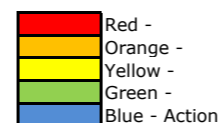
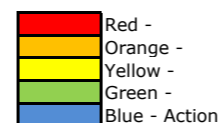




| Ref | Date added | Recommendation | Priority | Management Action Agreed | Responsible Executive Lead | Responsible Management Lead | Original Agreed Implementation Date | Revised Implementation Date | Status | Progress | Updates During this period/latest update | Previous Updates |
|---|------------|---|----------|--|----------------------------|-----------------------------|-------------------------------------|--|--------|-------------|--|---|
| Comparative Picture of Orthopaedic Services (January 2017) | | | | | | | | | | | | |
| CPOS 01 | Apr-15 | <p>Outpatient services:</p> <ul style="list-style-type: none"> The ratio of follow-up to new appointments in the Health Board is the second highest in Wales at 2.3 and above the Welsh Government target of 1.9. DNA rates are above the Welsh Government targets at 8.7 per cent of new appointments and 13 per cent of follow-up appointments. The follow-up DNA rate is the highest in Wales. The patient cancellation rates are 5.7 per cent and 10.7 per cent for new and follow-up appointments respectively. | High | <p>Follow up pathways are being reviewed as part of the Orthopaedic Planned care programme. Implementation of text and remind service is expected to improve DNA rates. This will be monitored and further action taken if Text & Remind does not generate the improvement anticipated</p> <p>A detailed capacity and demand exercise has been undertaken to confirm baseline numbers of clinics and consistent templates.</p> <p>A revised process is in place to monitor cancellation of clinics outside of 6 weeks</p> | Director of Operations | | Jun-15 | September 2016 February 2021 August 2021 | | In Progress | <p>July 2021 - work continues via the Planned Care and Unscheduled Care Programmes in line with Resetting. More information will be available at the next meeting. No revised implementation date provided</p> | <p>March 2016 Update - work to date has focussed on new patient pathway. Validation of follow ups is underway, with implementation of the planned care programme arthroplasty pathway planned in the next 6 months. June 2016 update - validation of follow-ups continue with the number of patients waiting past target date reduced by 1000. Clinical agreement needed to implement the recommended arthroplasty follow-up pathway this is in progress.</p> <p>Sept 2016 Update - validation of follow-up patients waiting over target date continues, supported by additional clinics. Arthroplasty follow-up pathway agreed and in place.</p> <p>Jan 2017 - There is a need to evaluate the effect of the Text & Remind Service on DNA rates. Further action is also being taken to address Follow Ups Not Booked, including validation of long waiters. March 2017 - Further action is also being taken to address Follow Ups Not Booked, including validation of long waiters. Further validation of patients on the FUNB list is being undertaken, consultants are asked to look at clinic letters. August 2017 - Consultants are carrying out virtual clinics in a bid to determine the patients who do actually require a follow up. Steady progress is being made. November 2017 update - Clinical & Non Clinical Validation continues and there is a stronger alignment with the national planned care programme board. Jan 2018 update - Text reminders are having an impact on DNA rates. Partial booking will be rolled out to all FUP appointments in 2018/19. March 2018 update - still in progress. November 2020 Update - Significant work has been undertaken in these areas since 2015 with successes a number of areas especially the text and remind services. Given the UHB's need to respond to covid 19, the level of management focus has not been optimal with the last Outpatient Programme Board held in July 2020. Since then, a Programme Manager has been appointed, who is going to be re-establishing the Planned Care Board which will encompass Outpatients and these issues shortly. March 2021. Work in this area is steady. The ILGs have completed their D&C Plans which have been incorporated into the</p> <p>March 2016 Update - Increase in day theatre/day ward capacity at RGH remains dependent on transfer of other services. Plans to centralise urology flexi-cystoscopy have progressed and this is expected to release further day surgery capacity at PCH by the end of the summer 2016.</p> <p>June 2016 Update - The transfer of flexi-cystoscopy sessions to the GUM unit at RGH is planned for October/November 2016 and this will release day theatre space in PCH. Sept 2016 - No further update. Jan 2017 update - fo further progress made. Dependent on wider service changes e.g. ground and first floor scheme PCH. March 2017 - No further progress made. August 2017, ongoing phased plans to move Flexi cystoscopies from PCH to RGH, this includes equipment, staffing and a review of options to utilise this capacity overall are being developed. Currently delays in fully commissioning the Treatment Centre and to plans to convert PCH flexi lists to general anaesthetic lists. Centre opened 10 July 2017. Day case rates are being monitored and will be discussed at CBMs and this will include options to increase the day case rate within current capacity.</p> <p>November 2017 Update - Work being undertaken with Orthopaedic Consultants to improve day of surgery admission. Pilot currently underway. Work across scheduled care to identify cases that are in an inpatient setting that are more appropriately placed in a day case environment.</p> <p>January 2018 - Orthopaedic day case rates have risen above the Welsh Government target. March 2018 update - still in progress</p> <p>November 2020 Update - Updates indicate that the improvements have been made in this area (with the WG target rate achieved in January 2018), however the requirement to respond to covid 19 has reduced management focus. A Planned Care Board has been established in the very recent past and theatre efficiency will be an area of work. March 2021. See above CPOS 01 - consideration of this element of work on orthopaedics will be included in this work. In addition, the COO has recently met</p> |
| CPOS 05 | Apr-15 | <p>Day case rates:</p> <ul style="list-style-type: none"> The percentage of the recommended orthopaedic procedures undertaken as a day case is below the Welsh Government target for both Prince Charles and Royal Glamorgan hospitals at 65 and 70 per cent respectively. | High | <p>There is no day surgery unit at RGH, but plans are in place to address this in the next 2 years. In PCH there is a capacity shortfall for day surgery theatre space.</p> <p>A review of theatre space across both sites for orthopaedics is needed alongside sub-specialty level capacity planning. This work will be taken forward as part of the Orthopaedic Planned Care programme. In addition, the Directorate plan to centralise urology flexi-cystoscopy procedures at RGH, which would provide additional day theatre space for orthopaedics at PCH</p> | Director of Operations | | N/A | February 2021 April 2021 August 2021 | | In Progress | <p>July 2021 - work continues via the Planned Care and Unscheduled Care Programmes in line with Resetting. More information will be available at the next meeting. No revised implementation date provided</p> | <p>March 2016 Update - Increase in day theatre/day ward capacity at RGH remains dependent on transfer of other services. Plans to centralise urology flexi-cystoscopy have progressed and this is expected to release further day surgery capacity at PCH by the end of the summer 2016.</p> <p>June 2016 Update - The transfer of flexi-cystoscopy sessions to the GUM unit at RGH is planned for October/November 2016 and this will release day theatre space in PCH. Sept 2016 - No further update. Jan 2017 update - fo further progress made. Dependent on wider service changes e.g. ground and first floor scheme PCH. March 2017 - No further progress made. August 2017, ongoing phased plans to move Flexi cystoscopies from PCH to RGH, this includes equipment, staffing and a review of options to utilise this capacity overall are being developed. Currently delays in fully commissioning the Treatment Centre and to plans to convert PCH flexi lists to general anaesthetic lists. Centre opened 10 July 2017. Day case rates are being monitored and will be discussed at CBMs and this will include options to increase the day case rate within current capacity.</p> <p>November 2017 Update - Work being undertaken with Orthopaedic Consultants to improve day of surgery admission. Pilot currently underway. Work across scheduled care to identify cases that are in an inpatient setting that are more appropriately placed in a day case environment.</p> <p>January 2018 - Orthopaedic day case rates have risen above the Welsh Government target. March 2018 update - still in progress</p> <p>November 2020 Update - Updates indicate that the improvements have been made in this area (with the WG target rate achieved in January 2018), however the requirement to respond to covid 19 has reduced management focus. A Planned Care Board has been established in the very recent past and theatre efficiency will be an area of work. March 2021. See above CPOS 01 - consideration of this element of work on orthopaedics will be included in this work. In addition, the COO has recently met</p> |

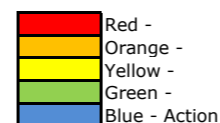


| Ref | Date added | Recommendation | Priority | Management Action Agreed | Responsible Executive Lead | Responsible Management Lead | Original Agreed Implementation Date | Revised Implementation Date | Status | Progress | Updates During this period/latest update | Previous Updates |
|--|------------|---|-------------|---|----------------------------|-----------------------------|-------------------------------------|--|--------|-------------|---|---|
