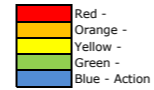




Ref	Date added	Recommendation	Priority	Management Action Agreed	Responsible Executive Lead	Responsible Management Lead	Original Agreed Implementation Date	Revised Implementation Date	Status	Progress	Updates During this period/latest update	Previous Updates
Comparative Picture of Orthopaedic Services 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 November 2021 December 2021 Now March 2022	Completed		<p>December 2021 Update - The picture on orthopaedic services has changed considerably since this report was issued. Also the impact of COVID19 means that although these issues are still prevalent the approach to addressing them will be different. As Audit Wales will be producing a new output on orthopaedics next year 2022 I propose removing these recommendations with a view to new updated recommendations being added following our updated report which will better reflect the current context, challenge as well as management arrangements.</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.</p> <p>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.</p> <p>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.</p> <p>November 2017 update - Clinical & Non Clinical Validation continues and there is a stronger alignment with the national planned care programme board.</p> <p>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.</p> <p>March 2018 update - still in progress.</p> <p>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 UHB's IMTP and submitted to WG. This has been significant and detailed work. The focus will change in the coming month to turning plans into action plans and will start with the decision made to start outsourcing in this area. Updates will be available going forward, through this meeting and also on a monthly basis via the ILG Performance Review Meetings. Following the end of the second Covid surge, all specialties are developing detailed capacity and demand plans to tackle the overall backlog of activity. For Orthopaedics, the capacity and demand plan has been completed and submitted as part of the IMTP. It includes the development of plans which will focus on:</p> <ul style="list-style-type: none"> Validation of long waits which will reduce the likely DNA rate Provision of specific offer for patients to continue/drop off waiting lists which will reduce DNA, cancellation and follow up rates <p>In addition, the Planned Care Programme has been set up with Outpatients a core delivery workstream within it. This Programme includes a range of pathway improvements which will focus on reducing follow up appointments through the use of SOS type approaches Urgent matters are managed through the ILG structures with Senior Managers accountable at Clinical Service Group Meetings on each site. Update will be provided in February 2021.</p> <p>May 2021 Update - Within the new operating model arrangements in the UHB, a new Planned Care Programme has started with a range of specific work pathways, which will include consideration of the way that all services are delivered. Extensive Demand and Capacity planning has been undertaken and forms part of the IMTP submission and the Resetting Plan. Monitoring is constantly ongoing and happens formally at the Planned Care Board which meets weekly - as well as internal ILG monitoring arrangement.</p> <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>September 2021 Update. Work remains ongoing with the Planned Care Board, though the impact of the latest surge of COVID has created a detrimental impact on activity across the board. A further update will be available at the November 2021 Update. Work continues via the Planned Care Board. It includes a dedicated Outpatient</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.</p> <p>Sept 2016 - No further update.</p> <p>Jan 2017 update - for further progress made. Dependent on wider service changes e.g. ground and first floor scheme PCH.</p> <p>March 2017 - No further progress made.</p> <p>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 the 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 on 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.</p> <p>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.</p> <p>March 2021. See above CPDS 01 - consideration of this element of work on orthopaedics will be included in this work. In addition, the COO has recently met Orthopaedic Leads to discuss these matters and a meeting will be held to decide the way forward in late April 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. An update will be provided in February 2021.</p> <p>May 2021. A Planned Care Board is taking forward a range of specific projects including those looking specifically at daycase and theatre usage.</p> <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>September 2021. The increase in covid and the management focus that this has generated means that efforts have been focused elsewhere in the last two months. An update will be available at the next meeting - and a meeting to assess how best to address this query given the passage of time since its inclusion in the audit will take place.</p> <p>November 2021 Update - Work continues via the Planned Care Board on this and other issues. It includes a dedicated Outpatient Programme with a range of individual projects, looking at validation, outsourcing, remote consultation and specific work on FUNB. Given the passage of time since this audit was completed, changes in management arrangements and the impact of covid 19, conversation is ongoing with colleagues in Audit to decide on how to answer this recommendation in a meaningful way. A meeting will be held before the next Audit Committee to discuss further. In the meantime, the Planned Care Board and the ILG Performance Reviews with the COO are monitoring the position on a monthly basis at the very least.</p>
Comparative Picture of Orthopaedic Services 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.</p> <p>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 Now March 2022	Completed		<p>December 2021 Update - The picture on orthopaedic services has changed considerably since this report was issued. Also the impact of COVID19 means that although these issues are still prevalent the approach to addressing them will be different. As Audit Wales will be producing a new output on orthopaedics next year 2022 I propose removing these recommendations with a view to new updated recommendations being added following our updated report which will better reflect the current context, challenge as well as management arrangements.</p>	<p>March 2016 Update - As above.</p> <p>June 2016 - No further update.</p> <p>Sept 2016 - No further update.</p> <p>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.</p> <p>March 2018 Update - No further update.</p> <p>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 qligense app enabling CD's to interrogate the data by speciality and inform actions.</p> <p>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.</p> <p>March 2018 Update - Still in progress.</p> <p>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.</p> <p>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. The focus will change in the coming month to turning plans into action plans and will start with the decision made to start outsourcing in this area. Updates will be available going forward, through this meeting and also on a monthly basis via the ILG Performance Review Meetings. As a fall safe, urgent matters are managed through the ILG structures with Senior Managers accountable at Clinical Service Group Meetings on each site, then progressing to monthly Performance Review Meetings with the COO. The Planned Care Programme Board was established in March 2021 with a specific Orthopaedics workstream included. A detailed capacity and demand plan has been developed for Orthopaedics. The PID and improvement project plan are being developed during April and will be presented to the Management Board in May 2021.</p> <p>May 2021 Update - As discussed above, there is a Planned Care Board currently underway within the UHB. As a relatively new enterprise it will be developing its programme and monitoring will take place via its weekly meetings.</p> <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>September 2021. The increase in covid and the management focus that this has generated means that efforts have been focused elsewhere in the last two months. An update will be available at the next meeting - and a meeting to assess how best to address this query given the passage of time since its inclusion in the audit will take place. November 2021 Update - Work continues via the Planned Care Board on this and other issues. Given the passage of time since this audit was completed, changes in management arrangements and the impact of covid 19, conversation is ongoing with colleagues in Audit to decide on how to answer this recommendation in a meaningful way. This includes consideration of the changes to the fabric of PCH and RGH and changes in plans. A meeting will be held before the next Audit Committee to discuss further. In the meantime, the Planned Care Board and the ILG Performance Reviews with the COO are monitoring the position on a monthly basis at the very least.