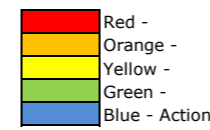




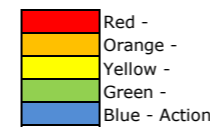
Ref	Date added	Recommendation	Priority	Management Action Agreed	Responsible Executive Lead	Responsible Management Lead	Original Agreed Implementation Date	Revised Implementation Date	Status	Progress	Updates During this period/latest update	Previous Updates
Audit Wales/HIW Quality Governance Follow Up 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.	Medium/Low	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	Now June 2022		In Progress		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/HIW 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.	Medium/Low	One Deputy DoTh and one Assistant Director of Therapies and Health Science posts will be advertised in July 21 these roles will strengthen quality and patient safety functions for therapists and healthcare scientists and work as part of the Executive function and strengthen succession planning.	Director of Therapies		Aug-21			Completed		September 2021 Update - ADoTHS recruited to in August, successful candidate will commence in post December 2021 DDoTHS interview scheduled for 17 September, aiming for candidate to be in post by January 2022
Audit Wales/HIW Quality Governance Follow Up Review R2.1	Aug-21	The Health Board needs to take a strategic and planned approach to improve risk management across the breadth of its services. This must ensure that all key strategies and frameworks are reviewed, updated and aligned to reflect the latest governance arrangements, specifically; a- The BAF reflects the objectives set out in the current IMTP and the Health Board's quality priorities b- The risk management strategy reflects the oversight arrangements for the BAF, the quality and patient safety governance framework and any changes to the management of risk within the Health Board c- The quality and patient safety governance framework must support the priorities set out in the Quality Strategy and align to the values and	Medium/Low	We will introduce a revised approach to the Board Assurance Framework and separate Board Assurance Report.	Director of Corporate Governance	Assistant Director of Governance & Risk	Dec-21	Now March 2022		Completed	April 2022 Update - The revised BAF was presented at the Board Development Session on the 23rd February 2022 with a consultation with the Board initiated. The finalised revised Board Assurance Framework was approved at the Health Board meeting on the 31st March 2022. The Board Assurance Report will now be received as a regular agenda item at Board meetings.	September 2021 Update - The Health Board is currently out to tender for a partner organisation to work with it to review, design and deliver a Board Assurance Framework. The Health Board will work with the successful bidder in partnership to review and refresh a bespoke Board Assurance Framework to ensure it appropriately reflects; i. the four new strategic goals of the Health Board; ii. assurance reporting that supports a streamlined and effective committee and reporting structure; iii. a robust mechanism that reaches into each of the localities and central functions to provide assurance on performance, quality and resources across the breadth of the integrated Health Board; iv. international best practice; and v. the management of board meetings and agendas to be focussed equally on Oversight, Insight and Foresight i.e. balancing the governance of immediate operational priorities with the need to focus on long-term strategic planning. The Bidder will be required to work with the Health Board in realising the ambition and desired outcomes a refreshed assurance framework will bring, identifying measurable benefits and indicators on how it will make a difference to the performance and decision-making of the Board. November 2021 Update - The Health Board has secured a contract with Good Governance Institute to support the Board in the review, design and delivery of the Board Assurance Framework (BAF) of which, risk is integral.



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Audit Wales/HIW Quality Governance Follow Up Review R2.2	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 d- Terms of reference for the relevant committees, including the Audit Committee, OSRC and CBM.	Medium/Low	Board Development Sessions will be undertaken to review and identify the Risk Appetite, Risk Tolerance levels and grading of principal risks aligned to the new Integrated Healthcare Strategy and the direction of travel for the Health Board – i.e. not necessarily cautious across all risk domains. The Health Board's Risk Appetite Statement will consequently be reviewed.	Director of Corporate Governance	Assistant Director of Governance & Risk	Sep-21	Now 31 October 2021	Green	Completed		September 2021 Update - The Board Development Session is scheduled for the 21st October 2021 with the aim of reviewing the Health Board's risk appetite and risk tolerance levels. November 2021 Update - A Board Development Session was held in October 2021 focussing on a formal review of the Health Board's principal risks and Board risk appetite, the outcome of which will inform the development work with GGI.
Audit Wales/HIW 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	Medium/Low	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	Now March 2022 Now June 2022	Yellow	In Progress	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.	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
Audit Wales/HIW Quality Governance Follow Up Review R3.1	Aug-21	Ensure there is collective responsibility for quality and patient safety across the executive team and clearly defined roles for professional leads: a- Strengthening of the role of the Medical Director and Clinical Directors in relation to quality and patient safety b- Clarify the roles, responsibilities, accountability, and governance in relation to quality and patient safety within the directorates c- Ensure there is sufficient capacity and support, at corporate and directorate level, dedicated to quality and patient safety	Medium/Low	Robust interim arrangements to be agreed to cover role and accountabilities of Medical Director until substantive appointment is made.	Medical Director		Jul-21		Green	Completed		September 2021 Update - Completed



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Audit Wales/HIW Quality Governance Follow Up Review R3.2	Aug-21	Ensure there is collective responsibility for quality and patient safety across the executive team and clearly defined roles for professional leads: a- Strengthening of the role of the Medical Director and Clinical Directors in relation to quality and patient safety b- Clarify the roles, responsibilities, accountability, and governance in relation to quality and patient safety within the directorates c- Ensure there is sufficient capacity and support, at corporate and directorate level, dedicated to quality and patient safety	Medium/Low	Review Operating Model and ILG/System Group Structure to evaluate effectiveness.	Chief of Staff		Mar-22		Completed			September 2021 Update Review under way having completed Exec offsite session on this. All fieldwork interviews will be completed by mid-October for recommendations most probably before Christmas. November 2021 Update - • Review fieldwork complete incl ILG Director and other interviews / workshops. • Exec session on 19th Nov to consider feedback and next steps / recommendations. January 2022 Update - The review report was delivered in November and discussed. There are now next steps in terms of how we may reconfigure the model but the review as per action I was given is complete.
Audit Wales/HIW Quality Governance Follow Up Review R3.3	Aug-21	Ensure there is collective responsibility for quality and patient safety across the executive team and clearly defined roles for professional leads: a- Strengthening of the role of the Medical Director and Clinical Directors in relation to quality and patient safety b- Clarify the roles, responsibilities, accountability, and governance in relation to quality and patient safety within the directorates c- Ensure there is sufficient capacity and support, at corporate and directorate level, dedicated to quality and patient safety	Medium/Low	Appoint the AHP CD.	Director of Therapies		Aug-21		Completed			September 2021 Update - AHP CD appointed to, commenced in post 23 August 2021
Audit Wales/HIW Quality Governance Follow Up Review R3.4	Aug-21	Ensure there is collective responsibility for quality and patient safety across the executive team and clearly defined roles for professional leads: a- Strengthening of the role of the Medical Director and Clinical Directors in relation to quality and patient safety b- Clarify the roles, responsibilities, accountability, and governance in relation to quality and patient safety within the directorates c- Ensure there is sufficient capacity and support, at corporate and directorate level, dedicated to quality and patient safety	Medium/Low	One Deputy DoTh and one Assistant Director of Therapies and Health Science posts will be advertised in July 21 these roles will strengthen quality and patient safety functions for therapists and healthcare scientists and work as part of the Executive function and strengthen succession planning.	Director of Therapies		Aug-21		Completed			September 2021 Update - ADoTHS recruited to in August, successful candidate will commence in post December 2021 DDoTHS interview scheduled for 17 September, aiming for candidate to be in post by January 2022