| CPOS 07 | Apr-15 | Operating theatres: • Orthopaedic theatre utilisation ranges between 80 and 93 per cent across the Health Board. This remains below the Welsh Government target of 95 per cent. • The rates of cancelled operations and cancelled theatre sessions are both high, with 34.7 per cent of lists cancelled at Prince Charles Hospital. | High | At PCH site the planned first floor redevelopment will enable a change in how the specialty manages its capacity with laminar flow and treatment room options. This is linked to lack of theatre capacity highlighted above and trauma/elective split ie. Patients are cancelled but replaced by trauma. The Directorate plan to provide additional day theatre space for orthopaedics at PCH by centralising Urology flexi-cystoscopies at RGH will help support improvements | Director of Operations | | Mar-16 | February 2021 May 2021 August 2021 | | In Progress | July 2021 - work continues via the Planned Care and Unscheduled Care Programmes in line with Resetting. More information will be available at the next meeting. No revised implementation date provided | March 2016 Update - As above. June 2016 - No further update. Sept 2016 - No further update. Jan 2017 update - no further progress made. Progress is dependent on wider service changes e.g. ground and first floor scheme PCH, which provides an opportunity to address theatre list allocation, particularly at PCH for elective, day cases and trauma. March 2017 Update - No further progress made. November 2017 Update - Theatre utilisation is being discussed at ACT and Surgery Recovery meetings. Improved utilisation around productivity is already being initiated in ophthalmology. Late starts and early finishes are monitored through the new qlisense app enabling CD's to interrogate the data by speciality and inform actions. January 2018 - Work is now underway on improving theatre utilisation rates as part of a programme of work led by Deb Lewis, Assistant Director. This work will be reported to the productivity, Efficiency and Value Board. March 2018 Update - Still in progress. November 2020 Update - Updates indicate that the improvements have been made in this area with CDs monitoring start and finish times, especially within Ophthalmology. In addition, work is now underway on the changes to the fabric of PCH with the Ground and First Floor project. However, progress has not been optimal - partly as an outcome of the UHB's response to covid 19 - and it is anticipated that this will be resolved via the establishment of a Planned Care Board. Detailed timings are not available on the work programme for the Board, however an update will be provided in February 2021. Urgent matters are managed through the ILG structures with Senior Managers accountable at Clinical Service Group Meetings on each site, then progressing to monthly ILG Meetings with the Director of Operations. March 2021. The ILGs have completed their D&C Plans which have been incorporated into the UHB's IMTP and submitted to WG. This has been significant and detailed work. |
| Follow Up Outpatients Not Booked (January 2017) | | | | | | | | | | | | |
| R1 Follow Up | Oct-17 | Ensure that there is sufficient information on the clinical risks of delayed follow-up outpatient appointments reported to relevant sub-committees so that the Board can take assurance from monitoring and scrutiny arrangements. | Medium/ Low | The original review in 2015 identified that the Health Board needed to broaden the information reported to the Board and its sub committees so that it was aware not only of the volume of delays but also the clinical nature of delays in outpatient follow-up appointments. Since our review the level of scrutiny and focus by the Health Board has increased. There is a clear drive to improve the follow-up position and detailed information is presented in terms of the current performance to Finance, performance and Workforce committee. Quality, Safety and Risk committee has also been scrutinising the performance of the Health Board. However, although the Health Board is targeting its focus on the highest volume areas of follow-up backlog it has not yet produced a risk assessment for follow-up outpatients to determine the clinical conditions where delayed appointments may result in harm. A recent paper to the Quality, Safety and Risk Committee did aim to provide assurance in relation to the clinical risks for patients on the follow-up list, however it did not meet the needs of the committee, and independent members have asked the team to revisit the paper and resubmit it. This is planned for September 2017. The Health Board utilises its Datix system to identify any patients that have come to harm as a consequence of delayed follow up appointments, and these mechanisms are utilised as required. However, despite the lack of a formal assessment of clinical risk, it is clear that within the specialties there is a focus on the clinical areas which can cause the most clinical harm, The Ophthalmology department, for instance, is clear on the conditions which have the most potential for harm and is taking steps to minimise the risk to patients | Director of Operations | | | 01/02/2021 August 2021 | | In Progress | July 2021 - work continues via the Planned Care and Unscheduled Care Programmes in line with Resetting. More information is now discussed at ILG level and then monthly at the Performance Review Meetings with teh COO - where progress is demonstrated. Harm Reviews are also ongoing. Revised implementation date not provided | January 2018 Update - A senior manager from the COO team is providing focused senior support to improve the position with an initial focus on gastroenterology. Work is underway to support the clinical team to fully understand the backlog position and to review the patients waiting the longest through clinical nurse specialist reviews and virtual clinics initially. Discussion is also ongoing to refine the risk stratification plan in order to provide additional assurance in respect of the management of any known clinical risks. July 2019 update - FUNB work continues with a strong drive and focus from COO and Deputy COO and Board level support for an ongoing resource plan of c. £1m. Full reports have been provided to FWP and QSR committees in the last meeting cycles confirming that the UHB is on trajectory for its intended end of year position of 10k patients on the list (currently about 13k patients on the FUNB list dropping from c.19k patients following Ophthalmology cases outsourcing). Given this performance the Welsh Government has responded to our recent updates and welcomed a bid for performance funding to see if our delivery of a balanced position (due end of 20/21) could be accelerated. In terms of quality, we continue to report every case of harm generated by delays for clinical treatment through the regular FUNB report to QSR committee. Currently, the UHB has the most advanced FUNB position in Wales. January 2021. Implication of covid have meant that this has not been able to receive the appropriate management focus - this will be remedied in the next month. March 2021. Implication of covid have meant that this issue has not received the appropriate management focus, however in the last month significant work has been undertaken on Demand and Capacity planning. This process has identified in detail the requirements and also the gaps and ILGs have been required to be clear about where they need additional support to deliver improved waiting times for current and future patients. This will be |



| Ref | Date added | Recommendation | Priority | Management Action Agreed | Responsible Executive Lead | Responsible Management Lead | Original Agreed Implementation Date | Revised Implementation Date | Status | Progress | Updates During this period/latest update | Previous Updates |
|--------------|------------|---|-------------|--|----------------------------|-----------------------------|-------------------------------------|---|--------|-------------|--|--|
| R2 Follow Up | Oct-17 | Ensure compliance with revised administrative and booking processes across the organisation to avoid unnecessary retrospective validation of patient records. | Medium/ Low | <p>The original review reported that the Health Board was undertaking unnecessary retrospective validation activities and this was an additional pressure on capacity which could be avoided. Unfortunately retrospective validation is still being undertaken by the Health Board. The latest figures reported in April 2017 show that the current volumes of patients without a target date was 1,129, however this is a significant improvement from the same time last year where the volume was 3,509. It remains an area of focus for the Health Board.</p> <p>Work continues to improve in this area. As part of the outpatient improvement theme new software has been introduced for clinicians to enable them to record the outcomes of their consultations in real time. Although only rolled out to a small selection of specialities the system has potential to improve recording of patient outcomes which will support the quality of patient data in respect of follow-ups.</p> <p>Performance data is also captured through the Qlik Sense system. This data analytics tool enables directorates and clinicians to interrogate a vast array of data to support day to day management and continuous improvement.</p> | Director of Operations | | | February 2021 Ongoing August 2021 | | In Progress | <p>July 2021 - work continues via the Planned Care and Unscheduled Care Programmes in line with Resetting. More information will be available at the next meeting. This information is now discussed at ILG level and then monthly at the Performance Review Meetings with teh COO - where progress is demonstrated. Harm Reviews are also ongoing. Revised implementation date not provided</p> | <p>January 2021. Implication of covid have meant that this has not been able to receive the appropriate management focus - this will be remedied in the next month. March 2021. Implication of covid have meant that this issue has not received the appropriate management focus, however in the last month significant work has been undertaken on Demand and Capacity planning.</p> <p>This process has identified in detail the requirements and also the gaps and ILGs have been required to be clear about where they need additional support to deliver improved waiting times for current and future patients. Special importance is being attached to "other ways" of reducing lists and validation will be a focus of this process. This will be reported on in coming months via Performance Review and other meetings. Additional validation resource has been put into place as a short term response to dealing with the impact of Covid which has resulted in many patient pathways being impacted. While this is contrary to the recommendation, it has been a necessary response to the changed circumstances. May 2021 Update - Given the passage of time since this original review, thought will be given to discussing the recommendations of this audit with Audit colleagues. In the meantime, the UHB can offer assurance by confirming that the activity outlined in previous months is continuing and the Elective Recovery Plan is gathering pace and that it is monitored via weekly Board Meetings.</p> |
