



Ref	Date added	Recommendation	Priority	Management Action Agreed		Responsible Executive Lead	Responsible Management Lead	Original Agreed Implementation Date	Revised Implementation Date	Status	Progress	Updates During this period/latest update	Previous Updates
R2 Follow Up Outpatients Not Booked	Oct-17	Ensure compliance with revised administrative and booking processes across the organisation to avoid unnecessary retrospective validation of patient records.	Medium/ Low	The original review reported that the Health Board was undertaking unnecessary retrospective validation activities and this was an additional pressure on capacity which could be avoided. Unfortunately retrospective validation is still being undertaken by the Health Board. The latest figures reported in April 2017 show that the current volumes of patients without a target date was 1,129, however this is a significant improvement from the same time last year where the volume was 3,509. It remains an area of focus for the Health Board. Work continues to improve in this area. As part of the outpatient improvement theme new software has been introduced for clinicians to enable them to record the outcomes of their consultations in real time. Although only rolled out to a small selection of specialities the system has potential to improve recording of patient outcomes which will support the quality of patient data in respect of follow-ups. Performance data is also captured though the Qlik Sense system. This data analytics tool enables directorates and clinicians to interrogate a vast array of data to support day to day management and continuous improvement.		Chief Operating Officer			February 2021 Ongoing August 2021 Now December 2021 Now March 2022 Now June 2022 Now September 2022 Now February 2023		In Progress	February 2023 Update - nothing further to add. Verbal update will be sought for meeting of Audit Committee.	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.  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 outlined 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 the COO - where progress is demonstrated. Harm Reviews are also ongoing. Revised implementation date not provided. September 2021 Update. No change from the last comment. November 2021 Update - There is significant work underway on FUNB and related issues via the Planned Care Board including Follow Up Validations, SOS / PIFU projects, Attend Anywhere, DNA Work, Consultant Connect. There are robust mechanisms in place to monitor progress. Despite the progress and given the passage of time since this audit was completed, changes in management arrangements and the impact of Covid 19, conversation is ongoing with colleagues in Audit to decide on how to answer this recommendation in a meaningful way. A meeting will be held before the next Audit Committee to discuss further. February 2022 Update - further discussion required with ILGs, evidence suggests that this is no longer an issue. To be confirmed at next meeting. April 2022 Update - Confirmation not received from all ILGs - anticipate very likely this will be received by the next meeting. June 2022 Update. Work continues as part of planned care recovery with Follow Up Validations, SOS / PIFU projects, Attend Anywhere, DNA Work, Consultant Connect. Progress has been monitored both through PCR Board and through ILG Performance meetings. However, the focus remains on clinical priority as the services recover. August 2022 - nothing further to report in this update. Date remains September 2022. October 2022 Update - following meeting with Acute Services Managers, issue clarified with AW colleague and meeting planned to decide on final comment. December 2022 Update - following further advice from Audit Wales, a further question has been posed to Acute Services Managers asking for reassurance around the way that processes are working within the UHB. Response not yet received, anticipated by time of next meeting.
Clinical Coding Follow Up Review 01	Oct-19	Raising the importance of good quality medical records throughout the Health Board;	High	In 2014, we found that the quality of medical records across the Health Board was not of a good standard, with key information required for accurate clinical coding often missing or inappropriately filed. Our work has found that there continues to be issues with the quality of medical records within the Health Board. In 2018, NWS produced a report into clinical coding documentation. This review was undertaken as part of ongoing service improvement work to improve the quality of clinical coding data. The primary aim of this review was to assess the quality of the clinical documentation held within case notes. Overall administrative documentation was of good quality, but there were issues with loose paperwork and records being filed out of order. There were also issues with deceased notes and unplanned admissions. The quality of information for coders in the notes was poor. Only half of the clinical entries contained a diagnosis and of these, a third would be unable to be used for coding purposes. This report highlights that there are issues that need to be addressed by the Health Board.  In our 2014 report, we noted the re-establishment of the Health Records Committee. The aim of this was to give the necessary focus to the quality of medical records to enable coders to code accurately. However, this Committee was disbanded in August 2017 and we are unaware of any new arrangements in place to monitor and ensure the quality of medical records.		Director of Digital		Not specified by the Health Board	October 2020 April 2021 Now March 2022 Now June 2022 Now October 2022 Now October 2023		In progress	February 2023 Update - Action plan now in place for Medical Records - Action Plan in place until October 2023. Propose to close.	Update January 2020 The completeness of the documentation is the responsibility of multiple staff groups across the hospital sites. Both the content and quality of the record will be improved through the plans now being implemented to commence digitisation in November 2019. This process will reduce the risk of documents being lost from within the record as they will be scanned and held digitally. E-forms will also be introduced to capture information electronically, live at the point of care. These forms will be structured and will require the clinical user to provide answers to mandatory questions and use standard terminology through the use of drop-down menus. This should aid completeness and accuracy, as well as legibility of information captured. Digitisation of the critical mass of active patients is expected to take 2 years to complete, but improvements will begin for individual patients from the point of go-live. Rollout of e-form development has also been delayed until 20/21. 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 case note itself without additional steps being taken prior to digitisation. E-forms will also be introduced to capture information electronically, live at the point of care. These forms will be structured and will require the clinical user to provide answers to mandatory questions and use standard terminology through the use of drop-down menus. This should aid completeness and accuracy, as well as legibility of information 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 has also been delayed until 20/21. 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. Findings from 2014 in relation to the quality of medical records and the NWS 2018 report looking into the quality of clinical coding documentation, the Clinical Coding department has employed a coding trainer who will implement a coding education and engagement plan. The plan will cover areas such as the training of trainee coders on how to extract clinical information from health records and building/developing working relationships with staff across the UHB to improve on the quality and availability of the case notes. The CITO software planned for implementation in early 2021 will provide clinical coding colleagues with real-time, single-view access to critical patient information on demand. Staff who were initially involved in the project are currently being invited to reconnect and to promote awareness of the project and its benefits among their colleagues. Terms of reference are currently being drafted for a Performance and Clinical Information Strategy Group (PCISG), the group among other functions will provide a forum for stakeholders to collaborate, monitor and address issues relating to clinical data quality. These are actions that the P&I Directorate can take forward, however we are eagerly anticipating any update as to what potential role a Health Records Committee or alternative plan will have on the quality of medical records within the UHB. May 2021 - No further update to report. July 2021. Information on this recommendation has been received and will be escalated to the ILGs for comment next quarter. Revised implementation date not provided. 