fully across CTM.	Director of Nursing		Mar-22			In Progress	September 2021 - No update received	

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R8.3	Aug-21		Medium/Low	Quality & Patient Safety Meetings within CSG's are developing within ILG's – these are at differing levels of maturity and it is anticipated that these meetings will be consistent across all CSG's with specific speciality data dashboards by March 2022. CSG's are held to account within the ILG Q&SPE meetings and this is subsequently reflected in ILG performance management meetings and reports to Q&S.	Director of Nursing		Mar-22			In Progress	September 2021 - No update received	
R8.4	Aug-21		Medium/Low	Corporate/Central services such as Safeguarding & IPC report regionally in to each ILG Q&PSE meetings.	Director of Nursing		Complete			Completed		
R8.5	Aug-21		Medium/Low	Establish Listening & Learning Forum – Quarterly	Director of Nursing		Complete			Completed		
R8.6	Aug-21		Medium/Low	Quality Governance Framework to reflect enhanced governance processes	Director of Nursing		Dec-21			In Progress	September 2021 - No update received	
R8.7	Aug-21		Medium/Low	Centralisation of PSA/PSN process status mapping in progress with a plan/process mapping	Director of Nursing		Sep-21			Completed	September 2021 Update - An audit was completed in September 2021. A process has been established and delivered centrally in terms of outputs to ILG's and compliance. It is anticipated that the Once for Wales datix system will provide an enhanced platform to operationalise the system.	
R8.8	Aug-21		Medium/Low	Centralisation and Audit of Locssips & Natssips to improve patient safety standards.	Director of Nursing		Jul-21			Completed	September 2021 Update - An audit was completed in August 2021. Identified specific LocSSIP requirement for pilot sites (aligned to incidents, evidence-base and best practice) Theatre teams across the three sites have completed procedural LocSSIPs Chest drain (Medicine and Surgery). Further work planned:Develop a CTM Policy for LocSSIPs aligned to findings of baseline review and triangulation of data Revise Terms of Reference of the Clinical Policy Group (CPG) Ensure appropriate attendance at CPG Identify specific LocSSIP requirement at time of clinical policy development Share best practice during development process and inform continuous quality improvement Monitor LocSSIP development within clinical service areas Design a robust Audit Process to provide information to reflect activity, progress, assurance and risks for reports to the Quality and Safety Committee	
R8.9	Aug-21		Medium/Low	Central Patient Safety Network – a safety II paradigm approach creating an environment where things are most likely to go right; to measurably reduce near misses, incidents and enhance organisational improvements.	Director of Nursing		Sep-21			Completed	September 2021 Update - The patient Safety Team, led by the AD Quality, Safety & Safeguarding has developed a branding for the patient safety at CTM. This and a new twitter site was launched on patient safety day on the 17.9.21. Further cross-organisational work is planned to support ILG's to make shifts in their approach and understanding of preventing harm and psychological safety. Also working closely with the improvement team on cross organisational patient safety issues.	
R8.10	Aug-21		Medium/Low	Ensure the ILG Q&S Meetings receive a formal report from their ILG IPC and Decontamination meetings.	Director of Nursing		Sep-21			In Progress	September 2021 - No update received	
R8.11	Aug-21		Medium/Low	Establish Joint Maternity & Neonatal Improvement Board.	Medical Director/ Director of Nursing		Complete			Completed		