| R4 Follow Up | Oct-17 | Develop operational arrangements to deal with the backlog in delayed follow-up appointments, in particular, those specialities or clinical conditions where there is likely to be harm to patients who are delayed. | Medium/ Low | <p>Our review in 2015 concluded that although the Health Board has plans to develop services within the community, current operational arrangements were having a limited impact on reducing delayed follow-ups and service modernisation would be challenging.</p> <p>Within specialities and directorates there are a range of activities in place to maximise the capacity of the Health Board. We were signposted to new ways of working, for example within Respiratory where a specialist nurse is triaging referrals to identify where patients could be seen by a nurse instead of a consultant, therefore freeing up capacity. Within the Ophthalmology department, community optometrists are being used to provide follow-ups and additional capacity. The range of activities is promising, and shows the commitment of staff within the services to maximise their efficiency. The success of these initiatives is monitored through the regular performance monitoring arrangements in place, and feeds into the demand and capacity plans owned by the services. However, despite these examples of good arrangements there has been less attention given to transformational change to outpatient models. This is recognised within the Health Board, and there is recognition that new ways of working need to be explored and a focus on whole systems change, looking at referral management through to patient discharge</p> | Director of Operations | | Mar-16 | February 2021 Ongoing August 2021 | | In Progress | <p>July 2021 - no further information this month. Revised implementation date not provided</p> | <p>January 2018 update - A senior manager from the COO team is providing focused senior support to improve the position with an initial focus on gastroenterology. Work is underway to support the clinical team to fully understand the backlog position and to review the patients waiting the longest through clinical nurse specialist reviews and virtual clinics initially. Discussion is also ongoing to refine the risk stratification plan in order to provide additional assurance in respect of the management of any known clinical risks. April 2018 Update - A senior manager from the COO team is providing focused senior support to improve the position within a number of key specialities with an initial focus on gastroenterology. Work is underway to support the clinical team to fully understand the backlog position and to review the patients waiting the longest through clinical nurse specialist reviews and virtual clinics initially. Discussions to date have been held with the clinical leads for gastroenterology, cardiology, orthopaedics, ENT surgery and ophthalmology. 70+ patients have been reviewed in gastroenterology and plans are in place for monthly virtual review clinics. Some clinical risk has been identified and whilst the majority of the patients have been discharged a number will require follow up appointments. An extra outpatient clinic is planned for May to pick up a further cohort of the gastroenterology patients. Discussion is also ongoing to refine the risk stratification plan for each speciality in order to provide additional assurance in respect of the management of any known clinical risks. It is clear that a dedicated resource is needed in order to progress the work with each of the specialities and attempts are being made to secure an additional administrative resource. January 2021. Implication of covid have meant that this has not been able to receive the appropriate management focus - this will be remedied in the next month. March 2021 Update - The backlog has grown significantly as a result of Covid</p> <p>Current capacity and demand modelling does not set out a</p> |

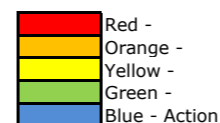
Discharge Planning (March 2018)



| 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 |
|--|------------|--|-------------|--|---|-----------------------------|-------------------------------------|--|--------|-------------|---|--|
| DP 03 | Jan-18 | Patient leaflet: Adapt the community hospital patient leaflet so it is relevant for patients staying in acute hospitals, setting out <input type="checkbox"/> information about the discharge process, <input type="checkbox"/> how the patient and family will be kept informed of the discharge process; <input type="checkbox"/> arrangements that the patient may need to make (such as arrange transport); <input type="checkbox"/> information about follow-up care; and <input type="checkbox"/> the complaints process. | Medium/ Low | A patient information leaflet is already in place and used on the community hospital sites. The UHB will now consider the development of an acute hospital information leaflet. | Director of Operations | | Sep-18 | February 2021 May 2021 August 2021 | | In Progress | July 2021 - there is no further information this month. Revised implementation date not provided | January 2021. Implication of covid have meant that this has not been able to receive the appropriate management focus - this will be remedied in the next month. March 2021 Update - An Unscheduled Care Improvement Programme has been designed and constructed to focus on all aspects of urgent care. This specifically includes a workstream on discharge planning and managing stranded patients The programme structure and governance has been reviewed and signed off by Exec and Management Board and is scheduled for review by the Q&S Committee in May 2021. Mobilisation of Unscheduled Care Improvement Board in April 2021 with the detailed project development of the identified workstreams to be completed in May 2021 and beyond Review of programme by Q&S Committee in May 2021. May 2021 Update - The Q&S Committee approved the plans of the Urgent Care Improvement Programme (UCIP) in May 2021. The workstreams include consideration of Flows in Hospitals and this issue will be picked up via that route. It is likely that there will need to be discussions with ILGs as the plans will be slightly different for each ILG. |
| Primary Care Services (February 2019) | | | | | | | | | | | | |
| PC 04 | Jan-19 | The Health Board's workforce planning is inhibited by having limited data about the number and skills of staff working in primary care, particularly community dentistry, optometry and pharmacy. The Health Board should develop and implement an action plan for ensuring it has regular, comprehensive, standardised information on the number and skills of staff, from all professions working in all primary care settings. | Medium/ Low | The Health Board through the Oral Health and Eye Care planning arrangements will commence during 2019/20 more detailed work on the workforce issues in Dentistry and Optometry practices. In particular skill mix approaches and professional shortages. The CDS service will have been repatriated and a full workforce analysis and modernisation approach will be undertaken. The Cwm Taf Transformation plan places great store on MDT working of which the role of pharmacy and pharmacists is crucial. Workforce planning in this area is key and will be worked through the Transformation Plan | Director of Primary, Community & Mental Health Services | | Mar-20 | 01/03/2021 September 2021 | | In Progress | July 2021 Update - Workforce review completed and due to be received by Primary Care Board August and will inform service planning thereafter. On Track to complete full action by Sept 21. | Update July 2020 - Delayed as a result of Covid-19 pandemic. May 2021 Update Implementation date has been revised to coincide with the on boarding of the new Assistant Dental Director |
| Structured Assessment 2018 | | | | | | | | | | | | |