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. November 2021 Update - Processes are still ongoing and the date for completion remains March 2022. February 2022 Update. A response will be available at the next meeting - plan in place to meet the Manager for Medical Records in the next month. Target remains March 2022. April 2022 Update - Nothing further in this month - will be chased again in the coming month. Pressure of work at present is significant. June 2022 - Update Will be available for August 2022. August 2022 - nothing further to report. October 2022 Update. The Digital Patient Notes project has undergone an Internal Audit during Qtr 2 2022/2023. This highlighted the continued poor level of quality when it comes to the operational filing of the medical records. Update January 2020 The content and the quality of the Health record is the responsibility of all clinical users adding information to the record and this is monitored and reported by the Clinical Audit team. This is emphasised within staff induction programmes where the importance of accurate Health Records and the impact on Clinical Coding is noted. The Management Board have approved additional resource to recruit a Clinical Coding Auditor/Trainer and our stated intent within our IMTP is to take this action forward utilising this much needed resource. November 2020 Update - this audit work was previously undertaken by the Clinical Audit Department. They may be able to provide an update for this purpose. It was reported at the Health Records Committee but may be reported elsewhere as well. The Committee was not responsible for acting on this report. January 2021 Update The UHB Clinical Audit Team (CAT) currently undertake an annual audit of the quality of case notes which looks at the documentation in case notes and is aligned to the Health Records Committee (HRC) which no longer exists. The Performance and Clinical Information function will shortly begin conversations around areas of overlap between the HRC and PCISG. The outcome of which will inform which group will provide oversight and assurance responsibilities in relation to the results of CAT medical records quality audit. The newly appointed clinical coding trainer has previous experience with auditing and will be undertaking internal coding audits as a part of her responsibilities. The results of these internal coding audits will be made available to the leadership of the Performance and Information (P&I) Directorate and the relevant oversight and assurance groups. May 2021 - No further update to report. July 2021. Information on this recommendation has been received and will be escalated to the ILGs for comment next quarter. 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. November 2021 Update - nothing further to report at this meeting. February 2022 Update. A response will be available at the next meeting - plan in place to meet the Manager for Medical Records in the next month. April 2022 Update - Nothing further in this month - will be chased again in the coming month. Pressure of work at present is significant. June 2022 - Update Will be available for August 2022. August 2022 - nothing further to report. October 2022 Update: Propose to close - processes are now in place to monitor the quality of the record and this progress is reported to the Digital Patient Notes Programme Board, the Information Governance Group and the Digital & Data Committee. December 2022 Update - It has been proposed that this recommendation remains open pending discussions between Audit Wales and the Director of Digital.
Clinical Coding Follow Up Review 03	Oct-19	Developing a programme of routine audits of medical records to provide assurance that the quality of medical records is improving;	Medium/ Low	The quality of the patient record has a direct impact on the coders ability to undertake their role. As highlighted previously, work by NWS into the quality of documentation highlighted concerns with loose paperwork, and the filing of deceased patient records. As part of the annual clinical audit and effectiveness plan, there is currently a Health Board wide audit of the quality of case notes. This audit is looking at documentation in case notes and is aligned to the health records committee, however this committee has been disbanded so we are unsure where the results of this audit are reviewed. The current audit plan shows that this audit was also undertaken last year but there is no record of the report. The results of the current audit are due for publication in March 2019.		Director of Digital		Not specified by the Health Board	October 2020 November 2021 Now June 2022 Now October 2022		In progress	February 2023 Update - Regular audits and reporting of the quality of the medical record are now in place - propose to close.	Update January 2020 The content and the quality of the Health record is the responsibility of all clinical users adding information to the record and this is monitored and reported by the Clinical Audit team. This is emphasised within staff induction programmes where the importance of accurate Health Records and the impact on Clinical Coding is noted. The Management Board have approved additional resource to recruit a Clinical Coding Auditor/Trainer and our stated intent within our IMTP is to take this action forward utilising this much needed resource. November 2020 Update - this audit work was previously undertaken by the Clinical Audit Department. They may be able to provide an update for this purpose. It was reported at the Health Records Committee but may be reported elsewhere as well. The Committee was not responsible for acting on this report. January 2021 Update The UHB Clinical Audit Team (CAT) currently undertake an annual audit of the quality of case notes which looks at the documentation in case notes and is aligned to the Health Records Committee (HRC) which no longer exists. The Performance and Clinical Information function will shortly begin conversations around areas of overlap between the HRC and PCISG. The outcome of which will inform which group will provide oversight and assurance responsibilities in relation to the results of CAT medical records quality audit. The newly appointed clinical coding trainer has previous experience with auditing and will be undertaking internal coding audits as a part of her responsibilities. The results of these internal coding audits will be made available to the leadership of the Performance and Information (P&I) Directorate and the relevant oversight and assurance groups. May 2021 - No further update to report. July 2021. Information on this recommendation has been received and will be escalated to the ILGs for comment next quarter. 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. November 2021 Update - nothing further to report at this meeting. February 2022 Update. A response will be available at the next meeting - plan in place to meet the Manager for Medical Records in the next month. April 2022 Update - Nothing further in this month - will be chased again in the coming month. Pressure of work at present is significant. June 2022 - Update Will be available for August 2022. August 2022 - nothing further to report. October 2022 Update: Propose to close - processes are now in place to monitor the quality of the record and this progress is reported to the Digital Patient Notes Programme Board, the Information Governance Group and the Digital & Data Committee. December 2022 Update - It has been proposed that this recommendation remains open pending discussions between Audit Wales and the Director of Digital.
Audit of Accounts Addendum 2020/2021 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 cases, the Health Board should ensure that it has appropriate procedures in place for the consideration and approval/ rejection of business cases. The Health Board should record the process contemporaneously and provide accurate information to the payroll department.	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	Now August 2022 Now October 2022 Now December 2022 Now March 2023		In Progress	February 2023 Update - Discussions are currently taking place with the Employee Experience Lead and the Head of Nursing Professional Standards and Education, regarding how this policy work can be integrated into the retention / Itchy Feet work which is currently being progressed, to ensure the processes align with the new Flexible Retirement Policy.	September 2021 - No update received. November 2021 - No further update provided. April 2022 - The Health Board has reviewed its governance and procedures in place for the appointment of senior officers. The governance arrangements understands the extent of WG's delegated authority to the Health Board, including the decisions, which WG has not delegated. The Health Board's Retire and Return Policy is currently subject to review and will be discussed at the Workforce Policy Review Group on the 21 April 2022, prior to organisational wide consultation. The Policy will ensure appropriate procedures are in place for the consideration and approval / rejection of business cases. The Policy will be presented to the August 2022 People and Culture Committee for approval. June 2022 Update - The Health Board's Retire and Return Policy is currently subject to review and was discussed at the Workforce Policy Review Group on the 21 April 2022. The policy is now out to organisational wide consultation. The Policy will ensure appropriate procedures are in place for the consideration and approval / rejection of business cases. The Policy will be presented to the August 2022 People and Culture Committee for approval. August 2022 Update - The CTM Retire and Return Policy was not endorsed to be presented to the People and Culture Committee in August 2022 for approval, as the partnership WPRG agreed further work was needed to align to the policy to the additional NHS flexibilities options, which permits employee to access their NHS Pension without retiring. It has been agreed to the LPF will endorse the policy to be approved by the People and Culture Committee via Chair's action in advance of the November 2022 meeting. October 2022 Update - further to partnership discussions with Trade Union Colleagues, it has been agreed that this guidance requires further implication and incorporate clear justified business reasons for approving or rejecting applications based on the employee's retirement plans and the needs of the service. Extensive work has been undertaken to make the guidance fit for purpose. The group will also engage with OD to facilitate the cultural changes required, to ensure managers are aware of the benefits to the organisation of approving such requests. It is anticipated this guidance will go back to the LPF in December 2022 for endorsement and approval will be sought via Chair's action. December 2022 update - This policy work is now being taken forward in partnership with trade unions and OD colleagues to ensure the processes become fully embedded and enable employees and their managers to fully explore all flexible retirement options not just retire and return. It is anticipated that this work will be completed by March 2023.