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Audit Wales/HIW 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	Medium/Low	Quality metrics capturing a greater breadth of HB services and functions, including population health measures, have been agreed and reviewed at the ILG performance meetings, Quality & Safety 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		In Progress	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.	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
Audit Wales/HIW 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	Medium/Low	As indicated above development of the Quality Strategy will commence at pace and align with the organisational strategy as it becomes available.	Director of Nursing		Nov-21	Now July 2022		In Progress	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.	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
Audit Wales/HIW Quality Governance Follow Up Review R4.1	Aug-21	The roles and function of the QSRC need to be reviewed to ensure that it is fit for purpose and reflects the Quality Strategy, Quality and Patient Safety governance framework and key corporate [organisational] risks for quality and patient safety. This should include the following: a- Implement the sub-groups to support QSRC must be completed ensuring there is sufficient support (administratively and corporately) to enable these groups to function effectively b- Improvements to the content, analysis, clarity, and transparency of information presented to QSRC c- Focus should be given to ensure the Quality and Patient Safety Governance Framework is used to improve oversight of quality and patient safety across the whole organisation, including Bridgend services. This should be accompanied by the necessary resource for its timely implementation, internal communications, and training.	Medium/Low	Meeting structure to sit under Management Board being developed to support the operational oversight and Health Board wide co-ordination and learning.	Chief of Staff		Dec-21			Completed	September 2021 Update • I've mapped what I believe to be the sub structures in place. • ToR for each forum has been captured • Next step is for us to look at what structures are delivering and how they are reporting • Performance is the key here and we have nominated Director of Strategy & Transformation as the lead for Performance who is in the process of pulling together Performance reporting for Management Board. • In terms of flow from ward to board I believe there is a session with corporate governance team to discuss this to make sure papers aren't going to committees before they've had Executive Director input / sight. • I understand the Executive Business Manager now ties in closer with Corporate Governance team to ensure clarity of what's going where. • Operational oversight – ongoing ops oversight sits with COO and he has a structured set of weekly meetings in place with ILGs to ensure performance is tracked and scrutinised. November 2021 Update - • Management Board restructured to Strategic Leadership Group. Removal of consent agenda and repurposed to strategic whole HB items for discussion. Promotion of Performance agenda which is now under review and will continue to be iterated, led By DoS&T and informed by improved Performance Information. • Executive catch up reformatted to Executive Leadership Group with a tighter agenda incl. key focus area highlight reports as well as taking in all formal decision making at this forum incl. decisions having a financial consequence.	



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Audit Wales/HIW Quality Governance Follow Up Review R4.2	Aug-21	The roles and function of the QSRC need to be reviewed to ensure that it is fit for purpose and reflects the Quality Strategy, Quality and Patient Safety governance framework and key corporate [organisational] risks for quality and patient safety. This should include the following; a- Implement the sub-groups to support QSRC must be completed ensuring there is sufficient support (administratively and corporately) to enable these groups to function effectively b- Improvements to the content, analysis, clarity, and transparency of information presented to QSRC c- Focus should be given to ensure the Quality and Patient Safety Governance Framework is used to improve oversight of quality and patient safety across the whole organisation, including Bridgend services. This should be accompanied by the necessary	Medium/Low	Report writing training is being delivered, focussing on improving the quality of reports presented to Committees and Board.	Director of Corporate Governance	Assistant Director of Governance & Risk	Oct-21		Completed		September 2021 Update - Report writing training is now being delivered with scheduled dates in the calendar for the remainder of the year. The training is also supported by a dedicated Governance Support page with all the tools and templates report authors require. The training is receiving positive feedback in its evaluation forms.	
Audit Wales/HIW Quality Governance Follow Up Review R4.3	Aug-21	The roles and function of the QSRC need to be reviewed to ensure that it is fit for purpose and reflects the Quality Strategy, Quality and Patient Safety governance framework and key corporate [organisational] risks for quality and patient safety. This should include the following; a- Implement the sub-groups to support QSRC must be completed ensuring there is sufficient support (administratively and corporately) to enable these groups to function effectively b- Improvements to the content, analysis, clarity, and transparency of information presented to QSRC c- Focus should be given to ensure the Quality and Patient Safety Governance Framework is used to improve oversight of quality and patient safety across the whole organisation, including Bridgend services. This should be accompanied by the necessary resource for its timely	Medium/Low	Scrutiny toolkit being developed for Independent Members to support focussed scrutiny at Committees and includes expectations around quality of papers and information.	Director of Corporate Governance	Assistant Director of Governance & Risk	Aug-21		Completed		September 2021 Update - Scrutiny Toolkit has been developed and shared with the Chair and Vice Chair for further dissemination amongst Independent Members. The Board Secretaries Network is also developing an Independent Member Scrutiny toolkit for which the Health Board has contributed to and will review its own toolkit to ensure best practice and lessons learned is adopted.	
Audit Wales/HIW Quality Governance Follow Up Review R4.4	Aug-21	The roles and function of the QSRC need to be reviewed to ensure that it is fit for purpose and reflects the Quality Strategy, Quality and Patient Safety governance framework and key corporate [organisational] risks for quality and patient safety. This should include the following; a- Implement the sub-groups to support QSRC must be completed ensuring there is sufficient support (administratively and corporately) to enable these groups to function effectively b- Improvements to the content, analysis, clarity, and transparency of information presented to QSRC c- Focus should be given to ensure the Quality and Patient Safety Governance Framework is used to improve oversight of quality and patient safety across the whole organisation, including Bridgend services. This should be accompanied by the necessary resource for its timely	Medium/Low	An initial 'focus on' report has been submitted at the May Q&SC as part of the CTM Quality Dashboard and the second one due at the July Q&S. The subject for the focus of this supplementary support is decided by the Chair of Q&S and provides responsive 'deep dive' analysis, scrutiny and interrogation of data.	Director of Nursing		Jul-21		Completed		September 2021 Update - 'Focus on' reports now are a routine appendices to the Quality Dashboard report and are determined by the preceding Q&SC for further interrogation and detailed information. Topics so far: Pressure Damage and Medication Errors.	



