

INTERNAL AUDIT RECOMMENDATIONS AND MANAGEMENT RESPONSE

Issue	Theme	Recommendations	CTM Action	Timescale	New Proposed Timescale	Priority rating	By Whom	Monitoring / responsibility to	Target	Progress
<p>The Health Board's 'Concerns Policy & Procedures' document pre-dates the implementation of the current operating model in the Health Board. As such, it reflects concerns and complaints management undertaken from a corporate centralised perspective and makes no reference to the ILG structure that exists under the operating model.</p> <p>A number of supporting documents exist, for example a 'Corporate Complaints Process' flowchart, but none of these are referenced or appended to the overarching policy. Detailed Standard Operating Procedures (SOPs) are not in place. Such documents would outline the responsibility and detail the processes at a corporate and ILG level. SOPs may include management, investigation, quality checking, oversight and monitoring of concerns and complaints and the escalation of serious complaints.</p>	Policies/ Procedures/ SOPs	<p>1.1 The concerns policy should be reviewed and updated to accurately reflect the structure, roles, responsibilities and active involvement of the corporate function and the ILGs in respect of the management, investigation and reporting arrangements relating to concerns and complaints</p>	<p>1.1 Changes will be made to the Concerns Policy and management process in line with the Concerns Improvement project. This will be undertaken via a collaborative process between Corporate and the ILGs and in light of any changes to the Operating Model following the current review.</p>	Jun-22	Sep-22	R	Assistant Director of Concerns & Claims	Quality & Safety Committee	On hold	On hold until changes to the operating model
		<p>1.2 A comprehensive set of Standard Operating Procedures should be developed setting out the process to follow from the point a concern or complaint is received through to the provision of a response.</p> <p>The SOP should include concerns from all sources such as those received via the dedicated email accounts, those made in person or issues raised via local MPs or MSs. The responsibilities of the Corporate Concerns Team and the ILGs should be clearly set out.</p>	<p>1.2 Review the PTR Guidance alongside the CTM structures to identify what Standard Operating Procedures are required and develop and implement to support the new process.</p>	Jun-22	Sep-22	R	Assistant Director of Concerns & Claims	Quality & Safety Committee	On hold	On hold until changes to the operating model
<p>The correct phone and email contact details for the Corporate Concerns team and the three ILG Governance teams are available on the concerns and complaints page of the Health Board's internet site. Complainants are also referred to the Patient Advice and Liaison Service (PALS) for support in raising a concern, but at the time of our fieldwork PALS teams were only operating in the Bridgend ILG area.</p> <p>The Chief Executive's contact details are also listed on the website as a route to raising a concern. We also note that public concerns are also received by the Health Board via MPs, MSs, and Councillors. While having a number of different ways to raise concerns is good, there is a risk that inconsistencies in recording classifying them may occur. Furthermore, it is not clear within the three ILGs what other forms of public information is available to raise awareness of the Health Board's concerns and complaints process, for those patients that do not have access to the internet.</p>	Policies/ Procedures/ SOPs	<p>2.1 To ensure consistency, a more simplified approach to receiving concerns and complaints into the Health Board should be developed.</p> <p>The Health Board should ensure that relevant and up to date information is available across their respective areas to ensure that it is clear who and how patients, carers and families contact, should they have a concern or complaint to report.</p>	<p>2.1 Review the Health Board website and any other documentation ie (posters, leaflets) in respect of how to raise a concern, to ensure there is a single point of access. This will reflect a new process for the management of concerns as per 1.1 above.</p>	Jun-22	Sep-22	R	Assistant Director of Concerns & Claims	Quality & Safety Committee	Achieved	<p>Single point of access is on website for central concerns team telephone and email address.</p> <p>However there is PALS telephone numbers for each ILG. This may need to be reviewed following Operational model restructure</p>
<p>Concerns training falls into two categories, each has three levels of training that is determined by role and responsibility. These are set out below:</p> <p>Once for Wales Datix training</p> <p>The new system became operational in July 2021. We understand that complaint handlers have received the required training (level 1), and training has commenced for complaint reviewers (level 2) and responsible managers (level 3). However, we have not seen a record of who has been trained on the new system, or to what level each individual has been trained.</p>		<p>3.1a A training programme should be developed and rolled out across the Health Board to ensure that staff are suitably trained for the roles they are performing in relation to the Concerns process.</p>	<p>3.1a CTM Concerns Management training programme to be developed encompassing Putting Things Right, the Once for Wales Concerns Management System and Welsh Risk Pool procedures, more specifically Learning from Events Reports.</p>	Apr-22	Jun-22	A	Assistant Director of Concerns & Claims	Quality & Safety Committee	Overdue	Partially completed in respect of LFERs and Once for Wales CMS. PTR to be completed
