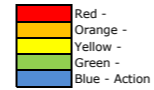




Ref	Date added	Recommendation	Priority	Management Action Agreed	Responsible Executive Lead	Responsible Management Lead	Original Agreed Implementation Date	Revised Implementation Date	Status	Progress	Updates During this period/latest update	Previous Updates
R2 Follow Up Outpatient is Not Booked	Oct-17	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	In Progress	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.	January 2021. Implication of covid have meant that this has not been able to receive the appropriate management focus - this will be remedied in the next month. March 2021. Implication of covid have meant that this issue has not received the appropriate management focus, however in the last month significant work has been undertaken on Demand and Capacity planning. This process has identified in detail the requirements and also the gaps and ILGs have been required to be clear about where they need additional support to deliver improved waiting times for current and future patients. Special importance is being attached to "other ways" of reducing lists and validation will be a focus of this process. This will be reported on in coming months via Performance Review and other meetings. Additional validation resource has been put into place as a short term response to dealing with the impact of Covid which has resulted in many patient pathways being impacted. While this is contrary to the recommendation, it has been a necessary response to the changed circumstances. May 2021 Update - Given the passage of time since this original review, thought will be given to discussing the recommendations of this audit with Audit colleagues. In the meantime, the UHB can offer assurance by confirming that the activity outlined in previous months is continuing and the Elective Recovery Plan is gathering pace and that it is monitored via weekly Board Meetings. July 2021 - work continues via the Planned Care and Unscheduled Care Programmes in line with Resetting. More information will be available at the next meeting. This information is now discussed at ILG level and then monthly at the Performance Review Meetings with the COO - where progress is demonstrated. Harm Reviews are also ongoing. Revised implementation date not provided. September 2021 Update. No change from the last comment. November 2021 Update - There is significant work underway on FUNB and related issues via the Planned Care Board including Follow Up Validations, SOS / PIFU projects, Attend Anywhere, DNA Work, Consultant Connect. There are robust mechanisms in place to monitor progress. Despite the progress and given the passage of time since this audit was completed, changes in management arrangements and the impact of covid 19, conversation is ongoing with colleagues in Audit to decide on how to answer this recommendation in a meaningful way. A meeting will be held before the next Audit Committee to discuss further. February 2022 Update - further discussion required with ILGs, evidence suggests that this is no longer an issue. To be confirmed at next meeting. April 2022 Update - Confirmation not received from all ILGs - anticipate very likely this will be received by the	
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	In Progress	June 2022 Update. No further action here - will be a priority for August 2022.	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 workstream 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 workstreams to be completed in May 2021 and beyond. Review of programme by Q&S Committee in May 2021. May 2021 Update - The Q&S Committee approved the plans of the Urgent Care Improvement Programme (UCIP) in May 2021. The workstreams include consideration of Flows in Hospitals and this issue will be picked up via that route. It is 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.	
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.	Chief Operating Officer		Not specified by the Health Board	October 2020 April 2021 Now March 2022 Now June 2022	In progress	June 2022 - Update Will be available for August 2022.	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 2021. This process will reduce the risk of documents being lost from within the record as they will be scanned and held digitally. However it will not improve the quality of the casenote itself without additional steps being taken prior to digitisation. E-forms will also be introduced to capture information electronically, live at the point of care. These forms will be structured and will require the clinical user to provide answers to mandatory questions and use standard terminology through the use of drop-down menus. This should aid completeness and accuracy, as well as legibility of information 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.	
Clinical Coding Follow Up Review 03	Oct-19	Developing a programme of routine audits of medical records to provide assurance that the quality of medical records is improving;	Medium/ Low	The quality of the patient record has a direct impact on the coders ability to undertake their role. As highlighted previously, work by NWS into the quality of documentation highlighted concerns with loose paperwork, and the filing of deceased patient records. As part of the annual clinical audit and effectiveness plan, there is currently a Health Board wide audit of the quality of case notes. This audit is looking at documentation in case notes and is aligned to the health records committee, however this committee has been disbanded so we are unsure where the results of this audit are reviewed. The current audit plan shows that this audit was also undertaken last year but there is no record of the report. The results of the current audit are due for publication in March 2019.	Chief Operating Officer		Not specified by the Health Board	October 2020 November 2021 Now June 2022	In progress	June 2022 - Update Will be available for August 2022.	