| SA18 06 | Apr-19 | The Audit committee tracker should be expanded to include the recommendations of other external agencies e.g. Healthcare Inspectorate Wales and the Delivery Unit. | Medium/ Low | R6 A new tracker (based on the Audit Tracker) will be developed for recommendations of external agencies and regulators. The audit tracker is already of a considerable size and concerns were raised that adding recommendations could be lost. This new Tracker will report to the Quality Safety and Risk Committee. | Director of Nursing | | Jun-19 | October 2020 February 2021 | | Completed | July 2021 Update - It was recommended and therefore approved by the Quality & Safety Committee Chair and the Executive Director of Nursing that there is a robust process in place to track all HIW and DU recommendations and therefore including these in the overall audit tracker would be a duplication of work and effort by our teams. It was agreed that the Quality & Safety Committee would continue to receive regular update reports. | July 2020 Update - New tracker currently being populated with recommendations from Healthcare Inspectorate Wales and Delivery Unit reports. Complete database will be complete by September for reporting in October 2020. November 2020 Update - In progress - Tracker has now started to be populated with HIW and DU recommendations |
| Clinical Coding Follow Up Review | | | | | | | | | | | | |



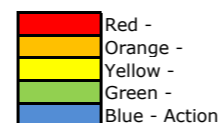
| Ref | Date added | Recommendation | Priority | Management Action Agreed | Responsible Executive Lead | Responsible Management Lead | Original Agreed Implementation Date | Revised Implementation Date | Status | Progress | Updates During this period/latest update | Previous Updates |
|---------|------------|--|-------------|---|----------------------------|-----------------------------|-------------------------------------|-------------------------------|--------|-------------|---|--|
| CCFU 01 | Oct-19 | Raising the importance of good quality medical records throughout the Health Board; | High | <p>In 2014, we found that the quality of medical records across the Health Board was not of a good standard, with key information required for accurate clinical coding often missing or inappropriately filed.</p> <p>Our work has found that there continues to be issues with the quality of medical records within the Health Board. In 2018, NWIS produced a report into clinical coding documentation. This review was undertaken as part of ongoing service improvement work to improve the quality of clinical coding data. The primary aim of this review was to assess the quality of the clinical documentation held within case notes. Overall administrative documentation was of good quality, but there were issues with loose paperwork and records being filed out of order. There were also issues with deceased notes and unplanned admissions. The quality of information for coders in the notes was poor. Only half of the clinical entries contained a diagnosis and of these, a third would be unable to be used for coding purposes. This report highlights that there are issues that need to be addressed by the Health Board.</p> <p>In our 2014 report, we noted the re-establishment of the Health Records Committee. The aim of this was to give the necessary focus to the quality of medical records to enable coders to code accurately. However, this Committee was disbanded in August 2017 and we are unaware of any new arrangements in place to monitor and ensure the quality of medical records.</p> | Director of Operations | | Not specified by the Health Board | October 2020 April 2021 | | In progress | July 2021. Information on this recommendation has been received and will be escalated to the ILGs for comment next quarter. Revised implementation date not provided. | <p>Update January 2020</p> <p>The completeness of the documentation is the responsibility of multiple staff groups across the hospital sites. Both the content and quality of the record will be improved through the plans now being implemented to commence digitisation in November 2019. This process will reduce the risk of documents being lost from within the record as they will be scanned and held digitally. E-forms will also be introduced to capture information electronically, live at the point of care. These forms will be structured and will require the clinical user to provide answers to mandatory questions and use standard terminology through the use of drop-down menus. This should aid completeness and accuracy, as well as legibility of information captured. Digitisation of the critical mass of active patients is expected to take 2 years to complete, but improvements will begin for individual patients from the point of go-live. Rollout of e-form development is planned to commence in April 2020 and this will involve a development programme gradually converting existing paper forms to e-forms. Work will be done to identify those which are highest priority for development, but this is likely to target the highest volume and least complex forms in the first stages. These measures will assist in regards to the completeness of the record and the timely availability of information.</p> <p>Greater focus is needed on every aspect of medical records management, which is clinically led and an organisation wide. November 2020 Update - The completeness of the documentation is the responsibility of multiple staff groups across the hospital sites. Both the content and quality of the record will be improved through the plans to commence digitisation, which have been delayed due to COVID-19 until 20/21. This process will reduce the risk of documents being lost from within the record as they will be scanned and held digitally. However it will not improve the quality of the casenote itself without additional steps being taken prior to digitisation. E-forms will also be introduced to capture information electronically, live at the point of care. These</p> <p>Update January 2020</p> <p>The content and the quality of the Health record is the responsibility of all clinical users adding information to the record and this is monitored and reported by the Clinical Audit team. This is emphasised within staff induction programmes where the importance of accurate Health Records and the impact on Clinical Coding is noted.</p> <p>The Management Board have approved additional resource to recruit a Clinical Coding Auditor/Trainer and our stated intent within our IMTP is to take this action forward utilising this much needed resource. November 2020 Update - this audit work was previously undertaken by the Clinical Audit Department. They may be able to provide an update for this purpose. It was reported at the Health Records Committee but may be reported elsewhere as well. The Committee was not responsible for acting on this report. January 2021 Update The UHB Clinical Audit Team (CAT) currently undertake an annual audit of the quality of case notes which looks at the documentation in case notes and is aligned to the Health Records Committee (HRC) which no longer exists. The Performance and Clinical Information function will shortly begin conversations around areas of overlap between the HRC and PCISG. The outcome of which will inform which group will provide oversight and assurance responsibilities in relation to the results of CAT medical records quality audit.</p> <p>The newly appointed clinical coding trainer has previous experience with auditing and will be undertaking internal coding audits as a part of her responsibilities. The results of these internal coding audits will be made available to the leadership of the Performance and Information (P&I) Directorate and the relevant oversight and assurance groups.</p> <p>May 2021 - No further update to report</p> |
| CCFU 03 | Oct-19 | Developing a programme of routine audits of medical records to provide assurance that the quality of medical records is improving; | Medium/ Low | <p>The quality of the patient record has a direct impact on the coders ability to undertake their role. As highlighted previously, work by NWIS into the quality of documentation highlighted concerns with loose paperwork, and the filing of deceased patient records.</p> <p>As part of the annual clinical audit and effectiveness plan, there is currently a Health Board wide audit of the quality of case notes. This audit is looking at documentation in case notes and is aligned to the health records committee, however this committee has been disbanded so we are unsure where the results of this audit are reviewed. The current audit plan shows that this audit was also undertaken last year but there is no record of the report. The results of the current audit are due for publication in March 2019.</p> | Director of Operations | | Not specified by the Health Board | October 2020 November 2021 | | In progress | July 2021. Information on this recommendation has been received and will be escalated to the ILGs for comment next quarter. | <p>The content and the quality of the Health record is the responsibility of all clinical users adding information to the record and this is monitored and reported by the Clinical Audit team. This is emphasised within staff induction programmes where the importance of accurate Health Records and the impact on Clinical Coding is noted.</p> <p>The Management Board have approved additional resource to recruit a Clinical Coding Auditor/Trainer and our stated intent within our IMTP is to take this action forward utilising this much needed resource. November 2020 Update - this audit work was previously undertaken by the Clinical Audit Department. They may be able to provide an update for this purpose. It was reported at the Health Records Committee but may be reported elsewhere as well. The Committee was not responsible for acting on this report. January 2021 Update The UHB Clinical Audit Team (CAT) currently undertake an annual audit of the quality of case notes which looks at the documentation in case notes and is aligned to the Health Records Committee (HRC) which no longer exists. The Performance and Clinical Information function will shortly begin conversations around areas of overlap between the HRC and PCISG. The outcome of which will inform which group will provide oversight and assurance responsibilities in relation to the results of CAT medical records quality audit.</p> <p>The newly appointed clinical coding trainer has previous experience with auditing and will be undertaking internal coding audits as a part of her responsibilities. The results of these internal coding audits will be made available to the leadership of the Performance and Information (P&I) Directorate and the relevant oversight and assurance groups.</p> <p>May 2021 - No further update to report</p> |