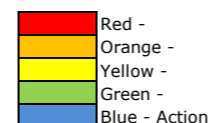
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Audit Wales/HIW Quality Governance Follow Up Review R4.5	Aug-21	The roles and function of the QSRC need to be reviewed to ensure that it is fit for purpose and reflects the Quality Strategy, Quality and Patient Safety governance framework and key corporate [organisational] risks for quality and patient safety. This should include the following; a- Implement the sub-groups to support QSRC must be completed ensuring there is sufficient support (administratively and corporately) to enable these groups to function effectively b- Improvements to the content, analysis, clarity, and transparency of information presented to QSRC c- Focus should be given to ensure the Quality and Patient Safety Governance Framework is used to improve oversight of quality and patient safety across the whole organisation, including Bridgend services. This should be accompanied by the necessary resource for its timely	Medium/Low	Quality & patient safety reports received at Q&S Committee from each ILG. Agreed metrics outlined in March 2021 Management Board that are being operationalised by performance management colleagues, after which time, targets will be set with trajectories in SPCs.	Director of Nursing		Dec-21		Completed		September 2021 Update - Completed	
Audit Wales/HIW Quality Governance Follow Up Review R5.1	Aug-21	Independent members must be appropriately supported to meet their responsibilities through the provision of an adequate induction programme and ongoing development so they can effectively scrutinise the information presented to them.	Medium/Low	Feedback from the Deloitte Board Development Programme (commissioned by WG) and the feedback from David Jenkins (Independent Advisor to the Board) will influence the basis for the Board Development Programme for 2021/2022 and beyond.	Director of Corporate Governance	Assistant Director of Governance & Risk	Mar-22		Completed		September 2021 Update - CTMUBH is currently out to tender for a partner organisation to work with the Health Board on the review, design and delivery of a complementary Board Development Programme to assist board members in enhancing their personal contribution and in ensuring the overall effectiveness of the Board, with a focus on building the strategic leadership capacity of the Board and delivering its strategic goals. November 2021 - No further update provided. Update January 2022 There is an Induction Programme for all IMs and a Board development programme in place. The Health Board has secured a contract with the Good Governance Institute who commenced work with the Health Board in December 2021. The focus of the activity is to design and deliver a complementary programme with a focus on strategic leadership capacity and delivery against the strategic goals. It should be noted that the original scope and timetable has been impacted by the "standing down" of Board Development Sessions in light of the challenges faced by the pandemic in early January 2022, however, focussed and targeted sessions are planned for February and March 2022. External support for Board Development from April 2022 is being explored to continue the development of the strategic leadership capability of the Board. An Independent Member Scrutiny toolkit has been launched (December 2021) and appraisals are in place for all IMs to identify any personal development requirements and support continual development.	
Audit Wales/HIW Quality Governance Follow Up Review R5.2	Aug-21	Independent members must be appropriately supported to meet their responsibilities through the provision of an adequate induction programme and ongoing development so they can effectively scrutinise the information presented to them.	Medium/Low	A significant turnover of Board Members (Executive and IM) will take place in the first half of the financial year so individual and collective development needs will be accounted for by; Induction Programme (in place) Board Development Programme to be supported by relevant professional bodies.	Director of Corporate Governance	Assistant Director of Governance & Risk	Oct-21		Completed		September 2021 Update - Independent Member Induction Pack in place for all new members of the Board. Bespoke induction plans are established to support any new roles and required introductory meetings. Board Development programme in development as identified in R5.1. All new Independent Members are scheduled to attend the WG led Virtual IM Induction Programme.	
Audit Wales/HIW Quality Governance Follow Up Review R5.3	Aug-21	Independent members must be appropriately supported to meet their responsibilities through the provision of an adequate induction programme and ongoing development so they can effectively scrutinise the information presented to them.	Medium/Low	Personal Development Plans for all Board Members in place in line with Board Development.	Director of Corporate Governance	Assistant Director of Governance & Risk	Jul-21		Completed		September 2021 Update - All PADRs completed for all Board Members, or booked in (for recently appointed members). Objectives reported to Remuneration Committee. Board Development Programme being procured to commence Nov 2021.	



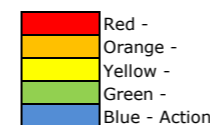
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Audit Wales/HIW Quality Governance Follow Up Review R6.1	Aug-21	There needs to be sufficient focus and resources given to gathering, analysing, monitoring, and learning from patient experience across the Health Board. This must include use of real-time patient feedback.	Medium/Low	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	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 PAIS team are actively engaging with patients/ 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.	September 2021 Update - CIVICA PM appointed and produced timeline for roll out within CTM. 'Have your Say' generic people's feedback being placed as a link on the CTMUHB intranet page. Plan for Draft People's Engagement document by December 2021. Nov 21 Update - Pilot of Value Based Healthcare PROMS have gone live in Cardiology along with the launch of PREMS and workforce reported experience measures (WREMs). 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 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	
Audit Wales/HIW Quality Governance Follow Up Review R6.2	Aug-21	There needs to be sufficient focus and resources given to gathering, analysing, monitoring, and learning from patient experience across the Health Board. This must include use of real-time patient feedback.	Medium/Low	The shell of the CTM version of the Civica system has been built, and the population of surveys into the system has commenced. The Patient Reportable Experience Measures (PREM) surveys have been uploaded to the system. Links to the survey have been generated and are being tested with members of the Maternity Service Forum, while the automation function is finalised. Project Manager starts in post 12th August and once in post they will be asked to provide a detailed project plan and roll out programme for the project.	Director of Nursing		Sep-21	Now December 2021 Now January 2022	Completed	UPDATE Sept 21. CIVICA PM appointed and produced timeline for roll out within CTM. 'Have your Say' generic people's feedback being placed as a link on the CTMUHB intranet page. Plan for Draft People's Engagement document by December 2021. PREMS fully operational across Maternity services. November 2021 - No further update provided. Jan 2022 Update: Currently the implementation team are progressing with scoping out/ engagement activities whilst setting up surveys within Civica to provide links and QR codes only, until more adequate resources are allocated from IT. Delays have been seen due to COVID-19		
Audit Wales/HIW 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.	Medium/Low	Webpage on SharePoint set up to support learning & excellence across Health Board. Development of a social media site for the L&LF to use analytics on the social media and SharePoint site to explore the extent of colleague engagement and posting. Feedback from participants will be analysed in relation to what they have learned and how this has impacted upon their practice. For the medium and longer term would expect to see learning and improvement being applied in the workplace through our established quality metrics and patient experience feedback.	Director of Nursing		Jul-21	Now May 2022	In Progress	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.	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.	
Audit Wales/HIW Quality Governance Follow Up Review R6.4	Aug-21	There needs to be sufficient focus and resources given to gathering, analysing, monitoring, and learning from patient experience across the Health Board. This must include use of real-time patient feedback.	Medium/Low	Reintroduce Exec/IM Patient Safety walkabouts when safe to do so/COVID restrictions allow.	Director of Corporate Governance		Aug-21		Completed	September 2021 Update - The Business Manager for the Patient Care and Safety Team has re-established planned walkabouts commencing in September/October 2021. The walkabouts are accompanied by "Principles for Board Member Site visits".		
Audit Wales/HIW Quality Governance Follow Up Review R7.1	Aug-21	There needs to be improved visibility and oversight of clinical audit and improvement activities across directorates and at corporate level. This includes identification of outliers and maximising opportunities for sharing good practice and learning.	Medium/Low	Training Programme for clinicians on the Clinical Audit and NICE Compliance Monitoring IT software (AMaT) being developed for clinical audit.	Medical Director		Aug-21		Completed	September 2021 Update - A standing agenda item has been included for all Clinical Audit meetings and training provided where required Department training sessions have been established for 2021-22 where required and staff are available and a mechanism to book planned session put in place All clinical audit staff are trained and provide adhoc training to clinicians when required. This has been in place since April 2020 Training statistics are be maintained of all adhoc and formal training provided for inclusion in reports to the QSC"		
Audit Wales/HIW 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.	Medium/Low	Training module for ward & area audits being rolled out.	Medical Director		Mar-22	Now July 2022	In Progress	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.	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.	