</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.</p> <p>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.</p> <p>July 2019 update - FUNB continues with a strong drive to reduce the number of patients on the board and from 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 cycle confirming that the UHB is on trajectory to 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 current 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.</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.</p> <p>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>May 2021. Now that the initial Demand and Capacity Planning exercise has been completed and gaps in provision identified, ILGs have developed specific plans to address the patients who need to be seen.</p> <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>September 2021 Update. There is some improvement in terms of the awareness of the number of delays which has come as a consequence of the Resetting Work, as well as an improvement in the awareness of possible clinical issues - via Harm Reviews. However, this is not across the board as they have been started within specific areas including cancer services and Ophthalmology. Looking ahead, there is the possibility of using some funding to run admin validation on the lists to help support the position. This is currently with ILGs to explore uptake for overtime etc. The UHB is also starting the SOS & PIFU project though there will be some time before any impact of that work is seen due to the time it will take to go to speciality - by speciality to implement the changes needs and is a longer term transformation as part of the OP strategy. One of the key issues with this is the clinical uptake to review PUs as additional payments arrangements have been rejected pending a decision on WG increasing to WLI rates. 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 reported on in coming months via Performance Review and other meetings.</p>
R1 Follow Up Outpatients Not Booked	Oct-17	<p>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.</p>	Medium/ Low	<p>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.</p> <p>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.</p> <p>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.</p> <p>A recent paper to the Quality, Safety and Risk Committees 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.</p> <p>The Health Board utilises its Dabix 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 specialities 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. Where harm has been identified it is capturing this and reporting as required to Welsh Government.</p> <p>Work remains ongoing in this area, one area to note however is the continued focus on the follow-up backlog from independent members and the executive management team. It is clear that this is a priority for the Health Board, and will remain an area of focus.</p>	Director of Operations		01/02/2021 August 2021 Now December 2021 Now March 2022	Completed		<p>February 2022 Update. Information on Follow Ups Not Booked is collected routinely and discussed in the following committees as a minimum:</p> <ul style="list-style-type: none"> Monthly Performance Review Meetings with the COO and the ILG Senior Teams; At the Quality Safety Committee - where the COO's overarching report considers the issue in detail on a regular basis. The committee reports to the Board. <p>In addition, consideration of FUNB is a significant part of the Planned Care Programme which meets monthly.</p>		
R2 Follow Up Outpatients Not Booked	Oct-17	<p>Ensure compliance with revised administrative and booking processes across the organisation to avoid unnecessary retrospective validation of patient records.</p>	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.</p> <p>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 Now December 2021 Now March 2022	In Progress		<p>February 2022 Update - further discussion required with ILGs, evidence suggests that this is no longer an issue. To be confirmed at next meeting.</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.</p> <p>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> <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>September 2021 Update. No change from the last comment. November 2021 Update - There is significant work underway on FUNB and related issues via the Planned Care Board including Follow Up Validations, SOS / PIFU projects, Attend Anywhere, DNA Work, Consultant Connect. There are robust mechanisms in place to monitor progress. Despite the progress and given the passage of time since this audit was completed, changes in management arrangements and the impact of covid 19, conversation is ongoing with colleagues in Audit to decide on how to answer this recommendation in a meaningful way. A meeting will be held before the next Audit Committee to discuss further.</p>	



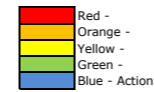
Ref	Date added	Recommendation	Priority	Management Action Agreed	Responsible Executive Lead	Responsible Management Lead	Original Agreed Implementation Date	Revised Implementation Date	Status	Progress	Updates During this period/latest update	Previous Updates
R4 Follow Up Outpatient Booked	Oct-17	Develop 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	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. 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	Director of Operations		Mar-16	February 2021 Ongoing August 2021 Now December 2021 Now March 2022	Completed		February 2022 Update – Covid 19 has had a significant impact on FUNB numbers. The data collection now happening as routine within the UHB ensures that ILGs are aware of the problem and facilitates plans to address it. Plans are in place and being developed for these patients to be seen and harm reviews are underway in a number of areas.	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. Current capacity and demand modelling does not set out a trajectory for resolving the backlog during 2021/22. Detailed capacity and demand plans have been completed for all specialities. Specific interventions have been highlighted to ameliorate the backlog position. A funding request (as part of the IMTP) has been submitted to WG to reflect the additional resource required to deal with the exaggerated backlog. May 2021 Update - The UHB has received agreement from WG On funding for the immediate actions needed to start addressing the backlogs in the system. Monitoring is ongoing in ILGs and also when the ILGs meet the COO on a monthly basis. September 2021 Update. There is no further update and this issue will be discussed at the forthcoming meeting to look at how to take this matter forward. November 2021 Update – There is significant work underway on FUNB and related issues via the Planned Care Board including Follow Up Validations, SOS / PIFU projects, Attend Anywhere, DNA Work, Consultant Connect. There are robust mechanisms in place to monitor progress. Despite the progress and given the passage of time since this audit was completed, changes in management arrangements and the impact of covid 19, conversation is ongoing with colleagues in Audit to decide on how to answer this recommendation in a meaningful way. A meeting will be held before the next Audit Committee to discuss further.
Discharge Planning 03	Jan-18	Patient leaflet: Adapt the community hospital patient leaflet so it is relevant for patients staying in acute hospitals, setting out information about the discharge process, how the patient and family will be kept informed of the discharge process; arrangements that the patient may need to make (such as arrange transport); information about follow-up care; and the complaints process. The Audit Committee tracker should be expanded to include the recommendations of other external agencies, eg Healthcare Inspectorate Wales and the Delivery Unit.	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 Now December 2021	In Progress		February 2022 Update. Following discussion, all Nurse Directors have been asked specifically about the discharge information available, given that the implications of covid have made the development of a patient leaflet impossible. So far responses indicate that patients receive discharge information as appropriate even if not in one leaflet form. This will be confirmed at the next meeting.	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. September 2021 Update. Following the continuation of covid pressures and the organisational focus on resetting elective services, this matter has not received dedicated management time. The ILGs can provide assurance that there are a number of diverse patient information leaflets and detailed advice is sought from their Patient Safety Heads. This information will be available at the next meeting of the Committee. November 2021 Update - a meeting has been held with Patient Safety colleagues to discuss this issue and the view is that there is significant information available through the UHB which would provide patients with a range of information of use to them. It is recognised that there is little standardisation and this will be reviewed again - this is an area where the impact of COVID 19 has had a real impact.