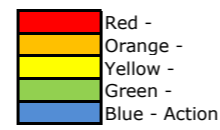
| Ref | Date added | Recommendation | Priority | Management Action Agreed | Responsible Executive Lead | Responsible Management Lead | Original Agreed Implementation Date | Revised Implementation Date | Status | Progress | Updates During this period/latest update | Previous Updates |
|---------|------------|---|-------------|--|----------------------------|-----------------------------|-------------------------------------|--|--------|-------------|---|--|
| CCFU 13 | Oct-19 | Encouraging clinical coding staff to engage clinicians in the validation process and to visit clinical areas. | Medium/ Low | An identified model of good practice is to engage clinicians in the validation process. However, staff are reporting issues with accessing clinicians because it is time consuming and they often do not get a reply. The coding team however have established a single point of contact in ENT for coding queries, but this appears to be the only arrangement that is in place. Where engagement occurs elsewhere, this appears to be reactive to concerns about the quality of coding. For example, cardiology approached the coding team when they were receiving data which did not match what they were expecting. This discussion has however provided an opportunity to raise the importance of good quality case notes to support the coding process. | Director of Public Health | | Not specified by the Health Board | October 2020 September 2021 Now October 2021 | | In progress | <p>July 2021 Update - As of May /June 2021 efforts to drive quality efficiency and performance improvement within Clinical Coding continue apace with the trialling 3M Medicode 360 product. The Data Quality Analytics (DQA) and Integrity Plus (IP) auditing solution tool will facilitate clinician engagement by providing the evidence needed for consistent and sustainable engagement built around quality information.</p> <p>Prior to the recently completed 3M Data Quality Assurance Audit, the Clinical Coding Department undertook a quality audit of the information held in the Maternity system MITS against the hand written documentation in the medical record. Aspects of the report provided feedback on the quality of information recorded by clinical staff and plans are being put in place to address the findings.</p> <p>Similarly, the Clinical Coding Department is currently undertaking a ventilation audit on patients admitted with a diagnosis of Corona Virus. It was felt that there had been a lack of recording of ventilation in patient notes and as a result, it was not being reflected in the clinical coding.</p> <p>The Clinical Coding Department continues to work with Clinical Colleagues to ensure Local Coding Policies are kept up to date. The Maternity "Mode of Delivery using Forceps" policy has been updated to integrate Neville Barnes Wigleys and Kellands. In collaboration with Dr Yapp, a new policy has been created to include the link between patients who are diagnosed with Oesophageal Varices in Alcoholic Liver disease.</p> <p>The longer term strategy is to approach greater clinical ownership through data democratisation and coding at source. A key vehicle for this is the roll out of e-forms within CTM will be underpinned SNOMED CT Standard Ontology. This will provide a single shared language, which makes exchanging information between e-forms and any future coding application easier, safer and more accurate.</p> | <p>Update January 2020 We are optimistic with the role out of i Compare CHKS, that this will further raise awareness to Clinical Staff of the importance of Clinical Coding. We also raise awareness of Clinical Coding through the Junior Doctors Induction programme. At present, we are also engaging with Clinical Staff via the National Audit Programmes for Heart Failure Dementia and Stroke, where during this process clinically coded data is validated by Clinicians and Senior Coding Officers. November 2020 Update - We continue to have a high volume of trainee Clinical Coders, with our qualified Clinical Coders and supervisors supporting them in the workplace. The availability of training sessions has also reduced, meaning a greater level of support is required locally. This makes visiting clinical areas regularly is a challenge. We do however encourage such engagement, since it is beneficial to both parties and there are enthusiastic clinical staff who are keen to understand the differences between clinical terminology which they use daily and clinical coding classifications, which they are less familiar with and come across less frequently. We will look to increase this interaction as we take forward our plans for improving the service.</p> <p>We remain optimistic with the role out of CHKS iCompare, that this will further raise awareness to Clinical Staff of the importance of Clinical Coding. We also raise awareness of Clinical Coding through the Junior Doctors Induction programme. We continue to engage with clinical staff via the National Audit Programmes.</p> <p>January 2021 Update Training and engagement with Clinicians will be a bigger part of the coding education and engagement programme for 2021/2022. With the provision of quality information we will be working towards reinstating feedback sessions where clinicians have the opportunity to sign off their clinically coded information. We also plan to reinstate presentations at the Junior Doctor induction, engaging with and informing the doctors at the beginning of Update January 2020</p> <p>Clinical Coding performance continues to be reported via the Performance Dashboard Report, reflecting the coding position for the past 12 Months. Timeliness Completeness and Accuracy taken from CHKS i Compare are also key indicators that are reported each month within the organisation benchmarked against the Welsh peer group.. There is an accompanying narrative outlining the actions and any issues affecting the production of clinical coding. November 2020 Update - Clinical Coding performance continues to be reported via the Performance Dashboard Report, reflecting the coding position for the past 12 Months. Timeliness Completeness and Accuracy taken from CHKS iCompare are also key indicators that are reported each month within the organisation benchmarked against the Welsh peer group. There is an accompanying narrative outlining the actions and any issues affecting the production of clinical coding. The monthly Performance Dashboard has been transformed, with further developments planned. Using this new format, there will be further detail provided on the depth of clinical coding and its impact on key performance information. Following the January Audit Committee meeting, it was arranged for two independent members to visit the Department. However the date of the visit coincided with the onset of Covid-19 in March and so had to be postponed. Whilst the invitation remains open, it is likely that it will not be appropriate for it to be accepted no earlier than 2021/22. January 2021 Update Development of briefing material which clearly sets out the implications of poor clinical coding is one of the objectives set for Q1 2021/22.</p> <p>Unfortunately due to the second wave of Covid -19 and the R-rate continuing to be one of the highest in Wales, we were unable to arrange for the two board members to visit the department. This invitation remains open at a more suitable and appropriate time and we further welcome any senior manager/clinician that may want to learn more about</p> |
| CCFU 14 | Oct-19 | Providing short briefing material which clearly sets out the implications of poor clinical coding (reflecting timeliness, completeness and accuracy) on key performance indicators; | Medium/ Low | The Health Board has maintained its surveillance of its coding performance, and both completeness and accuracy feature as part of the Health Board's key performance indicators which are reported to Board. The detail and benchmarking information in these have improved since our last review. The information highlights the backlog and the actions being taken. However, the report does not explicitly highlight the impact the backlog has on the quality of data. The results from our board member survey identified that 87% of those responding said they would find it helpful to have more information on clinical coding and the extent to which it affects the quality of key performance information. Since our previous work, the Health Board has had considerable churn of Independent Members who may benefit from training on clinical coding | Director of Public Health | | Not specified by the Health Board | October 2020 April 2021 | | Completed | <p>July 2021 Update - A briefing material, which sets out the implications of poor clinical coding was developed and shared in April/May 2021.</p> <p>Clinical Coding performance continues to be reported via internal reporting mechanisms. Timeliness, Completeness and Accuracy (sourced from CHKS iCompare) are key indicators reported each month within the organisation (benchmarked against the Welsh peer group).</p> <p>CTM is collaborating with 3M as a development partner for the ARC product. The product will facilitate near real time rules based auto coding of clinical activity. A high-level plan is being established to develop natural language processing based auto coding capabilities.</p> | |



| 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 |
|------------|------------|---|-------------|--|----------------------------|-----------------------------|--|------------------------------------|--------|----------------|---|---|