Update January 2020 The content and the quality of the Health record is the responsibility of all clinical users adding information to the record and this is monitored and reported by the Clinical Audit team. This is emphasised within staff induction programmes where the importance of accurate Health Records and the impact on Clinical Coding is noted. The Management Board have approved additional resource to recruit a Clinical Coding Auditor/Trainer and our stated intent within our IMTP is to take this action forward utilising this much needed resource. November 2020 Update - this audit work was previously undertaken by the Clinical Audit Department. They may be able to provide an update for this purpose. It was reported at the Health Records Committee but may be reported elsewhere as well. The Committee was not responsible for acting on this report. January 2021 Update The UHB Clinical Audit Team (CAT) currently undertake an annual audit of the quality of case notes which looks at the documentation in case notes and is aligned to the Health Records Committee (HRC) which no longer exists. The Performance and Clinical Information function will shortly begin conversations around areas of overlap between the HRC and PCISG. The outcome of which will inform which group will provide oversight and assurance responsibilities in relation to the results of CAT medical records quality audit. The newly appointed clinical coding trainer has previous experience with auditing and will be undertaking internal coding audits as a part of her responsibilities. The results of these internal coding audits will be made available to the leadership of the Performance and Information (P&I) Directorate and the relevant oversight and assurance groups. May 2021 - No further update to report. July 2021. Information on this recommendation has been received and will be escalated to the ILGs for comment next quarter. Revised implementation date not provided. September 2021 Update. The Clinical Audit Team will be undertaking a documentation audit of both acute and community case notes during October / November 2021 using AMaT (audit management software) to support the data capture. Clinical Audit facilitators will be taking a random sample of case notes to retrospectively conduct the audit and report publication is planned for the end of November. November 2021 Update - nothing further to report at this meeting. February 2022 Update. A response will be available at the next meeting - plan in place to meet the Manager for Medical Records in the next month. April 2022 Update - Nothing further in this month - will be chased again in the coming month. Pressure of work at present is	
Follow Up Review of Operating Theatres 06b	Dec-20	Analyse by speciality/surgeon, where day of surgery admission (DOSA) rates are low. Work with these specialities/surgeons to understand/overcome the barriers to increasing DOSA rates.	Medium/Low	Introduction of the Theatre Scheduling Managers to audit DOSA rates. Working closely with surgeons. Discussion at daily Huddles.	Chief Operating Officer			01/08/2021 Now June 2022	In progress	June 2022 - final confirmation will be available at the August meeting.	DOSA rates are monitored at PCH at RGH. There was limited evidence to indicate whether the Health Board is working with surgeons and/or specialities to secure improvements. As part of the COVID-19 recovery plans further work is planned in this area to maximise capacity as part of the planned care recovery. Scrutiny of information will be undertaken within Integrated Locality Groups March 2021 Update - Nothing further to report this month. May 2021 Update - Work continues across the ILGs in this area. See above regarding plans in MC. July 2021 - No further update provided. September 2021 - No further update. November 2021 Update - Given the lack of Management Action Agreed and the current restrictions on elective activity throughout the UHB it is impossible to add anything meaningful to this recommendation. This audit will be one of those discussed when a meeting is held with Audit colleagues as discussed above. February 2022 Update. Following discussion with colleagues from Audit, tailored queries have been sent to Theatre SGMs across all three sites and a meeting is planned to discuss progress - early indications are that some of the recommendations in this audit may have been met or overtaken by other events and plans. An update will be available at the next committee meeting. April 2022 Update - Very useful meeting has taken place with Audit colleagues and the outcome discussed with Clinical Service Group Managers for Theatres. In Bridgend ILG, a weekly Theatre meeting questions in detail whether every patient (unless obvious major surgery) requires a bed stay - the approach of DSU first is used. In RTE, there has been, since COVID, work undertaken to maximise Day of Surgery Admission to effectively utilise limited green bed capacity. Within MC, DOSA is the approach for all specialities with the exception of major colorectal cases where prep is required the day before the operation. The final answer should be available at the next meeting.	



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Follow Up Review of Operating Theatres 07b	Dec-20	The champions should lead a project with the aim of increasing short-stay surgery rates within the next 12 months.	Medium/Low	ACT have audited Day Surgery admissions	Chief Operating Officer			01/08/2021 Now June 2022		Complete in BILG and RTE	June 2022 - final confirmation will be available at the August meeting.	The champion for short stay surgery at PCH has completed some site -specific audit/improvement work focussing on unplanned admissions following planned day surgery, improving day case laparoscopic cholecystectomies and adequacy of day surgery post-operative analgesia. However, no evidence was provided to indicate whether short stay surgery rates are formally monitored across hospital sites and there is limited evidence to suggest that any projects have been completed across the hospital sites to increase short-stay surgery rates. Due to COVID-19 planned elective work has been affected significantly, opportunities for maximising short-stay surgery will be explored as part of COVID-19 recovery planning. March 2021 Update - Nothing further to report this month. May 2021 Update - This area will form a part of the Theatre Improvement Programme in MC. Nothing further to report this month. July 2021 - No further update provided. September 2021 - No further update. November 2021 Update - Given the lack of Management Action Agreed and the current restrictions on elective activity throughout the UHB it is impossible to add anything meaningful to this recommendation. This audit will be one of those discussed when a meeting is held with Audit colleagues as discussed above. February 2022 Update. Following discussion with colleagues from Audit, tailored queries have been sent to Theatre SGMs across all three sites and a meeting is planned to discuss progress - early indications are that some of the recommendations in this audit may have been met or overtaken by other events and plans. An update will be available at the next committee meeting. April 2022 Update - Very useful meeting has taken place with Audit colleagues and the outcome discussed with Clinical Service Group Managers for Theatres. Following discussion, it seems probable that Short Stay Surgery will be considered as part of the broader Resetting and Theatre Improvement work underway. This will be confirmed at the next meeting and has already been confirmed by Bridgend, MC and RTE ILGs.
