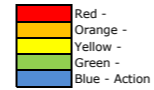




| Ref | Date added | Recommendation | Priority | Management Action Agreed | Responsible Executive Lead | Responsible Management Lead | Original Agreed Implementation Date | Revised Implementation Date | Status | Progress | Updates During this period/latest update | Previous Updates |
|---|------------|---|------------|--|----------------------------|-----------------------------|-------------------------------------|---|-------------|-------------|--|--|
| Follow Up Review of Operating Theatres 07b | Dec-20 | The champions should lead a project with the aim of increasing short-stay surgery rates within the next 12 months. | Medium/Low | ACT have audited Day Surgery admissions | Chief Operating Officer | | | 01/08/2021 Now June 2022 | Completed | Completed | August 2022 Update This is happening in MC within colorectal cases – in addition the CSG has restarted weekly theatre scheduler meeting and is gradually getting back to normal planning. The UHB is undertaking work with an external company at present looking at targeted areas where the day case activity could be increased. | The champion for short stay surgery at PCH has completed some site -specific audit/improvement work focussing on unplanned admissions following planned day surgery, improving day case laparoscopic cholecystectomies and adequacy of day surgery post-operative analgesia. However, no evidence was provided to indicate whether short stay surgery rates are formally monitored across hospital sites and there is limited evidence to suggest that any projects have been completed across the hospital sites to increase short-stay surgery rates. Due to COVID-19 planned elective work has been affected significantly, opportunities for maximising short-stay surgery will be explored as part of COVID-19 recovery planning. March 2021 Update - Nothing further to report this month. May 2021 Update - This area will form a part of the Theatre Improvement Programme in MC. Nothing further to report this month. July 2021 - No further update provided. September 2021 - No further update. November 2021 Update - Given the lack of Management Action Agreed and the current restrictions on elective activity throughout the UHB it is impossible to add anything meaningful to this recommendation. This audit will be one of those discussed when a meeting is held with Audit colleagues as discussed above. February 2022 Update. Following discussion with colleagues from Audit, tailored queries have been sent to Theatre SGMs across all three sites and a meeting is planned to discuss progress - early indications are that some of the recommendations in this audit may have been met or overtaken by other events and plans. An update will be available at the next committee meeting. April 2022 Update - Very useful meeting has taken place with Audit colleagues and the outcome discussed with Clinical Service Group Managers for Theatres. Following discussion, it seems probable that Short Stay Surgery will be considered as part of the broader Resetting and Theatre Improvement work underway. This will be confirmed at the next meeting and has already been confirmed by Bridgend, MC and RTE ILGs. June 2022 - final confirmation will be available at the August meeting. |
| Audit of Accounts Addendum 2020/2021 02 | Aug-21 | The Health Board should review its governance and procedures in place for the appointment of senior officers, and as part of the review ensure that it fully understands the extent of WG's delegated authority to the Health Board, and importantly, the decisions that WG has not delegated. The Health Board should ensure that minutes, particularly those of the Remuneration Committee, are clear. For example, minutes should make a clear distinction between when the Remuneration Committee has approved (or rejected) a business case; and when it has endorsed (or not endorsed) a business case that then needs the approval of the WG. In respect of retire and return cases, the Health Board should ensure that it has appropriate procedures in place for the consideration and approval/rejection of business cases. The Health Board should record the process contemporaneously and provide accurate information to the payroll department. | Medium/Low | There is a context to the DoTHS delay, for example, which is that the situation was novel, and required Welsh Government banding for a new joint role, which took some time. | Director for People | | Immediate | Now August 2022 Now October 2022 | In Progress | In Progress | August 2022 Update - The CTM Retire and Return Policy was not endorsed to be presented to the People and Culture Committee in August 2022 for approval, as the partnership WPRG agreed further work was needed to align to the policy to the additional NHS flexibilities options, which permits employee to access their NHS Pension without retiring. It has been agreed to the LPF will endorse the policy to be approved by the People and Culture Committee via Chair's action in advance of the November 2022 meeting. | September 2021 - No update received. November 2021 - No further update provided. April 2022 - The Health Board has reviewed its governance and procedures in place for the appointment of senior officers. The governance arrangements understands the extent of WG's delegated authority to the Health Board, including the decisions, which WG has not delegated. The Health Board's Retire and Return Policy is currently subject to review and will be discussed at the Workforce Policy Review Group on the 21 April 2022, prior to organisational wide consultation. The Policy will ensure appropriate procedures are in place for the consideration and approval / rejection of business cases. The Policy will be presented to the August 2022 People and Culture Committee for approval. June 2022 Update - The Health Board's Retire and Return Policy is currently subject to review and was discussed at the Workforce Policy Review Group on the 21 April 2022. The policy is now out to organisational wide consultation. The Policy will ensure appropriate procedures are in place for the consideration and approval / rejection of business cases. The Policy will be presented to the August 2022 People and Culture Committee for approval. |
| Audit Wales/HI W Quality Governance Follow Up Review R1 | Aug-21 | The Health Board must agree organisational quality priorities and outcomes to support quality and patient safety. This should be reflected within an updated version of the Health Board's Quality Strategy. | High | Organisational quality priorities are expressed within the CTMUHB Annual Plan and IMTP for 2020-23 (see R2) It is anticipated that the Quality Priority Strategy will align to the organisational strategy work. The AMD for Quality is leading on this supported by Assistant Director of Quality, Safety and Patient Experience. The quality strategy is being progressed and the quality priorities have been published in the QGF. The QGF will be updated to reflect and align with the overall HB strategy once published. Success will be measured by the connection of the strategy to the everyday function of the HB – through our agreed quality governance architecture, quality metrics and performance, and in the experience of our staff and patients – connecting us to the overall vision and demonstrating how the thread provides connectivity to understanding the reason for our work. | Director of Nursing | | Nov-21 | 01/06/2022 Now August 2022 Now September 2022 | In Progress | In Progress | July 2022 Update - Quality Strategy is in the stakeholder engagement phase and will be presented as a completed draft to Board in September 2022. | September 2021 - No update received. November 2021 - No further update provided. January 2022 update in light of the recent publication of the National Quality & Safety Framework the organisation has undertaken a gap analysis and has presented the findings to the Quality & Safety Committee in December 2021. Timescales were agreed for a revised Quality and Safety Governance Framework to be presented to the Quality & Safety Committee in March 2022. The delivery of the Quality Strategy has been hampered by the delay of the organisational strategy work which is key to ensure alignment of both strategies. A first iteration of a draft Quality Strategy has been completed with work ongoing with a timescale for completion of end May 2022. Update April 2022 - Timescales were agreed for a revised Quality and Safety Governance Framework to be presented to the Quality & Safety Committee in March 2022 - this has been delayed by the proposed new operating model for the organisation to July 22. The delivery of the Quality Strategy has been hampered by the delay of the organisational strategy work which is key to ensure alignment of both strategies. A first iteration of a draft Quality Strategy has been completed with work ongoing with a timescale for completion of end May 2022. June update: Draft Quality Strategy is being further progressed with its status being at the pre engagement with stakeholders position. Internal and external stakeholders to be engaged with virtually to progress. Final draft Quality Strategy to be presented to July 2022 Quality & Safety Committee. |