Structure Assessment 2018	Jun-19	The Audit Committee tracker should be expanded to include the recommendations of other external agencies, eg Healthcare Inspectorate Wales and the Delivery Unit.	Medium/Low	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/Director of Corporate Governance		Jun-19		Completed		January 2022 Update - Discussions have been held with the Executive Director of Nursing and Chair of the Quality & Safety Committee with regards to the development of an audit tracker to capture the improvement plan actions/recommendations from external agencies and regulators. It was agreed that a report would be prepared by the Head of Quality & Patient Safety-Central Team and submitted to each of the Quality & Safety Committee meetings in order to provide an over-view of activity at each Committee meeting. The details of the recommendations/improvement actions from regulators such as Healthcare Inspectorate Wales (HIW) are to be further reported and detailed through the ILG Quality & Safety Reports to Committee.	
Clinical Coding Follow Up Review 01	Oct-19	Raising the importance of good quality medical records throughout the Health Board;	High	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. Our work has found that there continues to be issues with the quality of medical records within the Health Board. In 2018, NWS 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. 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 in 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.	Director of Operations		Not specified by the Health Board	October 2020 April 2021 Now March 2022	In progress		February 2022 Update. A response will be available at the next meeting - plan in place to meet the Manager for Medical Records in the next month. Target remains March 2022.	Update January 2020 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 digitalisation 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 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. 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 digitalisation, 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 digitalisation. 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 has also been delayed until 20/21. 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. January 2021 Update In response to internal findings from 2014 in relation to the quality of medical records and the NWS 2018 report looking into the quality of clinical coding documentation, the Clinical Coding department has employed a coding trainer who will implement a coding education and engagement plan. The plan will cover areas such as the training of trainee coders on how to extract clinical information from health records and building/developing working relationships with staff across the UHB to improve on the quality and availability of the case notes. The CITO software planned for implementation in early 2021 will provide clinical coding colleagues with real-time, single-view access to critical patient information on demand. Staff who were initially involved in the project are currently being invited to reconnect and to promote awareness of the project and its benefits among their colleagues. Terms of reference are currently being drafted for a Performance and Clinical Information Strategy Group (PCISG), the group among other functions will provide a forum for stakeholders to collaborate, monitor and address issues relating to clinical data quality. These are actions that the P&I Directorate can take forward, however we are eagerly anticipating any update as to what potential role a Health Records Committee or alternative plan will have on the quality of medical records within the UHB. May 2021 - No further update to report.
Clinical Coding Follow Up Review 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	The quality of the patient record has a direct impact on the coders ability to undertake their role. As highlighted previously, work by NWS into the quality of documentation highlighted concerns with loose paperwork, and the filing of deceased patient records. 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.	Director of Operations		Not specified by the Health Board	October 2020 November 2021	In progress		February 2022 Update. A response will be available at the next meeting - plan in place to meet the Manager for Medical Records in the next month.	Update January 2020 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. 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. 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. July 2021. Information on this recommendation has been received and will be escalated to the ILGs for comment next quarter. September 2021 Update. The Clinical Audit Team will be undertaking a documentation audit of both acute and community case notes during October / November 2021 using AMArT (audit management software) to support the data capture. Clinical Audit facilitators will be taking a random sample of case notes and retrospectively conduct the audit and report publication is planned for the end of November. November 2021 Update - nothing further to report at this meeting.



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Clinical Coding Follow Up Review 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		Completed	January 2022 Update - We have established mechanisms for engagement with clinicians and have restructured the Clinical Coding Department to include Site Supervisors, a Clinical Coding Trainer and a Senior Supervisor. The new clinical coding management structure provides us with the additional capacity to maintain an ongoing engagement with clinical colleagues. Between regular internal audits and the capabilities of the Medicode 360 application, I think we have a model of good practice in place to mitigate this risk.	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 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. July 2021 Update - As of May /June 2021 efforts to drive quality efficiency and performance improvement within Clinical Coding continue apace with the trailing 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. 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. 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. 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. 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 SMOED 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. Plans to develop a Clinical Coding mobile app are still ongoing. 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. 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 their career. It is anticipated that the group responsible for health records/clinical information oversight and assurance will comprise of clinical representatives who will facilitate improved engagement between the clinical coding function and clinicians. Updating the CTM coding app will be part of our improvement programme, along with promoting the 10 rules in the Clinicians Guide to Hospital Activity (Clinicians' Guide to Hospital Activity Data (Wales).pdf). This will form part of the training and engaging with clinicians and directorates. The coding of patients suffering Coronavirus has been very challenging due to poor information in case notes and the lack of guidance from coding professionals. There have been changes in coding standards at an exceptionally fast pace, with the Medical Director having been proactive in disseminating emails on behalf of the Coding Manager and agreeing a local coding policy for Covid-19. This is a relationship we hope to nurture and a practice we hope to continue. The Coding Manager has liaised with medical teams regarding the importance of documentation particularly during times when we need to be accurately recording the diagnosis and manifestation of Covid-19 and whether the Covid-19 is community or hospital acquired. We have also improved the processes of coding obstetrics at FOW by liaising with midwives and clinicians. September 2021 - No further update. As of November 2021, efforts continue to drive quality efficiency and performance improvement within Clinical Coding with the trailing 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. Engagement continues with maternity colleagues to improve the quality of the information within MITS. There have been significant challenges with maternity staff availability for meetings. The Clinical Coding Department undertook a quality audit of the information held in the Theatres system TOMs 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.
