



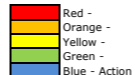
Ref	Date added	Recommendation	Priority	Management Action Agreed	Responsible Executive Lead	Responsible Management Lead	Original Agreed Implementation Date	Revised Implementation Date	Status	Progress	Updates During this period/latest update	Previous Updates
R2 Follow Up Outpatient Not Booked	Oct-17	Ensure 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 through 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		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.	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 Resettling. 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.
Discharge Planning 03	Jan-18	Patient leaflet: Adapt the community hospital patient leaflet so it is relevant for patients staying in acute hospitals, setting out: <input type="checkbox"/> information about the discharge process, <input type="checkbox"/> how the patient and family will be kept informed of the discharge process; <input type="checkbox"/> arrangements that the patient may need to make (such as arrange transport); <input type="checkbox"/> information about follow-up care; and <input type="checkbox"/> the complaints process.	Medium/ Low	A patient information leaflet is already in place and used on the community hospital sites. The UHB will now consider the development of an acute hospital information leaflet.	Chief Operating Officer		Sep-18	February 2021 May 2021 August 2021 Now December 2021 Now June 2022 Now October 2022	Completed		December 2022 Update - In line with other areas, specific information is provided to patients within the former Merthyr Cynon Integrated Locality Group (ILG) when necessary though there is no consistent approach across all areas. The approach may need to be looked at going forward through CTM UHB.	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. This specifically includes a work stream on discharge planning and managing stranded patients. The programme structure and governance has been reviewed and signed off by Exec and Management Board and is scheduled for review by the Q&S Committee in May 2021. Mobilisation of Unscheduled Care Improvement Board in April 2021 with the detailed project development of the identified work streams to be completed in May 2021 and beyond. Review of programme by Q&S Committee in May 2021. September 2021 Update. Following the continuation of Unscheduled Care Improvement Board in April 2021 with the detailed project development of the identified work streams to be completed in May 2021 and beyond. Review of programme by Q&S Committee in May 2021. The Q&S Committee approved the plans of the Urgent Care Improvement Programme (UCIP) in May 2021. The work streams include consideration of Flows in Hospitals and this issue will be picked up via that route. It is likely that there will need to be discussions with ILGs as the plans will be slightly different for each ILG. 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. November 2021 Update - a meeting has been held with Patient Safety colleagues to discuss this issue and the view is that there is significant information available through the UHB which would provide patients with a range of information of use to them. It is recognised that there is little standardisation and this will be reviewed again - this is an area where the impact of COVID 19 has had a real impact. February 2022 Update. Following discussion, all Nurse Directors have been asked specifically about the discharge information available, given that the implications of covid have made the development of a patient leaflet impossible. So far responses indicate that patients receive discharge information as appropriate even if not in one leaflet form. This will be confirmed at the next meeting. April 2022 Update - Confirmation received from two ILGs that there is appropriate discharge information available across sites - waiting for confirmation from one remaining ILG. Will then be complete. June 2022 Update. No further action here - will be a priority for August 2022. August 2022 Update - Final response awaited from one ILG, has been chased. October 2022 Update - No further
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		December 2022 Update: External Review of Medical Records took place between 14 and 18 November 2022 as planned. Report due on 7 December 2022. On track to meet completion in October 2023 as outlined in the October 2022 update.	Update January 2020 The completeness of the documentation is the responsibility of multiple staff groups across the hospital sites. Both the content and quality of the record will be improved through the plans now being implemented to commence digitisation in November 2019. This process will reduce the risk of documents being lost from within the record as they will be scanned and held digitally. E-forms will also be introduced to capture information electronically, live at the point of care. These forms will be structured and will require the clinical user to provide answers to mandatory questions and use standard terminology through the use of drop-down menus. This should aid completeness and accuracy, as well as legibility of information captured. Digitisation of the critical mass of active patients is expected to take 2 years to complete, but improvements will begin for individual patients from the point of go-live. Rollout of e-form development is planned to commence in April 2020 and this will involve a development programme gradually converting existing paper forms to e-forms. Work will be done to identify those which are highest priority for development, but this is likely to target the highest volume and least complex forms in the first stages. These measures will assist in regards to the completeness of the record and the timely availability of information. Greater focus is needed on every aspect of medical records management, which is clinically led and an organisation wide. 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. January 2021 Update In response to internal 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. 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.