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R9.1	Aug-21	The form and function of the directorate governance committees and CBMs must be reviewed to ensure there is a- Clear remit, appropriate membership, and frequency of these meetings b- Sufficient focus, analysis, and scrutiny of information in relation to quality and patient safety issues and actions c- Clarity of the role and decision-making powers of the CBMs.	Medium/Low	Review being undertaken to review Executive Meetings and Management Board to ensure effective use of time and robust reporting.	Chief of Staff		Aug-21			Completed	<p>September 2021 Update</p> <p>I am not reviewing Executive meetings generally other than the point above where I've mapped what key meetings theoretically sit under mgmt. board. Therefore this action is very similar to the above.</p> <p>I have completed an options appraisal for Exec catch up Vs Management Board and presented this to the Chief Executive 6 weeks ago. We have agreed to wait until after summer leave and take this to the Execs.</p> <p>My preferred option is 2 x Mgmt Boards per month and then making Exec catch up completely paperless and more informal to discuss hot topics rather than using it as a pseudo mgmt. board. Having two Mgmt. Boards / month would ensure a better flow of papers / decisions to aid committees and the Board and not have an overloaded agenda every month which doesn't give adequate time to discuss key issues.</p>	
R9.2	Aug-21		Medium/Low	It has been over a year since the ILG structure was implemented by the Health Board. It is accepted that the new operational structure was implemented during COVID and therefore there is a requirement to allow the ILG teams to 'test and adjust' in a post-COVID environment. It is accepted by the organisation that some level of operational review should be carried out to look at what is working well and what elements of the structure may require tweaking to support effective decision-making.	Chief of Staff		Mar-22			In Progress	September 2021 - No update received	
R10.1	Aug-21	The Health Board must ensure there are clear and comprehensive risk management systems at directorate and corporate level, including the review and population of risk registers. This should include clarity around the escalation of risks and responsibilities at directorate and corporate level for risk registers. This must be reflected in the risk strategy.	Medium/Low	Risk Training: including the development of a Training Needs Analysis (TNA) in line with All Wales developments, dissemination of the TNA across the Health Board, new risk training programmes which are aligned to the new TNA.	Director of Corporate Governance		Oct-21	Now December 2021		In Progress	<p>September 2021 Update - The Training Needs Analysis is complete, however, the Assistant Director of Governance &amp; Risk is working with peers across NHS Wales to develop Level 1 - 3 Risk Training packages available on the ESR E-Learning platform. Level 1 is currently with ELearning Teams to finalise and Level 2 development has been commenced.</p> <p>An extension to the implementation date is requested to allow for the launch to coincide with the training packages being made available on E-Learning on an All Wales Basis.</p> <p>The Health Board is working with All Wales colleagues to ensure a consistent approach to risk is adopted and transferable across Wales.</p>	
R10.2	Aug-21		Medium/Low	All ILG risks reviewed and updated following change in Operating Model.	Director of Corporate Governance	Assistant Director of Governance & Risk	Oct-21			In Progress	<p>September 2021 Update - The review of all risks within the ILG's is scheduled for completion by October 2021.</p> <p>A deep dive of the ILG Risk Registers will commence from the October meeting of the Audit &amp; Risk Committee.</p>	