		<p>3.1b A training needs analysis should be undertaken in each ILG and for corporate teams to identify the staff that fall into the three levels of training outlined in the Concerns Training Plan. The PADR process could be used in the future to help identify training needs.</p>	<p>3.1b Training Needs Analysis Template to be developed following development of Concerns Management training programme. To be shared with the ILGs for completion and identification of all staff who should receive the training.</p>	Jun-22		A	Assistant Director of Concerns & Claims	Quality & Safety Committee	On target	To be developed once training package has been completed
		<p>3.2 Those staff who may have received training previously or are experienced in the role of investigator or quality assurance, should receive 'refresher' training to ensure awareness of current processes and the application of consistent practices across the Health Board.</p>	<p>3.2 This will be picked up as part of the Training Needs Analysis in 3.1b and where relevant, training will be provided as part of the training programme.</p>	Jun-22		A	Assistant Director of Concerns & Claims	Quality & Safety Committee	On target	To be developed once training package has been completed
		<p>3.3 Records of all training attended in relation to both PTR/Concerns training and Datix Once for Wales Training should be retained.</p>	<p>3.3a Undertake scope on training record management and how this is captured within CTM if it is not retained within ESR</p>	Feb-22	Jun-22	R	Assistant Director of Concerns & Claims	Quality & Safety Committee	Overdue	Discussions ongoing
			<p>3.3b Discussion with ESR team to ascertain whether training records can be included on ESR for Concerns Management training.</p>	Feb-22		R	Assistant Director of Concerns & Claims	Quality & Safety Committee	Achieved	Email to ESR team to query whether PTR and further concerns management training records can be stored on ESR.
			<p>3.3c Discussion with Organisational Development regarding retention of training records and how this links to PADRs.</p>	Feb-22		R	Assistant Director of Concerns & Claims	Quality & Safety Committee	Achieved	Email to correspondence in respect of PADRs and training

Where suitable, efforts should be made to achieve an early resolution (within two working days) to concerns raised. It is our understanding that the 'early resolution' category is attributed to a concern by a concerns handler based on the information contained in the initial concern. A record of the concern resolution should be recorded on Datix. If the concern cannot be resolved early, then it should be recategorised as a 'formal concern' and the normal investigation process begins.	Policies/ Procedures/ SOPs	4.1 A review should be carried out to establish why Bridgend ILG is closing less of its concerns at an early resolution stage in comparison to the other ILGs. The review should include identifying if there is a link between concerns closed at early resolution stage and concerns re-opened. Any learning identified from the review should be shared across the ILGs and where necessary processes followed should be captured in a Standard Operating Procedure.	4.1 Audit of Complaints Management to be reintroduced looking at all aspects of complaints management. Audit will commence with BILG to address this risk and will then be conducted across the other sites. A programme of on-going audit will be re-introduced.	Apr-22	Sep-22	R	Complaints Manager	Quality & Safety Committee	Overdue	Complaints Manager not in post
		4.2a Management should understand why RTE has not been re-categorising early resolution concerns that were not resolved in the timeframe and take appropriate action to resolve and accurately record in Datix.	4.2a Audit of Complaints Management to be reintroduced looking at all aspects of complaints management. Audit will commence with BILG to address this risk and will then be conducted across the other sites. A programme of on-going audit will be re-introduced.	Apr-22	Sep-22	R	Complaints Manager	Quality & Safety Committee	Overdue	Complaints Manager not in post
		4.2b To ensure consistency, a Standard Operating Procedure (SOP) should be in place outlining the process for re-categorising concerns, including who is responsible for performing this task. Training should be provided where necessary.	4.2b Standard Operating procedure to be developed as part of a suite of SOPs outlined in 1.2 above	Apr-22	Sep-22	R	Assistant Director of Concerns & Claims	Quality & Safety Committee	On hold	On hold until changes to the operating model