Follow Up Review of Operating Theatres 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	Implementing 6-4-2 scheduling system across all specialties... Some of our challenges before improvement • No session planning of lists. • We therefore had limited ability to maximise cases per session. Issues with consistently backfilling lists resulting in fallow sessions. • Significant on-the-day cancellations arising from operating from a reactive footing. • Challenges around coordinating list bookings done by disparate teams. • Lack of standardised pre op assessment processes across hospital sites. Our objectives in figures • Increase average theatre utilisation from of 74% to 85% (needle-to-skin) across all specialties and sites. • Increase cases per session by 14% (from 2.63 to 3) for all specialties. • Reduce hospital related on-the-day (OTD) cancellations by 50%; from 1,378 to 689. • Reduce missed opportunities by 50%; from 839 to 420. • Initially significantly reducing fallow session and over time eliminating it (i.e. zero). • Reduce outsourcing spend by £1m.	Director of Operations			Aug-21		In progress	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.	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 proposal to implement a Theatre Improvement Programme. The issue of pre-operative assessment will be one of a number of key issues - and an update will be provided in August 2021 on this and the other Theatre Departments in the UHB. 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.
Follow Up Review of Operating Theatres 06b	Dec-20	Analyse by speciality/surgeon, where day of surgery admission (DOSA) rates are low. Work with these specialities/surgeons to understand/overcome the barriers to increasing DOSA rates.	Medium/Low	Introduction of the Theatre Scheduling Managers to audit DOSA rates. Working closely with surgeons. Discussion at daily Huddles.	Director of Operations			Aug-21		In progress	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.	DOSA rates are monitored at PCH at RGH. There was limited evidence to indicate whether the Health Board is working with surgeons and/or specialities 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. 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.
Follow Up Review of Operating Theatres 07a	Dec-20	Formally nominate surgeons on each hospital site to act as champions for short stay surgery.	Medium/Low	Champion nominated	Director of Operations			Aug-21		In progress	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.	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. 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.
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	Director of Operations			Aug-21		In progress	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.	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.



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Follow Up Review of Operating Theatres 08a	Dec-20	Reintroduce optimisation charts to reinvigorate the focus on efficiency (without sacrificing quality and safety).	Medium/Low	Theatre Scheduling Managers have white board for multidisciplinary communication. Patient Quality Safety Boards for staff to see efficiency.	Director of Operations			Aug-21	In progress	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.	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 the new general managers and surgery Clinical Service Groups are planning to drive improvements in this area. March 2021 Update - Nothing further to report this month. May 2021 Update - Work is continuing to improve monitoring of efficiency and capacity - nothing specific 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.	
Follow Up Review of Operating Theatres 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	The Clinical Directors are using theatre information as part of the job planning process. The governance meetings for the 642 project will be shared with sub specialities to help monitor performance	Director of Operations			Aug-21	In progress	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.	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. 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.	
Follow Up Review of Operating Theatres 08c	Dec-20	Share learning by clinical directors annually peer reviewing theatre data and observing performance in different specialities. Feed this into job planning, revalidation and appraisals.	Medium/Low	As above. Full rollout of the meetings is anticipated by August 2019	Director of Operations			Aug-21	In Progress	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.	Our discussions with staff found that the monthly Clinical Leaders forum provides opportunities to share learning, analyse theatre data and performance of different specialities, 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. 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.	
Follow Up Review of Operating Theatres ABMU 01	Dec-20	Reintroduce a structured programme for theatre improvement, possibly as a workstream within the Surgical Pathway Board.	Medium/Low	Theatre Productivity Meetings to be introduced within new Cwm Taf Morgannwg structure.	Director of Operations				In Progress	February 2022 Update. Following discussion with colleagues from Audit, tailored queries have been sent to the Theatre SGM from Bridgend ILG 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.	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. 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.	



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Follow Up Review of Operating Theatres 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	New role of Scheduling Managers, working closely with Directorate and Senior Nurses. DIGBM and Theatre Quality Improvement Group.	Director of Operations				In Progress	February 2022 Update. Following discussion with colleagues from Audit, tailored queries have been sent to the Theatre SGM from Bridgend ILG 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.	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. 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.	
Follow Up Review of Operating Theatres ABMU 03	Dec-20	Introduce a mechanism to ensure more regular executive oversight of theatre efficiency, productivity and safety.	Medium/Low	The full roll out of the 642 project by August 2019 will ensure this is on place	Director of Operations			Aug-21	In progress	February 2022 Update. Following discussion with colleagues from Audit, tailored queries have been sent to the Theatre SGM from Bridgend ILG 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.	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 ILG. Though quality remains at the top of the agenda, these meetings provide an opportunity to look in detail at performance and find supportive ways of making improvements. May 2021 - 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.	
Follow Up Review of Operating Theatres 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	Audits carried out around WHO. Example of good team briefs with Learning Disability list - presented at Quality Summit.	Director of Operations			Aug-21	In progress	February 2022 Update. Following discussion with colleagues from Audit, tailored queries have been sent to the Theatre SGM from Bridgend ILG 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.	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. 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.	
Follow Up Review of Operating Theatres ABMU 06	Dec-20	Carry out further work to understand and manage down the high sickness absence rate in theatres.	Medium/Low	The Directorate has regularly been lower than the agreed average of 4%	Director of Operations			Aug-21	In Progress	February 2022 Update. Following discussion with colleagues from Audit, tailored queries have been sent to the Theatre SGM from Bridgend ILG 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.	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. 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.	