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R10.3	Aug-21	The oversight and governance of DATIX must be improved so that it is used as an effective management and learning tool. This should also include triangulation of information in relation to concerns, at a directorate or corporate level, and formal mechanisms to identify and share learning.	Medium/Low	Clear and consistent grading of risks that are calibrated and moderated across the Health Board.	Director of Corporate Governance	Assistant Director of Governance & Risk	Oct-21			In Progress	<p>September 2021 Update - Bridgend ILG – presentation on the agenda at the Audit &amp; Risk Committee on the 4th October to capture progress, delivered by the ILG Nurse Director.</p> <p>Rhondda Taf Ely ILG - All Clinical Service Groups (CSGs) report having reviewed their entire risk registers. However, there is still room for improvement to ensure the standard fully aligns with the Risk Management Strategy. Meetings are taking place, being led by the ILG Operations Director, over the next week to provide targeted support to CSGs where required and ensure consistency of approach and calibration across the ILG.</p> <p>It is anticipated that RTE will have a fully reviewed risk register by mid-October at the latest.</p> <p>Merthyr &amp; Cynon ILG – All Clinical Service Groups (CSGs) continue to review their entire risk registers. A focussed risk session is scheduled for the 6th October led by the ILG Head of Quality &amp; Safety with the support of the Assistant Director of Governance and Risk. This session and further targeted support will assist CSGs where required and ensure consistency of approach and calibration across the ILG.</p>	
R10.4	Aug-21		Medium/Low	An efficient risk management process which is seen as efficient and not cumbersome – linked to the new Once For Wales Risk Management System.	Director of Corporate Governance	Assistant Director of Governance & Risk	Apr-22			In Progress	<p>September 2021 Update - The Assistant Director of Governance Risk represents the Health Board on the All Wales working group for the new risk module and will review the risk management system and processes to align with the new system as it develops.</p>	
R10.5	Aug-21		Medium/Low	Implement recommendations from Internal Audit on Risk Management to strengthen risk identification, management and assurance.	Director of Corporate Governance	Assistant Director of Governance & Risk	Mar-22			In Progress	<p>September 2021 Update - This action is linked to the IA tracker to monitor actions in response to recommendations from the Risk Management Audit.</p>	
R11.1	Aug-21		Medium/Low	Datix Management being moved from H&S function (DoPpl) into Patient Experience function (DoN) to align with the development of Once for Wales. The tool will be a key mechanism to feed the Listening & Learning Forum of the Health Board.	Director of Nursing		Oct-21			In Progress	<p>September 2021 - No update received</p>	
R11.2	Aug-21		Medium/Low	Training is provided to staff ahead of introduction of the new RLDatix Once for Wales, on each relevant module. Training will include feedback to reporter (ie claims & redress 07/06/2021).	Director of Nursing		Oct-21			In Progress	<p>September 2021 - No update received</p>	
R11.3	Aug-21		Medium/Low	An independent review has been commissioned by WRP to assess the Health Boards management of claims, including the systems, processes and resources in place to complete timely LFERs. The report will make recommendations that the Health Board will consider implementing to strengthen the current arrangements.	Director of Corporate Governance	Head of Concerns & Legal Services	Sep-21	Now October 2021		In Progress	<p>September 2021 Update - Review has not been received in the timescales originally planned therefore the revised date has been amended to reflect a delay in receipt of the report from WRP.</p>	
R11.4	Aug-21		Medium/Low	Ensure all LFERs deadlines agreed with WRP are adhered to.	Director of Corporate Governance	Head of Concerns & Legal Services	Jul-21			Completed	<p>September 2021 Update - July deadline for LFERs met with a number of deferrals agreed by WRP.</p>	
R11.5	Aug-21		Medium/Low	Ensure LFERs have local ownership and are shared across the HB localities, identifying themes and trends.	Director of Corporate Governance	Head of Concerns & Legal Services	Dec-21			In Progress	<p>September 2021 Update - Development of Framework for Learning will support this.</p>	
R11.6	Aug-21		Medium/Low	Review all backlog incidents to eliminate duplicates and ensure correctly identified/categorised.	Director of Nursing		Oct-21			In Progress	<p>September 2021 - No update received</p>	