We tested a sample of ten concerns from each ILG to ensure compliance with the 'Concerns Policy & Procedures' document	Policies/ Procedures/ SOPs	5.1 For each concerns investigation undertaken, in the absence of detailed Standing Operating Procedures, the process outlined in the Concerns Policy and Procedure documents should be followed. Comprehensive notes and evidence should be added to Datix in a timely manner to support the process followed, the investigation carried out and the lessons learnt. Where aspects of the policy are not being undertaken at all, it should be established if this is due to staff not being aware of this aspect of the process or if the policy is in fact out of date and in relation to current practices.	5.1 To included in training programme as per 3.1a and 3.1b above	Apr-22	Jun-22	R	Assistant Director of Concerns & Claims	Quality & Safety Committee	Overdue	Partially completed in respect of LFERs and Once for Wales CMS. PTR to be completed
		5.2 Where there is a potential data breach, the necessary Datix Incident Forms should be completed and the Information Governance Manager notified promptly.	5.2 To included in training programme as per 3.1a and 3.1b above	Apr-22	Jun-22	R	Assistant Director of Concerns & Claims	Quality & Safety Committee	Overdue	Partially completed in respect of LFERs and Once for Wales CMS. PTR to be completed
The Concerns policy contains a quality assurance checklist, but it is not used. While not in the Concerns Policy, we understand that CSG management should carry out some form of quality checking ahead of the PTR letter being forwarded to the ILG Triumvirate for sign off. We saw no evidence in Datix of these checks taking place.	Policies/ Procedures/ SOPs	6.1a A SOP should be developed that documents the quality assurance processes underpinning the end stages of the investigation that lead to the issue of the PTR Concerns Response Letters. The SOP should include who is responsible for quality checking and how quality checks should be documented, including, if deemed necessary, the use of the checklist contained in the policy. Training on the required quality assurance process documented in the SOP should be carried out with relevant staff.	6.1a Standard Operating procedure to be developed as part of a suite of SOPs outlined in 1.2 above	Apr-22	Sep-22	R	Assistant Director of Concerns & Claims	Quality & Safety Committee	On hold	On hold until changes to the operating model
		6.1b The Quality Assurance Checklist contained in Appendix 4 of the Concerns Policy should be reviewed and a decision made regarding the expectation for it to be used.	6.1b QA checklist to be reviewed at the same time as the SOP is developed	Apr-22	Sep-22	R	Assistant Director of Concerns & Claims	Quality & Safety Committee	On hold	On hold until changes to the operating model
		6.2 Evidence should be retained of CSG management's contribution to the quality checking process of review and oversight of the investigation's outcomes and the draft PTR Concerns Response letters prior to their submission to an ILG Director for sign-off.	6.2 Standard Operating procedure to be developed as part of a suite of SOPs outlined in 1.2 above	Jun-22		A	Assistant Director of Concerns & Claims	Quality & Safety Committee	On hold	On hold until changes to the operating model
		6.3 A process of retrospectively reviewing the quality assurance processes applied in ILG should be introduced at a corporate level to ensure oversight, challenge and facilitate learning.	6.3 To form part of the rolling corporate concerns management audit programme	Apr-22	Sep-22	R	Complaints Manager	Quality & Safety Committee	Overdue	Complaints Manager not in post
		6.4 All ILGs should ensure that the content of their PTR Concerns Response Letters are empathetic, showing concern and explaining with clarity the outcomes and lessons learned arising from the reported complaint. Letters should be independently reviewed and signed by an ILG Director in a timely manner.	6.4 This recommendation should be achieved following development of SOPs, Training and the QA process.	Jun-22	Sep-22	R	Assistant Director of Concerns & Claims	Quality & Safety Committee	On hold	On hold until changes to the operating model
The Concerns Policy and Procedures document states that 'if		7.1 Clarity should be sought, and information documented with a SOP as to when a case should be closed on Datix and the circumstances for when it can be re-opened. To avoid any confusion, information contained in a SOP and the Concerns Policy should align.	7.1 To included in the development of SOPs as per 1.2 above	Apr-22	Sep-22	R	Assistant Director of Concerns & Claims	Quality & Safety Committee	On hold	On hold until changes to the operating model

<p>the complainant is dissatisfied with the response they receive in their PTR letter, then a meeting will be offered, however the case will not be re-opened if there are no new issues to investigate'. The PTR Concerns response letter issued to complainants provides a clear offer of a meeting to discuss the content of the investigation outcome with senior Health Board staff. However, each ILG Head of Quality & Safety informed us that if there is further contact from the complainant stating dissatisfaction of the letter's content, the case is reopened, which appears to contradict the policy.</p>	<p>7.2 Prior to closing concerns at early resolution stage, some form of quality assurance process should be followed that ensures all aspects of the concern raised by the complainant have been adequately addressed, thus preventing the case being potentially re-opened at a later date. This process should be documented.</p>	<p>7.2 To included in the development of SOPs and training as per 1.2, 3.1a and 3.1b above</p>	Jun-22	Sep-22	R	Assistant Director of Concerns & Claims	Quality & Safety Committee	On hold	On hold until changes to the operating model