| Audit Wales/HI W Quality Governance Follow Up Review R2.3 | Aug-21 | The Health Board needs to take a strategic and planned approach to improve risk management across the breadth of its services. This must ensure that all key strategies and frameworks are reviewed, updated and aligned to reflect the latest governance arrangements, specifically: a- The BAF reflects the objectives set out in the current IMTP and the Health Board's quality priorities b- The risk management strategy reflects the oversight arrangements for the BAF, the quality and patient safety governance framework and any changes to the management of risk within the Health Board c- The quality and patient safety governance framework must support the priorities set out in the Quality Strategy and align to the values and behaviours framework | High | The Health Board's overarching quality priorities published within the IMTP/Annual Plan for 2020-23 are as follows: <ul style="list-style-type: none"> Strengthened focus on quality on strategic planning; Individuals' voices are better heard; Shared learning and continuous quality improvement; Risk better articulated, shared and mitigated; Strengthened two-way 'point of service delivery' to Board sight; and Extensive review and improvement of the management of concerns and serious incidents. Review of the Quality Governance Framework to reflect the developed quality strategy and enhanced governance processes within ILG's. The revised framework will provide improved granular detail in respect of ILG governance that wasn't available at the previous refresh in November 2020. System testing through attendance at CSG/ILG Q&PSE governance meetings will be introduced for evidence/assurance that the framework is embedded. | Director of Nursing | | Dec-21 | 01/03/2022 Now June 2022 Now December 2022 | In Progress | In Progress | July 2022 Update - The Quality & Patient Safety Governance Framework will be revised following implementation of the new operating model. Proposed first draft December 2022. Internal Audit Assurance report of our governance function with in the ILGs reviewed as providing reasonable assurance obtained overall and areas with substantial assurance, demonstrating our positive mechanisms for oversight, escalation and risk. We have a number of key matters arising from the audit which need addressing however with the new operating model I'm sure these are elements we can pick up/incorporate into the new operation model to provide assurance on all CSG's. | September 2021 - No update received. November 2021 - No further update provided. January 2022 update As detailed above in R1, a revised Quality & Governance Framework will be presented to the Quality & Safety Committee in March 2022. Update April 2022 - Timescales were agreed for a revised Quality and Safety Governance Framework to be presented to the Quality & Safety Committee in March 2022 - this has been delayed by the proposed new operating model for the organisation to July 22. The delivery of the Quality Strategy has been hampered by the delay of the organisational strategy work which is key to ensure alignment of both strategies. A first iteration of a draft Quality Strategy has been completed with work ongoing with a timescale for completion of end May 2022. There is an ongoing internal audit commissioned of governance processes at service group level to inform the new Governance Framework, the audit team are currently undertaking fieldwork within 3 service groups and the results of this work will lead the design of the new framework granularity of ward to board assurance. |



| 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 |
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| Audit Wales/HI W Quality Governance Follow Up ReviewR3 .5 | Aug-21 | Ensure there is collective responsibility for quality and patient safety across the executive team and clearly defined roles for professional leads: a- Strengthening of the role of the Medical Director and Clinical Directors in relation to quality and patient safety b- Clarify the roles, responsibilities, accountability, and governance in relation to quality and patient safety within the directorates c- Ensure there is sufficient capacity and support, at corporate and directorate level, dedicated to quality and patient safety | High | Quality metrics capturing a greater breadth of HB services and functions, including population health measures, have been agreed and reviewed at the ILG performance meetings, Quality & Safety Committee and Board. The new measures will utilise, where possible, control limits, targets and trajectories. Once for Wales will support the HB to benchmark against other HBs. | Director of Nursing | | Oct-21 | Now June 2022 Now October 2022 | Part Completed | | July 2022 Update - ILG's present an agreed consistent set of Q&S metrics to committee and Boards. An overarching report is produced by the central team to illustrate themes and trends, hot spots and analysis. This will need refining within the new organisational model to maintain good line of sight on services. Further development of the data is planned to improve understanding, target and trajectory setting, bed days etc. The DU dashboards are included in the Q&S quality dashboard report. OFW incident module functionality has been implemented since April 22. | September 2021 - No update received. November 2021 - No further update provided. January 2022 update Quality Dashboard and new metrics agreed at Quality & Safety Committee and presented at each meeting. Work continues in relation to developing population outcomes measures linking with the organisational outcome strategy work. Benchmarking opportunities across Wales remains limited. ILG performance meetings include a section on Quality & Safety metrics led by the Executive Nurse Director. Update April 22. Quality metrics and template reporting agreed by ILG Q&SPE and data team to ensure that Q&S receive a robust, consistent measure across the HB. The NHS Delivery Unit are developing their quality & patient safety dashboards to permit a greater ability to benchmark across the organisations, as well as sharing and learning opportunities. |
| Audit Wales/HI W Quality Governance Follow Up ReviewR3 .6 | Aug-21 | Ensure there is collective responsibility for quality and patient safety across the executive team and clearly defined roles for professional leads: a- Strengthening of the role of the Medical Director and Clinical Directors in relation to quality and patient safety b- Clarify the roles, responsibilities, accountability, and governance in relation to quality and patient safety within the directorates c- Ensure there is sufficient capacity and support, at corporate and directorate level, dedicated to quality and patient safety | High | As indicated above development of the Quality Strategy will commence at pace and align with the organisational strategy as it becomes available. | Director of Nursing | | Nov-21 | Now July 2022 Now August 2022 Now September 2022 | In Progress | | July 2022 Update - Quality Strategy is in the stakeholder engagement phase and will be presented as a completed draft to Board in September 2022. | September 2021 - No update received. November 2021 - No further update provided. January 2022 update-AS ABOVE. April 22 - The delivery of the Quality Strategy has been hampered by the delay of the organisational strategy work which is key to ensure alignment of both strategies. A first iteration of a draft Quality Strategy has been completed with work ongoing with a timescale for completion of end May 2022. June update: Draft Quality Strategy is being further progressed with its status being at the pre engagement with stakeholders position. Internal and external stakeholders to be engaged with virtually to progress. Final draft Quality Strategy to be presented to July 2022 Quality & Safety Committee. |
| Audit Wales/HI W Quality Governance Follow Up Review R6.1 | Aug-21 | There needs to be sufficient focus and resources given to gathering, analysing, monitoring, and learning from patient experience across the Health Board. This must include use of real-time patient feedback. | High | Health Board purchased CIVICA (captures population feedback using a patient insight software platform) | Director of Nursing | | Jul-21 | Now December 2021 Now July 2022 Now March 2023 | In Progress | | July 2022 update - Civica Program Manager and Patient Experience Team continue to engage with specialities to promote patient engagement - work is underway with paediatrics to look at creating an outpatient survey, alongside the All Wales surveys that are currently on the system (inpatient). PALS team continue to support within PCH/POW to promote the system and gain patient feedback. Meeting to be arranged with CD's across all ED acute sites as happy or not feedback ceasing and look at survey in place for PCH being utilised across the HB. | September 2021 Update - CIVICA PM appointed and produced timeline for roll out within CTM. 