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		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 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.	High	Organisational quality priorities are expressed within the CTMUB 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	01/06/2022 Now August 2022 Now September 2022 Now November 2022	Completed		December 2022 Update - The Quality Strategy was presented to Q&SC and signed off. It is currently in its final stages of preparation for translation and print.	September 2021 - No update received. November 2021 - No further update provided. January 2022 update in light of the recent publication of the National Quality & Safety Framework the organisation has undertaken a gap analysis and has presented the findings to the Quality & Safety Committee in December 2021. Timescales were agreed for a revised Quality and Safety Governance Framework to be presented to the Quality & Safety Committee in March 2022. 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. 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. June update: Draft Quality Strategy is being further progressed with its status being at the pre engagement with stakeholders position. Internal and external stakeholders to be engaged with virtually to progress. Final draft Quality Strategy to be presented to July 2022 Quality & Safety Committee. July 2022 Update - Quality Strategy is in the stakeholder engagement phase and will be presented as a completed draft to Board in September 2022. October 2022 Update-further development work has taken place on the Quality Strategy following feedback on draft priorities. Draft priorities taken to Exec-led Pt Safety meeting, ELG, Q&S Committee, and stakeholder engagement sessions. A draft version of the strategy is being reviewed by the Executive Director of Therapies & Health Science week commencing: 10/10/22, with a plan for final review and sign off via Q&SC in November 2022
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: • 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	01/03/2022 Now June 2022 Now December 2022	In Progress		December 2022 Update - The Quality & Safety Framework first draft will be available end of December 2022. Quality Strategy update as in R1.	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 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 CSGs. 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.
Audit Wales/HI W Quality Governance Follow Up Review R3.5	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	High	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 Committee and Board. The new measures will utilise, where possible, control limits, targets and trajectories. Once for Wales will support the HB to benchmark against other HBs.	Director of Nursing		Oct-21	Now June 2022 Now October 2022	Completed		December 2022 Update - The Quality Dashboard report to Q&SC continues to provide information and assurance on the breadth of health boards services and performance with spotlight focus on issues of concern to the Board. It is anticipated within the new operating model structure that in addition to the overarching report, each Care Group will be invited to present Q&PSE reports in turn to Q&SC to provide enhanced granular assurance.	September 2021 - No update received. November 2021 - No further update provided. January 2022 update - Quality Dashboard and new metrics agreed at Quality & Safety Committee and presented at each meeting. Work continues in relation to developing population outcomes measures linking with the organisational outcome strategy work. Benchmarking opportunities across Wales remains limited. ILG performance meetings include a section on Quality & Safety metrics led by the Executive Nurse Director. Update April 22. Quality metrics and template reporting agreed by ILG Q&PSE and data team to ensure that Q&SC receive a robust, consistent measure across the HB. The NHS Delivery Unit are developing their quality & patient safety dashboards to permit a greater ability to benchmark across the organisations, as well as sharing and learning opportunities. July 2022 Update - ILG's present an agreed consistent set of Q&S metrics to committee and Boards. An overarching report is produced by the central team to illustrate themes and trends, hot spots and analysis. This will need refining within the new organisational model to maintain good line of sight on services. Further development of the data is planned to improve understanding, target and trajectory setting, bed days etc. The DU dashboards are included in the Q&SC quality dashboard report. OFW incident module functionality has been implemented since April 22. October 2022 Update - No further update provided on this occasion
Audit Wales/HI W Quality Governance Follow Up Review R3.6	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	High	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	Now July 2022 Now August 2022 Now September 2022 Now November 2022	Completed		December 2022 Update - Quality Strategy complete (R1). Greater articulation and clarity in relation to responsibilities will be provided within the Q&S Framework.	September 2021 - No update received. November 2021 - No further update provided. January 2022 update-AS ABOVE. April 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. June update: Draft Quality Strategy is being further progressed with its status being at the pre engagement with stakeholders position. Internal and external stakeholders to be engaged with virtually to progress. Final draft Quality Strategy to be presented to July 2022 Quality & Safety Committee. July 2022 Update - Quality Strategy is in the stakeholder engagement phase and will be presented as a completed draft to Board in September 2022. October 2022 update-Quality Strategy update as ref:R1. Clinical Executive Director attendance at weekly Patient Safety Meeting.