Ref	Date added	Recommendation	Priority	Management Action Agreed	Responsible Executive Lead	Responsible Management Lead	Original Agreed Implementation Date	Revised Implementation Date	Status	Progress	Updates During this period/latest update	Previous Updates
Audit 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 DoTMS 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		In Progress		September 2021 - No update received. November 2021 - No further update provided	
Audit of Accounts Addendum 2020/2021 03	Aug-21	The Health Board should ensure that all relevant declarations are fully disclosed in the financial statements; and that in doing so officers make robust enquiries of the financial ledger to ensure that all transactions and balances are captured.	Medium/Low	Discussions will take place with the relevant offices to ensure that all declarations are fully disclosed and robust enquiries of the financial ledger take place.	Director of Finance		Apr-22		In Progress	February 2022 Update - On track to be implemented by year end	September 2021 Update - No update - implemented at year end. November 2021 Update - No update - implemented at year end	
Audit of Accounts Addendum 2020/2021 04	Aug-21	The Health Board should ensure that working papers provided at the start of the audit are as described in the deliverables document and have clear cross-referencing to the relevant figures in the financial statements. Also, where spreadsheets are the underlying form of evidence, the Health Board should ensure that all cell values have an appropriate audit trail and that they are never manually input.	Medium/Low	The required working papers will be communicated with the relevant finance officers and a request that these are prepared and available in readiness for Audit review.	Director of Finance		Apr-22		In Progress	February 2022 Update - On track to be implemented by year end	September 2021 update - Will be implemented at year end. November 2021 Update - No update - implemented at year end	
Audit of Accounts Addendum 2020/2021 05	Aug-21	The Health Board should ensure that management reviews the draft financial statements, and makes all corrections necessary to the statements, before submitting them to us and the Welsh Government on the stipulated date.	Medium/Low	Timescales for preparation of the accounts are very challenging, the consolidation of the WHSSC accounts provides a further challenge that is not the case for other HBs. There were also a number of late adjustments to the draft accounts from WG and shared services which impacted on the timescales for 2020/21. During 2020/21 there was also unforeseen sickness in the financial accounts team and there was a new appointment at a senior level within the team. Given this processes and timetables will be reviewed and updated to build in time for sufficient review by Senior Management before the draft accounts are submitted.	Director of Finance		Apr-22		In Progress	February 2022 Update - On track to be implemented by year end	September 2021 update - Will be implemented at year end. November 2021 Update - No update - implemented at year end	
Audit of Accounts Addendum 2020/2021 06	Aug-21	The Health Board should review all its fixed assets with a Enil carrying value, and take action where necessary, to ensure that the fixed asset register is accurate. Where relevant and appropriate, this could include revisiting the estimated useful lives of certain assets.	Medium/Low	This is noted and the capital team do undertake regular reviews of assets with a 0 life to confirm they remain in use. It is usual for organisations to utilise assets after the manufacturer recommended life. However, a review of equipment assets will be carried out in the 21/22 financial year to ensure that the most up to date classifications and standard lives are being selected at acquisition.	Director of Finance		Immediate	Now 31 December 2021 Now March 2022	In progress	February 2022 Update - The Finance Team have been unable to write a manual for the fixed asset register this year as yet. The relife exercise in the fixed asset register is still work in progress and will be done in Q4.	September 2021 - No update received. November 2021 Update - We have completed a relife exercise for our assets which were not nil value to make the lives more accurate. We have identified the assets to be relifed and this will be updated in the asset register in Q3. We will continue to ask our colleagues for updates on assets that need to be taken off the asset register.	
Audit of Accounts Addendum 2020/2021 07	Aug-21	The Health Board should ensure that where required by Welsh Government, its financial returns are based on defrayed expenditure.	Medium/Low	While the error looks significant, the initial figure included does relate to a balance held within the Welsh Risk Pool. It is recognised that the value should be the amounts defrayed therefore working papers and process will be updated to ensure this is included in 2021/22.	Director of Finance		Apr-22		In Progress	February 2022 Update - On track to be implemented by year end	September 2021 update - Will be implemented at year end. November 2021 Update - No update - implemented at year end	



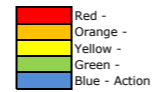
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Audit of Accounts Addendum 2020/2021 09	Aug-21	The Health Board should only allocate superuser access to Health Roster system for users who require it; and remove such access from those who do not require it. The Health Board should also review the minimum user-password length and complexity for the Health Roster system, in line with good practice.	Medium/Low	The Health Roster team will link with the relevant lead in the ICT team to take forward the recommendations.	Director for People		Dec-21		Completed	Green	Feb 2022 Update – A full review of super users has been completed by eRostrering, all without a valid case for super user accounts have been removed. No future users will be granted this level of access without it being essential for undertaking their roles.	September 2021 - No update received. November 2021 - No further update provided	
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 CTMUB 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	Jun-22	In Progress	Red	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	September 2021 - No update received. 2021 - No further update provided	November
Audit Wales/HI W Quality Governance Follow Up Review R2.1	Aug-21	The Health Board needs to take a strategic and planned approach to improve risk management across the breadth of its services. This must ensure that all key strategies and frameworks are reviewed, updated and aligned to reflect the latest governance arrangements, specifically: a- The BAF reflects the objectives set out in the current IMTP and the Health Board's quality priorities b- The risk management strategy reflects the oversight arrangements for the BAF, the quality and patient safety governance framework and any changes to the management of risk within the Health Board c- The quality and patient safety governance framework must support the priorities set out in the Quality Strategy and align to the values and behaviours framework d- Terms of reference for the relevant committees, including the Audit Committee, QSRIC and CSM, reflect the latest governance arrangements cited within the relevant strategies and frameworks.	High	We will introduce a revised approach to the Board Assurance Framework and separate Board Assurance Report.	Director of Corporate Governance	Assistant Director of Governance & Risk	Dec-21	Now March 2022	In Progress	Red	Update January 2022 GGI commenced in December 2021 and are working with the Director of Corporate Governance, Assistant Director of Governance & Risk and the Executive Team to revise the Health Board's Board Assurance Framework. A working draft of the Board Assurance Report is in development and will be shared with the full Board in a Board Development Session in February 2022, working towards formal Board approval the end of March 2022.	September 2021 Update - The Health Board is currently out to tender for a partner organisation to work with it to review, design and deliver a Board Assurance Framework. The Health Board will work with the successful bidder in partnership to review and refresh a bespoke Board Assurance Framework to ensure it appropriately reflects: i. the four new strategic goals of the Health Board; ii. assurance reporting that supports a streamlined and effective committee and reporting structure; iii. a robust mechanism that reaches into each of the localities and central functions to provide assurance on performance, quality and resources across the breadth of the integrated Health Board; iv. international best practice; and v. the management of board meetings and agendas to be focussed equally on Oversight, Insight and Foresight i.e. balancing the governance of immediate operational priorities with the need to focus on long-term strategic planning. The Bidder will be required to work with the Health Board in realising the ambition and desired outcomes a refreshed assurance framework will bring, identifying measurable benefits and indicators on how it will make a difference to the performance and decision-making of the Board. November 2021 Update - The Health Board has secured a contract with Good Governance Institute to support the Board in the review, design and delivery of the Board Assurance Framework (BAF) of which, risk is integral.	