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		In Progress	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.	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.
Audit of Accounts Addendum 2020/2021 03	Aug-21	The Health Board should ensure that all relevant declarations are fully disclosed in the financial statements; and that in doing so officers make robust enquiries of the financial ledger to ensure that all transactions and balances are captured.	Medium/Low	Discussions will take place with the relevant offices to ensure that all declarations are fully disclosed and robust enquiries of the financial ledger take place.	Director of Finance		Apr-22			Completed	June 2022 Update - At the time of update the 2021/22 financial accounts have been substantially audited including the related parties note. Although there were some minor amendments on related parties, the declarations were fully disclosed.	September 2021 Update - No update - implemented at year end. November 2021 Update - No update - implemented at year end. February 2022 Update - On track to be implemented by year end. April 2022 Update - To be implemented at year end closedown. Will then be able to move to completed.
Audit of Accounts Addendum 2020/2021 04	Aug-21	The Health Board should ensure that working papers provided at the start of the audit are as described in the deliverables document and have clear cross-referencing to the relevant figures in the financial statements. Also, where spreadsheets are the underlying form of evidence, the Health Board should ensure that all cell values have an appropriate audit trail and that they are never manually input.	Medium/Low	The required working papers will be communicated with the relevant finance officers and a request that these are prepared and available in readiness for Audit review.	Director of Finance		Apr-22			Completed	June 2022 Update - The 2021/22 audit is now substantially complete. While there were some delays in providing working papers on some primary care information, in the main the working papers were provided in a timely manner with clear cross-referencing. We also piloted a new system with Audit Wales which helped assist in providing good working papers in a timely manner.	September 2021 update - Will be implemented at year end. November 2021 Update - No update - implemented at year end. February 2022 Update - On track to be implemented by year end. April 2022 Update - To be implemented at year end closedown. Will then be able to move to completed.
Audit of Accounts Addendum 2020/2021 05	Aug-21	The Health Board should ensure that management reviews the draft financial statements, and makes all corrections necessary to the statements, before submitting them to us and the Welsh Government on the stipulated date.	Medium/Low	Timescales for preparation of the accounts are very challenging, the consolidation of the WHSSC accounts provides a further challenge that is not the case for other HBs. There were also a number of late adjustments to the draft accounts from WG and shared services which impacted on the timescales for 2020/21. During 2020/21 there was also unforeseen sickness in the financial accounts team and there was a new appointment at a senior level within the team. Given this processes and timetables will be reviewed and updated to build in time for sufficient review by Senior Management before the draft accounts are submitted.	Director of Finance		Apr-22			Completed	June 2022 Update - Reviewed accounts were provided in a timely manner for 2021/22.	September 2021 update - Will be implemented at year end. November 2021 Update - No update - implemented at year end. February 2022 Update - On track to be implemented by year end. April 2022 Update - To be implemented at year end closedown. Will then be able to move to completed.
Audit of Accounts Addendum 2020/2021 07	Aug-21	The Health Board should ensure that where required by Welsh Government, its financial returns are based on defrayed expenditure.	Medium/Low	While the error looks significant, the initial figure included does relate to a balance held within the Welsh Risk Pool. It is recognised that the value should be the amounts defrayed therefore working papers and process will be updated to ensure this is included in 2021/22.	Director of Finance		Apr-22			Completed	June 2022 Update - This was completed for the 2021/22 accounts.	September 2021 update - Will be implemented at year end. November 2021 Update - No update - implemented at year end. February 2022 Update - On track to be implemented by year end. April 2022 Update - To be implemented at year end closedown. Will then be able to move to completed.



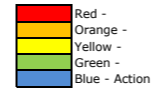
Ref	Date added	Recommendation	Priority	Management Action Agreed	Responsible Executive Lead	Responsible Management Lead	Original Agreed Implementation Date	Revised Implementation Date	Status	Progress	Updates During this period/latest update	Previous Updates
Audit Wales/HI W Quality Governance Follow Up 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 CTMUHB 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	In Progress		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.	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.
Audit Wales/HI W Quality Governance Follow Up Review R2.3	Aug-21	The Health Board needs to take a strategic and planned approach to improve risk management across the breadth of its services. This must ensure that all key strategies and frameworks are reviewed, updated and aligned to reflect the latest governance arrangements, specifically: a- The BAF reflects the objectives set out in the current IMTP and the Health Board's quality priorities b- The risk management strategy reflects the oversight arrangements for the BAF, the quality and patient safety governance framework and any changes to the management of risk within the Health Board c- The quality and patient safety governance framework must support the priorities set out in the Quality Strategy and align to the values and behaviours framework	High	The Health Board's overarching quality priorities published within the IMTP/Annual Plan for 2020-23 are as follows: <ul style="list-style-type: none"> 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	In Progress			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.