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		December 2022 Update - There are still barriers in place within IT infrastructure support to progress the automation element of civica via sums. To ensure that feedback is received the team are looking at different mechanisms to ensure feedback is collated. Have your say cards are being completed and forwarded across to the civica team to upload on the system however this is limited due to staffing. Civica team are reviewing the equipment/boxes that are on sites across CTM to facilitate the collection of feedback to ensure these are in place. Pilot of volunteer patient feedback team is due to start in POW in December 22.	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 CTMUB 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). Jan 2022 Update: Problems seen in automating Civica to CTM patients via SMS due to IT resource issues. Business Case is being 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 be 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 YCCC 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 firm in sessions for staff are planned for June/July across acute sites to demonstrate 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. November 2021 - No further update provided. January 2022 update The organisations Listening & Learning Framework has been shared for consultation. A quarterly Shared Listening & Learning Forum is in place with key membership from across the central team and ILGs. April 22 - The Listening & Learning Framework had developed and will embark on next steps during May 22 comprising of a series of engagement workshops to ensure that this is a cross organisational system that will ensure that our workforce learn and improve in a way that is relevant and easily accessible to them. July 2022 Update Listening & Learning Framework has been further developed and will be completed in draft for the September Q&S committee. A Listening & Learning Event is planned for September 2022 to facilitate the launch of the framework and share organisational good practice. October 2022 update: 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. The Listening & Learning Framework recognises that the Care Groups and Clinical Service Groups and Corporate Functions have internal governance and learning structures. This Framework, therefore, seeks to complement and build on these arrangements by adding a strategic approach to support the organisation to listen and learn lessons from a range of internal and external sources, to record, store and use this learning to share knowledge, shape change and create opportunities to develop excellence in practice. A Learning repository has been developed on SharePoint and is currently focussing on collecting learning from frequently occurring patient safety incidents. Inputting evidence will be applied in a phased approach and based on themes and trends arising from incidents and concerns, as well as evidence of good practice and improvement activities. A quality assurance process is in place to ensure the learning identified is
Audit Wales/HI W Quality Governance Follow Up Review R6.3	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	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	Now May 2022 Now September 2022 Now December 2022	Completed		December 2022 Update - This action is complete	



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 RB.2	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	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	Now end of May 2022 Now December 2022 Now January 2023	In Progress	December 2022 - No further update against this action.	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 EQJA and depending on the outcome score of the EQJ 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/Aoends for Quality, Patient Safety & Patient Experience Meetings and September 2021 - No update received. November 2021 - No further update provided. 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 2022. 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/Agends 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 proactive enquiry and continually innovation health care services and the experience of our workforce	
Audit Wales/HI W Quality Governance Follow Up ReviewRB.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	December 2022 Update - Listening & Learning Framework launched. Repository of Learning in place and accepting themed learning i.e. medicines safety, falls. Listening & Learning next event planned for March 23 with the theme of learning from external reviews.	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 E-Learning Teams to finalise and Level 2 development has been commenced. 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. The Health Board is working with All Wales colleagues to ensure a consistent approach to risk is adopted and transferable across Wales. November 2021 - 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 E-Learning 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. 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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 outline 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.	