Ref	Date added	Recommendation	Priority	Management Action Agreed	Responsible Executive Lead	Responsible Management Lead	Original Agreed Implementation Date	Revised Implementation Date	Status	Progress	Updates During this period/latest update	Previous Updates
Audit Wales/HI W Quality Governance Follow Up Review R2.3	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 priorities set out in the Quality Strategy and align to the values and behaviours framework	High	The Health Board's overarching quality priorities published within the IMTP/Annual Plan for 2020-23 are as follows: <ul style="list-style-type: none"><li>Strengthened focus on quality on strategic planning;</li><li>Individuals' voices are better heard;</li><li>Shared learning and continuous quality improvement;</li><li>Risk better articulated, shared and mitigated;</li><li>Strengthened two-way 'point of service delivery' to Board sight; and</li><li>Extensive review and improvement of the management of concerns and serious incidents.</li></ul> 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	01/03/2022 Now June 2022 Now December 2022		In Progress	February 2023 Update - no update provided on this occasion	September 2021 - No update received. November 2021 - No further update provided. January 2022 update As detailed above in R1, a revised Quality & Governance Framework will be presented to the Quality & Safety Committee in March 2022. Update April 2022 - Timescales were agreed for a revised Quality and Safety Governance Framework to be presented to the Quality & Safety Committee in March 2022 - this has been delayed by the proposed new operating model for the organisation to July 22. The delivery of the Quality Strategy has been hampered by the delay of the organisational strategy work which is key to ensure alignment of both strategies. A first iteration of a draft Quality Strategy has been completed with work ongoing with a timescale for completion of end May 2022. There is an ongoing internal audit commissioned of governance processes at service group level to inform the new Governance Framework, the audit team are currently undertaking fieldwork within 3 service groups and the results of this work will lead the design of the new framework granularity of ward to board assurance. July 2022 Update - The Quality & Patient Safety Governance Framework will be revised following implementation of the new operating model. Proposed first draft December 2022. Internal Audit Assurance report of our governance function with in the ILGs reviewed as providing reasonable assurance obtained overall and areas with substantial assurance, demonstrating our positive mechanisms for oversight, escalation and risk. We have a number of key matters arising from the audit which need addressing however with the new operating model I'm sure these are elements we can pick up/incorporate into the new operation model to provide assurance on all CSG's. October 2022 update - Quality Strategy update as above ref-R1. Quality goals and objectives within the strategy align with other key Health Board strategies and frameworks. December 2022 Update - The Quality & Safety Framework first draft will be available end of December 2022. Quality Strategy update as in R1.
Audit Wales/HI W Quality Governance Follow Up Review R6.1	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.	High	Health Board purchased CIVICA (captures population feedback using a patient insight software platform)	Director of Nursing		Jul-21	Now December 2021 Now July 2022 Now March 2023		In Progress	February 2023 Update - no update provided on this occasion	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 CTMUHB intranet page. Plan for Draft People's Engagement document by December 2021. Nov 21 Update - Pilot of Value Based Healthcare PROMS have gone live in Cardiology along with the launch of PREMS and workforce reported experience measures (WREMs). An experience measure (WREMs) has been completed to request additional resource for this. 2x kick start admin support officers to start Feb 2022 to help support the team and gather additional data collection from patients that are not digitally enabled and support in reporting and setting up/ maintenance of surveys within the system. Currently scoping out iPad within CTM to rollout the Civica App onto all service user groups for the Have your say survey and any bespoke surveys requested. Training has been provided to various user groups and set up on the system throughout Oct- Dec. Additional training days will be given from Feb 2022 onwards. Delays have been seen due to COVID-19. April 2022 Update - The Health Board launched the electronic 'Have your Say' and Generic Patient Experience Survey on the 13.02.22. Posters containing QR codes are displayed on notice boards in our hospital sites, KHHP and Dewi Sant. In addition links are available on our internal and external webpages, along promotion on available social media channels. A small card (like a business card) containing a QR code has been developed which will displayed in main thoroughfares such as Emergency Departments, Outpatients and community settings. They will be made available to staff that are providing services in patient's homes. Exploration is taking place as to how the posters/cards can be promoted within the wider non-health board community settings. From the 28.02.22, within the Bridgend and Merthyr & Cynon Localities, the PALS team are actively engaging with patients/ service users to promote the completion of the "have your say" cards and generic survey. This is through paper copies being available in areas, which are collated and uploaded on to the system on a monthly basis. Along side this, within Merthyr & Cynon PALS Officers are present with Emergency Department at PCH and outpatients at YCC to capture feedback via iPADS. The number of area specific surveys continues to increase, with Staff engaging with patients and service users via links, QR codes and iPADS. June 2022 Update- To date CTM have received 2050 responses, has 18 active surveys, 10 surveys set up and 2 surveys closed on the system. There are 5 automated SMS surveys set up within the system and 33 active discussion with other service user groups within CTM. Work continues to promote the CIVICA system with patients and staff via social media and intranet pages. Number of specialities engaging with the team to explore the use of the system is increasing and there is sessions for staff are planned for June/July across acute sites to demonstrate September 2021 - No update received. November 2021 - No further update provided. January 2022 Update Quality Plans, Quality Control and Quality Assurance have all now been agreed by Board resulting in the next phase of the maturity framework. Any service changes are now required to have a EQIA and depending on the outcome score of the EQI assessment will determine the sign off process by the Medical/Nurse Director. April 2022 Update Board self assessment of Quality Governance Maturity matrix for 28th April 2022-The Director of Nursing will recommend to the Board the results for Quality Planning, Quality Assessment and Quality Assurance. Quality Safety and Patient Experience forums now feature across all Clinical Service Groups. August 2022 Update - Safe 2 Start' daily meetings are now embedded across the 3 acute hospital sites. Attendance includes, Head of Patient Flow, Head of Nursing, Ward Managers, Lead and Senior Nurses. The aim of the meeting is to provide a staffing position for the day within the hospital, it focuses on Emergency Department demand and key quality and safety metrics relating to patient care. The 2 community hospital sites also undertake a daily Safe 2 Start meeting chaired by the Senior Nurses and this information feeds into the overarching