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R11.7	Aug-21		Medium/Low	Clear the backlog of all legacy incidents.	Director of Nursing		Jan-22			In Progress	September 2021 Update - maternity and neonatal backlog being addressed through fortnightly assurance panels, supported by the NHS DU. Reports on progress will be presented to Q&S, IMSOP Board and MNIB.	
R12.1	Aug-21	The Health Board must ensure staff receive appropriate training in the investigation and management of concerns. In addition, directorate staff need to be empowered to take ownership of concerns and take forward improvement actions and learning	Medium/Low	Restructuring of Exec lead for Concerns, Claims and PTR from Director of Nursing to Director of Governance.	Director of Corporate Governance	Head of Concerns & Legal Services	Jul-21	Now March 2022		In Progress	September 2021 Update - Pilot being run Oct 2021 on new triage and management of concerns. If successful, this will be rolled out across the HB. A full quarter will need to run to allow robust analysis of effectiveness and any unforeseen consequences. The Internal Audit for Concerns (due Oct 2021) will also present some learning and opportunities to strengthen the Concerns Management process that will be supported by training as required.	
R12.2	Aug-21		Medium/Low	Appointment of a Head of PTR (Interim 8b).	Director of Corporate Governance	Head of Concerns & Legal Services	Jun-21			Completed	September 2021 Update - Interim appointed. Process to secure substantive role commenced, aiming to appoint by end Dec 2021.	
R12.3	Aug-21		Medium/Low	Appointment of Head of Legal, Concerns and Redress (8c).	Director of Corporate Governance	Head of Concerns & Legal Services	Oct-21	Now December 2021		In Progress	September 2021 Update - Process in place. Risk mitigated by successful appointment of Interim. Awaiting outcome of WRP Review to inform future structure. Linked to R11.3 above.	
R12.4	Aug-21		Medium/Low	An audit of Concerns has been included in the Health Boards Annual Audit Plan for 2021/22. The Health Board will use the audit recommendations to strengthen the systems, processes and resources in place to investigate and manage concerns.	Director of Corporate Governance	Head of Concerns & Legal Services	Aug-21	Now October 2021		In Progress	September 2021 Update - Internal Audit Report due to be received Oct 2021.	
R12.5	Aug-21		Medium/Low	CTM Improvement Team supporting Concerns Mapping identifying a consistent approach that can be applied across the Health Board. Outcome and implementation to be informed by the internal audit.	Director of Corporate Governance	Head of Concerns & Legal Services	Mar-21	Now March 2022		In Progress	September 2021 Update - Linked to R12.1 above.	
R12.6	Aug-21		Medium/Low	Continue to roll out the RCA training module and monitor attendance of ILGs on the training.	Director of Nursing		Dec-21			In Progress	September 2021 Update - RCA training has continued on a monthly basis. As a result of changes in national reporting requirements and a proportionate approach to incident investigation, a toolkit is being developed to include a greater range of investigation methodology.	
R13.1	Aug-21	The Health Board must ensure the timely development of a Values and Behaviours Framework with a clear engagement programme for its implementation	Medium/Low	Launch Phase	Director for People		Complete			Completed		
R13.2	Aug-21		Medium/Low	Embed Phase	Director for People		Jun-22			In Progress	September 2021 - No update received	
R13.3	Aug-21		Medium/Low	Values-Based Team Workshops, delivered	Director for People		Apr-21	Now October 2021		In Progress	September 2021 - Jul'21 (see below) Café attendees piqued interest, resulting in invitation to present Values Based introduction session to newly appointed nurses. A bespoke session was developed for delivery at all further intakes and for Corporate Induction. Workshops were delivered to pilot groups across Corporate teams. Results and feedback from session dependent on varying levels of engagement with our Values resulted in adaptation to workshop delivery into two offerings - for teams ready to engage and live our values, to commit to a team charter / commitment; for teams willing to explore their cultural behaviours through the lens of our values (reflective session) with aim to commit to living our values through their shared reflective practice. Further pilot Workshops to be co-delivered by Locality based WOD teams and OD with aim for Locality WOD to take over delivery by October 2021. Furthermore to aide dissemination, succinct workshops / guided Values discussion has been co-authored with heads of facilities and estates, with focus on behaviours, their relationship to our Values and impact on workplace culture and patient impact. Facilitation training to be held with L&DBP with intention for managers in Estates and Facilities to independently facilitate these sessions during team meetings - Teams survey pre and post session will	