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	December 2022 Update - This recommendation is dependent on the implementation of the OFW Risk Module as the intention is that the training will include how to undertake a risk assessment utilising the risk module on Datix. The pace of implementation on the new module has slowed and therefore the work in this activity has not been progressed. A meeting has been scheduled in early December with a small cohort of risk leads across NHS Wales and the OFW System Lead to undertake some work on the progress of the module developments. A further update will be available following this meeting with a greater insight into an anticipated implementation date. In the meantime monthly training continues with sessions booked in for the remainder of 2022 and 2023. In the meantime the revised Risk Assessment Procedure which is planned for approval in December 2022 strengthening the process for risk and training opportunities.	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 E-Learning Teams to finalise and Level 2 development has been commenced. 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. The Health Board is working with All Wales colleagues to ensure a consistent approach to risk is adopted and transferable across Wales. November 2021 - 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 E-Learning 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. 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Audit Wales/HI W Quality Governance Follow Up Review R11.5	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	Ensure LFRs have local ownership and are shared across the HB localities, identifying themes and trends.	Director of Nursing	Head of Concerns & Legal Services	Dec-21	February 2022 Now March 2022 Now December 2022	Completed	December 2022 Update - A data update and validation exercise has taken place in CTM in respect of LFRs. A reconciliation has taken place with WRP and CTM data, with these correlating for the first time, therefore giving confidence in the data. Better reporting and tracking is now in place. The launch of the new Incident Management Framework reinforces the need for learning and capturing of learning within Datix Cymru. This has been supported with various training from the Central Patient Safety Team, Claims team and OFWCHS Datix Team. The LFER SOP and How to Guide remains extant. Changes will be required to the SOP when the changes following the operational model review are implemented, this will have greater focus on the PSIMs facilitating completion of the LFRs. Close monitoring of LFRs is regularly undertaken in the weekly data review with the Assistant Director of Claims & Concerns, Patient Safety and the Heads of Quality & Safety, with this being fed back to the Weekly Executive Patient Safety meeting. £12.4 million has been approved for reimbursement by WRP for historic LFRs in the past few months. The Listening and Learning Framework was launched in September at a Listening and Learning Day. Key to this is a central learning repository, whereby learning can be uploaded and shared across the organisation.	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 E-Learning Teams to finalise and Level 2 development has been commenced. 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. The Health Board is working with All Wales colleagues to ensure a consistent approach to risk is adopted and transferable across Wales. 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Audit Wales/HI W Quality Governance Follow Up ReviewR1.6	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	December 2022 Update - There are no incidents within the holding area of the Health Board's legacy system. A small number remain under investigation which relate to delays in treatment or admission. These are currently being reviewed. For all incidents identified as requiring migration to Datix Cymru, the exercise has been completed. In relation to new incidents reported within Datix Cymru, a detailed data validation process is being produced, to be fully implemented across the Health Board from the 01.01.23. In addition to this weekly audits of closed incidents undertaken by the Business Intelligence Team are to be introduced.	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 E-Learning Teams to finalise and Level 2 development has been commenced. 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. The Health Board is working with All Wales colleagues to ensure a consistent approach to risk is adopted and transferable across Wales. November 2021 - 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 E-Learning 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 - 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 Cymru Risk Module to ensure that any September 2021 Update - Development of Framework for Learning will support this. November 2021 - Learning Framework under development, and review of assurance meetings to support cross-organisational learning feeding into the review of the Health Board Operating Model. Timescales likely to slip due to the engagement on any potential changes to the Operating Model. Process for sign-off of LFRs being reviewed in line with the recommendations of the WRP Review (11.3 above). Update February 2022 - Learning Framework DRAFTED and out for consultation. Meetings arranged to discuss LFER responsibilities and monitoring with ILG tripartite. Invites extended to Claims team to meetings with ILGs and CSGs. Weekly updates being collated and monitored on historical LFRs. LFER list all currently being transferred onto Datix IQ. Continued engagement with WRP in respect of improvement plan following the WRP review. Update April 2022 - LFER SOP developed and shared with ILGs/CSGs. All LFER reports now transferred onto Datix IQ. Issues discovered in relation to tracking Amber/Red Deferred cases. Therefore an internal spreadsheet tracker has been developed. This clearly identifies what LFRs are outstanding by ILG and CSG. Graphs developed with a target line to ensure ILGs are on track to meet the target. The first target was 44 by 1st April 2022 - We hit 40, with a further 4 submitted shortly thereafter. June 2022 - The Datix team and the Once for Wales team will be shortly moved into the Director of Corporate Governance's portfolio, with the OFW project coming to an end which will be subsumed into the day to day Datix management. Work continues in respect of LFRs with targets for historic cases and newly triggered cases not being met. Monitored and escalated to Executives every week. SBAR drafted with plan of action to ensure ownership and accountability of learning. Essential that this is taken forward as any outstanding cases over 6 months old will be recommended for a permanent deferral and will serve as a blocker for any future payments within specific service areas. Plans in place to address back log and manage current workload to prevent adding to the pressures and workload, all dependent on resources realised from operating model review and implementation. July 2022 Update - The Datix Team and OFW CM Datix will move to the Director of Corporate Governance from 1st August 2022. The OFW 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 SI'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 outline 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.	