HB daily planning and escalation. From a strategic perspective, in relation to the changes in the organisational operating model this requires a review of the governance framework to confirm arrangements for quality governance and patient safety within the Care Group Structure, there is an anticipated completion date of December 2022. October 2022 Update- The health board continues to make changes in respect of its new operating model which includes quality governance and patient safety arrangements for CSG's and the Care Groups they sit within. Each Clinical Service Group will have a standardised assurance framework in place to describe how floor to board assurance is articulated within services, as well as standardised tools for annual work plans, quality assurance of incident management & investigation. Terms of Reference/Aenda for Qualitv. Patient Safety & Patient Experience Meetings and September 2021 - No update received. November 2021 - No further update provided. January 2022 update please cross reference with R1 A revised Quality and Safety Governance Framework is to be presented to the Quality & Safety Committee in March 2022. Update April 2022 - Timescales were agreed for a revised Quality and Safety Governance Framework to be presented to the Quality & Safety Committee in March 2022 - this has been delayed by the proposed new operating model for the organisation to July 22. The delivery of the Quality Strategy has been hampered by the delay of the organisational strategy work which is key to ensure alignment of both strategies. A first iteration of a draft Quality Strategy has been completed with work ongoing with a timescale for completion of end May 2022. There is an ongoing internal audit commissioned of governance processes at service group level to inform the new Governance Framework, the audit team are currently undertaking fieldwork within 3 service groups and the results of this work will lead the design of the new framework granularity of ward to board assurance. July 2022 Update - The Quality & Patient Safety Governance Framework will be revised following implementation of the new operating model. Proposed first draft December 2022. Internal Audit Assurance report of our governance function with in the ILGs reviewed as providing reasonable assurance obtained overall and areas with substantial assurance, demonstrating our positive mechanisms for oversight, escalation and risk. We have a number of key matters arising from the audit which need addressing however with the new operating model I'm sure these are elements we can pick up/incorporate into the new operation model to provide assurance on all CSG's. October 2022 update: The health board continues to make changes in respect of its new operating model which includes quality governance and patient safety arrangements for CSG's and the Care Groups they sit within. Each Clinical Service Group will have a standardised assurance framework in place to describe how floor to board assurance is articulated within services, as well as standardised tools for annual work plans, quality assurance of incident management & investigation, Terms of Reference/Agenda for Quality, Patient Safety & Patient Experience Meetings and arrangements to share learning. Upward reporting and monitoring through to the Care Group will be based on agreed quality indicators, informed by work plans and a common reporting framework. These arrangements will be articulated in the revised Quality & Safety Framework due for publication in December 2022. In addition to the comments above in relation to the Quality & Safety Framework and Quality Governance Plans for the CSG's and Care Groups, the Health Board has launched its Listening and Learning Framework in September 2022. This demonstrates how learning will be identified, triangulated, disseminated and implemented in practice to facilitate and embed a culture of appreciative enquiry and continually improving health care services and the experience of our workforce. September 2021 Update - The Training Needs Analysis is complete, however, the Assistant Director of Governance & 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.
Audit Wales/HI W Quality Governance Follow Up Review R8.6	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.	High	Quality Governance Framework to reflect enhanced governance processes	Director of Nursing		Dec-21	01/03/2022 Now June 2022 Now December 2022 Now January 2023		In Progress	February 2023 Update - no update provided on this occasion	September 2021 - No update received. November 2021 - No further update provided. January 2022 update please cross reference with R1 A revised Quality and Safety Governance Framework is to be presented to the Quality & Safety Committee in March 2022. Update April 2022 - Timescales were agreed for a revised Quality and Safety Governance Framework to be presented to the Quality & Safety Committee in March 2022 - this has been delayed by the proposed new operating model for the organisation to July 22. The delivery of the Quality Strategy has been hampered by the delay of the organisational strategy work which is key to ensure alignment of both strategies. A first iteration of a draft Quality Strategy has been completed with work ongoing with a timescale for completion of end May 2022. There is an ongoing internal audit commissioned of governance processes at service group level to inform the new Governance Framework, the audit team are currently undertaking fieldwork within 3 service groups and the results of this work will lead the design of the new framework granularity of ward to board assurance. July 2022 Update - The Quality & Patient Safety Governance Framework will be revised following implementation of the new operating model. Proposed first draft December 2022. Internal Audit Assurance report of our governance function with in the ILGs reviewed as providing reasonable assurance obtained overall and areas with substantial assurance, demonstrating our positive mechanisms for oversight, escalation and risk. We have a number of key matters arising from the audit which need addressing however with the new operating model I'm sure these are elements we can pick up/incorporate into the new operation model to provide assurance on all CSG's. October 2022 update: The health board continues to make changes in respect of its new operating model which includes quality governance and patient safety arrangements for CSG's and the Care Groups they sit within. Each Clinical Service Group will have a standardised assurance framework in place to describe how floor to board assurance is articulated within services, as well as standardised tools for annual work plans, quality assurance of incident management & investigation, Terms of Reference/Agenda for Quality, Patient Safety & Patient Experience Meetings and arrangements to share learning. Upward reporting and monitoring through to the Care Group will be based on agreed quality indicators, informed by work plans and a common reporting framework. These arrangements will be articulated in the revised Quality & Safety Framework due for publication in December 2022. In addition to the comments above in relation to the Quality & Safety Framework and Quality Governance Plans for the CSG's and Care Groups, the Health Board has launched its Listening and Learning Framework in September 2022. This demonstrates how learning will be identified, triangulated, disseminated and implemented in practice to facilitate and embed a culture of appreciative enquiry and continually improving health care services and the experience of our workforce. September 2021 Update - The Training Needs Analysis is complete, however, the Assistant Director of Governance & 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.