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Audit Wales/HIW Quality Governance Follow Up Review R7.3	Aug-21	There needs to be improved visibility and oversight of clinical audit and improvement activities across directorates and at corporate level. This includes identification of outliers and maximising opportunities for sharing good practice and learning.	Medium/Low	Appointment of Deputy Head and Lead Nurse for Clinical Effectiveness and Deputy AMD for Clinical Effectiveness, a programme of work was established in January 2021 to create a NICE Reference Group (NRG) to review and manage all priority NICE guidelines and standards.	Medical Director		Oct-21			Completed		September 2021 Update - Deputy Head and Lead Nurse for Clinical Effectiveness appointed in January 2021. ILG Clinical Audit and Effectiveness Leads appointed for all 3 ILGs in August 2021 with responsibility to coordinate and lead on the Clinical Audit and NICE agenda for each ILG. The first NICE Reference Group held on the 07/09/2021, monthly meetings established through to March 2022.
Audit Wales/HIW Quality Governance Follow Up Review R7.4	Aug-21	There needs to be improved visibility and oversight of clinical audit and improvement activities across directorates and at corporate level. This includes identification of outliers and maximising opportunities for sharing good practice and learning.	Medium/Low	A review of clinical audit risk log management process to enhance early detection of risks and outcomes of national audits to support learning & best practice to be completed. The review will ensure alignment with the new ILG assurance and governance framework to support early review of outcomes of national audits to support monitoring of identified risks, learning from audit findings and to promote the sharing of best practice.	Medical Director		Aug-21	Now November 2021 Now December 2021		Completed		September 2021 Update - The Head and Deputy heads of Clinical Audit and Quality Informatics meet weekly to review the Clinical Audit and Effectiveness risk log. Draft SOP developed. Meeting scheduled with the Assistant Director of Governance & Risk on the 22/09/2021 to finalise the risk log SOP. Risk Register has been added as a standard agenda item for the quarterly Clinical Audit & Effectiveness Group meeting. First meeting November 2021. Following finalisation of the SOP and approval at the Clinical Audit & Effectiveness Group in November 2021 this risk will be categorised as GREEN and complete. November 2021 Update - The Clinical Audit and Effectiveness Group has been delayed until December 2021. Therefore, the SOP will be submitted to the December Clinical Audit and Effectiveness group. February 2022 Update - An agreed process and associated SOP was discussed and agreed at the December 2021 Clinical Audit and Effectiveness Group. The Clinical Audit Risk Register has also been made a regular agenda item and was discussed in the December 2021 meeting.
Audit Wales/HIW Quality Governance Follow Up Review R7.5	Aug-21	There needs to be improved visibility and oversight of clinical audit and improvement activities across directorates and at corporate level. This includes identification of outliers and maximising opportunities for sharing good practice and learning.	Medium/Low	ILG specialty clinical audit forward plans.	Medical Director		Sep-21	Now December 2021		Completed		September 2021 Update - The ILG Clinical Forward Plans are on track to be signed off by the end of September 2021. November 2021 Update - This action was delayed, however forward plans are now with the ILG Directors, HON, and HOG for sign off. They will also be shared for final sign off in the December Audit Nice and Effectiveness group. February 2022 Update - Forward plans agreed with the ILGs in advance of the December Audit Nice and Effectiveness group. Plans in place to review and finalise the 2022-23 ILG Clinical Audit Forward plans in early March 2022.
Audit Wales/HIW Quality Governance Follow Up Review R7.6	Aug-21	There needs to be improved visibility and oversight of clinical audit and improvement activities across directorates and at corporate level. This includes identification of outliers and maximising opportunities for sharing good practice and learning.	Medium/Low	Resource review for HB Clinical Audit Service is being developed to ensure correct and sufficient skill mix in the team.	Medical Director		Aug-21	01/01/2022 Now March 2022		Completed	April 2022 update - Due to the current organisation financial pressures and long standing HR issue the clinical audit budget has been reduced by approximately £100k. To mitigate against the impact of these financial constraints a review of the audit service has been undertaken to establish the priority service areas that must be maintained within the budget constraints. This action has been completed and we are providing a reduced service based on the reduction in budget in place on the 1 April 2022.	September 2021 Update - A full review of the resource requirements of the Clinical Audit & Quality Informatics department has been undertaken in conjunction with a review of the findings from the Internal Audit (IA) review into clinical audit in July 2021. The outcome identified the following: 1. The revised structure in place provided a robust assurance framework. However, as noted in the IA there are a number of interim senior management posts and an unfilled senior management post (since June 2018). MD Team working with HR to resolve. 2. With the introduction of the Medical Examiner process, establishment of ILG based MR processes and revised MR model for CTMUHB there is a requirement for an additional central resource to support the ILGs and provide a coordinated approach to the learning from MRs. An SBAR has been developed for the October Management Board that identifies the resource requirement. 3. Due to increasing demands on cardiology and medical services due to COVID and a long term issue with resources to support the nursing assessments needed to support the Cardiology and Respiratory National Clinical Audits. A review was undertaken to identify the necessary resources to provide assurance around compliance with this suite of



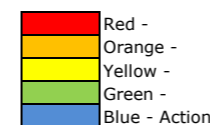
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Audit Wales/HIW Quality Governance Follow Up Review R7.7a	Aug-21	There needs to be improved visibility and oversight of clinical audit and improvement activities across directorates and at corporate level. This includes identification of outliers and maximising opportunities for sharing good practice and learning.	Medium/Low	Undertake audit of compliance against Royal College of Emergency Medicine (RCEM) Standards for ED to identify baseline and inform continuous improvement programmes and improve compliance against the standards.	Medical Director		Jun-21	Nov-21		Completed		September 2021 Update - A baseline assessment against the RCEM standards was completed in August 2021. Findings currently under review by the Nursing Unit and Emergency Department. November 2021 Update - Following a review of the findings we are now registered with national RCEM audit for pain in children, Infection Prevention Control and Consultant sign off, this is across all three ILG's. In addition there is a roll out programme of all nursing audits on AMaT.
Audit Wales/HIW Quality Governance Follow Up Review R7.7b	Aug-21	There needs to be improved visibility and oversight of clinical audit and improvement activities across directorates and at corporate level. This includes identification of outliers and maximising opportunities for sharing good practice and learning.	Medium/Low	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	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.	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.
Audit Wales/HIW Quality Governance Follow Up Review R8.1	Aug-21	The Health Board needs to clarify accountabilities and responsibilities for quality and patient safety within directorates. This must include a review of the Heads of Nursing role in relation to site management and quality and patient safety.	Medium/Low	The commencement of the newly appointed AHP CD will give greater assurance of quality and patient safety for therapy services spanning across the 3 ILGs. This post also strengthens the leadership function in AHP services and sharing of good practice and patient centred care across the UHB. This will be further strengthened with new appointments in the Executive DoThs team.	Director of Therapies		Aug-21			Completed		September 2021 Update - AHP CD commenced in post 23rd August.
Audit Wales/HIW 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.	Medium/Low	There is still work ongoing however with the progress at the pace it is, the quality & safety system is becoming more robust daily. Within 3 months the processes will be embedded fully across CTM.	Director of Nursing		Mar-22	Now End of May 2022		In Progress	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.	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
Audit Wales/HIW Quality Governance Follow Up Review R8.3	Aug-21	The Health Board needs to clarify accountabilities and responsibilities for quality and patient safety within directorates. This must include a review of the Heads of Nursing role in relation to site management and quality and patient safety.	Medium/Low	Quality & Patient Safety Meetings within CSG's are developing within ILG's - these are at differing levels of maturity and it is anticipated that these meetings will be consistent across all CSG's with specific speciality data dashboards by March 2022. CSG's are held to account within the ILG Q&SPE meetings and this is subsequently reflected in ILG performance management meetings and reports to Q&S.	Director of Nursing		Mar-22			Completed	April 22 - all ILG's have monthly QPSE meetings, Safeguarding governance is currently under review and ILG reporting through to Q&SC has been standardised.	September 2021 - No update received. November 2021 - No further update provided. January 2022 Update Quality & Safety within the CSGs is now embedded in the locality structures. CSGs remain held to account by the ILG Quality, Safety & Patient Experience meetings, this work continues and is reflected in the Executive Director ILG Performance meetings and reports through to the Quality & Safety Committee
Audit Wales/HIW Quality Governance Follow Up Review R8.4	Aug-21	The Health Board needs to clarify accountabilities and responsibilities for quality and patient safety within directorates. This must include a review of the Heads of Nursing role in relation to site management and quality and patient safety.	Medium/Low	Corporate/Central services such as Safeguarding & IPC report regionally in to each ILG Q&PSE meetings.	Director of Nursing		Complete			Completed		
Audit Wales/HIW Quality Governance Follow Up Review R8.5	Aug-21	The Health Board needs to clarify accountabilities and responsibilities for quality and patient safety within directorates. This must include a review of the Heads of Nursing role in relation to site management and quality and patient safety.	Medium/Low	Establish Listening & Learning Forum - Quarterly	Director of Nursing		Complete			Completed		