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	Part Completed			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.
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	In Progress		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.	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.
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	In Progress		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 drop in sessions for staff are planned for June/July across acute sites to demonstrate how the system works and garner further engagement. Draft pamphlet also pulled together to allow further detail and QR codes to be provided to patients. Exploration of support via the Volunteer Manager to look at volunteers supporting patient feedback within acute settings. A drop in session has been arranged for staff in July at POW and PCH to showcase the system and and raise awareness. 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.	September 2021 Update - CIVICA PM appointed and produced timeline for roll out within CTM. 'Have your Say' generic people's feedback being placed as a link on the CTMUHB intranet page. Plan for Draft People's Engagement document by December 2021. November 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). January 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 iPads 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, KHPH and Dew 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 YCC to capture feedback via iPADS. The number of area specific surveys continues to increase, with Staff engaging with patients and service users via links, QR codes and iPADS. Currently there is no target date for full implementation of the full automated element of Civica which would increase real time response rates. This is due to limited resource with the Information Team. This is included on the Organisational Risk Register. Training continues to be provided to staff across the Organisation in relation to Civica and accessing the information for their areas. a number of training videos have also been developed and are accessible via SharePoint.



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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&L 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		In Progress		UPDATE SEPT 21. There have been 3 Shared Listening and Learning forums since they were created. Prior to the next planned forums there is an opportunity to review the ToR for this forum to ensure it is delivering on the overall aim of shared learning across CTM UHB. There is an Executive commitment to develop a CTM UHB Learning Framework by the end of the year of which the Shared Listening & Learning Forum will form one vehicle for dissemination of learning. 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 serious 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.
Audit Wales/Hi W Quality Governance Follow Up Review R7.2	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	Training module for ward & area audits being rolled out.	Medical Director		Mar-22	Now July 2022		In Progress	June 2022 Update - Due to a departmental restructure a funded resource has been secured to continue the AMaT ward and area rollout across the PoW and RGH to all Nurse Staffing Act wards from 01 July 2022.	September 2021 Update - Training currently provided with a short term training resource in place until end of October 2021. Options appraisal being developed for a sustainable training resource that will enable the HB wide rollout of the Ward and Area module of the AMaT system for all clinical areas. November 2021 Update- A roll out programme has been agreed for all nurse staffing act wards, which is on track for completion by March 2022. February 2022 Update - Plan in place to secure a permanent training resource from the 1 April 2022. Rollout to PCH Nurse Staffing Act (NSA) wards complete, PoWH and RGH on track from completed by the end of March 2022. April 2022 update - The AMaT ward and area module has been rolled out as planned to the PCH nurse staffing act wards in February 2022. However, due the loss of the short term resource, the rollout to the PoWH and RGH NSA wards has been placed on pause. This is pending the outcome of the IMTP review in mid April where the required resource has been identified as an unavoidable cost pressure (£28k). If funding can be secured then the rollout will recommence in July 2022.
Audit Wales/Hi W Quality Governance Follow Up Review R8.2	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		In Progress		September 2021 - No update received. November 2021 - No further update provided. January 2022 Update Quality Plans, Quality Control and Quality Assurance have all now been agreed by Board resulting in the next phase of the maturity framework. Any service changes are now required to have a EQIA and depending on the outcome score of the EQI assessment will determine the sign off process by the Medical/Nurse Director. April 2022-Update Board self assessment of Quality Governance Maturity matrix for 28th April 2022-The Director of Nursing will recommend to the Board the results for Quality Planning, Quality Assessment and Quality Assurance. Quality Safety and Patient Experience Forums now feature across all Clinical Service Groups.
Audit Wales/Hi W Quality Governance Follow Up Review R8.6	Aug-21	The Health Board needs to clarify accountabilities and responsibilities for quality and patient safety within directorates. This must include a review of the Heads of Nursing role in relation to site management and quality and patient safety.	High	Quality Governance Framework to reflect enhanced governance processes	Director of Nursing		Dec-21	01/03/2022 Now June 2022		In Progress		September 2021 - No update received. November 2021 - No further update provided. January 2022 update please cross reference with R1 A revised Quality and Safety Governance Framework is to be presented to the Quality & Safety Committee in March 2022. Update April 2022 - Timescales were agreed for a revised Quality and Safety Governance Framework to be presented to the Quality & Safety Committee in March 2022 - this has been delayed by the proposed new operating model for the organisation to July 22. The delivery of the Quality Strategy has been hampered by the delay of the organisational strategy work which is key to ensure alignment of both strategies. A first iteration of a draft Quality Strategy has been completed with work ongoing with a timescale for completion of end May 2022. There is an ongoing internal audit commissioned of governance processes at service group level to inform the new Governance Framework, the audit team are currently undertaking fieldwork within 3 service groups and the results of this work will lead the design of the new framework granularity of ward to board assurance.