Audit Wales/HI W Quality Governance Follow Up Review R2.3	Aug-21		High	The Health Board's overarching quality priorities published within the IMTP/Annual Plan for 2020-23 are as follows: • 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	Mar-22	In Progress	Red	January 2022 update above in R1, a revised Quality & Governance Framework will be presented to the Quality & Safety Committee in March 2022	September 2021 - No update received. November 2021 - No further update provided	
Audit Wales/HI W Quality Governance Follow Up Review R3.2	Aug-21		High	Review Operating Model and ILG/System Group Structure to evaluate effectiveness.	Chief of Staff		Mar-22		Completed	Green	January 2022 Update - The review report was delivered in November and discussed. There are now next steps in terms of how we may reconfigure the model but the review as per action 1 was given is complete.	September 2021 Update Review under way having completed Exec offsite session on this. All fieldwork interviews will be completed by mid-October for recommendations most probably before Christmas. 2021 Update - • Review fieldwork complete incl ILG Director and other interviews / workshops. • Exec session on 19th Nov to consider feedback and next steps / recommendations	November
Audit Wales/HI W Quality Governance Follow Up Review R3.5	Aug-21		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		In Progress	Red	January 2022 update 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	September 2021 - No update received. November 2021 - No further update provided	
Audit Wales/HI W Quality Governance Follow Up Review R3.6	Aug-21		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		In Progress	Red	January 2022 update-AS ABOVE	September 2021 - No update received. November 2021 - No further update provided	



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Audit Wales/Hi W Quality Governance Follow Up Review R5.1	Aug-21	Independent members must be appropriately supported to meet their responsibilities through the provision of an adequate induction programme and ongoing development so they can effectively scrutinise the information presented to them.	High	Feedback from the Deloitte Board Development Programme (commissioned by WG) and the feedback from David Jenkins (Independent Advisor to the Board) will influence the basis for the Board Development Programme for 2021/2022 and beyond.	Director of Corporate Governance	Assistant Director of Governance & Risk	Mar-22		Completed	Green	Update January 2022 There is an Induction Programme for all IMs and a Board development programme in place. The Health Board has secured a contract with the Good Governance Institute who commenced work with the Health Board in December 2021. The focus of the activity is to design and deliver a complementary programme with a focus on strategic leadership capacity and delivery against the strategic goals. It should be noted that the original scope and timetable has been impacted by the "standing down" of Board Development Sessions in light of the challenges faced by the pandemic in early January 2022, however, focussed and targeted sessions are planned for February and March 2022. External support for Board Development from April 2022 is being explored to continue the development of the strategic leadership capability of the Board. An Independent Member Scrutiny toolkit has been launched (December 2021) and appraisals are in place for all IMs to identify any personal development requirements and support continual development.	September 2021 Update - CTMUHB is currently out to tender for a partner organisation to work with the Health Board on the review, design and delivery of a complementary Board Development Programme to assist board members in enhancing their personal contribution and in ensuring the overall effectiveness of the Board, with a focus on building the strategic leadership capacity of the Board and delivering its strategic goals. November 2021 - No further update provided
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	In Progress	Red	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 Ipad 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	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)
Audit Wales/Hi W Quality Governance Follow Up Review R6.2	Aug-21		High	The shell of the CTM version of the Civica system has been built, and the population of surveys into the system has commenced. The Patient Reportable Experience Measures (PREM) surveys have been uploaded to the system. Links to the survey have been generated and are being tested with members of the Maternity Service Forum, while the automation function is finalised. Project Manager starts in post 12th August and once in post they will be asked to provide a detailed project plan and roll out programme for the project.	Director of Nursing		Sep-21	Now December 2021 Now January 2022	In Progress	Red	Jan 2022 Update: Currently the implementation team are progressing with scoping out/ engagement activities whilst setting up surveys within Civica to provide links and QR codes only, until more adequate resources are allocated from IT. Delays have been seen due to COVID-19	UPDATE SEPT 21. CIVICA PM appointed and produced timeline for roll out within CTM. 'Have your Say' generic people's feedback being placed as a link on the CTMUHB intranet page. Plan for Draft People's Engagement document by December 2021. PREMS fully operational across Maternity services. December 2021 Update - The Have your Say link has been created and the system and will be launched in January 2022. This includes a further survey which will give CTM more detail patient experience information. Links have been made with our Values Based Healthcare colleagues in development of the PREMS. Training for staff to use the CIVICA system has been booked for December with key staff identified by the ILGs. Scoping exercise to determine the number of tablets are within CTM which can be used for CIVICA is underway. Engagement with the Communications team in readiness for launch of CIVICA in January 2022.
Audit Wales/Hi W Quality Governance Follow Up Review R6.3	Aug-21		High	Webpage on SharePoint set up to support learning & excellence across Health Board. Development of a social media site for the L&LF to use analytics on the social media and SharePoint site to explore the extent of colleague engagement and posting. Feedback from participants will be analysed in relation to what they have learned and how this has impacted upon their practice. For the medium and longer term would expect to see learning and improvement being applied in the workplace through our established quality metrics and patient experience feedback.	Director of Nursing		Jul-21		In Progress	Red	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.	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
Audit Wales/Hi W Quality Governance Follow Up Review R7.2	Aug-21		High	Training module for ward & area audits being rolled out.	Medical Director		Mar-22		In Progress	Yellow	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.	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
Audit Wales/Hi W Quality Governance Follow Up Review R7.4	Aug-21		High	A review of clinical audit risk log management process to enhance early detection of risks and outcomes of national audits to support learning & best practice to be completed. The review will ensure alignment with the new ILG assurance and governance framework to support early review of outcomes of national audits to support monitoring of identified risks, learning from audit findings and to promote the sharing of best practice.	Medical Director		Aug-21	Now November 2021 Now December 2021	Completed	Green	February 2022 Update - An agreed process and associated SOP was discussed and agreed at the December 2021 Clinical Audit and Effectiveness Group. The Clinical Audit Risk Register has also been made a regular agenda item and was discussed in the December 2021 meeting.	September 2021 Update - The Head and Deputy heads of Clinical Audit and Quality Informatics meet weekly to review the Clinical Audit and Effectiveness risk log. Draft SOP developed. Meeting scheduled with the Assistant Director of Governance & Risk on the 22/09/2021 to finalise the risk log SOP. Risk Register has been added as a standard agenda item for the quarterly Clinical Audit & Effectiveness Group meeting. First meeting November 2021. Following finalisation of the SOP and approval at the Clinical Audit & Effectiveness Group in November 2021 this risk will be categorised as GREEN and complete. November 2021 Update - The Clinical Audit and Effectiveness Group has been delayed until December 2021. Therefore, the SOP will be submitted to the December Clinical Audit and Effectiveness group.