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 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	In Progress		<p>December 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. The centralisation of Quality & Safety (including complaints), will ensure a consistent approach to complaints management across the Health Board. The Complaints Manager has recently commenced in the role and the Head of Concerns has returned from secondment.</p> <p>A key priority remains the review of policies and procedures once the new operational model has been implemented.</p> <p>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</p>	<p>September 2021 Update - Linked to R12.1 above.</p> <p>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.</p> <p>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.</p> <p>June 2022 - Resource for central triage team identified from new operating model, will need to be moved forward imminently due to current vacancies and inability to recruit to vacant posts due to inherited historic budget overspend. Policies and procedures will be revised following operating model changes and once complaints manager is in post.</p> <p>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.</p> <p>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.</p> <p>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.</p>
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		<p>December 2022 Update - There are still barriers in place within IT infrastructure support to progress the automation element of civica via sms. To ensure that feedback is received the team are looking at different mechanisms to ensure feedback is collated. Have your say cards are being completed and forwarded across to the civica team to upload on the system however this is limited due to staffing. Civica team are reviewing the equipment/boxes that are on sites across CTM to facilitate the collection of feedback to ensure these are in place. Pilot of volunteer patient feedback team is due to start in POW in December 22.</p>	<p>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.</p> <p>Jan 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. 'Have your say' card has been replicated in electronic format and optional all surveys 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 to IT resource issues to support implementation.</p> <p>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 12.02.22. Posters containing QR codes are displayed on notice boards in our hospital sites, KIRHP and Dewi Sant. In addition links are available on our internal and external webpages, along promotion on available social media channels.</p> <p>A small card (like a business card) containing a QR code has been developed which will be 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.</p> <p>Exploration is taking place as to how the posters/cards can be promoted within the wider non-health board community settings.</p> <p>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.</p> <p>The number of area specific surveys continues to increase, with Staff engaging with patients and service users via links, QR codes and iPADS.</p> <p>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.</p> <p>Number of specialties engaging with the team to explore the use of the system is increasing and drop in sessions for staff are planned for SEPT 2021 UPDATE -</p> <p>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/departments assurance framework. This will include ward assurance audits, annual audit cycle, single point of data capture and reporting. Also will scope most appropriate IT programme available. Paper to be presented at Q&S committee March 2022.</p> <p>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.</p> <p>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 inpatient 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.</p> <p>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</p> <p>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.</p> <p>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 passed. June 2022 Update - on target for completion by July 2024.</p> <p>July 2022 Update - On track for completion July 2024. October 2022 Update - Remains in progress for completion by July 2024</p> <p>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.</p> <p>Quality & Safety Committee will continue to receive regular updates. This work is being led by RTE ILG Nurse Director Carole Tooley and supported by the Patient Care & Safety central team.</p> <p>August 2022 Update - No update received during this period. October 2022 Update - The Nosocomial COVID-19 Incident Management team have been established. October 2022 Update - The wellbeing of staff remains a key focus in the development and delivery of service recovery plans balancing the requirement for additional resource, and staff wellbeing.</p>
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		<p>December 2022 Update - Listening & Learning Framework launched. Repository of Learning in place and accepting themed learning i.e. medicines safety, falls. Listening & Learning next even planned for March 23 with the theme of learning from external reviews.</p>	