Audit Wales/Hi W Quality Governance Follow Up Review R8.10	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	Ensure the ILG Q&S Meetings receive a formal report from their ILG IPC and Decontamination meetings.	Director of Nursing		Sep-21	Now January 2022 Now June 2022		Completed	June update: The IPC team attend the ILG IPC meetings chaired by the Head of Nursing. The IPC meetings in RTE and MC are held monthly and the IPC meeting in Bridgend meets weekly. The Head of Nursing prepares and presents a report to IPC committee highlighting IPC risks/concerns and issues that require escalation as discussed at the ILG IPC meeting. The Lead IPC Nurse attends IPC committee where the Head of Nursing report is presented.	September 2021 - No update received. November 2021-ongoing discussions with ILG Nurse Directors to formalise the reporting of IPC/Decontamination to each ILG Quality & Safety Committee meeting. Merthyr & Cynong ILG receive a formal IPC/Decontamination report and this will be replicated in RTE ILG who support this recommendation and will commence this process from January 2022 onwards. Discussions to formalise reporting ongoing with BILG. January 2022 update ILG representation present at each strategic IP&C Committee. Discussions are held with the IPC and speciality leads in relation to format and content to formalise and standardise ongoing reporting within the ILGs. April 2022-Update April 2022 - Deputy Lead/Senior IPCN's attend the ILG Quality & Safety Committee meetings. Reporting template needs to be updated and standardised across the three ILG's. Unfortunately, due to staff shortages in the IPC team and the ongoing response to Covid-19, the action remains outstanding.
Audit Wales/Hi W Quality Governance Follow Up Review R10.1	Aug-21	The Health Board must ensure there are clear and comprehensive risk management systems at directorate and corporate level, including the review and population of risk registers. This should include clarity around the escalation of risks and responsibilities at directorate and corporate level for risk registers. This must be reflected in the risk strategy.	High	Risk Training: including the development of a Training Needs Analysis (TNA) in line with All Wales developments, dissemination of the TNA across the Health Board, new risk training programmes which are aligned to the new TNA.	Director of Corporate Governance	Assistant Director of Governance & Risk	Oct-21	Now December 2021 Now April 2022 Now October 2022		In Progress	June 2022 Update - On track. Risk Training continues to be rolled out to service areas on a monthly basis in partnership with ILG colleagues.	September 2021 Update - The Training Needs Analysis is complete, however, the Assistant Director of Governance & Risk is working with peers across NHS Wales to develop Level 1 - 3 Risk Training packages available on the ESR E-Learning platform. Level 1 is currently with ELearning Teams to finalise and Level 2 development has been commenced. 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 ELearning Teams to finalise and Level 2 development has been commenced. Update January 2022 The TNA and development of an All Wales Risk Management Training package has been placed on hold whilst the Once For Wales Risk Management Module is finalised. The rationale for this decision is to ensure that any training developed is aligned to the new module that staff will be expected to use. The Health Board is represented on the Once For Wales Monthly Meetings and the more regular task and finish group meetings. In the meantime, risk management training continues within the Health Board with monthly sessions being held virtually over Teams. April 2022 Update - The implementation of the Once For Wales Risk Module within the Health Board is anticipated circa October 2022. with two pilot sites September 2021 Update - The Assistant Director of Governance Risk represents the Health Board on the All Wales working group for the new risk module and will review the risk management system and processes to align with the new system as it develops. November 2021 - No further update provided. Update January 2022 The Once For Wales Risk Management system is likely to be piloted in two sites prior to implementation across NHS Wales as a whole. As the Health Board is implementing the Incident Module in April 2022 it is anticipated that the OFW Risk Module will be implemented in the Health Board by the end of October 2022. An implementation plan will be developed in conjunction with the Health Board's internal Datix Team. The Health Board is represented on the Once For Wales Monthly Meetings and the more regular task and finish group meetings by the Assistant Director of Governance & Risk. April 2022 Update - The implementation of the Once For Wales Risk Module within the Health Board is anticipated circa October 2022, with two pilot sites going live from the 1st April 2022. The Health Board is represented on the relevant groups by the Assistant Director of Governance & Risk.
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		In Progress	June 2022 Update - Progressing on an All Wales basis. Impelementation dependent on roll-out of risk module in Once for Wales.	September 2021 Update - This action is linked to the IA tracker to monitor actions in response to recommendations from the Risk Management Audit. November 2021 - No further update provided. Update January 2022 This action is linked to the IA tracker to monitor actions in response to recommendations from the Risk Management Audit, all on track to complete by April 2022. April 2022 Update - Internal Audit are undertaking a review of Risk Management in March 2022 with a reflection on the Health Board's response to the findings raised in the previous Audit. It is hoped that this new review will confirm that all previous recommendations have been addressed and this action will shortly close.