| SA 2019 04 | Feb-20 | Change management We found that the Health Board has a significant programme of work to develop and implement the Integrated Healthcare Strategy, and strategic transformation plans within directorates. The Health Board should evaluate the capacity within the Programme Management Office to ensure it is sufficient to effectively support service transformation projects. | High | As detailed in the CTM Organisational Improvement Plan, the on-going development, and full establishment of 'Improvement CTM' will enhance change management capacity alongside further recruitment to project management to ensure more rounded programme management capacity in the organisation. On-going recruitment of project managers and identification of staff who already have bronze/silver/gold IQT training will strengthen the capacity across the organisation and are creating a more coherent approach to align our Bevan Fellowships and Exemplars with organisational transformation objectives. | Director of Nursing | | Full Est. by April 2023/ December 2020 | Sep-21 | Red | Part Completed | <p>July 2021 Update - New Improvement Directorate formed under the DOI (April 2021) bringing together PMO, Improvement, Innovation and VBHC.</p> <ul style="list-style-type: none"> - Review of Improvement capability and recruitment of additional QI and Business Change leads x 2 underway to support business change agenda and ensure sufficient capacity and capability in place. - PMO team structure review being undertaken to ensure correct mix of resources and capability to deliver the change agenda, additional resources being recruited both permanent and fixed term to ensure sufficient capacity to deliver work programme. Additionally reviewing skill mix and team development to ensure sufficient business change skills. - 3 x ILG QI Facility created (MDT) to champion and help deliver change and improvements for each ILG (June 2021) and Improvement training commenced. - Work commenced for cross organisational prioritisation assessment matrix to ensure correct alignment of resources to deliver organisational priorities. - Full implementation of revised structures, capability and processes now due September 21. | <p>July 2020 Update - We are on track for that date – we've made first appointment (AMD Q1) and will now, pending a conversation we're bringing to Monday Exec, made further appointments. March 2021-Action transferred from Director of Public Health to Executive Nurse Director</p> <p>March 2021-Update Director of Improvement (DOI) appointed and commences post 06 April 2021</p> <p>March 2021-PMO and Innovation team have moved into the Executive Nurse Director directorate, under the leadership of the DOI and will provide more integrated capacity.</p> <p>March 2021 Update-further progress to be made when DOI commences in post (06.04.21)</p> |
| SA 2019 07 | Feb-20 | A range of benchmarking is used for planning, service improvement and efficiency work, but scope exists to extend the information used in respect of costs. The Health Board should progress its development and use of costing so that it better informs financial planning and management. | Medium/ Low | <p>The Health Board has in recent years used costing information to benchmark performance and inform service planning through:</p> <ul style="list-style-type: none"> • Use of the UK wide Patient Costing Benchmarking tool, allowing comparison of unit cost and cost driver information with a range of English providers. • Inclusion of cost information in the internal clinical variation tool. • Use of patient level costs to inform currencies for inter Health Board Funding Flows. • Development of a Commissioning activity Tool to understand internal variation from a population health perspective. • Support of specific pathway redesign projects. <p>It has been our experience that it has been hard to develop service engagement around benchmarking of fully absorbed unit costs – more so in the Welsh environment where tariff-based payments and Service Line Reporting are not operational. In pursuit of technical efficiency therefore the approach has moved towards benchmarking the factors that underpin variation in unit cost:</p> <ul style="list-style-type: none"> • Cost Drivers – indicating how efficiently well we are using our capacity • Cost Base – identifying potential savings in the delivery of that capacity – through workforce, procurement etc. <p>The recent focus of the costing function has been to identify opportunity from cost driver efficiency particularly in respect of patient flow, theatres and outpatients – making use of CHKS and internal information sources.</p> <p>Moving forward the development and use of costing information will be developed in the context of the National Efficiency Framework developed by the Finance Delivery Unit which focuses on Technical Efficiency</p> | Director of Finance | | Mar-21 | 01/06/2021 Now 31 December 2021 | Red | In Progress | <p>July 2021 Update - Recruitment into the Financial Planning Team is necessary to deliver the agreed action. This is being progressed but the vacancies are not yet filled. It is planned that this work will utilise the Financial Delivery Unit "Vault" of information on benchmarking, the initial stages of which have just become available. After allowing for a 3 month recruitment period to appoint into the Head of Finance post for Value and Business Intelligence, a realistic date for completing this work is now 31 December. Opportunities for temporary staff to progress this work are also being explored.</p> | <p>March 2021 Update - A summary of cost benchmarking information was taken to the Management Board in March 2020, before the Covid lockdown. It was planned to develop this further during 2020/21 but this was not possible because of the focus on the Covid response. Work is now needed to use this and other information to create an opportunity analysis aligned to ILGs, and not just for the former Cwm Taf or for CTM. This work has started but will not be complete by 31 March. A revised deadline of 30 June is proposed for an initial high level opportunity analysis, but in reality it is needed before this and as early as possible in 2021/22. Work will then continue to further develop the opportunity analysis during 2021/22.</p> <p>Next Steps: Complete initial high level opportunity analysis as early as possible in 2021/22 and no later than end June 2021.</p> |



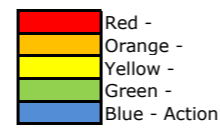
| Ref | Date added | Recommendation | Priority | Management Action Agreed | Responsible Executive Lead | Responsible Management Lead | Original Agreed Implementation Date | Revised Implementation Date | Status | Progress | Updates During this period/latest update | Previous Updates |
|---|------------|---|-------------|---|----------------------------|-----------------------------|-------------------------------------|-----------------------------|-------------|---|--|------------------|
| AA 01 | Dec-20 | Given that we will be reviewing the Health Board's old accruals as at 30 September, we will consider the need to raise any recommendations after that audit work. In the meantime, the Health Board should: <ul style="list-style-type: none"> stop the practice of accounting on a net basis for a movement in an accrual from one year to the next year. In such circumstances, where the Health Board has judged that an accrual's assessed value has changed, it should always reverse out the previous year's accrual | Medium/ Low | The above recommendations have already been shared with the relevant members of the Senior Finance team for implementation within their teams. | Director of Finance | | Mar-21 | | Completed | July 2021 Update - Implemented, there were also no issues raised during the 2020/21 audit of the accounts in relation to this recommendation. | March 2021 Update - Guidance given to finance teams on these issues as previously noted. New analysis codes have been agreed to ensure that ongoing identification and reconciliation of balance sheet codes are more robust. We will ensure that the 2020/21 year end accruals are completed in line with the recommendations. Next Steps: The final implementation will be actioned during the year end process. | |
| AA 02 | Dec-20 | The Health Board should identify all generic references within its fixed asset register and strengthen the meaningfulness of the descriptive entries, which should include references to actual fixed assets. Where this cannot be done, the Health Board should consider reversing the fixed-asset amounts to revenue expenditure. Looking forward, on acquisition, the Health Board should ensure that all capital expenditure is recorded in detail within the fixed asset | Medium/Low | In the vast majority of cases, where multiple assets are grouped as a single item in the fixed asset register, it is because individually they do not meet the capital threshold, however, they meet the criteria to form a grouped asset and as such are recorded in this way. This often relates to IT equipment, however, is also the case when capitalising items which are part of the 'initial equipping' rule set out in the manual for accounts. The capital team will review the asset register to identify any assets that have been grouped into a single line that should have instead been recorded as separate assets and split these accordingly. In relation to the grouped assets, the names will be reviewed, however, it is considered IM&T Q4 2018-19 is an appropriate name for this type of grouped asset. In relation to tracing these items back to an asset, the capital team will, moving forward, ensure that all PO numbers relating to new | Director of Finance | | Mar-21 | | Completed | July 2021 Update - PO details are now included to enhance ICT asset tracking. | March 2021 Update - A number of assets have been split out for more accurate recording in the asset register. This will be reviewed again prior to closure of the asset register for 20/21 after all new assets have been added. All PO numbers relating to new grouped assets added Qtr 1 - 3 20/21 have been recorded on the fixed asset register. Next Steps: The final implementation will be actioned during the year end process. | |