Audit Wales/Hi W Quality Governance Follow Up Review R14.13	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.	High	Undertake audit of compliance against Royal College of Anaesthesia (RCoA) Standards (ACSA process) identify and develop standards to meet with RCoA recommended GPICS (set standards by RCoA for Anaesthetic services) baseline and inform continuous improvement programmes and improve compliance against the standards.	Medical Director		Jul-24		In progress		<p>December 2022 Update - On track for July 2024 completion</p>	
Structure Assessment 2021 Phase 2 R5	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		<p>December 2022 Update - Nosocomial Investigation programme for CTM in place via a dedicated team funded by Welsh Government until end March 2024. Investigation of nosocomial incidents in line with PTR commenced as per National Framework and monitored via a Delivery Unit National Nosocomial Covid-19 Operational Group. Data submitted monthly to the DU for onwards reporting to WG. Investigation of patient nosocomial investigations have commenced and now reporting bi-monthly to the CTM Nosocomial COVID-19 Programme Group chaired by Exec Nurse Director and onto Q&S Committee for the consent agenda.</p>	
Taking Care of the Carers R2	Dec-21	Considering workforce issues in recovery plans NHS bodies should ensure their recovery plans are based on a full and thorough consideration of all relevant workforce implications to ensure there is adequate capacity and capability in place to address the challenges and opportunities associated with recovering services. NHS bodies should also ensure they consider the wider legacy issues around staff wellbeing associated with the pandemic response to ensure they have sufficient capacity and capability to maintain safe, effective, and high-quality healthcare in the medium to long term.		The wellbeing of CTMHB workforce is central to plans to support the organisation to recovery from COVID-19. This is evidenced by the investment and scale of input and support provided by the Wellbeing Team to the workforce. Wellbeing will feature strongly through the IMTP to ensure that all colleagues feel supported in their work and able to access appropriate support depending upon their needs.	Director for People	Helen Watkins	Mar-22		Completed		<p>December 2022 update - CTMUHB has maintained a high level of investment and continues to offer a wide range of evidenced based services to staff to promote positive wellbeing in the workforce and offer support, intervention and appropriate signposting when staff are struggling. The Wellbeing Service has broadened its scope to also include the promotion of healthy lifestyles and financial wellbeing signposting. Wellbeing is the first of ten strategic priorities for the People Services Directorate and is strongly featured in the IMTP</p>	
Taking Care of the Carers R3	Dec-21	Evaluating the effectiveness and impact of the staff wellbeing		UHB wide staff survey completed in Aug-Sept 2021 assessed the emotional wellbeing of staff and specifically asked for feedback on current wellbeing services and what more can be provided. Over 2,200 staff participated and gave their insights. In response to the data additional wellbeing workshops on managing sleep and unwinding after work have been developed and are being launched in December 2021. The survey will be repeated again in July 2022	Director for People	Strategic Lead for Wellbeing	Dec 2021	Now February 2023	Completed		<p>Dec 2022 update - The Wellbeing service completed the service review in January 2022 and implemented new workshops on managing sleep and unwinding after work in early 2022 in response to the 2021 Wellbeing Survey Findings. The Wellbeing Survey was repeated in September/October 2022 which 2,692 participants (21.1% of staff). The data has been analysed and the results for emotional wellbeing are similar to those of 2021 with the exception of an increase in stress and burnout rates in staff. The Wellbeing service will continue to provide existing services but will develop more intensive anxiety and stress / burnout management and treatment interventions in addition to the preventative workshops that they currently provide. The results found that 64% of staff do not engage in government recommended levels of physical activity. The Wellbeing Service will develop a Barriers to Exercise course to help staff identify and address what stops them looking after themselves in this way. 54% of staff were found to not eat the recommended five portions of fruit and vegetables a day. The Employee Experience service is working with Catering and other key stakeholders to introduce a Veg Pledge and to introduce fruit and veg stalls in POW and PCH, similar to the pilot that is currently underway at RGH. Both initiatives will increase the amount of healthy food available on site for staff to purchase. The survey will be repeated again in May 2023. The Wellbeing Service continues to meet quarterly with Vivup and remains assured that the counselling and other services provided are clinically and cost effective. The next review will take place in January 2023. All Wellbeing Services interventions continue to be evaluated using a mixture of pre and post clinical outcome measures, participant feedback and feedback from other key stakeholders (e.g. managers and leaders, Trade Unions, Wellbeing Activists and colleagues within People Services). In May and Sept/October 2022 the Employee Experience and Wellbeing Service conducted roadshows across the Health Board to promote the service and to gain feedback on it, canvassing the views of staff regarding current pressures and what more we could be doing to support them. This question was also included in the Wellbeing Survey.</p>	