Audit Wales/Hi W Quality Governance Follow Up Review R10.5	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	Implement recommendations from Internal Audit on Risk Management to strengthen risk identification, management and assurance.	Director of Corporate Governance	Assistant Director of Governance & Risk	Mar-22	Now April 2022		Completed	June 2022 Update - Risk Management Internal Audit in draft with Reasonable Assurance. Risk Management Strategy and policy in place. Regular updates on risk register being completed by ILGs and corporate to ensure live RR document.	September 2021 Update - This action is linked to the IA tracker to monitor actions in response to recommendations from the Risk Management Audit. November 2021 - No further update provided. Update January 2022 This action is linked to the IA tracker to monitor actions in response to recommendations from the Risk Management Audit, all on track to complete by April 2022. April 2022 Update - Internal Audit are undertaking a review of Risk Management in March 2022 with a reflection on the Health Board's response to the findings raised in the previous Audit. It is hoped that this new review will confirm that all previous recommendations have been addressed and this action will shortly close.



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Audit Wales/HI W Quality Governance Follow Up Review R11.1	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	Datix Management being moved from H&S function (DoPpl) into Patient Experience function (DoN) to align with the development of Once for Wales. The tool will be a key mechanism to feed the Listening & Learning Forum of the Health Board.	Director of Nursing		Oct-21	Now September 2022	In Progress			September 2021 - No update received. December 2021 Update - Welsh Risk Pool and Internal Audit Review have been undertaken and a management response is under development, one key area including is learning. A Health Board Learning Framework is under development in conjunction with Quality & Patient Safety and Concerns & Legal Services. Links made with the OWCMS project manager for CTM to ensure that training is provided on recording actions and learning and capturing supporting evidence. January 2022-update Following a change in Executive portfolios it is likely that the Datix team will transfer into the Director of Corporate Governance portfolio; prior to this change happening we need to understand the transfer of resource required; discussions are continuing with the Executive Director of Nursing, Executive Director of People and the Director of Corporate Governance. Several modules have now gone live within the O4W National Project including CIVICA patient feedback system which has been launched across CTM by the O4WCMS project manager. April Update 2022- The Datix Team work closely with the ILG Governance to embed the system and support the triangulation of information. Weekly data meetings are held and reports provided in relation to the range of metrics held within the system. Further work is required to strengthen the use of the actions functionality within the system to capture learning effectively.
Audit Wales/HI W Quality Governance Follow Up Review R11.2	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	Training is provided to staff ahead of introduction of the new RLDatix Once for Wales, on each relevant module. Training will include feedback to reporter (ie claims & redress 07/06/2021).	Director of Nursing		Oct-21	Now July 2022	In Progress	June 2022 Update - Training continues to be provided across the Organisation in relation to Datix Cymru, with over 50% of responsible managers trained. Further ways of communicating key messages and updates are being explored. The proposed new operating model will impact in the roll out of data extraction training due to the significant amendments required in the core functionality (Hierarchy) of the system.	September 2021 - No update received. November 2021 - No further update provided. January 2022 update Datix training is delivered within the ILGs facilitated by the central Datix team; it is expected that all line managers undertake initial Datix training and that staff have access to Datix training during their induction period. April 2022 Update - As part of the introduction of the Datix Cymru a training plan was developed. The Claims & redress functionality was introduced in June 2021 and all users received training prior to being granted access to the system. The Feedback functionality was introduced in the July 2021 and again all users were trained prior to being granted access to the system. Incident training for the new system commenced in March 2022, and continues to be delivered to all responsible managers across the organisation. To support the training of all functionalities a number of videos and users guides have been developed and are being made available via the SharePoint site. As part of the process for setting up a new account all users are provided with training appropriate to the actions they are required to take within the system. A log of all users trained is maintained by the Datix Team. Some challenges remain with the reporting element of the new system, which are being addressed. The aim is to commence delivery of data extraction and reporting from June 2022 onwards.	
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 LFERs have local ownership and are shared across the HB localities, identifying themes and trends.	Director of Corporate Governance	Head of Concerns & Legal Services	Dec-21	February 2022 Now March 2022 Now December 2022	In Progress	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 OW project coming to an end which will be subsumed into the day to day Datix management. Work continues in respect of LFERs 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.	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 LFERs 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 triumvirate. Invites extended to Claims team to meetings with ILGs and CSGs. Weekly updates being collated and monitored on historical LFERs. 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 LFERs 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.	
Audit Wales/HI W Quality Governance Follow Up Review R1.6	Aug-21	The oversight and governance of DATIX must be improved so that it is used as an effective management and learning tool. This should also include triangulation of information in relation to concerns, at a directorate or corporate level, and formal mechanisms to identify and share learning.	High	Review all backlog incidents to eliminate duplicates and ensure correctly identified/categorised.	Director of Nursing		Oct-21	Now August 2022	In Progress	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.	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.	