	<p>7.3 Where cases are re-opened the relevant CSG management team and ILG Head of Quality & Safety should be made aware of the re-opening and the reasons why.</p>	<p>7.3 Weekly report to be provided to the CSG teams and ILG Heads of Quality and Safety for review and monitoring on a routine basis.</p>	Feb-22		R	Datix Manager	Quality & Safety Committee	Achieved	Awaiting update
<p>Complaints are not investigated in timely, open, honest, consistent or impartial fashion, causing distrust in the process.</p>	<p>8.1 In relation to aged open concerns, it should be ensured comprehensive Datix records are maintained including recording the reason / justification for why the case has remained open and that relevant management are aware of it remaining open.</p>	<p>8.1 Process already in place which includes dashboards, and is monitored via Patient Safety Executive Meeting. The importance of recording regular updates on Datix will be included as part of 3.1a training programme.</p>	Apr-22		R	Assistant Director of Concerns & Claims	Quality & Safety Committee	Achieved	Monitored via dashboards, weekly data review meetings with Heads of Q&S and Patient Safety Executive Review.
	<p>8.2 Where cases remain open beyond 30 days, ongoing progress contact should be maintained with the complainant and evidence of this retained within Datix.</p>	<p>8.2 Will be addressed in the development of the SOPs as per 1.2 and included as part of the training programme as per 3.1a.</p>	Apr-22	Sep-22	R	Assistant Director of Concerns & Claims	Quality & Safety Committee	On hold	On hold until changes to the operating model
<p>The Concerns Policy & Procedures refers to the need for arrangements to be in place to learn from the outcome of concerns. However, we did not see any guidance that sets out the arrangements or processes, referenced in the policy, that should be in place for ensuring Health Board wide learning arising from concerns and complaints.</p>	<p>9.1a A formalised process should be put in place to ensure there is shared learning from the outcome of concerns, complaints and incidents and also the processes followed when dealing with concerns and complaints. This should include how data will be collected and analysed in order to identify trends and patterns for example across CSGs, ILGs, specialities or by type of concern. Lessons learnt information should then be shared in a consistent way across the Health Board</p>	<p>9.1a Regular reports are provided from Datix and monitored via various groups and committees. The quality of information provided will be strengthened with engagement with the RL Datix team. Development of a Learning Framework underway to ensure learning is captured from various avenues and shared across the organisation.</p>	Jan-22	Sep-22	R	Assistant Director of Concerns & Claims	Quality & Safety Committee	Overdue	Learning Framework has been developed and is in DRAFT form at present. This may need to be revisited following changes to the Operating model.
	<p>9.1b Subsequently, ILGs should ensure they have suitable processes and methods in place for the dissemination of lessons learnt across all of their CSGs.</p>	<p>9.1b This will form part of the Learning Framework as per 9.1a and included in the SOPs as per 1.2.</p>	Jan-22	Sep-22	R	Assistant Director of Concerns & Claims	Quality & Safety Committee	Overdue	Learning Framework has been developed and is in DRAFT form at present. This may need to be revisited following changes to the Operating model.
	<p>9.2 The 'Shared Listening and Learning Forum' meetings should be held on a regular basis and be appropriately attended by ILG and Corporate staff if they are to be an effective platform for learning to take place.</p>	<p>9.2 The Listening and Learning forum Terms of Reference have been reviewed and the membership will be expanded to include more clinical and multi-disciplinary representation. The forum will also be held as an 'open forum' from Feb 2022 rather than by invitation only as previously.</p>	Feb-22		R	Assistant Director of Concerns & Claims	Quality & Safety Committee	Overdue	Terms of Reference reviewed
<p>Learning from complaints does not take place meaning improvements in quality, reduction in adverse events and avoidable harm does not happen</p>	<p>10.1 CSGs and ILGs should be able to demonstrate through meeting minutes or action notes the level of scrutiny that takes place in relation to concerns data to ensure inactivity is challenged, progress is made, and management are fully sighted on the issues in their area of responsibility.</p>	<p>10.1a Monthly performance meetings with the ILGs and CGS to continue.</p>	Immediately		R	Assistant Director of Concerns & Claims	Quality & Safety Committee	Achieved	Performance meetings continue across the ILGs and CSGs. These include review of complaints management, 30 wk day compliance and learning. These may become more standardised when the operational model is reviewed and changed.