'Have your Say' generic people's feedback being placed as a link on the CTMUHB intranet page. Plan for Draft People's Engagement document by December 2021. Nov 21 Update - Pilot of Value Based Healthcare PROMS have gone live in Cardiology along with the launch of PREMS and workforce reported experience measures (WREMs). Jan 2022 Update: Problems seen in automating Civica to CTM patients via SMS due to IT resource issues. Business Case is being completed to request additional resource for this. 2x kick start admin support officers to start Feb 2022 to help support the team and gather additional data collection from patients that are not digitally enabled and support in reporting and setting up/ maintenance of surveys within the system. Currently scoping out iPads within CTM to rollout the Civica App onto all service user groups for the Have your say survey and any bespoke surveys requested. Training has been provided to various user groups and set up on the system throughout Oct- Dec. Additional training days will be given from Feb 2022 onwards. Delays have been seen due to COVID-19. April 2022 Update - The Health Board launched the electronic "Have your Say" and Generic Patient Experience Survey on the 13.02.22. Posters containing QR codes are displayed on notice boards in our hospital sites, KHHB and Dewl Sant. In addition links are available on our internal and external webpages, along promotion on available social media channels. A small card (like a business card) containing a QR code has been developed which will be displayed in main thoroughfares such as Emergency Departments, Outpatients and community settings. They will be made available to staff that are providing services in patient's homes. Exploration is taking place as to how the posters/cards can be promoted within the wider non-health board community settings. From the 28.02.22, within the Bridgend and Merthyr & Cynon Localities, the PALS team are actively engaging with patients/ service users to promote the completion of the "have your say" cards and generic survey. This is through paper copies being available in areas, which are collated and uploaded on to the system on a monthly basis. Along side this, within Merthyr & Cynon PALS Officers are present with Emergency Department at PCH and outpatients at YCC to capture feedback via iPADS. The number of area specific surveys continues to increase, with Staff engaging with patients and service users via links, QR codes and iPADS. June 2022 Update- To date CTM have received 2050 responses, has 18 active surveys, 10 surveys set up and 2 surveys closed on the system. There are 5 automated SMS surveys set up within the system and 33 active discussion with other service user groups within CTM. Work continues to promote the CIVICA system with patients and staff via social media and intranet pages. Number of specialities engaging with the team to explore the use of the system is increasing and drop in sessions for staff are planned for June/July across acute sites to demonstrate how the system works and garner further engagement. Draft pamphlet also pulled together to allow further detail and or codes to be provided UPDATE SEPT 21. There have been 3 Shared Listening and Learning forums since they were created. Prior to the next planned forums there is an opportunity to review the ToR for this forum to ensure it is delivering on the overall aim of shared learning across CTM UHB. There is an Executive commitment to develop a CTM UHB Learning Framework by the end of the year of which the Shared Listening & Learning Forum will form one vehicle for dissemination of learning. November 2021 - No further update provided. January 2022 update The organisations Listening & Learning Framework has been shared for consultation. A quarterly Shared Listening & Learning Forum is in place with key membership from across the central team and ILGs. April 22 - The Listening & Learning Framework had developed and will embark on next steps during May 22 comprising of a series of engagement workshops to ensure that this is a cross organisational system that will ensure that our workforce learn and improve in a way that is relevant and easily accessible to them. |
| Audit Wales/HI W Quality Governance Follow Up Review R6.3 | Aug-21 | There needs to be sufficient focus and resources given to gathering, analysing, monitoring, and learning from patient experience across the Health Board. This must include use of real-time patient feedback. | High | Webpage on SharePoint set up to support learning & excellence across Health Board. Development of a social media site for the L&L to use analytics on the social media and SharePoint site to explore the extent of colleague engagement and posting. Feedback from participants will be analysed in relation to what they have learned and how this has impacted upon their practice. For the medium and longer term would expect to see learning and improvement being applied in the workplace through our established quality metrics and patient experience feedback. | Director of Nursing | | Jul-21 | Now May 2022 Now September 2022 | In Progress | | July 2022 Update Listening & Learning Framework has been further developed and will be completed in draft for the September Q&S committee. A Listening & Learning Event is planned for September 2022 to facilitate the launch of the framework and share organisational good practice. | |
| Audit Wales/HI W Quality Governance Follow Up Review R7.2 | Aug-21 | There needs to be improved visibility and oversight of clinical audit and improvement activities across directorates and at corporate level. This includes identification of outliers and maximising opportunities for sharing good practice and learning. | High | Training module for ward & area audits being rolled out. | Medical Director | | Mar-22 | Now July 2022 | In Progress | | July 2022 Update - The AMaT ward and area rollout has commenced as planned. The system has been successfully rolled out across for all acute surgical and medical areas at the PoW hospital and the RGH rolled in is in progress and due for completion by the end of July. | September 2021 Update - Training currently provided with a short term training resource in place until end of October 2021. Options appraisal being developed for a sustainable training resource that will enable the HB wide rollout of the Ward and Area module of the AMaT system for all clinical areas. November 2021 Update- A roll out programme has been agreed for all nurse staffing act wards, which is on track for completion by March 2022. February 2022 Update - Plan in place to secure a permanent training resource from the 1 April 2022. Rollout to PCH Nurse Staffing Act (NSA) wards complete, PoWH and RGH on track from completed by the end of March 2022. April 2022 update - The AMaT ward and area module has been rolled out as planned to the PCH nurse staffing act wards in February 2022. However, due the loss of the short term resource, the rollout to the PoWH and RGH NSA wards has been placed on pause. This is pending the outcome of the IMTP review in mid April where the required resource has been identified as an unavoidable cost pressure (£28k). If funding can be secured then the rollout will recommence in July 2022. June 2022 Update - Due to a departmental restructure a funded resource has been secured to continue the AMaT ward and area rollout across the PoW and RGH to all Nurse Staffing Act wards from 01 July 2022. |
| Audit Wales/HI W Quality Governance Follow Up Review R8.2 | Aug-21 | The Health Board needs to clarify accountabilities and responsibilities for quality and patient safety within directorates. This must include a review of the Heads of Nursing role in relation to site management and quality and patient safety. | High | There is still work ongoing however with the progress at the pace it is, the quality & safety system is becoming more robust daily. Within 3 months the processes will be embedded fully across CTM. | Director of Nursing | | Mar-22 | Now end of May 2022 Now December 2022 | In Progress | | August 2022 Update - Safe 2 Start' daily meetings are now embedded across the 3 acute hospital sites. Attendance includes, Head of Patient Flow, Head of Nursing, Ward Managers, Lead and Senior Nurses. The aim of the meeting is to provide a staffing position for the day within the hospital, it focuses on Emergency Department demand and key quality and safety metrics relating to patient care. The 2 community hospital sites also undertake a daily Safe 2 Start meeting chaired by the Senior Nurses and this information feeds into the overarching HB daily planning and escalation. From a strategic perspective, in relation to the changes in the organisational operating model this requires a review of the governance framework to confirm arrangements for quality governance and patient safety within the Care Group Structure, there is an anticipated completion date of December 2022. | September 2021 - No update received. November 2021 - No further update provided. January 2022 Update Quality Plans, Quality Control and Quality Assurance have all now been agreed by Board resulting in the next phase of the maturity framework. Any service changes are now required to have a EQIA and depending on the outcome score of the EQI assessment will determine the sign off process by the Medical/Nurse Director. April 2022-Update Board self assessment of Quality Governance Maturity matrix for 28th April 2022-The Director of Nursing will recommend to the Board the results for Quality Planning, Quality Assessment and Quality Assurance. Quality Safety and Patient Experience forums now feature across all Clinical Service Groups. |