Audit Wales/HI W Quality Governance Follow Up Review R11.7	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	Clear the backlog of all legacy incidents.	Director of Nursing		Jan-22	Now End of February 2022 Now August 2022	Part Completed	June 2022 Update - Maternity & Neonatal SI cases are now complete. All cases have gone through PTR assurance panels. Datix is currently in progress of being updated and the cases closed. The next steps are to meet families to provide feedback if they wish. This is expected to take until September 2022.	September 2021 Update - maternity and neonatal backlog being addressed through fortnightly assurance panels, supported by the NHS DU. Reports on progress will be presented to Q&S, IMSOP Board and MNIB. November 2021 - No further update provided. January 2022 update-refer to R11.6 above Significant work has been undertaken in Maternity and Neonatal Services supported by the Delivery Unit; the majority of backlogged SI's are now complete with residual numbers due to be completed by the end of February 2022. Update April 22 - all 72 cases have now been investigated and closed. There are residual PTR considerations, with which the central team will co-ordinate PTR panels to address and support clinical colleagues to engage with women and families. This work will take 4-6 months to complete.	
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 Corporate Governance	Head of Concerns & Legal Services	Mar-21	Now March 2022 Now December 2022	In Progress	June 2022 - Resource for central triage team identified from new operating model, will need to be move forward imminently due to current vacancies and inability to recruit to vacant posts due to inherited historic budget overspend. Policies and procedures will be revised following operating model changes and once complaints manager is in post.	September 2021 Update - Linked to R12.1 above. - Revised procedures for concerns handling and categorisation to support effective triage underway in response to IA Audit on Concerns. Training programmes under development to support new approach and will include customer care training at induction as well as more focussed training on investigation and complex case handling. In response to the WRP Review, training for Board members will be arranged. Update February 2022 - Included in Improvement Plan as per R12.4 above. Update April 2022 - Pilot triage process underway, however, not using the ideal model for triage. Too early to determine effectiveness. It is hoped that on reviewing the operating model that triage can be built into the new central Governance model going forward.	
Audit Wales/HI W Quality Governance Follow Up Review R12.6	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	Continue to roll out the RCA training module and monitor attendance of ILGs on the training.	Director of Nursing		Dec-21	Now May 2022 Now July 2022	In Progress	June 2022 Update - Incident Management Framework has been launched 08.06.22. This framework outlines the investigation process of correct steps, documentation, family & staff support to complete when undertaking an investigation following an incident. Drop in sessions are provided for governance teams for any queries they have relating to the framework. All documents to complete investigations are now readily available on sharepoint. Further work is planned to enhance the digital appearance of the documents. Refreshed RCA training is in development with the first session planned for 30th June. This will be an interactive session with a presentation, break out rooms for group work and a session provided by our PTR colleagues. Initially training sessions will be fortnightly, one full day delivered in each ILG. Training will then continue monthly. Training will be logged on ESR to ensure there is Health Board oversight of attendance.	September 2021 Update - RCA training has continued on a monthly basis. As a result of changes in national reporting requirements and a proportionate approach to incident investigation, a toolkit is being developed to include a greater range of investigation methodology. November 2021 - No further update provided. January 2022 update RCA training has been re-vamped in light of the new National Incident Framework. Our current SI toolkit has been reviewed and revised in light of these changes and is currently out for comments. Attendance and monitoring of RCA training is held by the ILGs Head of Quality & Patient Safety. Update April 22 - New Incident Management Framework has been consulted on, delayed implementation whilst new incident module was introduced in April 22 and will be launched in May 22. RCA training package is being updated to reflect the new national guidance, framework and proportionate investigation tools. Bespoke RCA training has continued to areas on request such as mental health, executives, maternity and neonates until the new package is launched in May 22.	



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 R13.5	Aug-21	The Health Board must ensure the timely development of a Values and Behaviours Framework with a clear engagement programme for its implementation	High	Values-Based Leadership Workshops, currently under development. Team Behaviour Health Check - Values based team self assessment tool for managers	Director for People		2021/2022	Now March 2023	In Progress	June 2022 update - Values Based Leadership workshops reviewed and condensed for quicker delivery and for ownership by managers / team to lead themselves. Discussions happening at ILG level to agree dates.	September 2021 - 20th Aug - Values Based leadership and culture workshop delivered to Exec Team. workshops have taken us deeper into understanding how culture works and the perceived gap between our ideal culture and our existing culture. It highlighted that whilst we have a structure that is ideally designed for Population Health, our culture, systems and processes are not yet fully aligned. It has therefore been agreed that we will run follow up workshops with Executives and their reports, with a stronger forensic lens on the leadership of their senior management teams. It has also been agreed that these workshops will be delivered to the ILG Directors in each of our ILG's, and later cascaded down to the Clinical Service Group Directors. To date we have delivered one further workshop with the Director of Strategy and Transformation and members of her team, and have a further session booked with the Bridgend ILG Directors. November 2021 - No further update provided. January 2022 Update - Values Based Leadership / Leadership Impact on Culture sessions delivered to Workforce and OD Senior Management team and Bridgend ILG Directors. Follow up sessions in planning stages intended to explore outcomes from first session and how to continue towards an ideal culture state. RTE ILG Directors to schedule session by March 2022 with PCH Leadership teams commenced February 2022. April 2022 Update - PCH Leadership team Values Based leadership ("Leadership impact on culture" sessions held with priority areas - Theatres, ED and Medicine. Further areas for exploration with these teams identified with work ongoing. Other CSG teams in process of being arranged for RTE and Bridgend Localities. Delay in completing these sessions due to limited capacity / availability within leadership teams. Once all leadership teams have received a session and further intention / transformative areas identified (as by-products of this core work) a version of this will be available for any newly established teams in future, rendering this to become a core-business item. Anticipate closure within 3 - 6 months.	