Audit Wales/HI W Quality Governance Follow Up Review 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.	High	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	Assistant Director of Governance & Risk	Oct-21	Now December 2021 Now April 2022 Now October 2022 Now 31 December 2022 Now 31 March 2023		In Progress	February 2023 Update - A small cohort of the OFW Task and Finish Group met with the OFW Datix Team on the 6th December to receive an update on progress. Suggestions on further improvements were put forward and a further update meeting is scheduled for 2023.  In the meantime monthly training continues with sessions booked throughout 2023.  The revised Risk Assessment Procedure was approved in December 2022 strengthening the process for risk and training opportunities. This has been promoted through the Staff Newsletter along with the training.	September 2021 Update - The Training Needs Analysis is complete, however, the Assistant Director of Governance & Risk continues to work on an All Wales basis 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. Update January 2022 The TNA and development of an All Wales Risk Management Training package has been placed on hold whilst the Once For Wales Risk Management Module is finalised. The rationale for this decision is to ensure that any training developed is aligned to the new module that staff will be expected to use. The Health Board is represented on the Once For Wales Monthly Meetings and the more regular task and finish group meetings. In the meantime, risk management training continues within the Health Board with monthly sessions being held virtually over Teams. April 2022 Update - The implementation of the Once For Wales Risk Module within the Health Board is anticipated circa October 2022, with two pilot sites going live from the 1st April 2022. The All Wales Training Modules are being developed to align with the new approach and timescales. The TNA has been finalised and Module 1 of the training is in draft. Progress is monitored via the OFW Risk Module Meetings and the All Wales Risk Community of Practice for which the Assistant Director of Governance & Risk is a member. June 2022 Update - On track. Risk Training continues to be rolled out to service areas on a monthly basis in partnership with ILG colleagues. August 2022 Update - Please refer to the update in R10.1 in relation to the position on the OFW Risk Module Implementation. In the absence of the new module the Health Board continues to mandate the currently risk module available via Datix for the management of Risk as outlined in the Health Boards Risk Management Policy, Strategy and Procedure. Within those documents is the clear process for assessing risk and escalation. October 2022 Update - This recommendation has been aligned to the implementation of the Datix Community Risk Module to ensure that any
Audit Wales/HI W Quality Governance Follow Up Review R10.4	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.	High	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	Now October 2022 Now 31 December 2022 Now 31 March 2023		In Progress	February 2023 Update - Please see update for recommendation R10.1. The Risk Management System is clearly defined but will require alignment to the new OFW Risk Management Module once available.	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. November 2021 - No further update provided. Update January 2022 The Once For Wales Risk Management system is likely to be piloted in two sites prior to implementation across NHS Wales as a whole. As the Health Board is implementing the Incident Module in April 2022 it is anticipated that the OFW Risk Module will be implemented in the Health Board by the end of October 2022. An implementation plan will be developed in conjunction with the Health Board's internal Datix Team. The Health Board is represented on the Once For Wales Monthly Meetings and the more regular task and finish group meetings by the Assistant Director of Governance & Risk. April 2022 Update - The implementation of the Once For Wales Risk Module within the Health Board is anticipated circa October 2022, with two pilot sites going live from the 1st April 2022. The Health Board is represented on the relevant groups by the Assistant Director of Governance & Risk. June 2022 Update - Progressing on an All Wales basis. Implementation dependent on roll-out of risk module in Once for Wales. August 2022 Update - Please refer to the update in R10.1 in relation to the position on the OFW Risk Module Implementation. In the absence of the new module the Health Board continues to mandate the currently risk module available via Datix for the management of Risk as outlined in the Health Boards Risk Management Policy, Strategy and Procedure. Within those documents is the clear process for assessing risk and escalation. October 2022 Update - This recommendation has been aligned to the implementation of the Datix Community Risk Module to ensure that any

Ref	Date added	Recommendation	Priority	Management Action Agreed	Responsible Executive Lead	Responsible Management Lead	Original Agreed Implementation Date	Revised Implementation Date	Status	Progress	Updates During this period/latest update	Previous Updates
Audit Wales/HI W Quality Governance Follow Up Review R1.6	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.	High	Review all backlog incidents to eliminate duplicates and ensure correctly identified/categorised.	Director of Nursing		Oct-21	Now 31 August 2022 Now December 2022 Now January 2023		In Progress	February 2023 Update - no update provided on this occasion	September 2021 - No update received. November 2021 - No further update provided. January 2022 update Patient Safety team have undertaken a review of all of the backlog of incident and risk stratified incidents of a serious nature as a priority for actioning. ILG Head of Quality & Patient Safety are now responsible for ensuring that the backlog of incidents are reduced; monitoring of the backlog of incidents is through the weekly Executive Director led Patient Safety meeting by means of the 'Quality & Safety At A Glance' report. April 22 - the central PS team are undertaking risk stratification, data cleansing, reassignment and housekeeping to closure of historic open serious incidents. This work has been completed within maternity and neonatal services. It is anticipated that the central team will work with the ILG governance teams to establish quality assurance and closure panels to ensure that all ST's are investigated and patients engaged with as well as any learning and PTR considerations are managed appropriately. June 2022 Update - The Datix Team are supporting the ILGs to review and close down outstanding incidents within the Health Boards Legacy system. A batch update exercise was completed on the 07.06.22 based on strict set of criteria and following a robust assessment of risk. Further work is being undertaken to identify areas of high risk that require additional targeted support and those that be included in themed closure. Reports are provided on a weekly basis providing detail on the number of open incidents by Locality, service group and handler. July 2022 Update A further batch updating of incidents within the legacy system was completed 14.07.22 based on a strict risk assessed criteria. Support continues to be provided to all areas in relation to open incidents both in the Health Board's legacy system and Datix Cymru. Weekly reports are provided to all areas in relation to their open incidents. October 2022 update: Incidents identified as requiring data migration are in the process of being migrated across to Datix Cymru. Further assessment will be undertaken on the 01.08.22 to determine the level of risk associated with those open incidents remaining in the system. Assessment undertaken on 01.08.22 and outlined in updated SBAR Report. Batch update undertaken on the 16.08.22 based on criteria outlined in SBAR report agreed by Exec Team 15.08.22. The remaining incidents require individual review. A process is in place for those relating to maternity. December 2022 Update - There are no incidents within the holding area of the Health Board's legacy system. A small number of incidents are currently being migrated across to Datix Cymru.