		<p>10.1b CSG scrutiny panel to continue.</p>	Immediately		R	Assistant Director of Concerns & Claims	Quality & Safety Committee	Achieved	Performance meetings continue across the ILGs and CSGs. These include review of complaints management, 30 wk day compliance and learning. These may become more standardised when the operational model is reviewed and changed.
		<p>10.1c Weekly assurance meetings with the CSGs to continue .</p>	Immediately		R	Assistant Director of Concerns & Claims	Quality & Safety Committee	Achieved	Performance meetings continue across the ILGs and CSGs. These include review of complaints management, 30 wk day compliance and learning. These may become more standardised when the operational model is reviewed and changed.
		<p>10.1d Development of a standard agenda template and standard concerns management template with KPI to ensure consistent scrutiny across all ILGs</p>	Feb-22	Sep-22	R	Assistant Director of Concerns & Claims	Quality & Safety Committee	On hold	This will be developed following review of the Operating model
		<p>10.1e Director of Corporate Governance to attend ILG Performance Meetings for the purpose of seeking assurance on concerns data.</p>	Jan-22		R	Assistant Director of Concerns & Claims	Quality & Safety Committee	Achieved	The Director of Corporate Governance has held various ad hoc meetings with ILGs, in particular in relation to Learning from Events. The Assistant Director of Concerns & Claims attends a weekly meeting whereby Complaints monitoring and management is discussed along with 30 wk day compliance. Lessons are shared across the 3 ILGs

<p>There does not appear to be clear oversight and monitoring of concerns data at a Health Board level. The link between those who are responsible corporately for concerns management and the ILGs is not clear.</p>		<p>11.1 Monitoring and scrutiny of concerns data at a Health Board level should take place to allow the Health Board to have a better oversight of concerns performance, make comparisons between ILGs, identify trends, identify areas for improvement, and facilitate the sharing lessons, best practice and better ways of working.</p>	<p>11.1 Weekly meeting are held with ILG Heads of Quality & Safety where concerns data is monitored and scrutinised. This will be strengthened by the establishment of a Senior Leadership Group to oversee the assurance and scrutiny of incidents, concerns and redress data to support the work of the Q&S Committee.</p>	<p>Feb-22</p>		<p>G</p>	<p>Assistant Director of Concerns & Claims</p>	<p>Quality & Safety Committee</p>	<p>Achieved</p>	<p>Weekly meetings with the Heads of Quality and Safety and Central Complaints and Central Patient Safety Team to discuss Complaints and Incidents and the monitoring and scrutiny of concerns data. This is then reported back to the weekly Executive Quality & Safety meeting.</p>
<p>Our discussions with the ILG Heads of Quality & Safety identified that it is currently not possible to undertake any analysis or monitoring of near misses or low / no harm complaints due to difficulties Concerns were also raised around the functionality for ILG Heads of Quality & Safety to interrogate Datix at an ILG level to allow more meaningful monitoring, for example being able to identify the stage in the investigation process that the 30-day target is breached.</p>		<p>12.1 Consideration should be given to establishing if Datix will allow reports to be run that can identify near miss concerns or low/no harm complaints, so as to allow ILG Heads of Quality & Safety the ability to undertake analysis and learn from such events and hopefully prevent them becoming bigger issues. ILG Heads of Quality & Safety should be provided with the functionality and if necessary, training that allows them to interrogate Datix to a more granular level.</p>	<p>12.1a Engagement with OFWCMS team to ascertain reporting functionality.</p>	<p>Jan-22</p>		<p>G</p>	<p>Datix Manager</p>	<p>Quality & Safety Committee</p>	<p>Achieved</p>	<p>The Datix Project Manager regularly engages with the OFWCMS central team to raise any concerns in respect of the new system, including any issues in respect of reporting.</p>
			<p>12.1b Review of current reporting functionality and devise a suite of reports to drive learning and improvement.</p>	<p>Jan-22</p>		<p>G</p>	<p>Datix Manager/ Assistant Director of Concerns & Claims</p>	<p>Quality & Safety Committee</p>	<p>Achieved</p>	<p>The Datix team have developed a suite of reports and continue to develop reports as requested. The new Datix Cymru will have a Business Intelligence Tool to assist with reporting. CTM are heavily involved in the workstream for the BI Tool.</p>