Taking Care of the Carers R6	Dec-21	Building on local and national staff engagement arrangements NHS bodies should seek to build on existing local and national workforce engagement arrangements to ensure staff have continued opportunities to highlight their needs and share their views, particularly on issues relating to recovering, restarting, and resetting services. NHS bodies should ensure these arrangements support meaningful engagement with underrepresented staff groups, such as ethnic minority staff.		The Employee Experience and Wellbeing services engage regularly with staff to canvass their views on what more can be done to promote their wellbeing in work and enhance their experience of working for CTM. We work alongside and in collaboration with the BAME network, for example, putting on specialist training for them in providing peers support. We are currently undertaking a series of face to face Wellbeing Workshops with Catering and Porter staff whose lack of access to technology makes it harder for them to engage with our services electronically.	Director for People	Strategic Lead for Wellbeing	Completed October 2021	December 2022/Ongoing/November 2022/January 2023	Completed		<p>December 2022 update - The Wellbeing Service continue to provide bespoke interventions for facilities staff when required. The scoping exercise to identify any particular interventions that may be required for catering staff is on track. The Wellbeing Service has recently met with the chairs of the Race Equality Network, LGBTQ+ network and disabled network, to ensure that the services offered are appropriate and accessible to the staff whom these networks represent.</p>	<p>October 2022 Update - We are currently engaging with the Race Equality, LGBTQ+ and disabled networks to seek feedback on the accessibility and appropriateness of the services we offer with a view to amending our practices or delivering more bespoke services if required.</p> <p>During the past 9 months the Wellbeing Service has provided in house Menopause Cafes to Housekeeping staff at the request of managers within the service and will continue to do so if required.</p> <p>The service is also undertaking an exercise currently with Catering managers to explore further support options for staff who find it difficult to access our services via MS Teams. This scoping exercise will be completed by the end of November 2022 and new initiatives designed and delivered by Jan 2023 if required</p>

Red -
Orange -
Yellow -
Green -
Blue - Action

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 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	December 2022 Update - On track for April 2023 completion	October 2022 Update - Will be completed when draft accounts prepared in April 2023.	
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	December 2022 Update - On track for April 2023 completion	October 2022 Update - Will be completed when draft accounts prepared in April 2023.	
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	December 2022 Update - On track for April 2023 completion	October 2022 Update - Will be completed when draft accounts prepared in April 2023.	
Audit of Accounts Addendum 2021/22 R8	Aug-22	Prior to a valuation being undertaken, the Health Board should issue and agree a formal instruction to its valuers.	High	We will agree specifics with the valuers to include location, Gross Internal Area (GIA) and specification of the work.	Director of Finance		Sep-22	Now November 2022	Completed	November 2022 Update - Confirmation of the requirements for instructions to valuers has been received from Audit Wales. It is recommended that this recommendation can now be closed.	October 2022 Update - This risk remain in progress. We have discussed at Capital TAG to see if any organisations have a template that is in use already, this does not exist so we are working with audit to draft a template for future use	
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	December 2022 Update - On track for April 2023 completion	October 2022 Update - Will be completed when draft accounts prepared in April 2023.	
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	In Progress	December 2022 Update - Out for comment and review. On track for December 2022 completion.	October 2022 Update - A draft FCP has been updated and is currently being circulated for review and comment before being brought to the Audit & Risk Committee for sign off in December	
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	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.		