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Audit Wales/HIW 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.	Medium/Low	Quality Governance Framework to reflect enhanced governance processes	Director of Nursing		Dec-21	Now March 2022 Now June 2022	Yellow	In Progress	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	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.
Audit Wales/HIW Quality Governance Follow Up Review R8.7	Aug-21	The Health Board needs to clarify accountabilities and responsibilities for quality and patient safety within directorates. This must include a review of the Heads of Nursing role in relation to site management and quality and patient safety.	Medium/Low	Centralisation of PSA/PSN process status mapping in progress with a plan/process mapping	Director of Nursing		Sep-21		Green	Completed		September 2021 Update - An audit was completed in September 2021. A process has been established and delivered centrally in terms of outputs to ILG's and compliance. It is anticipated that the Once for Wales datix system will provide an enhanced platform to operationalise the system.
Audit Wales/HIW Quality Governance Follow Up Review R8.8	Aug-21	The Health Board needs to clarify accountabilities and responsibilities for quality and patient safety within directorates. This must include a review of the Heads of Nursing role in relation to site management and quality and patient safety.	Medium/Low	Centralisation and Audit of Locssips & Natssips to improve patient safety standards.	Director of Nursing		Jul-21		Green	Completed		September 2021 Update - An audit was completed in August 2021. Identified specific LocSSIP requirement for pilot sites (aligned to incidents, evidence-base and best practice) Theatre teams across the three sites have completed procedural LocSSIPs Chest drain (Medicine and Surgery). Further work planned: Develop a CTM Policy for LocSSIPs aligned to findings of baseline review and triangulation of data Revise Terms of Reference of the Clinical Policy Group (CPG) Ensure appropriate attendance at CPG Identify specific LocSSIP requirement at time of clinical policy development Share best practice during development process and inform continuous quality improvement Monitor LocSSIP development within clinical service areas Design a robust Audit Process to provide information to reflect activity, progress, assurance and risks for reports to the Quality and Safety Committee Pleural Effusion (Medicine) Radiology (Inpatient and Out Patient procedures) Oral Surgery (Tooth extraction et al) Endoscopy (Global rating scale)
Audit Wales/HIW Quality Governance Follow Up Review R8.9	Aug-21	The Health Board needs to clarify accountabilities and responsibilities for quality and patient safety within directorates. This must include a review of the Heads of Nursing role in relation to site management and quality and patient safety.	Medium/Low	Central Patient Safety Network – a safety II paradigm approach creating an environment where things are most likely to go right; to measurably reduce near misses, incidents and enhance organisational improvements.	Director of Nursing		Sep-21		Green	Completed		September 2021 Update - The patient Safety Team, led by the AD Quality, Safety & Safeguarding has developed a branding for the patient safety at CTM. This and a new twitter site was launched on patient safety day on the 17.9.21. Further cross-organisational work is planned to support ILG's to make shifts in their approach and understanding of preventing harm and psychological safety. Also working closely with the improvement team on cross organisational patient safety issues.
Audit Wales/HIW 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.	Medium/Low	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	Yellow	In Progress	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.	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
Audit Wales/HIW Quality Governance Follow Up Review R8.11	Aug-21	The Health Board needs to clarify accountabilities and responsibilities for quality and patient safety within directorates. This must include a review of the Heads of Nursing role in relation to site management and quality and patient safety.	Medium/Low	Establish Joint Maternity & Neonatal Improvement Board.	Medical Director/ Director of Nursing		Complete		Green	Completed		



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Audit Wales/HIW Quality Governance Follow Up Review	Aug-21	The form and function of the directorate governance committees and CBMs must be reviewed to ensure there is a- Clear remit, appropriate membership, and frequency of these meetings	Medium/Low	Review being undertaken to review Executive Meetings and Management Board to ensure effective use of time and robust reporting.	Chief of Staff		Aug-21		Completed			September 2021 Update I am not reviewing Executive meetings generally other than the point above where I've mapped what key meetings theoretically sit under mgmt. board. Therefore this action is very similar to the above.
Audit Wales/HIW Quality Governance Follow Up Review R9.2	Aug-21	The form and function of the directorate governance committees and CBMs must be reviewed to ensure there is a- Clear remit, appropriate membership, and frequency of these meetings b- Sufficient focus, analysis, and scrutiny of information in relation to quality and patient safety issues and actions c- Clarity of the role and decision-making powers of the CRM	Medium/Low	It has been over a year since the ILG structure was implemented by the Health Board. It is accepted that the new operational structure was implemented during COVID and therefore there is a requirement to allow the ILG teams to 'test and adjust' in a post-COVID environment. It is accepted by the organisation that some level of operational review should be carried out to look at what is working well and what elements of the structure may require tweaking to support effective decision-making.	Chief of Staff		Mar-22		Completed			I have completed an options appraisal for Exec catch up Vs Management Board and presented this to the Chief Executive 6 weeks ago. We have September 2021 - No update received. November 2021 Update - • Review fieldwork complete incl ILG Director and other interviews / workshops. • Exec session on 19th Nov to consider feedback and next steps / recommendations. January 2022 Update - The review report was delivered in November and discussed. There are now next steps in terms of how we may reconfigure the model but the review as per action I was given is complete.
Audit Wales/HIW 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.	Medium/Low	Risk Training: including the development of a Training Needs Analysis (TNA) in line with All Wales developments, dissemination of the TNA across the Health Board, new risk training programmes which are aligned to the new TNA.	Director of Corporate Governance		Oct-21	Now December 2021 Now April 2022 Now October 2022	In Progress	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. In the meantime, monthly Risk Sessions remain in place throughout 2022 run by the Assistant Director of Governance & Risk and the Heads of Quality & Safety within the ILGs.	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.	
Audit Wales/HIW Quality Governance Follow Up Review R10.2	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	Medium/Low	All ILG risks reviewed and updated following change in Operating Model.	Director of Corporate Governance	Assistant Director of Governance & Risk	Oct-21		Completed			September 2021 Update - The review of all risks within the ILG's is scheduled for completion by October 2021. A deep dive of the ILG Risk Registers will commence from the October meeting of the Audit & Risk Committee. November 2021 - All ILG risks reviewed and deep dives presented to the Board at the October Board Development Session.
Audit Wales/HIW Quality Governance Follow Up Review R10.3	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	Medium/Low	Clear and consistent grading of risks that are calibrated and moderated across the Health Board.	Director of Corporate Governance	Assistant Director of Governance & Risk	Oct-21		Completed			September 2021 Update - Bridgend ILG - presentation on the agenda at the Audit & Risk Committee on the 4th October to capture progress, delivered by the ILG Nurse Director. Rhondda Taf Ely ILG - All Clinical Service Groups (CSGs) report having reviewed their entire risk registers. However, there is still room for improvement to ensure the standard fully aligns with the Risk Management Strategy. Meetings are taking place, being led by the ILG
Audit Wales/HIW 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.	Medium/Low	An efficient risk management process which is seen as efficient and not cumbersome - linked to the new Once For Wales Risk Management System.	Director of Corporate Governance	Assistant Director of Governance & Risk	Apr-22	Now October 2022	In Progress	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.	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.	