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| Audit Wales/Hi W Quality Governance Follow Up Review R8.6 | Aug-21 | The Health Board needs to clarify accountabilities and responsibilities for quality and patient safety within directorates. This must include a review of the Heads of Nursing role in relation to site management and quality and patient safety. | High | Quality Governance Framework to reflect enhanced governance processes | Director of Nursing | | Dec-21 | 01/03/2022 Now June 2022 Now December 2022 | In Progress | July 2022 Update - The Quality & Patient Safety Governance Framework will be revised following implementation of the new operating model. Proposed first draft December 2022. Internal Audit Assurance report of our governance function with in the ILGs reviewed as providing reasonable assurance obtained overall and areas with substantial assurance, demonstrating our positive mechanisms for oversight, escalation and risk. We have a number of key matters arising from the audit which need addressing however with the new operating model I'm sure these are elements we can pick up/incorporate into the new operation model to provide assurance on all CSG's. | September 2021 - No update received. November 2021 - No further update provided. A revised Quality and Safety Governance Framework is to be presented to the Quality & Safety Committee in March 2022. Update April 2022 - Timescales were agreed for a revised Quality and Safety Governance Framework to be presented to the Quality & Safety Committee in March 2022 - this has been delayed by the proposed new operating model for the organisation to July 22. The delivery of the Quality Strategy has been hampered by the delay of the organisational strategy work which is key to ensure alignment of both strategies. A first iteration of a draft Quality Strategy has been completed with work ongoing with a timescale for completion of end May 2022. There is an ongoing internal audit commissioned of governance processes at service group level to inform the new Governance Framework, the audit team are currently undertaking fieldwork within 3 service groups and the results of this work will lead the design of the new framework granularity of ward to board assurance. | |
| Audit Wales/Hi W Quality Governance Follow Up Review R10.1 | Aug-21 | The Health Board must ensure there are clear and comprehensive risk management systems at directorate and corporate level, including the review and population of risk registers. This should include clarity around the escalation of risks and responsibilities at directorate and corporate level for risk registers. This must be reflected in the risk strategy. | High | Risk Training: including the development of a Training Needs Analysis (TNA) in line with All Wales developments, dissemination of the TNA across the Health Board, new risk training programmes which are aligned to the new TNA. | Director of Corporate Governance | Assistant Director of Governance & Risk | Oct-21 | Now December 2021 Now April 2022 Now October 2022 | In Progress | August 2022 Update - As noted in the previous update the TNA and development of an All Wales Risk Management Training package has been placed on hold whilst the Once For Wales Risk Management Module is finalised. The rationale for this decision is to ensure that any training developed is aligned to the new module that staff will be expected to use. The Health Board is represented on the Once For Wales Monthly Meetings and the more regular task and finish group meetings. The OFW Risk Module implementation has been delayed and has yet to be piloted in two sites across NHS Wales (Originally planned for April 2022) and therefore it is possible that the implementation date for the Health Board of October 2022 might be impacted. Further updates are anticipated in July/August. In the meantime, risk management training continues within the Health Board with monthly sessions being held virtually over Teams. | September 2021 Update - The Training Needs Analysis is complete, however, the Assistant Director of Governance & Risk is working with peers across NHS Wales to develop Level 1 - 3 Risk Training packages available on the ESR E-Learning platform. Level 1 is currently with ELearning Teams to finalise and Level 2 development has been commenced. An extension to the implementation date is requested to allow for the launch to coincide with the training packages being made available on E-Learning on an All Wales Basis. The Health Board is working with All Wales colleagues to ensure a consistent approach to risk is adopted and transferable across Wales. November 2021 - The Training Needs Analysis is complete, however, the Assistant Director of Governance & Risk continues to work on an All Wales basis to develop Level 1 - 3 Risk Training packages available on the ESR E-Learning platform. Level 1 is currently with ELearning Teams to finalise and Level 2 development has been commenced. Update January 2022 The TNA and development of an All Wales Risk Management Training package has been placed on hold whilst the Once For Wales Risk Management Module is finalised. The rationale for this decision is to ensure that any training developed is aligned to the new module that staff will be expected to use. The Health Board is represented on the Once For Wales Monthly Meetings and the more regular task and finish group meetings. In the meantime, risk management training continues within the Health Board with monthly sessions being held virtually over Teams. April 2022 Update - The implementation of the Once For Wales Risk Module within the Health Board is anticipated circa October 2022, with two pilot sites going live from the 1st April 2022. The All Wales Training Modules are being developed to align with the new approach and timescales. The TNA has been finalised and Module 1 of the training is in draft. Progress is monitored via the OFW Risk Module Meetings and the All Wales Risk Community of Practice for which the Assistant Director of Governance & Risk is a member. June 2022 Update - On track. Risk Training continues to be rolled out to service areas on a monthly basis in partnership with ILG colleagues. | |
| Audit Wales/Hi W Quality Governance Follow Up Review R10.4 | Aug-21 | The Health Board must ensure there are clear and comprehensive risk management systems at directorate and corporate level, including the review and population of risk registers. This should include clarity around the escalation of risks and responsibilities at directorate and corporate level for risk registers. This must be reflected in the risk strategy. | High | An efficient risk management process which is seen as efficient and not cumbersome - linked to the new Once For Wales Risk Management System. | Director of Corporate Governance | Assistant Director of Governance & Risk | Apr-22 | Now October 2022 | In Progress | August 2022 Update - Please refer to the update in R10.1 in relation to the position on the OFW Risk Module Implementation. In the absence of the new module the Health Board continues to mandate the currently risk module available via Datix for the management of Risk as outlined in the Health Boards Risk Management Policy, Strategy and Procedure. Within those documents is the clear process for assessing risk and escalation. | September 2021 Update - The Assistant Director of Governance Risk represents the Health Board on the All Wales working group for the new risk module and will review the risk management system and processes to align with the new system as it develops. Update November 2021 - No further update provided. Update January 2022 The Once For Wales Risk Management system is likely to be piloted in two sites prior to implementation across NHS Wales as a whole. As the Health Board is implementing the Incident Module in April 2022 it is anticipated that the OFW Risk Module will be implemented in the Health Board by the end of October 2022. An implementation plan will be developed in conjunction with the Health Board's internal Datix Team. The Health Board is represented on the Once For Wales Monthly Meetings and the more regular task and finish group meetings by the Assistant Director of Governance & Risk. April 2022 Update - The implementation of the Once For Wales Risk Module within the Health Board is anticipated circa October 2022, with two pilot sites going live from the 1st April 2022. The Health Board is represented on the relevant groups by the Assistant Director of Governance & Risk. June 2022 Update - Progressing on an All Wales basis. Implementation dependent on roll-out of risk module in Once for Wales. | |