Audit Wales/Hi W Quality Governance Follow Up Review R13.6	Aug-21	The Health Board must ensure the timely development of a Values and Behaviours Framework with a clear engagement programme for its implementation	High	Values-Based Recruitment process and training.	Director for People		Jun-21	Now April 2022. Now May 2022. Now September 2022	In Progress	June 2022 Update - Development of Values Based Recruitment page on the AtOurBest site which will sit alongside an interactive module that talks through the process including examples of values based questions for interviews; this is currently in development.	September 2021 - Mirroring approach of the Values Based Recruitment (VBR) in NHS England, overhaul of current stakeholder and interview selection approach has been overhauled to embed VB interview techniques. Training to be issued in due course once feedback gleaned from pilots. Training will be made available on new LMS from November. November 2021 - No further update provided. Feb 2022 - The first iteration of the process has been designed and some pilots have taken place to determine the effectiveness of the process. Whilst some elements are being used more readily in selection activity (values based questions) there is further work required to create a more inclusive and engaging process. In March work will be undertaken to consult more broadly on the results of the pilot work with key stakeholders to determine a final approach to the VBR process at CTM. A dedicated training package is being designed through March and implemented through April. April 2022 Update - At CTM we have incorporated VBR into our recruitment processes. Our Values are now a key part of the stakeholder panel with the 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.	
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	Part Completed	June 2022 update- Work continues to promote the CIVICA system with patients and staff via social media and intranet pages. A banner is being developed and will be located around CTM with a link to the "Have your say" survey and QR code. A WREM survey has been developed to evaluate the system with staff and the benefits of the system to the HB. Number of specialities engaging with the team to explore the use of the system is increasing and drop in sessions for staff are planned for June/July across acute sites to demonstrate how the system works and garner further engagement. Draft pamphlet also pulled together to allow further detail and qr codes to be provided to patients. Exploration of support via the Volunteer Manager to look at volunteers supporting patient feedback within acute settings.	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. 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 wales survey attached, qr codes and posters on display across HB sites and on social media pages. Further exploration of SMS automation of surveys being explored but limited at present due to IT resource issues to support implementation. Delays have been seen due to COVID-19. April 2022-Update The Health Board launched the electronic "Have your Say" and Generic Patient Experience Survey on the 13.02.22. Posters containing QR codes are displayed on notice boards in our hospital sites, KHHP and Dewi Sant. In addition links are available on our internal and external webpages, along promotion on available social media channels. A small card (like a business card) containing a QR code has been developed which will 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 YCC to capture feedback via iPADS. The number of area specific surveys continues to increase, with Staff engaging with patients and service users via links, QR codes and iPADS. Currently there is no target date for full implementation of the full automated element of Civica which would increase real time response rates. This is due to limited resource with the Informations Team. This is included on the Organisational Risk Register. Training continues to be provided to staff across the Organisation in relation to Civica and accessing the information for their areas. a number of training videos have also been developed and are accessible via SharePoint. Exploration of promotion of the Have your say cards is ongoing with the aim of the Patient Experience team, volunteer team, expanding a number of pilots within a number of specialities and will SEPT 2021 UPDATE - Work continuing with IC, action detail reviewed after HIW inspection in Sept 21 requiring review of scope of work and delivery plan. UPDATE Nov 21. Head of Professional Standards leading a project to work with ILG governance leads and ILG Nurse directors to produce a ward/department 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. January 2022 update As part of the PCH Improvement Programme we have implemented a ward assurance framework and tested across all In-Patients wards on PCH. This information is now captured electronically on the AMaT system. Following the successful implementation of the ward assurance framework the same will now be rolled out across the organisation.	
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	In Progress			
Audit Wales/Hi W Quality Governance Follow Up Review R7.7b		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	June 2022 Update - on target for completion by July 2024	September 2021 Update - A baseline assessment against the ACSA standards being undertaken. This will then form the basis of the improvement programmes to develop the service. Completion of process and ACSA accreditation aim July 2024 (usual process 2 years expected from RCoA). Expectation for POW to follow however with theatre changes this will be difficult to complete. November 2021 Update - Theatre improvement programme has been established. April 2022 update - awaiting agreement on a standardised set of HB wide emergency department audits by the nursing unit and identification of a resource to support the Ward and Area module rollout, currently paused.	
Structure d Assessment 2021 Phase 2 R5	Dec-21	The Health Board has undertaken specific work in relation to COVID-19. However, as with other Health Boards, it has yet to finalise a standard framework	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 &	Executive Nurse Director Medical Director		31st January 2022	Now March 2022 Now April 2024	In progress		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	