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R13.4	Aug-21		Medium/Low	Values Cafés	Director for People		Mar-21			In Progress	September 2021 - Cafes proved popular with attendees, however limited attendance and sense of engaging the already engaged. Feedback from managers who attended the sessions indicated the preference for the message to be taken to them, within team meetings. The desire to promote and embed organically through delivery of workshops and cafes has been successful, generating interest and momentum. Several workshop bookings and invitations to attend team meetings ensued.	
R13.5	Aug-21		Medium/Low	Values-Based Leadership Workshops, currently under development.	Director for People		2021/2022			In Progress	September 2021 - 20th Aug - Values Based leadership and culture workshop delivered to Exec Team. workshops have taken us deeper into understanding how culture works and the perceived gap between our ideal culture and our existing culture. It highlighted that whilst we have a structure that is ideally designed for Population Health, our culture, systems and processes are not yet fully aligned. It has therefore been agreed that we will run follow up workshops with Executives and their reports, with a stronger forensic lens on the leadership of their senior management teams. It has also been agreed that these workshops will be delivered to the ILG Directors in each of our ILG's, and later cascaded down to the Clinical Service Group Directors. To date we have delivered one further workshop with the Director of Strategy and Transformation and members of her team, and have a further session booked with the Bridgend ILG Directors.	
R13.6	Aug-21		Medium/Low	Values-Based Recruitment process and training.	Director for People		Jun-21	Now November 2021		In Progress	September 2021 - Mirroring approach of the Values Based Recruitment (VBR) in NHS England, overhaul of current stakeholder and interview selection approach has been overhauled to embed VB interview techniques. Training to be issued in due course once feedback gleaned from pilots.. Training will be made available on new LMS from November.	
R13.7	Aug-21		Medium/Low	Values-Based Appraisal (PADR) process and training.	Director for People		Sep-21	Now October 2021		In Progress	September 2021 - Historically PADR perceived as process not a conversation with approx. 50% engagement. Values Based PADR developed and currently in pilot stage, due to complete by end of October. Training will be made available on LMS for all people managers once pilot, feedback and final adjustments are made.	
R13.8	Aug-21		Medium/Low	Reinforcement Phase  To include:- Culture Workshops; Repeat Culture Survey.	Director for People		12 Months beyond			In Progress	September 2021 - Values in Action Week 18th - 22nd Oct - mark one year anniversary since Values launched. Week long event coincides with World Values day on 21st Oct. Paul Mears will deliver a pre-recorded address to launch the weeks' events. Some in-person activities have been abandoned due to recent pandemic developments, therefore some events have been scaled back to online activities. ILG Leadership teams will lead sessions within their locality to their CSG leads presenting their vision of the values as leaders and call for CSG leads to continue endeavouring to support their people to live our values everyday. Colleagues from our BAME network, previous Values Based staff recognition award winners and chaplaincy services are sharing incidences where they have experienced our Values in action. Staff will also be encouraged to send Values branded cards thanking their colleagues for VB behaviour during this week and beyond. Cards have been ordered, will be distributed to each main site prior to VIA week and an e-card will be made available for e-distribution. Calendar of events will be shared shortly. Staff Survey - intended to launch survey in November 2021 one year on from Values launch, however feedback from recent wellbeing survey suggests survey fatigue and work is still underway within each ILG in	



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R14.1	Aug-21	The Health Board must develop a stronger approach to organisational learning which takes account of all opportunities presented through concerns, clinical audit, patient and staff feedback, external reviews and learning from work undertaken in the Princess of Wales hospital.	Medium/Low	A clinically-led Serious Incident team has been established and the Health Board has implemented a Serious Incident Tool kit.	Director of Nursing		Complete			Completed		
R14.2	Aug-21		Medium/Low	Utilise the '7 minute briefings' to capture learning and produce a digestible document across ILGs to support a repository of learning.	Director of Nursing		Sep-21			Completed	September 2021 Update - 7 minute briefings are being used to capture internal and external learning.	
R14.3	Aug-21		Medium/Low	Ensure a 'spotlight on' section within the Q&SC report to highlight an area of concern (determined by the committee) to provide an opportunity to give further detail and assurance/mitigating actions from across the organisation to Q&SC.	Director of Nursing		Complete			Completed		
R14.4	Aug-21		Medium/Low	Executive Director led Patient Safety meeting in place and meets weekly with Exec Director Nursing and Midwifery, Deputy Nurse Director, Assistant Director Therapies, Director of Corporate Governance, Assistant Director of Nursing & People's experience, Medical Director, Assistant Director Quality & Safety, Director of Improvement to review, mitigate and learn from; • Complaints • SIs • Falls / Pressure Damage • Inquests • Compliments	Director of Nursing		Complete			Completed		
R14.5	Aug-21		Medium/Low	Implementation of PREMS and CITRIX system to gather data on patient experience to inform learning and service enhancement and improvement. Project has been initiated and Project Manager appointed.	Director of Nursing		Sep-21	Now December 2021		Part Completed	September 2021 Update - PREMS fully operational across maternity services. CIVICA PM appointed and produced timeline for roll out within CTM. 'Have your Say' generic people's feedback being placed as a link on the CTMUHB intranet page. Plan for Draft People's Engagement document by December 2021.	
R14.6	Aug-21		Medium/Low	New Improvement Directorate created bringing together Quality Improvement, Innovation, Value Based Healthcare and PMO in order to coordinate a range of important areas with a constant focus on improving quality for the benefit of staff and patients. QI Mission - Working together with our people, patients and partners to understand areas for quality improvement and develop the capability, capacity and delivery mechanisms across the whole health system to deliver improved outcomes for our patients and improved working practices for our people aligned to the principles of Prudent and Value Based Health Care.	Director of Nursing		Complete			Completed		
R14.7	Aug-21		Medium/Low	New Innovation and Improvement board created (sub board of Management Board) and launched focusing on Capability, skills, culture and delivery of QI and innovation and bringing together cross organisational learning.	Director of Nursing		Complete			Completed		
R14.8	Aug-21		Medium/Low	Revision of QI training and deployment plan across CTM.	Director of Nursing		Aug-21	Nov-21		In Progress	SEPT 2021 UPDATE - Review in progress of current staff who have received training across CTM First Improvement into Practice training held successfully and subsequent sessions being set up. Ongoing training and development programme being finalised for ICTM launch in Nov 2021	
R14.9	Aug-21		Medium/Low	First Improvement into Practice cohort scheduled.	Director of Nursing		From September 2021 onwards			Completed	SEPT 2021 UPDATE - First Improvement into Practice training held successfully and subsequent sessions being set up. Action completed	