| Audit Wales/Hi W Quality Governance Follow Up Review R11.1 | Aug-21 | The oversight and governance of DATIX must be improved so that it is used as an effective management and learning tool. This should also include triangulation of information in relation to concerns, at a directorate or corporate level, and formal mechanisms to identify and share learning. | High | Datix Management being moved from H&S function (DoPl) into Patient Experience function (DoN) to align with the development of Once for Wales. The tool will be a key mechanism to feed the Listening & Learning Forum of the Health Board. | Director of Nursing | | Oct-21 | Now September 2022 | Completed | July 2022 Update: Implementation of the Incident functionality in April 2022. Datix management team will move to the corporate function in the new operating model. The Datix functionality will align with Once for Wales. | September 2021 - No update received. December 2021 Update - Welsh Risk Pool and Internal Audit Review have been undertaken and a management response is under development, one key area including is learning. A Health Board Learning Framework is under development in conjunction with Quality & Patient Safety and Concerns & Legal Services. Links made with the OWCMS project manager for CTM to ensure that training is provided on recording actions and learning and capturing supporting evidence. Update January 2022 2022-update Following a change in Executive portfolios it is likely that the Datix team will transfer into the Director of Corporate Governance portfolio, prior to this change happening we need to understand the transfer of resource required; discussions are continuing with the Executive Director of Nursing, Executive Director of People and the Director of Corporate Governance. Several modules have now gone live within the O4W National Project including CIVICA patient feedback system which has been launched across CTM by the O4WCMS project manager. April Update 2022- The Datix Team work closely with the ILG Governance to embed the system and support the triangulation of information. Weekly data meetings are held and reports provided in relation to the range of metrics held within the system. Further work is required to strengthen the use of the actions functionality within the system to capture learning effectively. | |
| Audit Wales/Hi W Quality Governance Follow Up Review R11.2 | Aug-21 | The oversight and governance of DATIX must be improved so that it is used as an effective management and learning tool. This should also include triangulation of information in relation to concerns, at a directorate or corporate level, and formal mechanisms to identify and share learning. | High | Training is provided to staff ahead of introduction of the new RLDatix Once for Wales, on each relevant module. Training will include feedback to reporter (ie claims & redress 07/06/2021). | Director of Nursing | | Oct-21 | Now July 2022 | Completed | July 2022 Update Training continues and is available every week for all staff in relation to Datix Cymru. All new users are trained as part of the account activation process. Datix training is also included in the roll out of the new RCA training programme. Further options of providing training are being explored i.e. induction and online | September 2021 - No update received. November 2021 - No further update provided. January 2022 update Datix training is delivered within the ILGs facilitated by the central Datix team; it is expected that all line managers undertake initial Datix training and that staff have access to Datix training during their induction period. April 2022 Update - As part of the introduction of the Datix Cymru a training plan was developed. The Claims & redress functionality was introduced in June 2021 and all users received training prior to being granted access to the system. The Feedback functionality was introduced in the July 2021 and again all users were trained prior to be granted access to the system. Incident training for the new system commenced in March 2022, and continues to be delivered to all responsible managers across the organisation. To support the training of all functionalities a number of videos and users guides have been developed and are being made available via the SharePoint site. As part of the process for setting up a new account all users are provided with training appropriate to the actions they are required to take within the system. A log of all users trained is maintained by the Datix Team. Some challenges remain with the reporting element of the new system, which are being addressed. The aim is to commence delivery of data extraction and reporting from June 2022 onwards. Update June 2022 Update - Training continues to be provided across the Organisation in relation to Datix Cymru, with over 50% of responsible managers trained. Further ways of communicating key messages and updates are being explored. The proposed new operating model will impact in the roll out of data extraction training due to the significant amendments required in the core functionality (Hierarchy) of the system. | |
| Audit Wales/Hi W Quality Governance Follow Up Review R11.5 | Aug-21 | The oversight and governance of DATIX must be improved so that it is used as an effective management and learning tool. This should also include triangulation of information in relation to concerns, at a directorate or corporate level, and formal mechanisms to identify and share learning. | High | Ensure LFERs have local ownership and are shared across the HB localities, identifying themes and trends. | Director of Corporate Governance | Head of Concerns & Legal Services | Dec-21 | February 2022 Now March 2022 Now December 2022 | In Progress | July 2022 Update - The Datix Team and OFW CM Datix will move to the Director of Corporate Governance from 1st August 2022. The OFW National Team have implemented a fix on Datix Cymru which now allows better tracking of the red and amber deferred cases. The Claims team have updated all cases in respect of LFERs following the new update. This will allow for more accurate reports to be run from Datix Cymru. The launch of the new Incident Management Framework reinforces the need for learning and capturing of learning within Datix Cymru. This has been supported with various training from the Central Patient Safety Team, Claims team and OWCMS Datix Team. The LFER SOP and How to Guide remains extant. Changes will be required to the SOP when the changes following the operational model review are implemented, this will have greater focus on the PSIMs facilitating completion of the LFERs. Close monitoring of LFERs is regularly undertaken in the weekly data review with the Assistant Director of Claims & Concerns, Patient Safety and the Heads of Quality & Safety, with this being fed back to the Weekly Executive Patient Safety meeting. The Listening and Learning Framework is in draft form, with a planned launch at the Inaugural Learning from Events Day scheduled for end of September 2022. | September 2021 Update - Development of Framework for Learning will support this. November 2021 - Learning Framework under development, and review of assurance meetings to support cross-organisational learning feeding into the review of the Health Board Operating Model. Timescales likely to slip due to the engagement on any potential changes to the Operating Model. Process for sign-off of LFERs being reviewed in line with the recommendations of the WRP Review (11.3 above). Update February 2022 - Learning Framework DRAFTED and out for consultation. Meetings arranged to discuss LFER responsibilities and monitoring with ILG triumvirate. Invites extended to Claims team to meetings with ILGs and CSGs. Weekly updates being collated and monitored on historical LFERs. LFER list all currently being transferred onto Datix IQ. Continued engagement with WRP in respect of improvement plan following the WRP review. Update April 2022 - LFER SOP developed and shared with ILGs/CSGs. All LFER reports now transferred onto Datix IQ. Issues discovered in relation to tracking Amber/Red Deferred cases. Therefore an internal spreadsheet tracker has been developed. This clearly identifies what LFERs are outstanding by ILG and CSG. Graphs developed with a target line to ensure ILGs are on track to meet the target. The first target was 44 by 1st April 2022 - We hit 40, with a further 4 submitted shortly thereafter. Update June 2022 - The Datix team and the Once for Wales team will be shortly moved into the Director of Corporate Governance's portfolio, with the OFW project coming to an end which will be subsumed into the day to day Datix management. Work continues in respect of LFERs with targets for historic cases and newly triggered cases not being met. Monitored and escalated to Executives every week. SBAR drafted with plan of action to ensure ownership and accountability of learning. Essential that this is taken forward as any outstanding cases over 6 months old will be recommended for a permanent deferral and will serve as a blocker for any future payments within specific service areas. Plans in place to address back log and manage current workload to prevent adding to the pressures and workload, all dependent on resources realised from operating model review and implementation. | |



| 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 |