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Audit Wales/HIW 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.	Medium/Low	Implement recommendations from Internal Audit on Risk Management to strengthen risk identification, management and assurance.	Director of Corporate Governance	Assistant Director of Governance & Risk	Mar-22	Now April 2022		In Progress	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.	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.
Audit Wales/HIW 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.	Medium/Low	Datix Management being moved from H&S function (DoPpl) into Patient Experience function (DoN) to align with the development of Once for Wales. The tool will be a key mechanism to feed the Listening & Learning Forum of the Health Board.	Director of Nursing		Oct-21	Now September 2022		In Progress	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.	September 2021 - No update received. November 2021 - No further update provided. 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.
Audit Wales/HIW 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.	Medium/Low	Training is provided to staff ahead of introduction of the new RLDatix Once for Wales, on each relevant module. Training will include feedback to reporter (ie claims & redress 07/06/2021).	Director of Nursing		Oct-21	Now July 2022		In Progress	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 be 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	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.
Audit Wales/HIW Quality Governance Follow Up Review R11.3	Aug-21	The oversight and governance of DATIX must be improved so that it is used as an effective management and learning tool. This should also include triangulation of information in relation to concerns, at a directorate or corporate level, and formal mechanisms to identify and share learning.	Medium/Low	An independent review has been commissioned by WRP to assess the Health Boards management of claims, including the systems, processes and resources in place to complete timely LFERs. The report will make recommendations that the Health Board will consider implementing to strengthen the current arrangements.	Director of Corporate Governance	Head of Concerns & Legal Services	Sep-21	Now October 2021		Completed		September 2021 Update - Review has not been received in the timescales originally planned therefore the revised date has been amended to reflect a delay in receipt of the report from WRP. November 2021 - WRP Review now complete. Report received and action plan being developed to be presented to Q&S Committee in January 2022.
Audit Wales/HIW Quality Governance Follow Up Review R11.4	Aug-21	The oversight and governance of DATIX must be improved so that it is used as an effective management and learning tool. This should also include triangulation of information in relation to concerns, at a directorate or corporate level, and formal mechanisms to identify and share learning.	Medium/Low	Ensure all LFERs deadlines agreed with WRP are adhered to.	Director of Corporate Governance	Head of Concerns & Legal Services	Jul-21			Completed		September 2021 Update - July deadline for LFERs met with a number of deferrals agreed by WRP.
Audit Wales/HIW 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.	Medium/Low	Ensure LFERs have local ownership and are shared across the HB localities, identifying themes and trends.	Director of Corporate Governance	Head of Concerns & Legal Services	Dec-21	Now February 2022 Now March 2022		In Progress	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.	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.
Audit Wales/HIW Quality Governance Follow Up Review R11.6	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.	Medium/Low	Review all backlog incidents to eliminate duplicates and ensure correctly identified/categorised.	Director of Nursing		Oct-21			In Progress	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.	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



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Audit Wales/HIW 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.	Medium/Low	Clear the backlog of all legacy incidents.	Director of Nursing		Jan-22	Now end of February 2022 Now August 2022	Yellow	Part Completed	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.	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
Audit Wales/HIW Quality Governance Follow Up Review R12.1	Aug-21	The Health Board must ensure staff receive appropriate training in the investigation and management of concerns. In addition, directorate staff need to be empowered to take ownership of concerns and take forward improvement actions and learning	Medium/Low	Restructuring of Exec lead for Concerns, Claims and PTR from Director of Nursing to Director of Governance.	Director of Corporate Governance	Head of Concerns & Legal Services	Jul-21	Now March 2022	Green	Completed		September 2021 Update - Pilot being run Oct 2021 on new triage and management of concerns. If successful, this will be rolled out across the HB. A full quarter will need to run to allow robust analysis of effectiveness and any unforeseen consequences. The Internal Audit for Concerns (due Oct 2021) will also present some learning and opportunities to strengthen the Concerns Management process that will be supported by training as required. November 2021 - Revised procedures for concerns handling and categorisation to support effective triage underway in response to IA Audit on Concerns. Training programme under development to support new approach and will include customer care training at induction as well as more focussed training on investigation and complex case handling. In response to the WRP Review, training for Board members will be arranged. Update February 2022 - Transfer from Director of Nursing to Director of Corporate Governance implemented in August 2021. September 2021 Update - Interim appointed. Process to secure substantive role commenced. aiming to appoint by end Dec 2021. September 2021 Update - Process in place. Risk mitigated by successful appointment of Interim. Awaiting outcome of WRP Review to inform future structure. Linked to R11.3 above. November 2021 - Appointment process delayed due to queries on funding. Risk mitigated in the short term by extension of the SLA providing Interim arrangements until end March 2022. Revised date requested. Update February 2022 - Delays due to securing funding for role now resolved. Interviews scheduled for February 2022.
Audit Wales/HIW Quality Governance Follow Up Review R12.3	Aug-21	The Health Board must ensure staff receive appropriate training in the investigation and management of concerns. In addition, directorate staff need to be empowered to take ownership of concerns and take forward improvement actions and learning	Medium/Low	Appointment of a Head of PTR (Interim 8b).	Director of Corporate Governance	Head of Concerns & Legal Services	Jun-21	Now December 2021 Now January 2022 Now February 2022	Green	Completed	Update April 2022 - Assistant Director of Concerns & Claims commenced employment on 1st April 2022	September 2021 Update - Internal Audit Report due to be received Oct 2021. November 2021 - Internal Audit on Concerns received in November 2021. Management Action Plan being developed in response. Will be received at the next Audit Committee in Feb 2022. Update February 2022 - Report received (Limited Assurance) and Management action plan complete and in progress. Actions will be progressed in line with timescales within improvement plan and will be monitored by Audit Committee as per standard process.
Audit Wales/HIW Quality Governance Follow Up Review R12.4	Aug-21	The Health Board must ensure staff receive appropriate training in the investigation and management of concerns. In addition, directorate staff need to be empowered to take ownership of concerns and take forward improvement actions and learning	Medium/Low	An audit of Concerns has been included in the Health Boards Annual Audit Plan for 2021/22. The Health Board will use the audit recommendations to strengthen the systems, processes and resources in place to investigate and manage concerns.	Director of Corporate Governance	Head of Concerns & Legal Services	Aug-21	Now October 2021 Now February 2022	Green	Completed		September 2021 Update - Internal Audit Report due to be received Oct 2021. November 2021 - Internal Audit on Concerns received in November 2021. Management Action Plan being developed in response. Will be received at the next Audit Committee in Feb 2022. Update February 2022 - Report received (Limited Assurance) and Management action plan complete and in progress. Actions will be progressed in line with timescales within improvement plan and will be monitored by Audit Committee as per standard process.
Audit Wales/HIW 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	Medium/Low	CTM Improvement Team supporting Concerns Mapping identifying a consistent approach that can be applied across the Health Board. Outcome and implementation to be informed by the internal audit.	Director of Corporate Governance	Head of Concerns & Legal Services	Mar-21	Now March 2022	Red	In Progress	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.	September 2021 Update - Linked to R12.1 above. November 2021 - Revised procedures for concerns handling and categorisation to support effective triage underway in response to IA Audit on Concerns. Training programme under development to support new approach and will include customer care training at induction as well as more focussed training on investigation and complex case handling. In response to the WRP Review, training for Board members will be arranged. Update February 2022 - Included in Improvement Plan as per R12.4 above.
Audit Wales/HIW 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	Medium/Low	Continue to roll out the RCA training module and monitor attendance of ILGs on the training.	Director of Nursing		Dec-21	Now May 2022	Yellow	In Progress	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.	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.
Audit Wales/HIW Quality Governance Follow Up Review	Aug-21	The Health Board must ensure the timely development of a Values and Behaviours Framework with a clear engagement programme for its implementation	Medium/Low	Launch Phase	Director for People		Complete		Green	Completed		