Audit Wales/Hi W Quality Governance Follow Up Review R7.5	Aug-21		High	ILG specialty clinical audit forward plans.	Medical Director		Sep-21	Now December 2021	Completed	Green	February 2022 Update - Forward plans agreed with the ILGs in advance of the December Audit Nice and Effectiveness group. Plans in place to review and finalise the 2022-23 ILG Clinical Audit Forward plans in early March 2022.	September 2021 Update - The ILG Clinical Forward Plans are on track to be signed off by the end of September 2021. November 2021 Update - This action was delayed, however forward plans are now with the ILG Directors, HON, and HOG for sign off. They will also be shared for final sign off in the December Audit Nice and Effectiveness group.



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Audit Wales/Hi W Quality Governance Follow Up Review R7.6	Aug-21		High	Resource review for HB Clinical Audit Service is being developed to ensure correct and sufficient skill mix in the team.	Medical Director		Aug-21	01/01/2022 Now March 2022	In Progress	February 2022 Update - 1. MD in discussion with Workforce and OD to address the outstanding HR issues affecting the filling of a number interim senior posts within the Clinical Audit Structure. 2. The SBAR that identified the required additional resources required in the ILGs or Audit Team to underpin the new Medical Examiner process was supported in the October Management Board, but discussions are pending around how to achieve the requirements noting the organisations current financial position. 3. Due to COVID pressure on senior staff and clinician availability the resource paper to support the Cardiology and Respiratory National Clinical Audits has yet to be finalised. A resource paper is being developed for the March Management Board.	September 2021 Update - A full review of the resource requirements of the Clinical Audit & Quality Informatics department has been undertaken in conjunction with a review of the findings from the Internal Audit (IA) review into clinical audit in July 2021. The outcome identified the following: 1. The revised structure in place provided a robust assurance framework. However, as noted in the IA there are a number of interim senior management posts and an unfilled senior management post (since June 2018). MD Team working with HR to resolve. 2. With the introduction of the Medical Examiner process, establishment of ILG based MR processes and revised MR model for CTMUHB there is a requirement for an additional central resource to support the ILGs and provide a coordinated approach to the learning from MRs. An SBAR has been developed for the October Management Board that identifies the resource requirement. 3. Due to increasing demands on cardiology and medical services due to COVID and a long term issue with resources to support the nursing assessments needed to support the Cardiology and Respiratory National Clinical Audits. A review was undertaken to identify the necessary resources to provide assurance around compliance with this suite of audits. An SBAR being developed to provide a more robust mechanism for collection of this data and associated learning from these audits for consideration by Management Board. November 2021 Update - 1. MD has provided assurance that the interim posts will be addressed within the agreed time frame. 2. The SBAR was supported in the October Management Board, discussions are pending about funding for the post. 3. We are currently developing a resource paper for the next Management Board.	
Audit Wales/Hi W Quality Governance Follow Up Review R8.2	Aug-21		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		In Progress	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	September 2021 - No update received. November 2021 - No further update provided	
Audit Wales/Hi W Quality Governance Follow Up Review R8.3	Aug-21		High	Quality & Patient Safety Meetings within CSG's are developing within ILG's - these are at differing levels of maturity and it is anticipated that these meetings will be consistent across all CSG's with specific speciality data dashboards by March 2022. CSG's are held to account within the ILG Q&SPE meetings and this is subsequently reflected in ILG performance management meetings and reports to Q&S.	Director of Nursing		Mar-22		In Progress	January 2022 Update Quality & Safety within the CSGs is now embedded in the locality structures. CSGs remain held to account by the ILG Quality, Safety & Patient Experience meetings, this work continues and is reflected in the Executive Director ILG Performance meetings and reports through to the Quality & Safety Committee	September 2021 - No update received. November 2021 - No further update provided	
Audit Wales/Hi W Quality Governance Follow Up Review R8.6	Aug-21		High	Quality Governance Framework to reflect enhanced governance processes	Director of Nursing		Dec-21	Mar-22	In Progress	January 2022 update please cross reference with R1 A revised Quality and Safety Governance Framework is to be presented to the Quality & Safety Committee in March 2022.	September 2021 - No update received. November 2021 - No further update provided	
Audit Wales/Hi W Quality Governance Follow Up Review R8.10	Aug-21		High	Ensure the ILG Q&S Meetings receive a formal report from their ILG IPC and Decontamination meetings.	Director of Nursing		Sep-21	Now January 2022	In Progress	January 2022 update ILG representation present at each strategic IP&C Committee. Discussions are held with the IPC and speciality leads in relation to format and content to formalise and standardise ongoing reporting within the ILGs	September 2021 - No update received. November 2021-ongoing discussions with ILG Nurse Directors to formalise the reporting of IPC/Decontamination to each ILG Quality & Safety Committee meeting. Merthyr & Cynong ILG receive a formal IPC/Decontamination report and this will be replicated in RTE ILG who support this recommendation and will commence this process from January 2022 onwards. Discussions to formalise reporting ongoing with BILG	



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Audit Wales/Hi W Quality Governance Follow Up Review R10.1	Aug-21		High	It has been over a year since the ILG structure was implemented by the Health Board. It is accepted that the new operational structure was implemented during COVID and therefore there is a requirement to allow the ILG teams to 'test and adjust' in a post-COVID environment. It is accepted by the organisation that some level of operational review should be carried out to look at what is working well and what elements of the structure may require tweaking to support effective decision-making.	Chief of Staff		Mar-22		Completed	January 2022 Update - The review report was delivered in November and discussed. There are now next steps in terms of how we may reconfigure the model but the review as per action 1 was given is complete.	September 2021 - No update received. Update - • Review fieldwork complete incl ILG Director and other interviews / workshops. • Exec session on 19th Nov to consider feedback and next steps / recommendations	November 2021
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	In Progress	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.	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.	