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| Audit Wales/Hi W Quality Governance Follow Up Review R1.6 | Aug-21 | The oversight and governance of DATIX must be improved so that it is used as an effective management and learning tool. This should also include triangulation of information in relation to concerns, at a directorate or corporate level, | High | Review all backlog incidents to eliminate duplicates and ensure correctly identified/categorised. | Director of Nursing | | Oct-21 | Now 31 August 2022 | In Progress | July 2022 Update A further batch updating of incidents within the legacy system was completed 14.07.22 based on a strict risk assessed criteria. Support continues to be provided to all areas in relation to open incidents both in the Health Board's legacy system and Datix Cymru. Weekly reports are provided to all areas in relation to their open incidents. | September 2021 - No update received. November 2021 - No further update provided. January 2022 update Patient Safety team have undertaken a review of all of the backlog of incident and risk stratified incidents of a serious nature as a priority for actioning. ILG Head of Quality & Patient Safety are now responsible for ensuring that the backlog of incidents are reduced; monitoring of the backlog of incidents is through the weekly Executive Director led Patient Safety meeting by means of the Quality & Safety At A Glance report. April 22 - the central PS team are undertaking risk stratification, data cleansing, reassignment and housekeeping to closure of historic open serious incidents. This work has been completed within maternity and neonatal services. It is anticipated that the central team will work with the ILG governance teams to establish quality assurance and closure panels to ensure that all SI's are investigated and patients engaged with as well as any learning and PTR considerations are managed appropriately. June 2022 Update September 2021 Update - maternity and neonatal backlog being addressed through fortnightly assurance panels, supported by the NHS DU. Reports on progress will be presented to Q&S, IMSOP Board and MNB. November 2021 - No further update provided. January 2022 update-refer to R11.6 above Significant work has been undertaken in Maternity and Neonatal Services supported by the Delivery Unit; the majority of backlogged SI's are now complete with residual numbers due to be completed by the end of February 2022. Update April 22 - all 72 cases have now been investigated and closed. There are residual PTR considerations, with which the central team will co-ordinate PTR panels to address and support clinical colleagues to engage with women and families. This work will take 4-6 months to complete. June 2022 Update - Maternity & Neonatal SI cases are now complete. All cases have gone through PTR assurance panels. Datix is currently in progress of being updated and the cases closed. The next stage are to meet families to provide feedback if they wish. This is expected to take until February 2022. November 2021 | |
| Audit Wales/Hi W Quality Governance Follow Up Review R11.7 | Aug-21 | The Health Board must ensure staff receive appropriate training in the investigation and management of concerns. In addition, directorate staff need to be empowered to take ownership of concerns and take forward improvement actions and learning | High | Clear the backlog of all legacy incidents. | Director of Nursing | | Jan-22 | Now End of February 2022 Now August 2022 | Completed | July 2022 Update A further batch updating of incidents within the legacy system was completed 14.07.22 based on a strict risk assessed criteria. Support continues to be provided to all areas in relation to open incidents both in the Health Board's legacy system and Datix Cymru. Weekly reports are provided to all areas in relation to their open incidents. | September 2021 - No update received. November 2021 - No further update provided. January 2022 update Patient Safety team have undertaken a review of all of the backlog of incident and risk stratified incidents of a serious nature as a priority for actioning. ILG Head of Quality & Patient Safety are now responsible for ensuring that the backlog of incidents are reduced; monitoring of the backlog of incidents is through the weekly Executive Director led Patient Safety meeting by means of the Quality & Safety At A Glance report. April 22 - the central PS team are undertaking risk stratification, data cleansing, reassignment and housekeeping to closure of historic open serious incidents. This work has been completed within maternity and neonatal services. It is anticipated that the central team will work with the ILG governance teams to establish quality assurance and closure panels to ensure that all SI's are investigated and patients engaged with as well as any learning and PTR considerations are managed appropriately. June 2022 Update September 2021 Update - maternity and neonatal backlog being addressed through fortnightly assurance panels, supported by the NHS DU. Reports on progress will be presented to Q&S, IMSOP Board and MNB. November 2021 - No further update provided. January 2022 update-refer to R11.6 above Significant work has been undertaken in Maternity and Neonatal Services supported by the Delivery Unit; the majority of backlogged SI's are now complete with residual numbers due to be completed by the end of February 2022. Update April 22 - all 72 cases have now been investigated and closed. There are residual PTR considerations, with which the central team will co-ordinate PTR panels to address and support clinical colleagues to engage with women and families. This work will take 4-6 months to complete. June 2022 Update - Maternity & Neonatal SI cases are now complete. All cases have gone through PTR assurance panels. Datix is currently in progress of being updated and the cases closed. The next stage are to meet families to provide feedback if they wish. This is expected to take until February 2022. November 2021 | |
| Audit Wales/Hi W Quality Governance Follow Up Review R12.5 | Aug-21 | The Health Board must ensure staff receive appropriate training in the investigation and management of concerns. In addition, directorate staff need to be empowered to take ownership of concerns and take forward improvement actions and learning | High | CTM Improvement Team supporting Concerns Mapping identifying a consistent approach that can be applied across the Health Board. Outcome and implementation to be informed by the internal audit. | Director of Corporate Governance | Head of Concerns & Legal Services | Mar-21 | Now March 2022 Now December 2022 | In Progress | July 2022 Update - Work continues on the new Operational model, this incorporates 3 complaints triage posts which will assist with managing complaints more effectively, promoting early resolutions where possible and appropriate. The centralisation of Quality & Safety (including complaints), will ensure a consistent approach to complaints management across the Health Board. The Complaints Manager post has been out to advert and will be recruited into imminently. This will be supported by a staff member returning from secondment. These are scheduled to take place in August. A key priority will be the review of policies and procedures once the new operational model has been implemented. The launch of the new Incident Management Framework and the training which is in place to support this covers a number of elements including family support, psychological safety, staff support, investigation, breach of duty, causation, redress, claims and learning from events reports, sharing of learning. | September 2021 - No update received. November 2021 - No further update provided. January 2022 update Patient Safety team have undertaken a review of all of the backlog of incident and risk stratified incidents of a serious nature as a priority for actioning. ILG Head of Quality & Patient Safety are now responsible for ensuring that the backlog of incidents are reduced; monitoring of the backlog of incidents is through the weekly Executive Director led Patient Safety meeting by means of the Quality & Safety At A Glance report. April 22 - the central PS team are undertaking risk stratification, data cleansing, reassignment and housekeeping to closure of historic open serious incidents. This work has been completed within maternity and neonatal services. It is anticipated that the central team will work with the ILG governance teams to establish quality assurance and closure panels to ensure that all SI's are investigated and patients engaged with as well as any learning and PTR considerations are managed appropriately. June 2022 Update September 2021 Update - maternity and neonatal backlog being addressed through fortnightly assurance panels, supported by the NHS DU. Reports on progress will be presented to Q&S, IMSOP Board and MNB. November 2021 - No further update provided. January 2022 update-refer to R11.6 above Significant work has been undertaken in Maternity and Neonatal Services supported by the Delivery Unit; the majority of backlogged SI's are now complete with residual numbers due to be completed by the end of February 2022. Update April 22 - all 72 cases have now been investigated and closed. There are residual PTR considerations, with which the central team will co-ordinate PTR panels to address and support clinical colleagues to engage with women and families. This work will take 4-6 months to complete. June 2022 Update - Maternity & Neonatal SI cases are now complete. All cases have gone through PTR assurance panels. Datix is currently in progress of being updated and the cases closed. The next stage are to meet families to provide feedback if they wish. This is expected to take until February 2022. November 2021 | |