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Audit Wales/HIW Quality Governance Follow Up Review R13.2	Aug-21	The Health Board must ensure the timely development of a Values and Behaviours Framework with a clear engagement programme for its implementation	Medium/Low	Embed Phase	Director for People		Jun-22		Completed			September 2021 - No update received. November 2021 - No further update provided. February 2022 Update - Work to embed is linked to culture and actions below, this may take significant time to embed and become part of CTM culture. Actions below cover this activity.
Audit Wales/HIW Quality Governance Follow Up Review R13.3	Aug-21	The Health Board must ensure the timely development of a Values and Behaviours Framework with a clear engagement programme for its implementation	Medium/Low	Values-Based Team Workshops, delivered	Director for People		Apr-21	Now October 2021 Now March 2023	Completed	April 2022 Update - Workshops offering refined and completed - 4 workshops designed with various teams, situations and desired outcomes catered for. Ready to be delivered by Ops teams following shadowed sessions with OD team. Intended to be part of fundamental WOD offering and core work, hence closed off as this becomes an everyday item.	September 2021 - Jul'21 (see below) Café attendees piqued interest, resulting in invitation to present Values Based introduction session to newly appointed nurses. A bespoke session was developed for delivery at all further intakes and for Corporate Induction. Workshops were delivered to pilot groups across Corporate teams. Results and feedback from session dependent on varying levels of engagement with our Values resulted in adaptation to workshop delivery into two offerings - for teams ready to engage and live our values, to commit to a team charter / commitment; for teams willing to explore their cultural behaviours through the lens of our values (reflective session) with aim to commit to living our values through their shared reflective practice. Further pilot Workshops to be co-delivered by Locality based WOD teams and OD with aim for Locality WOD to take over delivery by October 2021. Furthermore to aide dissemination, succinct workshops / guided Values discussion has been co-authored with heads of facilities and estates, with focus on behaviours, their relationship to our Values and impact on workplace culture and patient impact. Facilitation training to be held with L&DBP with intention for managers in Estates and Facilities to independently facilitate these sessions during team meetings - Teams survey pre and post session will glean impact / quality of session. This approach will ensure up to 1,200 staff across CTM are engaged with a Values Based discussion with their managers. This approach is to be replicated for all HCSW's and Band5 nurses (to be delivered by ward managers and Snr	
Audit Wales/HIW Quality Governance Follow Up Review R13.4	Aug-21	The Health Board must ensure the timely development of a Values and Behaviours Framework with a clear engagement programme for its implementation	Medium/Low	Values Cafés	Director for People		Mar-21		Completed		September 2021 - Cafes proved popular with attendees, however limited attendance and sense of engaging the already engaged. Feedback from managers who attended the sessions indicated the preference for the message to be taken to them, within team meetings. The desire to promote and embed organically through delivery of workshops and cafes has been successful, generating interest and momentum. Several workshop bookings and invitations to attend team meetings ensued. November 2021 - No further update provided. January 2022 - Well received, limited reach due to availability. Instead we have altered and modified workshops enabling managers to deliver guided values based 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 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	
Audit Wales/HIW 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	Medium/Low	Values-Based Leadership Workshops, currently under development.	Director for People		2021/2022	Now March 2023	In Progress	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/HIW 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	Medium/Low	Values-Based Recruitment process and training.	Director for People		Jun-21	Now November 2021. Now April 2022 Now May 2022	In Progress	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 question that is posed to candidates centred around the values in their response (which is a ten minute presentation). Also a values based question bank has been created comprising of three sectors of questions each one relating to our core CTM values. During the interview panel, the questions posed to the candidates		
Audit Wales/HIW Quality Governance Follow Up Review R13.7	Aug-21	The Health Board must ensure the timely development of a Values and Behaviours Framework with a clear engagement programme for its implementation	Medium/Low	Values-Based Appraisal (PADR) process and training.	Director for People		Sep-21	Now October 2021	Completed			September 2021 - Historically PADR perceived as process not a conversation with approx. 50% engagement. Values Based PADR developed and currently in pilot stage, due to complete by end of October. Training will be made available on LMS for all people managers once pilot, feedback and final adjustments are made. November 2021 - No further update provided. Feb 2022: Your Conversation (PDR) was successfully rolled out within the organisation in Jan 2022. Your Conversation is available to all staff, including a dedicated shrepoint area that hosts a array of supportive documentation including bespoke guides to update EBP



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Audit Wales/HIW Quality Governance Follow Up Review R13.8	Aug-21	The Health Board must ensure the timely development of a Values and Behaviours Framework with a clear engagement programme for its implementation	Medium/Low	Reinforcement Phase To include:- Culture Workshops; Repeat Culture Survey.	Director for People		12 Months beyond	Now April 2022		Completed	April 2022 Update - Values Based Team Health Assessment prototype created and shared with WOD ops teams for feedback. Process agreed and ready for communication strategy and CTM wide dissemination. Assessment report signposts to central repository of resources (repurposed Values in action sharepoint page on AtOurBest site) therefore this site requires development prior to Health Assessment launch to ensure appropriate support is available following completion of assessment. Completion of this work by mid May 2022. Launch of HE will directly follow. Delay in launch due to staff absence and conflicting priorities. This is now mainstream work and therefore to be closed.	September 2021 - Values in Action Week 18th - 22nd Oct - mark one year anniversary since Values launched. Week long event coincides with World Values day on 21st Oct. Paul Mears will deliver a pre-recorded address to launch the weeks' events. Some in-person activities have been abandoned due to recent pandemic developments, therefore some events have been scaled back to online activities. ILG Leadership teams will lead sessions within their locality to their CSG leads presenting their vision of the values as leaders and call for CSG leads to continue endeavouring to support their people to live our values everyday. Colleagues from our BAME network, previous Values Based staff recognition award winners and chaplaincy services are sharing incidences where they have experienced our Values in action. Staff will also be encouraged to send Values branded cards thanking their colleagues for VB behaviour during this week and beyond. Cards have been ordered, will be distributed to each main site prior to VIA week and an e-card will be made available for e-distribution. Calendar of events will be shared shortly. Staff Survey - intended to launch survey in November 2021 one year on from Values launch, however feedback from recent wellbeing survey suggests survey fatigue and work is still underway within each ILG in response to 2020 Staff survey and with impending winter pressures, decision taken to launch survey early Spring 2022. November 2021 - No further update provided. February 2022 Update - Design phase - Feb-Mar 2022. Tool intended for managers to assess team's alignment to our Values
Audit Wales/HIW Quality Governance Follow Up Review R14.1	Aug-21	The Health Board must develop a stronger approach to organisational learning which takes account of all opportunities presented through concerns, clinical audit, patient and staff feedback, external reviews and learning from work undertaken in the Princess of Wales hospital.	Medium/Low	A clinically-led Serious Incident team has been established and the Health Board has implemented a Serious Incident Tool kit.	Director of Nursing		Complete			Completed		
Audit Wales/HIW Quality Governance Follow Up Review R14.2	Aug-21	The Health Board must develop a stronger approach to organisational learning which takes account of all opportunities presented through concerns, clinical audit, patient and staff feedback, external reviews and learning from work undertaken in the Princess of Wales hospital.	Medium/Low	Utilise the '7 minute briefings' to capture learning and produce a digestible document across ILGs to support a repository of learning.	Director of Nursing		Sep-21			Completed		September 2021 Update - 7 minute briefings are being used to capture internal and external learning.
Audit Wales/HIW Quality Governance Follow Up Review R14.3	Aug-21	The Health Board must develop a stronger approach to organisational learning which takes account of all opportunities presented through concerns, clinical audit, patient and staff feedback, external reviews and learning from work undertaken in the Princess of Wales hospital.	Medium/Low	Ensure a 'spotlight on' section within the Q&SC report to highlight an area of concern (determined by the committee) to provide an opportunity to give further detail and assurance/mitigating actions from across the organisation to Q&SC.	Director of Nursing		Complete			Completed		
Audit Wales/HIW Quality Governance Follow Up Review R14.4	Aug-21	The Health Board must develop a stronger approach to organisational learning which takes account of all opportunities presented through concerns, clinical audit, patient and staff feedback, external reviews and learning from work undertaken in the Princess of Wales hospital.	Medium/Low	Executive Director led Patient Safety meeting in place and meets weekly with Exec Director Nursing and Midwifery, Deputy Nurse Director, Assistant Director Therapies, Director of Corporate Governance, Assistant Director of Nursing & People's experience, Medical Director, Assistant Director Quality & Safety, Director of Improvement to review, mitigate and learn from; • Complaints • SIs • Falls / Pressure Damage • Inquests • Compliments	Director of Nursing		Complete			Completed		