Audit Wales/HI W Quality Governance Follow Up Review R12.5	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	High	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 Nursing	Head of Concerns & Legal Services	Mar-21	Now March 2022 Now December 2022 Now January 2023		Completed	January 2023 Update - The consultation for the new quality governance central model to support the Care Groups has closed. An implementation plan is being developed.  Complaints policies and procedures are in the process of being reviewed.  The launch of the new Incident Management Framework and the training which is in place to support this covers a number of elements including family support, psychological safety, staff support, investigation, breach of duty, causation, redress, claims and learning from events reports, sharing of learning. This has commenced and is ongoing.  A training needs analysis is being developed which will be circulated to Care Groups for identification of staff.  Complaints handling training has commenced.  The Listening and Learning Framework was launched at a Listening and Learning event in September. As part of this a learning repository is being developed to capture and share learning across the organisation. Learning newsletters are shared across the organisation	September 2021 Update - Linked to R12.1 above. November 2021 - Revised procedures for concerns handling and categorisation to support effective triage underway in response to IA Audit on Concerns. Training programme under development to support new approach and will include customer care training at induction as well as more focussed training on investigation and complex case handling. In response to the WRP Review, training for Board members will be arranged. Update February 2022 - Included in Improvement Plan as per R12.4 above. Update April 2022 - Pilot triage process underway, however, not using the ideal model for triage. Too early to determine effectiveness. It is hoped that on reviewing the operating model that triage can be built into the new central Governance model going forward. June 2022 - Resource for central triage team identified from new operating model, will need to be move forward imminently due to current vacancies and inability to recruit to vacant posts due to inherited historic budget overspend. Polices and procedures will be revised following operating model changes and once complaints manager is in post. July 2022 Update - Work continues on the new Operational model, this incorporates 3 complaints triage posts which will assist with managing complaints more effectively, promoting early resolutions where possible and appropriate. The centralisation of Quality & Safety (including complaints), will ensure a consistent approach to complaints management across the Health Board. The Complaints Manager post has been out to advert and will be recruited into imminently. This will be supported by a staff member returning from secondment. These are scheduled to take place in August. A key priority will be the review of policies and procedures once the new operational model has been implemented. The launch of the new Incident Management Framework and the training which is in place to support this covers a number of elements including family support, psychological safety, staff support, investigation, breach of duty, causation, redress, claims and learning from events reports, sharing of learning. October 2022 Update - Work continues on the new Operational model, this includes a central complaints resource as well as triage posts which will assist with managing complaints more effectively, promoting early resolutions where possible and appropriate.
Audit Wales/HI W Quality Governance Follow Up Review R14.5	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.	High	Implementation of PREMS and CIVICA 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 No revised date for completion provided - currently in discussion Now March 2023		Part Completed	February 2023 Update - no update provided on this occasion	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. November 2021 - No further update provided. January 2022 update- Have successfully implemented 7x surveys for maternity, Have your say & patient experience survey across CTMUHB, 1x Heart Failure survey and 2x paediatrics surveys. Currently in the process of implementing surveys for therapies, pathology and frailty nurse services within Feb. Actively scoping out surveys within: Cancer services, community resource team, critical care HDU/ITU, audiology, mental health, primary care, facilities, gynaecology, community dental services, endoscopy, wellness hub and haematology. February 2022 update- 'Have your say' card has been replicated in electronic format and optional all wales survey attached, qtr. codes and posters on display across HB sites and on social media pages. Further exploration of SMS automation of surveys being explored but limited at present due to IT resource issues to support implementation. Delays have been seen due to COVID-19. April 2022-Update The Health Board launched the electronic 'Have your Say' and Generic Patient Experience Survey on the 13.02.22. Posters containing QR codes are displayed on notice boards in our hospital sites, KHHP and Dewi Sant. In addition links are available on our internal and external webpages, along promotion on available social media channels. A small card (like a business card) containing a QR code has been developed which will displayed in main thoroughfares such as Emergency Departments, Outpatients and community settings. They will be made available to staff that are providing services in patient's homes. Exploration is taking place as to how the posters/cards can be promoted within the wider non-health board community settings. From the 28.02.22, within the Bridgend and Merthyr & Cynon Localities, the PALS team are actively engaging with patients' service users to promote the completion of the "have your say" cards and generic survey. This is through paper copies being available in areas, which are collated and uploaded on to the system on a monthly basis. Along side this, within Merthyr & Cynon PALS Officers are present with Emergency Department at PCH and outpatients at YCC to capture feedback via iPADS. The number of area specific surveys continues to increase, with Staff engaging with patients and service users via links, QR codes and iPADS. June 2022 update- Work continues to promote the CIVICA system with patients and staff via social media and intranet pages. A banner is being developed and will be located around CTM with a link to the "Have your say" survey and QR code. A WREM survey has been developed to evaluate the system with staff and the benefits of the system to the HB. Number of specialities engaging with the team to explore the use of the system is increasing and drop in sessions for staff are planned for September.
Audit Wales/HI W Quality Governance Follow Up Review R14.13	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.	High	Work being undertaken with Improvement Cymru 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 Now March 2022 Now April 2023		In Progress	February 2023 Update - no update provided on this occasion	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. UPDATE Nov 21, Head of Professional Standards leading a project to work with ILG governance leads and ILG Nurse directors to produce a ward/departement assurance framework. This will include ward assurance audits, annual audit cycle, single point of data capture and reporting. January 2022 update As part of the PCH Improvement Programme we have implemented a ward assurance framework and tested across all In-Patients wards on PCH. This information is now captured electronically on the AMaT system. Following the successful implementation of the ward assurance framework the same will now be rolled out across the organisation. August 2022 Update - No update received during this period October 2022 update - By way of establishing a baseline, a scoping exercise was undertaken during June 2022 across all clinical areas, which includes Paediatrics, all Adult in patient wards and maternity, where 6 standardised templates were used and the data inputted into AMaT • Agreement to continue the 6 core audits evaluated and input data onto AMAT to provide ongoing assurance. • Continue the CTM Ward Assurance project group to provide a governance framework regarding the development and implementation of new audits ensuring consistency and validation • Implementation of the Safe care digital platform across CTM September 2021 Update - A baseline assessment against the ACSA standards being undertaken. This will then form the basis of the improvement programmes to develop the service. Completion of process and ACSA accreditation aim July 2024 (usual process 2 years expected from RCOA). Expectation for POW to follow however with theatre changes this will be difficult to complete. November 2021 Update - Theatre improvement programme has been established. April 2022 update - awaiting agreement on a standardised set of HB wide emergency department audits by the nursing unit and identification of a resource to support the Ward and Area module rollout, currently paused. June 2022 Update - on target for completion