| Audit Wales/Hi W Quality Governance Follow Up Review R12.6 | Aug-21 | The Health Board must ensure staff receive appropriate training in the investigation and management of concerns. In addition, directorate staff need to be empowered to take ownership of concerns and take forward improvement actions and learning | High | Continue to roll out the RCA training module and monitor attendance of ILGs on the training. | Director of Nursing | | Dec-21 | Now May 2022 Now July 2022 | Completed | August 2022 Update - Implementation of a new investigation framework and toolkit was rolled out on 29th June 2022 and will offer monthly and bespoke sessions if required. Only colleagues who have received investigation training verified on ESR will be permitted to undertake level 2 and RCA investigations. Training numbers will be included in the Q&S dashboard report. This can be closed. | September 2021 Update - RCA training has continued on a monthly basis. As a result of changes in national reporting requirements and a proportionate approach to incident investigation, a toolkit is being developed to include a greater range of investigation methodology. November 2021 - No further update provided. January 2022 update RCA training has been re-vamped in light of the new National Incident Framework. Our current SI toolkit has been reviewed and revised in light of these changes and is currently out for comments. Attendance and monitoring of RCA training is held by the ILG Head of Quality & Patient Safety. Update April 22 - New Incident Management Framework has been consulted on, delayed implementation whilst new incident module was introduced in April 22 and will be launched in May 22. RCA training package is being updated to reflect the new national guidance, framework and proportionate investigation tools. Bespoke RCA training has continued to areas on request such as mental health, executives, maternity and neonates until the new package is launched in May 22. June 2022 Update - Incident Management Framework has been launched 08.06.22. This framework outlines the investigation process of correct steps, documentation, family & staff support to complete when undertaking an investigation following an incident. Drop in sessions are provided for governance teams for any queries they have relating to the framework. All documents to complete investigations are now readily available on sharepoint. Further work is planned to enhance the digital appearance of the documents. Refreshed RCA training is in development with the first session planned for 30th June. This will be an interactive session with a presentation, break out rooms for group work and a session provided by our PTR colleagues. Initially training sessions will be fortnightly, one full day delivered in each ILG. Training will then continue monthly. Training will be logged on ESR to ensure there is Health Board oversight of attendance. | |
| Audit Wales/Hi W Quality Governance Follow Up Review R13.5 | Aug-21 | The Health Board must ensure the timely development of a Values and Behaviours Framework with a clear engagement programme for its implementation | High | Values-Based Leadership Workshops, currently under development. Team Behaviour Health Check - Values based team self assessment tool for managers | Director for People | | 2021/2022 | Now March 2023 | In Progress | August 2022 update - Values Based Health Assessment pilot scheduled for August - using as OD intervention diagnostic tool prior to wider dissemination. Opportunity to test assessment mechanism and refine presentation and interpretation of results that supports the manager's next steps concerning addressing any team behaviours that are misaligned to our values. Workshops, listening sessions, leadership impact on culture sessions continue now to be mainsteam. | September 2021 - 20th Aug - Values Based leadership and culture workshop delivered to Exec Team. Workshops have taken us deeper into understanding how culture works and the perceived gap between our ideal culture and our existing culture. It highlighted that whilst we have a structure that is ideally designed for Population Health, our culture, systems and processes are not yet fully aligned. It has therefore been agreed that we will run follow up workshops with Executives and their reports, with a stronger forensic lens on the leadership of their senior management teams. It has also been agreed that these workshops will be delivered to the ILG Directors in each of our ILG's, and later cascaded down to the Clinical Service Group Directors. To date we have delivered one further workshop with the Director of Strategy and Transformation and members of her team, and have a further session booked with the Bridgend ILG Directors. November 2021 - No further update provided. January 2022 Update - Values Based Leadership / Leadership Impact on Culture sessions delivered to Workforce and OD Senior Management team and Bridgend ILG Directors. Follow up sessions in planning stages intended to explore outcomes from first session and how to continue towards an ideal culture state. RTE ILG Directors to schedule session by March 2022 with PCH Leadership teams commenced February 2022. April 2022 Update - PCH Leadership team Values Based leadership ("Leadership impact on culture" sessions held with priority areas - Theatres, ED and Medicine. Further areas for exploration with these teams identified with work ongoing. Other CSG teams in process of being arranged for RTE and Bridgend Localities. Delay in completing these sessions due to limited capacity / availability within leadership teams. Once all leadership teams have received a session and further intention / transformative areas identified (as by-products of this core work) a version of this will be available for any newly established teams in future, rendering this to become a core-business item. Anticipate closure within 3 - 6 months. June 2022 update - Values Based Leadership workshops reviewed and condensed for quicker delivery and for ownership by managers / team to lead themselves. Discussions happening at ILG level to agree dates. | |
| Audit Wales/Hi W Quality Governance Follow Up Review R13.6 | Aug-21 | The Health Board must ensure the timely development of a Values and Behaviours Framework with a clear engagement programme for its implementation | High | Values-Based Recruitment process and training. | Director for People | | Jun-21 | Now April 2022. Now May 2022 Now September 2022 | In Progress | August 2022 update - Sharepoint site near completion, values based question bank development and associated guidance in process. Scope of project under review taking into consideration wider factors such as job descriptions, adverts, etc to ensure Values are incorporated / referenced. | September 2021 - Mirroring approach of the Values Based Recruitment (VBR) in NHS England, overhaul of current stakeholder and interview selection approach has been overhauled to embed VB interview techniques. Training to be issued in due course once feedback gleaned from pilots.. Training will be made available on new LMS from November. November 2021 - No further update provided. Feb 2022 - The first iteration of the process has been designed and some pilots have taken place to determine the effectiveness of the process. Whilst some elements are being used more readily in selection activity (values based questions) there is further work required to create a more inclusive and engaging process. In March work will be undertaken to consult more broadly on the results of the pilot work with key stakeholders to determine a final approach to the VBR process at CTM. A dedicated training package is being designed through March and implemented through April. April 2022 Update - At CTM we have incorporated VBR into our recruitment processes. Our Values are now a key part of the stakeholder panel with the question that is posed to candidates centred around the values in their response (which is a ten minute presentation). Also a values based question bank has been created comprising of three sectors of questions each one relating to our core CTM values. During the interview panel, the questions posed to the candidates must include a minimum of one values based question as part of their interview. Full training guides are in process and will be available on the share point including a sway document which is an interactive training guide to use the values based recruitment methods effectively. Videos are also due to be made which will visually display role-plays of the VBR in action. June 2022 Update - Development of Values Based Recruitment page on the AtOurBest site which will sit alongside an interactive module that talks through the process including examples of values based questions for interviews; this is currently in development. | |