| Follow Up Review of Operating Theatres | | | | | | | | | | | | |
| OPT FUP 06a | Dec-20 | Deliver a project to improve performance management of pre-operative assessment. The Health Board needs to know more about its effectiveness and its impact on cancellations. | Medium/Low | | Director of Operations | | | Aug-21 | In progress | July 2021 - No further update provided | Staff were positive about the pre-operative assessment service and its impact on reducing cancellations at both RGH and PCH. There have been some site-specific projects to improve pre-operative assessment. For example, completing pre-operative assessment in day surgery at PCH. However, we found the service is not available to all specialities. For example, it has only recently been introduced for Urology. Our discussions with staff suggested there are inconsistent pre-operative assessment models at RGH and PCH and there was limited evidence to suggest there are performance management arrangements in place for this service. Further progress on this has been affected by COVID-19, and the Health Board is aware that work going forward will need to focus on improving pre-operative assessment as part of the planned care recovery programme following COVID-19. March 2021 Update - Nothing further to report this month. May 2021. The Theatre Department in MC has agreement to a | |
| OPT FUP 06b | Dec-20 | Analyse by speciality/surgeon, where day of surgery admission (DOSAs) rates are low. Work with these specialties/surgeons to understand/overcome the barriers to increasing DOSA rates. | Medium/Low | | Director of Operations | | | Aug-21 | In progress | July 2021 - No further update provided | DOSA rates are monitored at PCH at RGH. There was limited evidence to indicate whether the Health Board is working with surgeons and/or specialties to secure improvements. As part of the COVID-19 recovery plans further work is planned in this area to maximise capacity as part of the planned care recovery. Scrutiny of information will be undertaken within Integrated Locality Groups March 2021 Update - Nothing further to report this month. May 2021 Update - Work continues across the ILGs in this area. See above regarding plans in MC. | |



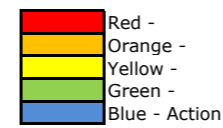
| Ref | Date added | Recommendation | Priority | Management Action Agreed | Responsible Executive Lead | Responsible Management Lead | Original Agreed Implementation Date | Revised Implementation Date | Status | Progress | Updates During this period/latest update | Previous Updates |
|-------------|------------|--|------------|--------------------------|----------------------------|-----------------------------|-------------------------------------|-----------------------------|--------|-------------|--|--|
| OPT FUP 07a | Dec-20 | Formally nominate surgeons on each hospital site to act as champions for short stay surgery. | Medium/Low | | Director of Operations | | | Aug-21 | | In progress | July 2021 - No further update provided | The Health Board has a nominated consultant champion at PCH for short stay surgery, however the Health Board was unable to confirm if there are similar arrangements at RGH. As the Health Board moves forward with its planned care recovery there is an opportunity to ensure there are champions at all sites to improve short stay surgery rates. However, it is noted that the Health Board are working proactively to identify where improvements could be made. March 2021 Update - Nothing further to report this month. May 2021 Update - This is likely to form a significant part of the Theatre Improvement Programme in MC. Monitoring of theatre usage and activity continues to identify where improvements can be made across the UHB. |
| OPT FUP 07b | Dec-20 | The champions should lead a project with the aim of increasing short-stay surgery rates within the next 12 months. | Medium/Low | | Director of Operations | | | Aug-21 | | In progress | July 2021 - No further update provided | The champion for short stay surgery at PCH has completed some site -specific audit/improvement work focussing on unplanned admissions following planned day surgery, improving day case laparoscopic cholecystectomies and adequacy of day surgery post-operative analgesia. However, no evidence was provided to indicate whether short stay surgery rates are formally monitored across hospital sites and there is limited evidence to suggest that any projects have been completed across the hospital sites to increase short-stay surgery rates. Due to COVID-19 planned elective work has been affected significantly, opportunities for maximising short-stay surgery will be explored as part of COVID-19 recovery planning. March 2021 Update - Nothing further to report this month. May 2021 Update - This area will form a part of the Theatre Improvement Programme in MC. Nothing further to report this month. |
| OPT FUP 08a | Dec-20 | Reintroduce optimisation charts to reinvigorate the focus on efficiency (without sacrificing quality and safety). | Medium/Low | | Director of Operations | | | Aug-21 | | In progress | July 2021 - No further update provided | The Health Board uses the Qlik sense system to collate and monitor operating theatre performance with data available for on the day cancellations, in session utilisation, missed opportunities, non-fallow empty sessions, unused planned time and cost of unused planned time. However, there doesn't appear to be any focus on surgical productivity. Our analysis of the performance trends from July 2018 to December 2019, indicates that operating theatre performance is improving, but more work can be done to secure further improvements around on the day cancellations, in session utilisation, non-fallow empty sessions and unused planned time. Our discussions with staff suggest there is a lack of focus on operating theatre efficiency, despite having the performance information available. This view was reflected during our walkthrough of the operating theatre departments at RGH and PCH which revealed that information on late starts, overruns, cancellations and reasons for these are not recorded on theatre quality improvement boards / optimisation charts. We were told that efficiency information is not always recorded if it's not considered an issue. The impact of COVID-19 has significantly affected theatre throughput and activity. As part of recovery planning the Health Board recognise the need to ensure effective monitoring of efficiency and capacity. There are tools in place, and the new Integrated Locality Structures as well as |



| 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 |
|-----------------|------------|---|------------|--------------------------|----------------------------|-----------------------------|-------------------------------------|-----------------------------|--------|-------------|--|--|
| OPT FUP 08b | Dec-20 | One of the clinical directors should lead a project to increase awareness and use of the theatre performance dashboard. The project should seek to understand and address any barriers relating to clinicians not owning the clinician-level efficiency data. | Medium/Low | | Director of Operations | | | Aug-21 | | In progress | July 2021 - No further update provided | Our discussions with staff indicate that clinicians may be kept informed of theatre efficiency performance verbally, but they do not access the theatre performance dashboard themselves. Following the introduction of the new operating model across the Health Board there has been an increase in senior clinical leadership within the Integrated Locality groups and also within the surgical areas through the new clinical service group managers. Further strengthening has been achieved through the appointment of the clinical directors for two of the three surgical clinical service groups. Work on this area has been affected by COVID-19 however the structures should support the achievement of this recommendation. March 2021 Update - Nothing further to report this month. May 2021 Update - Nothing further to report this month |
| OPT FUP 08c | Dec-20 | Share learning by clinical directors annually peer reviewing theatre data and observing performance in different specialties. Feed this into job planning, revalidation and appraisals. | Medium/Low | | Director of Operations | | | Aug-21 | | In Progress | July 2021 - No further update provided | Our discussions with staff found that the monthly Clinical Leaders forum provides opportunities to share learning, analyse theatre data and performance of different specialties, but at the time of our fieldwork, the Clinical Director for ACT had just been appointed and as such had not attended a meeting. We were also not provided with any minutes or papers for this meeting during the audit fieldwork, therefore we were unable to verify this statement. Further progress against this recommendation has been affected by COVID-19, it is hoped that the new arrangements and operating model will support this process. March 2021 Update - Nothing further to report this month. May 2021 Update - No further progress to report this month. |