by July 2024. July 2022 Update - On track for completion July 2024. October 2022 Update - Remains in progress for completion by July 2024. December 2022 Update - On track for July 2024 completion January 2022 update 170 patients have been reviewed using the Nosocomial Framework; Welsh Government (WG) and the Delivery Unit are keen to ensure a level of consistency across Wales in relation to the investigation process of Nosocomial transmissions; several workshops have taken place with attendance including both the Nurse & Medical Directors in order to agree a unified approach; there is a hold on the current process as Welsh Government have agreed to provide health boards with funding to expedite the Nosocomial review investigations; health boards are currently waiting the allocation from WG. Quality & Safety Committee receive regular updates on the health boards position in relation to Nosocomial transmission reviews and the agreed unified approach. April 2022-update - Funding allocation received from WG to support the roll out of the Nosocomial reviews. A Lead Investigator is now in post and several other roles are currently being recruited to. Local Governance forum to be developed to track progress which will be reported into the monthly DU & Strategic Board meetings. The investigation process is likely to take 2 years as there are over 3000 reviews to be undertaken. Quality & Safety Committee will continue to receive regular updates. This work is being led by RTE ILG Nurse Director Carole Tookey and supported by the Patient Care & Safety central team. August 2022 Update - No update received during this period. October 2022 Update- The Management COVID-19 Incident Management team have been established. October 2022 Update - Will be completed when draft accounts prepared in April 2023. December 2022 Update - On track for April 2023 completion
Audit Wales/HI W Quality Governance Follow Up Review R7.7h	Dec-21	The Health Board has undertaken specific work in mortality and harm in relation to COVID-19. However, as with other Health Boards, it has yet to finalise a standard framework to support the assessment of direct and indirect harm associated with COVID-19. The Health Board should produce a framework for assessing both direct and indirect harm from COVID-19 and ensure that the framework and an accompanying report outlining key issues are monitored by appropriate operational, strategic groups and reported the Board or one of its committees.	Medium/Low	The Health Board received an updated version of the NHS Wales National Framework - Management of Patient Safety Incidents following Nosocomial Transmission on the 16th November 2021. The National Framework contains four options and the Health Board is currently considering the option it will choose to adopt and take forward to assess the harm associated with Covid-19. The chosen option will then be considered at the Strategic Leadership Group in December 2021 and the Quality & Safety Committee in January 2022. Reports will be received and monitored through the Strategic Leadership Group and the Quality & Safety Committee. Reports to the Board will be via the Quality & Safety Committee Highlight Report to Board.	Director of Nursing		31st January 2022	Now March 2022 Now April 2024		In progress	February 2023 Update - no update provided on this occasion	September 2021 Update - A baseline assessment against the ACSA standards being undertaken. This will then form the basis of the improvement programmes to develop the service. Completion of process and ACSA accreditation aim July 2024 (usual process 2 years expected from RCOA). Expectation for POW to follow however with theatre changes this will be difficult to complete. November 2021 Update - Theatre improvement programme has been established. April 2022 update - awaiting agreement on a standardised set of HB wide emergency department audits by the nursing unit and identification of a resource to support the Ward and Area module rollout, currently paused. June 2022 Update - on target for completion by July 2024. July 2022 Update - On track for completion July 2024. October 2022 Update - Remains in progress for completion by July 2024. December 2022 Update - On track for July 2024 completion January 2022 update 170 patients have been reviewed using the Nosocomial Framework; Welsh Government (WG) and the Delivery Unit are keen to ensure a level of consistency across Wales in relation to the investigation process of Nosocomial transmissions; several workshops have taken place with attendance including both the Nurse & Medical Directors in order to agree a unified approach; there is a hold on the current process as Welsh Government have agreed to provide health boards with funding to expedite the Nosocomial review investigations; health boards are currently waiting the allocation from WG. Quality & Safety Committee receive regular updates on the health boards position in relation to Nosocomial transmission reviews and the agreed unified approach. April 2022-update - Funding allocation received from WG to support the roll out of the Nosocomial reviews. A Lead Investigator is now in post and several other roles are currently being recruited to. Local Governance forum to be developed to track progress which will be reported into the monthly DU & Strategic Board meetings. The investigation process is likely to take 2 years as there are over 3000 reviews to be undertaken. Quality & Safety Committee will continue to receive regular updates. This work is being led by RTE ILG Nurse Director Carole Tookey and supported by the Patient Care & Safety central team. August 2022 Update - No update received during this period. October 2022 Update- The Management COVID-19 Incident Management team have been established. October 2022 Update - Will be completed when draft accounts prepared in April 2023. December 2022 Update - On track for April 2023 completion
Audit of Account Addendum 2021/22 R2	Aug-22	The Health Board should ensure that its related-party process is fully and properly applied to support the preparation of the 2022-23 financial statements.	Medium/Low	This was largely due to a transposition error between the reviewed working paper and the final document. We will ensure checks are made in future accounts.	Director of Finance		Apr-23			In Progress	February 2023 Update - Will be implemented at year end	October 2022 Update - Will be completed when draft accounts prepared in April 2023. December 2022 Update - On track for April 2023 completion
Audit of Accounts Addendum 2021/22 R5	Aug-22	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	A change in process for the completion of audit working papers caused a delay and a member of the finance team who left at the end of the financial year also caused some issues with submitting working papers. We will ensure that audit deliverables are clearly communicated and deadlines for submission kept.	Director of Finance		Apr-23			In Progress	February 2023 Update - Will be implemented at year end	October 2022 Update - Will be completed when draft accounts prepared in April 2023. December 2022 Update - On track for April 2023 completion
Audit of Accounts Addendum 2021/22 R6	Aug-22	The Health Board should ensure that all financial returns are made available by the Welsh Government deadlines and that the figures in the financial statements agree to those returns.	Medium/Low	This was an oversight on the return. We will ensure checks are made that all returns are fully completed.	Director of Finance		Apr-23			In Progress	February 2023 Update - Will be implemented at year end	October 2022 Update - Will be completed when draft accounts prepared in April 2023. December 2022 Update - On track for April 2023 completion

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Audit of Accounts Addendum 2021/22 R10	Aug-22	Wherever possible, the Health Board should ensure that all Excel-based working papers include formulae and cell references which will provide a clearer audit trail.	Medium/Low	We encourage where possible to link working papers to source documentation and not hard code. We will reinforce this for the accounts in 2022/23.	Director of Finance		Apr-23			In Progress	February 2023 Update - Will be implemented at year end	October 2022 Update - Will be completed when draft accounts prepared in April 2023. December 2022 Update - On track for April 2023 completion
Audit of Accounts Addendum 2021/22 R11	Aug-22	The Health Board should update its Medical Pay Financial Control Procedure to reflect the current process	High	This is being updated in line with other FCPs, it will go to Audit & Risk Committee for approval.	Director of Finance		Oct-22	Now December 2022 Now April 2023		In Progress	February 2023 Update - Awaiting the completion of an internal audit review of the area prior to updating the FCP. The review has been completed and the report is currently in draft stage, and should be finalised shortly. We will then work with the workforce team to update the FCPs accordingly.	October 2022 Update - A draft FCP has been updated and is currently been circulated for review and comment before being brought to the Audit & Risk Committee for sign off in December. December 2022 Update - Out for comment and review. On track for December 2022 completion.