| Audit Wales/Hi W Quality Governance Follow Up Review R14.5 | Aug-21 | The Health Board must develop a stronger approach to organisational learning which takes account of all opportunities presented through concerns, clinical audit, patient and staff feedback, external reviews and learning from work undertaken in the Princess of Wales hospital. | High | Implementation of PREMS and CIVICA system to gather data on patient experience to inform learning and service enhancement and improvement. Project has been initiated and Project Manager appointed. | Director of Nursing | | Sep-21 | Now December 2021 No revision date for completion provided - currently in discussion Now March 2023 | Part Completed | July 2022 Update: Work continues to promote the Civica system with patients and staff via social media and intranet pages. Number of Specialities engaging with the team to explore the use of the system is increasing and drop in sessions for staff are taking place throughout July across acute sites to demonstrate how the system works and garner further engagement. Draft pamphlet also pulled together to allow further detail and QR codes to be provided to patients. Exploration of support via the Volunteer Manager to look at volunteers supporting patient feedback within acute settings. Work is underway with Paediatrics to look at creating an outpatient survey, alongside the All Wales surveys that are currently on the system (inpatient). PALS team continue to support within PCH/POW to promote the system and gain patient feedback. Meeting to be arranged with CD's across all ED acute sites as happy or not feedback ceasing and look at survey in place for PCH Being utilised across the HB. Work being undertaken with Head of Vales Based Healthcare to identify joint resources required to support effective implementation of PREMS, PROMS & WREMS. Mapping exercise being undertaken, first session 04.08.22 to identify all stream of service user feedback and how this information is being used. | September 2021 Update - PREMS fully operational across maternity services. CIVICA PM appointed and produced timeline for roll out within CTM. 'Have your Say' generic people's feedback being placed as a link on the CTMUHB intranet page. Plan for Draft People's Engagement document by December 2021. November 2021 - No further update provided. January 2022 update- Have successfully implemented 7x surveys for maternity, Have your say & patient experience survey across CTMUHB, 1x Heart Failure survey and 2x paediatrics surveys. Currently in the process of implementing surveys for therapies, pathology and frailty nurse services within Feb. Actively scoping out surveys within: Cancer services, community resource team, critical care HDU/ITU, audiology, mental health, primary care, facilities, gynaecology, community dental services, endoscopy, wellness hub and haematology. "Have your say" card has been replicated in electronic format and optional all Wales survey attached, qr codes and posters on display across HB sites and on social media pages. Further exploration of SMS automation of surveys being explored but limited at present due to IT resource issues to support implementation. Delays have been seen due to COVID-19. April 2022-Update The Health Board launched the electronic "Have your Say" and Generic Patient Experience Survey on the 13.02.22. Posters containing QR codes are displayed on notice boards in our hospital sites, KHHP and Dewi Sant. In addition links are available on our internal and external webpages, along promotion on available social media channels. A small card (like a business card) containing a QR code has been developed which will be displayed in main thoroughfares such as Emergency Departments, Outpatients and community settings. They will be made available to staff that are providing services in patient's homes. Exploration is taking place as to how the posters/cards can be promoted within the wider non-health board community settings. From the 28.02.22, within the Bridgend and Merthyr & Cynon Localities, the PALS team are actively engaging with patients/ service users to promote the completion of the "have your say" cards and generic survey. This is through paper copies being available in areas, which are collated and uploaded on to the system on a monthly basis. Along side this, within Merthyr & Cynon PALS Officers are present with Emergency Department at PCH and outpatients at YCC to capture feedback via iPADS. The number of area specific surveys continues to increase, with Staff engaging with patients and service users via links, QR codes and iPADS. June 2022 update- Work continues to promote the CIVICA system with patients and staff via social media and intranet pages. A banner is being developed and will be located around CTM with a link to the "Have your say" survey and QR code. A WREM survey has been developed to evaluate the system with staff and the benefits of the system to the HB. Number of specialities engaging with the team to explore the use of the system is increasing and drop in sessions for staff are planned for June/July across acute sites to demonstrate how the system works and garner further engagement. | |

Red -
Orange -
Yellow -
Green -
Blue - Action

| 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 |
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| Audit Wales/Hi W Quality Governance Follow Up Review R14.13 | Aug-21 | The Health Board must develop a stronger approach to organisational learning which takes account of all opportunities presented through concerns, clinical audit, patient and staff feedback, external reviews and learning from work undertaken in the Princess of Wales hospital. | High | Work being undertaken with Improvement Cymru to scope work to develop and deploy a model ward and operational best practice guide to improve flow, quality and patient safety. | Director of Nursing | | Jul-21 | Now October 2021 Now March 2022 | In Progress | | August 2022 Update - No update received during this period | SEPT 2021 UPDATE - Work continuing with IC, action detail reviewed after HIW inspection in Sept 21 requiring review of scope of work and delivery plan. UPDATE Nov 21. Head of Professional Standards leading a project to work with ILG governance leads and ILG Nurse directors to produce a ward/department assurance framework. This will include ward assurance audits, annual audit cycle, single point of data capture and reporting. Also will scope most appropriate IT programme available. Paper to be presented at Q&S committee March 2022. January 2022 update As part of the PCH Improvement Programme we have implemented a ward assurance framework and tested across all In-Patients wards on PCH. This information is now captured electronically on the AMaT system. Following the successful implementation of the ward assurance framework the same will now be rolled out across the organisation. |
| Audit Wales/Hi W Quality Governance Follow Up Review R7.7b | | There needs to be improved visibility and oversight of clinical audit and improvement activities across directorates and at corporate level. This includes identification of outliers and maximising opportunities for sharing good practice and learning. | High | Undertake audit of compliance against Royal College of Anaesthesia (RCOA) Standards (ACSA process) identify and develop standards to meet with RCOA recommended GPICS (set standards by RCOA for Anaesthetic services) baseline and inform continuous improvement programmes and improve compliance against the standards. | Medical Director | | Jul-24 | | In progress | | July 2022 Update - On track for completion July 2024 | September 2021 Update - A baseline assessment against the ACSA standards being undertaken. This will then form the basis of the improvement programmes to develop the service. Completion of process and ACSA accreditation aim July 2024 (usual process 2 years expected from RCOA). Expectation for POW to follow however with theatre changes this will be difficult to complete. November 2021 Update - Theatre improvement programme has been established. April 2022 update - awaiting agreement on a standardised set of HB wide emergency department audits by the nursing unit and identification of a resource to support the Ward and Area module rollout, currently paused. June 2022 Update - on target for completion by July 2024 |
| Structure Assessed Phase 2 R5 | Dec-21 | The Health Board has undertaken specific work in mortality and harm in relation to COVID-19. However, as with other Health Boards, it has yet to finalise a standard framework to support the assessment of direct and indirect harm | Medium/Low | The Health Board received an updated version of the NHS Wales National Framework - Management of Patient Safety Incidents following Nosocomial Transmission on the 16th November 2021. The National Framework contains four options and the Health Board is currently considering the option it will choose to adopt and take forward to assess the harm associated with Covid-19. The chosen option will then be considered at the Strategic Leadership Group in December 2021 and the Quality & Safety Committee in January 2022. Reports will be received and monitored through the Strategic Leadership Group and the Quality & Safety Committee. Reports to the Board will be via the Quality & Safety Committee Highlight Report to Board. | Executive Nurse Director | | 31st January 2022 | Now March 2022 Now April 2024 | In progress | | August 2022 Update - No update received during this period | January 2022 update 170 patients have been reviewed using the Nosocomial Framework; Welsh Government (WG) and the Delivery Unit are keen to ensure a level of consistency across Wales in relation to the investigation process of Nosocomial transmissions; several workshops have taken place with attendance including both the Nurse & Medical Directors in order to agree a unified approach; there is a hold on the current process as Welsh Government have agreed to provide health boards with funding to expedite the Nosocomial review investigations; health boards are currently waiting the allocation from WG. Quality & Safety Committee receive regular updates on the health boards position in relation to Nosocomial transmission reviews and the agreed unified approach. April 2022-update - Funding allocation received from WG to support the roll out of the Nosocomial reviews. A Lead Investigator is now in post and several other roles are currently being recruited to. Local Governance forum to be developed to track progress which will be reported into the monthly DU & Strategic Board meetings. The |
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