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Audit Wales/HIW 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.	Medium/Low	Implementation of PREMS and CITRIX system to gather data on patient experience to inform learning and service enhancement and improvement. Project has been initiated and Project Manager appointed.	Director of Nursing		Sep-21	Now December 2021	Red	Part Completed	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	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,
Audit Wales/HIW Quality Governance Follow Up Review R14.6	Aug-21	The Health Board must develop a stronger approach to organisational learning which takes account of all opportunities presented through concerns, clinical audit, patient and staff feedback, external reviews and learning from work undertaken in the Princess of Wales hospital.	Medium/Low	New Improvement Directorate created bringing together Quality Improvement, Innovation, Value Based Healthcare and PMO in order to coordinate a range of important areas with a constant focus on improving quality for the benefit of staff and patients. QI Mission - Working together with our people, patients and partners to understand areas for quality improvement and develop the capability, capacity and delivery mechanisms across the whole health system to deliver improved outcomes for our patients and improved working practices for our people aligned to the principles of Prudent and Value Based Health Care.	Director of Nursing		Complete		Green	Completed		
Audit Wales/HIW Quality Governance Follow Up Review R14.7	Aug-21	The Health Board must develop a stronger approach to organisational learning which takes account of all opportunities presented through concerns, clinical audit, patient and staff feedback, external reviews and learning from work undertaken in the Princess of Wales hospital.	Medium/Low	New Innovation and Improvement board created (sub board of Management Board) and launched focusing on Capability, skills, culture and delivery of QI and innovation and bringing together cross organisational learning.	Director of Nursing		Complete		Green	Completed		
Audit Wales/HIW Quality Governance Follow Up Review R14.8	Aug-21	The Health Board must develop a stronger approach to organisational learning which takes account of all opportunities presented through concerns, clinical audit, patient and staff feedback, external reviews and learning from work undertaken in the Princess of Wales hospital.	Medium/Low	Revision of QI training and deployment plan across CTM.	Director of Nursing		Aug-21	Nov-21	Green	Completed		SEPT 2021 UPDATE - Review in progress of current staff who have received training across CTM First Improvement into Practice training held successfully and subsequent sessions being set up. Ongoing training and development programme being finalised for iCTM launch in Nov 2021. Nov 21 Update - Next Improvement into practice course scheduled for Jan 22 and then ongoing for rest of year. Also exploring other capability training such as LEAN, Business Process Reengineering and Theory of Constraints. iCTM launched 22/11/21 Action completed with ongoing training and development plan in place
Audit Wales/HIW Quality Governance Follow Up Review R14.9	Aug-21	The Health Board must develop a stronger approach to organisational learning which takes account of all opportunities presented through concerns, clinical audit, patient and staff feedback, external reviews and learning from work undertaken in the Princess of Wales hospital.	Medium/Low	First Improvement into Practice cohort scheduled.	Director of Nursing		From September 2021 onwards		Green	Completed		SEPT 2021 UPDATE - First Improvement into Practice training held successfully and subsequent sessions being set up. Action 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/HiW Quality Governance Follow Up Review R14.10	Aug-21	The Health Board must develop a stronger approach to organisational learning which takes account of all opportunities presented through concerns, clinical audit, patient and staff feedback, external reviews and learning from work undertaken in the Princess of Wales hospital.	Medium/Low	Implementation of ILG QI Faculty. Resource recruitment completed (clinical, nursing, pharmacy and therapies) with 1 session per week to focus on ILG specific QI and learning.	Director of Nursing		Complete		Green	Completed		
Audit Wales/HiW Quality Governance Follow Up Review R14.11	Aug-21	The Health Board must develop a stronger approach to organisational learning which takes account of all opportunities presented through concerns, clinical audit, patient and staff feedback, external reviews and learning from work undertaken in the Princess of Wales hospital.	Medium/Low	QI 12 month rolling programme of activity being developed.	Director of Nursing		Deploy Sept 2021 onwards	Now November 2021	Green	Completed		SEPT 2021 UPDATE - Work undertaken with quality team to align QI work to Datix and SI themes. Initial staff idea challenge will be based on this insight and focused on DATIX/SI areas of concern Will now be aligned to revised launch date of iCTM of Nov 2021. Nov 21 Update - rolling programme of training and engagement in place and work priorities agreed. Action completed
Audit Wales/HiW Quality Governance Follow Up Review R14.12	Aug-21	The Health Board must develop a stronger approach to organisational learning which takes account of all opportunities presented through concerns, clinical audit, patient and staff feedback, external reviews and learning from work undertaken in the Princess of Wales hospital.	Medium/Low	Staff ideas scheme for targeted challenges and QI programs being developed and online portal being build. Comms plan being developed to officially launch.	Director of Nursing		Launch Sept/Oct 2021	Now November 2021	Green	Completed		SEPT 2021 UPDATE - revised date for staff ideas scheme approved at Improvement and Innovation board of Nov 2021 due to other activities during Sept/Oct and to coincide with FAB Cymru day. Comms plan developed, ideas scheme being finalised and procurement of platform in progress. On track to launch later in Nov 2021. Nov 21 Updated - official launch 22/11/21 with launch of iCTM and staff ideas scheme. Week of activity in place including videos, blogs, vlogs, 'TED' talks along with on site engagement events
Audit Wales/HiW 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.	Medium/Low	Work being undertaken with IC to scope work to develop and deploy a model ward and operational best practice guide to improve flow, quality and patient safety.	Director of Nursing		Jul-21	Now October 2021 Now March 2022	Red	In Progress	April 2022 - No update provided	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