| OPT FUP ABMU 01 | Dec-20 | Reintroduce a structured programme for theatre improvement, possibly as a workstream within the Surgical Pathway Board. | Medium/Low | | Director of Operations | | | | | In Progress | July 2021 - No further update provided | Since the transfer of Princess of Wales Hospital from Abertawe Bro Morgannwg University Health Board to Cwm Taf Morgannwg University Health Board, there has been no work to reintroduce a structured programme for theatre improvement. The Health Board has recently introduced a new operating model which is expected to help support this work. COVID-19 has affected further improvements at this time. The Health Board agrees that Theatre Improvement will need to feature strongly in recovery plans post COVID-19 as Health Board seeks to improve planned care throughput following the COVID-19 impact. March 2021 Update - Nothing further to report this month. May 2021 Update - Nothing further to report this month |



| 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 |
|--------------------|------------|--|------------|--------------------------|----------------------------|-----------------------------|-------------------------------------|-----------------------------|--------|-------------|--|---|
| OPT FUP ABMU 02 | Dec-20 | Develop an approach to performance management in theatres that ensures good quality data is widely used to drive improvement. | Medium/Low | | Director of Operations | | | | | In Progress | July 2021 - No further update provided | There are differing arrangements to monitor operating theatre efficiency at Princess of Wales hospital with operating theatre departments at the Health Board's other hospital sites. Currently, Swansea Bay University Health Board provide Princess of Wales hospital with a monthly theatre utilisation report produced to share among operating theatre staff. Our review of the report found it to contain information on session utilisation and late starts / early finishes. This contrasts with the information available to operating theatre departments at RGH and PCH which is more frequent and has a focus on different performance metrics. Although there have been recent improvements in access to the QlikSense system. Princess of Wales Hospital can generate other theatre data internally to answer specific queries, but there was no evidence to suggest monitoring of other aspects of theatre performance and no plans yet to merge systems. March 2021 Update - Nothing further this month to report. The UHB is in the continual process of refining its data quality and availability. May 2021 Update - Nothing further this month to report. The UHB is in the continual process of refining its data quality and availability. |
| OPT FUP ABMU 03 | Dec-20 | Introduce a mechanism to ensure more regular executive oversight of theatre efficiency, productivity and safety. | Medium/Low | | Director of Operations | | | Aug-21 | | In progress | July 2021 - No further update provided | Our interviews with staff found there are no meetings to discuss operating theatre performance. Our review of Quality and Patient Safety meetings, as well as operating theatre departmental meetings found limited evidence of discussion or any action taken to address areas of performance. Previously, the theatre user group monitored theatre performance, but this was disbanded because of poor attendance from surgeons. The Health Board's Integrated Performance Dashboard presented at committee and board level includes information on theatre efficiency, but this primarily focusses on cancellations at all three of its hospital sites and doesn't provide a complete picture of operating theatre performance. The introduction of the new Integrated Locality groups and the new quality governance framework agreed formally by the Health Board in September 2020 should lay the structure in place to improve the opportunity for theatre efficiency and productivity to become more focused. This combined with how the Health Board are moving to recovery following COVID -19 for their planned care workload will also drive conversations in this area. March 2021 Update - It is anticipated that one of the benefits of the new operating model is that the creation of the ILGs will allow appropriate management focus on different Clinical Service Groups. A starting point is the establishment of the Performance Review Meetings held monthly with each department. There was no evidence to suggest the operating theatre department have drawn on the expertise of the communications team to promote to staff the benefits of using the WHO checklist and briefings. However, discussions with staff at Princess of Wales Hospital as part of our 2020 work found that compliance with the WHO checklist has improved and prelist briefings are regularly completed. Compliance with post list briefings could be further improved, however the team is confident that where an adverse incident has occurred a post list briefing is completed and are committed to continue to improve coverage in this area and improve learning. March 2021 Update - Nothing for report further at this point. May 2021 Update - Nothing for report further at this point formally. In terms of assurance, the issue has been discussed at at least one of the Performance Meeting with the COO and the ILG and assurance was received. |
| OPT FUP ABMU 05 | Dec-20 | Draw on the expertise of the Health Board's Communications team to promote to staff the benefits of using the WHO checklist and briefings. | Medium/Low | | Director of Operations | | | Aug-21 | | In progress | July 2021 - No further update provided | There was no evidence to suggest the operating theatre department have drawn on the expertise of the communications team to promote to staff the benefits of using the WHO checklist and briefings. However, discussions with staff at Princess of Wales Hospital as part of our 2020 work found that compliance with the WHO checklist has improved and prelist briefings are regularly completed. Compliance with post list briefings could be further improved, however the team is confident that where an adverse incident has occurred a post list briefing is completed and are committed to continue to improve coverage in this area and improve learning. March 2021 Update - Nothing for report further at this point. May 2021 Update - Nothing for report further at this point formally. In terms of assurance, the issue has been discussed at at least one of the Performance Meeting with the COO and the ILG and assurance was received. |



| 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 |
|---|------------|--|------------|---|---------------------------------------|---------------------------------------|-------------------------------------|-----------------------------|--------|-------------|--|---|
| OPT FUP ABMU 06 | Dec-20 | Carry out further work to understand and manage down the high sickness absence rate in theatres. | Medium/Low | | Director of Operations | | | Aug-21 | | In Progress | July 2021 - No further update provided | Sickness levels remain of a concern. However, the local teams are aware and are monitoring this position routinely. COVID-19 is currently having an impact on these levels due to staff self-isolating and shielding, as well as vacancies. With the support of the local workforce business partners there is ongoing work to reduce sickness levels. We were informed that this is a mixture of short and long-term sickness which was being managed in accordance with the Health Boards Sickness Absence Policy. Ongoing focus will be needed in this area. March 2021 Update - ILGs work closely with their business partners in WOD to look at just this sort of issue. Further information around the numbers and the solutions (if it remains an issue) will be available in June 2021. Sickness levels across the UHB are improving post covid 19. May 2021 Update - No further progress to report this month. |
| Structured Assessment 2021 Phase 1 | | | | | | | | | | | | |
| SA21P1 01 | Jun-21 | Targets and Milestones R1 During our 2021 Structured Assessment work we found that the Quarter 3-4 Plan did not set specific measurable targets and milestones. The Health Board should ensure annual plans identify clear targets and milestones and ensure effective reporting on progress, impact, and outcomes. | Medium/Low | The draft Plan set out the overarching targets for the year and work in quarter 1 will refine and set clear milestones by quarter. Scrutiny of the progress, impact and outcomes of the Plan will continue to be through the Planning, Performance and Finance committee | Director of Strategy & Transformation | Director of Strategy & Transformation | Jul-21 | | | Completed | July 2021 Update - A presentation on the revised Annual Plan for 2021/22 was made to the Planning, Performance and Finance (PPF) Committee on the 22nd June that prior to its submission to Welsh Government at the end of June. The Plan is due to be formally approved by the Board on the 29th July. The Plan included key deliverables at the end of each of the nine chapters including Quality and Improvement and Healthcare Reset and Recovery. Performance against these deliverables will be monitored in forthcoming PPF meetings. Also being presented at the October and December meetings will be progress on the development of the 2022-25 Integrated Medium Term Plan which is expected to be submitted to Welsh Government in January 2022 although we await guidance confirming this. | |
| SA21P1 02 | Jun-21 | Independent Member scrutiny of delivery of operational plans R2 During our 2021 Structured Assessment work we found no scrutiny of the delivery of the quarterly plans by the Board or its committees. The Health Board should clarify responsibility for oversight at a strategic level for monitoring delivery of the 2021-22 Annual Plan. | Medium/Low | The Planning, Performance and Finance committee, remains the key committee for overseeing the development and monitoring delivery at a strategic level of the Annual Plan 2021/22. Formal quarterly scrutiny of delivery against the milestones (R1) will be built in to the forward work programme of the committee, commencing following approval of the Plan | Director of Strategy & Transformation | Director of Strategy & Transformation | Completed | | | Completed | | |