Red -

Orange -

Yellow -

Green -

Blue - Action

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R14.10	Aug-21		Medium/Low	Implementation of ILG QI Faculty. Resource recruitment completed (clinical, nursing, pharmacy and therapies) with 1 session per week to focus on ILG specific QI and learning.	Director of Nursing		Complete			<div></div> Completed		
R14.11	Aug-21		Medium/Low	QI 12 month rolling programme of activity being developed.	Director of Nursing		Deploy Sept 2021 onwards	Now November 2021		<div></div> In Progress	SEPT 2021 UPDATE - Work undertaken with quality team to align QI work to Datix and SI themes. Initial staff idea challenge will be based on this insight and focused on DATIX/SI areas of concern Will now be aligned to revised luanch date of ICTM of Nov 2021	
R14.12	Aug-21		Medium/Low	Staff ideas scheme for targeted challenges and QI programs being developed and online portal being build. Comms plan being developed to officially launch.	Director of Nursing		Launch Sept/Oct 2021	Now November 2021		<div></div> In Progress	SEPT 2021 UPDATE - revised date for staff ideas scheme approved at Improvement and Innovation board of Nov 2021 due to other activities during Sept/Oct and to coincide with FAB Cymru day. Comms plan developed, ideas scheme being fianlised and procurement of platform in progress. On track to launch later in Nov 2021	
R14.13	Aug-21		Medium/Low	Work being undertaken with IC to scope work to develop and deploy a model ward and operational best practice guide to improve flow, quality and patient safety.	Director of Nursing		Jul-21	Now October 2021		<div></div> In Progress	SEPT 2021 UPDATE - Work continuing with IC, action detail reviewed after HIW inspection in Sept 21 requiring review of scope of work and delivery plan.	
R7.7b	Aug-21		Medium/Low	Undertake audit of compliance against Royal College of Anaesthesia (RCOA) Standards (ACSA process) identify and develop standards to meet with RCOA rceomended GPICS (set standards by RCOA for Anaesthetic services) baseline and inform continuous improvement programmes and improve compliance against the standards.	Medical Director		Jul-24			<div></div> In progress	September 2021 Update - A baseline assessment against the ACSA standards being undertaken. This will then form the basis of the improvement programes to develop the service. Completion of process and ACSA accreditation aim July 2024 (usual process 2 years expected from RCOA). Ecpetation for POW to follow however with theatre changes this will be difficult to complete.	