



AGENDA ITEM

5.2

QUALITY & SAFETY COMMITTEE

**HEALTHCARE INSPECTORATE WALES ACTION PLAN TRACKER -
PROTOTYPE**

Date of meeting	24/05/2023
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Allison Thomas Business Manager Patient Care & Safety Group
Presented by	Greg Padmore-Dix Executive Director of Nursing
Approving Executive Sponsor	Executive Director of Nursing
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS

HIW	Healthcare Inspectorate Wales
AMaT	Audit Management and Tracking
ILGs	Integrated Localities Group (s)
CTM	Cwm Taf Morgannwg

1. SITUATION/BACKGROUND

1.1

As Cwm Taf Morgannwg University Health Board is an NHS organisation Healthcare Inspectorate Wales regularly inspect all the sites and services by either announced or unannounced inspections, HIW also regulate independent healthcare providers against a range of standards, policies, guidance and regulations to highlight areas requiring improvement.

Following every HIW inspection a report of their findings is developed and where applicable an improvement plan detailing the findings by HIW and the agreed CTM improvement action(s), together with identifying the responsible office and timeframe for the actions to be completed is progressed and once finalised and approved by CTM and accepted by HIW is published on HIW website.

One of the recommendations from the structured Assessment 2018 R6 not closed relates to the action that 'the audit recommendation tracker should be expanded to include the recommendations of other external agencies e.g. Healthcare Inspectorate Wales and the Delivery Unit'.

Currently the central team provide an overview report to each Quality & Safety Committee on a bi-monthly basis reporting on HIW activity for the timeframe in between each meeting.

Responsibility for ensuring all actions have been appropriately completed and continuous monitoring for compliance has previously sat within the former ILGs (now Care Groups following the changes within the organisational change plan).

In line with the organisational changes and the Care Group model, the ownership and accountability for each HIW improvement plan will sit with the Care Groups and the Clinical Service Groups reporting to the Quality Safety and Patient Experience group of each of the relevant Care Group.

Oversight and continuous monthly review for assurance to the Executive Directors, Quality & Safety Committee and Board will sit within the central team, who have developed a tracker document to monitor all open and live HIW inspection improvement plans until the implementation of AMaT has been completed to allow for continuous monitoring of all the HIW improvement plans following each inspection.

The tracker will be sent to each of the responsible Care Group leads at the end of each month for an update on actions and whether these are closed, or where these have passed the timeframe, an update on the mitigating

reasons why not completed and a new timeframe for completion will be requested.

Whilst the further work is being scoped within AMaT to capture the actions arising from HIW activity allowing for the themes and trends to be identified and allow one dedicated space to capture oversight of HIW actions/ recommendations across the Health Board, all HIW inspection improvement plans are being closely monitored on a monthly basis via a centrally held tracker, which is in addition to all HIW inspection activity being included as a standing agenda item on the Care Groups Quality, Safety & Patient Experience Governance meetings as well as a monthly oversight at the Executive Director led Patient Safety meetings.

The development and implementation work of AMaT continues with the Programme Manager for AMaT in order to make a number of changes to the fields currently in the inspection module of AMaT to allow sufficient management and the ability to monitor progress against recommendations arising from HIW inspections.

The inspection module within AMaT is not restricted to HIW inspections and can include all types of inspections, internal and external audit plans, visits and accreditation with work to date having been jointly undertaken with the Business Manager Patient Care & Safety and the Corporate Governance Business Manager as well as the Assistant Director of Governance and Risk to, where possible, make changes to some of the fields within the inspection module to ensure it is compatible with the requirements of CTM UHB for recording, managing and the continuous monitoring of all Improvement plans following a HIW Inspection.

AMaT is used by several health boards across Wales and there are only a small number of changes that can be made to make the module health specific due to the All Wales use of the module.

Some changes and improvements to the fields in AMaT have already been made to date and following an overview session of the inspection module which was delivered to the Executive Nurse Huddle meeting on 12th April 2023 there was agreement from all to proceed with this module for assurance and monitoring of HIW Inspections.

The overview of the module demonstrated the functionality for the Care Groups to have overall accountability and assurance of the actions for their care group areas.



Dashboards

Your Inspections

Inspection Actions

Section to Update Inspections:

Inspection details	Recommendations	Actions	Documents	Notes	Reports
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Updating and approving actions

Do you have overdue actions?

- Click on the on the top right corner of each AMaT page to see your To Do List and links to overdue items.

Action Status - When an action is added it is set to 'In progress', it can then have the following status.

- Go to the 'Actions' tab in the inspection.
- Click on 'Manage' for the actions you wish to update or approve.
- Choose 'View & Edit' from the menu.

If updating the action, add comments of completion and upload evidence, then change the **STATUS**.

approving the action, read the comments and view the uploaded evidence, then change the **STATUS**.

In the module you are able to reject an action and if this happens the originator of the action will receive a notification and be able to update the action once again

Below is a table of the status available, against each of these status the system allows a report to be produced:

In progress
Partially complete
Partially complete (Overdue)
Overdue
Fully complete (Awaiting approval)



Rejected (To be resubmitted)

Fully complete (Approved)

AMaT has the ability to produce a range of reports which includes but not exhaustive:

- Inspections – a report detailing all the inspection details for the inspections detailed in 'Your Inspections' section of the dashboard
- Inspection report – a report detailing all the information recorded within an inspection
- Actions – a report detailing all the actions
- Recommendations- A report detailing all the recommendations for an inspection

AMaT has the functionality to provide a weekly email notification to each user who has due or overdue items in AMaT, each user will automatically receive the email at 8am each Monday morning. These actions will also be available to access through their To Do List on AMaT.

The AMaT system will automatically send a notification email when:

- A New inspection recommendation is added
- New Inspections actions are added
- An action has been updated
- Action status update
- Action rejected
- New inspection note is made

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Note the ongoing work to implement the AMaT system and the transition from the audit tracker over to the Inspections module within AMaT

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 No matters for escalation



4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
Related Health and Care standard(s)	Governance, Leadership and Accountability If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

- 5.1 The Quality & Safety Committee is asked to **note** the work completed to date and to support the progress to implement all HIW Inspections within the AMaT Inspection Module