Equality Impact Assessments R4	Nov-22	Reviewing public bodies' current approach for conducting EIAs. While there are examples of good practice related to distinct stages of the EIA process, all public bodies have lessons to learn about their overall approach. Public bodies should review their overall approach to EIAs considering the findings of this report and the detailed guidance available from the EHRC and the Practice Hub. We recognise that developments in response to our other recommendations and the Welsh Government's review of the PSED Wales specific regulations may have implications for current guidance in due course.		CTM UHB welcomes the report's recommendations for a national approach to clarifying the scope of the duty to impact assess policies and practice and developing guidance for integrated impact assessment.  CTM UHB is currently reviewing the EIA process, in line with the findings of this report, and the guidance available from the EHRC and the Practice Hub. As such work has commenced on benchmarking against other NHS organisations.  Quality Assurance measures are also being designed to monitor EIAs, as well as monitor the impact of the decisions in the context of the PSED. In addition, further staff guidance and policies will be developed to ensure that the EIA process is both robust and informed.  Consideration will be given, as part of the review, to determine whether the EIA forms part of a wider integrated impact assessment.	Director for People	EDI Practitioner	Mar-23			In Progress	February 2023 Update - The working group met on 12/01/23 to process map the current process and identify slippage and pressure points. The Improvement and Innovation Team are currently mapping a reviewed process and initial conversations are underway to explore the digitisation of EIA forms.	December 2022 update - A Working Group has been established to inform the review, with representation from key stakeholders.  A benchmarking exercise against other NHS organisations is underway to gauge current best practices and whether an integrated assessment is needed.  The possibility of a digitised assessment tool is being explored to allow for robust auditing processes.
National Fraud Initiative in Wales 2020-21 R1	Dec-22	All participants in the NFI exercise should ensure that they maximise the benefits of their participation. They should consider whether it is possible to work more efficiently on the NFI matches by reviewing the guidance section within the NFI secure web application.		The available guidance within the NFI is considered at the outset of work on NFI matches. The available guidance is utilised as a reference point throughout the exercise to ensure efficient and accurate completion.  Additionally, NWSSP are undertaking a review of Creditors matched data across NHS Wales NFI data reports with intent to maximise value from work around reviewing these match types.	Director of Finance	Head of Local Counter Fraud	Completed			Completed		
National Fraud Initiative in Wales 2020-21 R3	Dec-22	Audit committees, or equivalent, and officers leading the NFI should review the NFI self-appraisal checklist. This will ensure they are fully informed of their organisation's planning and progress in the 2022-23 NFI exercise.		The NFI self-appraisal checklist has been completed and received as part of the agenda of the Health Board's Audit & Risk Committee.  Completion of the self-appraisal checklist resulted in identification of actions relating to progress reporting and operational completion of the 2022-23 NFI exercise.	Director of Finance	Head of Local Counter Fraud	Completed			Completed		
Transformational Leadership Programme Board - Baseline Governance Review R1	Dec-22	Strategic planning and applying the sustainable development principle Our work found opportunities for the TLPB to strengthen its planning arrangements and demonstrate how it is acting in accordance with the sustainable development principle (as set out in the Well-being of Future Generations (Wales) Act). The principle should be integral to the TLPB's thinking and genuinely shaping what it does by: a) taking a longer-term approach to its planning beyond five years, b) ensuring greater integration between the long-term plans of the four statutory bodies of the TLPB, and c) improving involvement of all members of the TLPB to ensure an increased voice for non-statutory partners and a better understanding of the purpose of the RPB more generally.		Agreed. Although the sustainable development principle is a fundamental consideration in all decision making, this will be made more explicit in reports to TLPB and RPB going forward. Transition to a new delivery plan has been completed and work will continue to integrate the long term plans of the four statutory bodies improve involvement of non-statutory partners	Director of Strategy & Transformation	Head of Regional Collaborative Unit	31 March 2023			In Progress	February 2023 - No further update. Ongoing action	
Transformational Leadership Programme Board - Baseline Governance Review R2	Dec-22	Governance Arrangements The Cross-Cutting Programme Board is yet to be established. It is intended to oversee the development and delivery of regional cross-cutting services and could have a role ensuring a more coherent and impactful integrated community model. The TLPB should establish the programme board to ensure that decision making arrangements are in place to help resolve cross-cutting issues and risks brought to the attention of the RPB.		Agreed. The governance arrangements beneath the RPB will be reviewed to establish a new integrated leadership board and integrated resources group	Director of Strategy & Transformation	Chair of the TLPB	30-Jul-22			Completed	February 2023 Update - this is now established and has been in place since end of summer 2022	
Transformational Leadership Programme Board - Baseline Governance Review R3	Dec-22	Performance Management The outcomes and performance framework was still being finalised at the time of our review. The TLPB needs to finalise and implement the framework, ensuring it contains quantitative and qualitative measures that will enable the RPB to demonstrate outcomes and impact.		Agreed. Work is ongoing in relation to the performance framework in support of the new delivery plan and this will also need to reflect changes arising from the population needs assessment	Director of Strategy & Transformation	Head of RCU	30 September 2022			In Progress	February 2023 Update - the outcomes and performance framework is still being finalised	
Transformational Leadership Programme Board - Baseline Governance Review R4	Dec-22	Risk Management Our work found areas of risk management that need to be improved, particularly in relation to regional workforce planning. The TLPB should strengthen regional risk management arrangements by improving the identification and prioritisation of shared risks and ensuring mitigating actions are robust and clearly articulated		Agreed. Within the new governance structure there will be an integrated resources group which will be tasked to develop the risk management framework.	Director of Strategy & Transformation	Chair TLPB	31 March 2023			In Progress	February 2023 Update - no update provided on this occasion	
Transformational Leadership Programme Board - Baseline Governance Review R5	Dec-22	Regional Commissioning Unit Our work found that the lack of capacity within the RCU was leading to some delays in progressing actions. The work of the RCU is crucial to the continuing success of the TLPB. The TLPB needs to consider how it can build capacity and maximise resources to support the TLPB and minimise overreliance on a small team.		Agreed. Additional infrastructure has been agreed to support dementia work and NEST framework and capital. Additional capacity will also be identified from partner organisations to support the programme delivery.	Director of Strategy & Transformation	Head of RCU	31 December 2022			In Progress	February 2023 Update - no further update, ongoing action	
Transformational Leadership Programme Board - Baseline Governance Review R6	Dec-22	Use of Resources Improving the health and social care outcomes of the region will require efficient and effective use of combined resources. Our work found that there had been some limited examples of pooled budgets and other arrangements for sharing resources. The TLPB needs to explore more innovative ways of sharing and pooling core		Agreed. The development of the RIF delivery plan is only one funding stream and TLPB recognises that we will need to align core budgets, for example around children with complex needs. This will be addressed through the planning cycle in advance of 2023/24	Director of Strategy & Transformation	Chair TLPB	31 March 2023			In Progress	February 2023 Update - ongoing action as currently in the planning cycle so this work is being taken forward.	
Transformational Leadership Programme Board - Baseline Governance Review R7	Dec-22	Regional workforce planning Like many parts of the public sector, the region is experiencing significant workforce challenges. The TLPB needs to consider how it can facilitate a regional and strategic approach to addressing these challenges and to help it deliver its priorities		Agreed. Regional workforce development arrangements exist through SCWDP Board workforce development group and work is underway to strengthen links with RPB and Health	Director of Strategy & Transformation	Chair TLPB	31 March 2023			In Progress	February 2023 Update - needs to be established as part of agenda/working arrangements under the ILB	