Audit Wales/Hi W Quality Governance Follow Up Review R10.4	Aug-21		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	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.	September 2021 Update - The Assistant Director of Governance Risk represents the Health Board on the All Wales working group for the new risk module and will review the risk management system and processes to align with the new system as it develops. November 2021 - No further update provided	
Audit Wales/Hi W Quality Governance Follow Up Review R10.5	Aug-21		High	Implement recommendations from Internal Audit on Risk Management to strengthen risk identification, management and assurance.	Director of Corporate Governance	Assistant Director of Governance & Risk	Mar-22	Now April 2022	In Progress	Update January 2022 This action is linked to the IA tracker to monitor actions in response to recommendations from the Risk Management Audit, all on track to complete by April 2022.	September 2021 Update - This action is linked to the IA tracker to monitor actions in response to recommendations from the Risk Management Audit. November 2021 - No further update provided	
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 (DoPpl) into Patient Experience function (DoN) to align with the development of Once for Wales. The tool will be a key mechanism to feed the Listening & Learning Forum of the Health Board.	Director of Nursing		Oct-21		In Progress	January 2022-update Following a change in Executive portfolios it is likely that the Datix team will transfer into the Director of Corporate Governance portfolio; prior to this change happening we need to understand the transfer of resource required; discussions are continuing with the Executive Director of Nursing, Executive Director of People and the Director of Corporate Governance. Several modules have now gone live within the O4W National Project including CIVICA patient feedback system which has been launched across CTM by the O4WCMS project manager.	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.	
Audit Wales/Hi W Quality Governance Follow Up Review R11.2	Aug-21		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		In Progress	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.	September 2021 - No update received. November 2021 - No further update provided	
Audit Wales/Hi W Quality Governance Follow Up Review R11.5	Aug-21		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	In Progress	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.	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).	
Audit Wales/Hi W Quality Governance Follow Up Review R11.6	Aug-21		High	Review all backlog incidents to eliminate duplicates and ensure correctly identified/categorised.	Director of Nursing		Oct-21		In Progress	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	September 2021 - No update received. November 2021 - No further update provided	
Audit Wales/Hi W Quality Governance Follow Up Review R11.7	Aug-21		High	Clear the backlog of all legacy incidents.	Director of Nursing		Jan-22	Now End of February 2022	In Progress	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	September 2021 Update - maternity and neonatal backlog being addressed through fortnightly assurance panels, supported by the NHS DU. Reports on progress will be presented to Q&S, IMSOP Board and MNIB. November 2021 - No further update provided	
Audit Wales/Hi W Quality Governance Follow Up Review R12.1	Aug-21	The Health Board must ensure staff receive appropriate training in the investigation and management of concerns. In addition, directorate staff need to be empowered to take ownership of concerns and take forward improvement actions and learning	High	Restructuring of Exec lead for Concerns, Claims and PTR from Director of Nursing to Director of Governance.	Director of Corporate Governance	Head of Concerns & Legal Services	Jul-21		Completed	Update February 2022 - Transfer from Director of Nursing to Director of Corporate Governance implemented in August 2021.	September 2021 Update - Pilot being run Oct 2021 on new triage and management of concerns. If successful, this will be rolled out across the HB. A full quarter will need to run to allow robust analysis of effectiveness and any unforeseen consequences. The Internal Audit for Concerns (due Oct 2021) will also present some learning and opportunities to strengthen the Concerns Management process that will be supported by training as required. November 2021 - Revised procedures for concerns handling and categorisation to support effective triage underway in response to IA Audit on Concerns. Training programme under development to support new approach and will include customer care training at induction as well as more focussed training on investigation and complex case handling. In response to the WRP Review, training for Board members will be arranged.	



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Audit Wales/Hi W Quality Governance Follow Up Review R12.3	Aug-21		High	Appointment of Head of Legal, Concerns and Redress (8c).	Director of Corporate Governance	Head of Concerns & Legal Services	Oct-21	Now December 2021. Now January 2022 Now February 2022	In Progress		Update February 2022 - Delays due to securing funding for role now resolved. Interviews scheduled for February 2022.	September 2021 Update - Process in place. Risk mitigated by successful appointment of Interim. Awaiting outcome of WRP Review to inform future structure. Linked to R11.3 above. November 2021 - Appointment process delayed due to queries on funding. Risk mitigated in the short term by extension of the SLA providing Interim arrangements until end March 2022. Revised date requested.
Audit Wales/Hi W Quality Governance Follow Up Review R12.4	Aug-21		High	An audit of Concerns has been included in the Health Boards Annual Audit Plan for 2021/22. The Health Board will use the audit recommendations to strengthen the systems, processes and resources in place to investigate and manage concerns.	Director of Corporate Governance	Head of Concerns & Legal Services	Aug-21	Now October 2021. Now February 2022	Completed		Update February 2022 - Report received (Limited Assurance) and Management action plan complete and in progress. Actions will be progressed in line with timescales within improvement plan and will be monitored by Audit Committee as per standard process.	September 2021 Update - Internal Audit Report due to be received Oct 2021. November 2021 - Internal Audit on Concerns received in November 2021. Management Action Plan being developed in response. Will be received at the next Audit Committee in Feb 2022.
Audit Wales/Hi W Quality Governance Follow Up Review R12.5	Aug-21		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	In Progress		Update February 2022 - Included in Improvement Plan as per R12.4 above.	September 2021 Update - Linked to R12.1 above. November 2021 - Revised procedures for concerns handling and categorisation to support effective triage underway in response to IA Audit on Concerns. Training programme under development to support new approach and will include customer care training at induction as well as more focussed training on investigation and complex case handling. In response to the WRP Review, training for Board members will be arranged.
Audit Wales/Hi W Quality Governance Follow Up Review R12.6	Aug-21		High	Continue to roll out the RCA training module and monitor attendance of ILGs on the training.	Director of Nursing		Dec-21		In Progress		January 2022 update RCA training has been re-vamped in light of the new National Incident Framework. Our current SI toolkit has been reviewed and revised in light of these changes and is currently out for comments. Attendance and monitoring of RCA training is held by the ILGs Head of Quality & Patient Safety.	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
Audit Wales/Hi W Quality Governance Follow Up Review R13.2	Aug-21		High	Embed Phase	Director for People		Jun-22		Completed		February 2022 Update - Work to embed is linked to culture and actions below, this may take significant time to embed and become part of CTM culture. Actions below cover this activity.	September 2021 - No update received. November 2021 - No further update provided
Audit Wales/Hi W Quality Governance Follow Up Review R13.3	Aug-21		High	Values-Based Team Workshops, delivered	Director for People		Apr-21	Now March 2023	In Progress		January 2022 - 4 x Values Based workshops developed and available to CTM teams. 1) Full 4 hour session culminating in team charter re. mutual assurances on what Values will look and feel like within their team. Delivered by OD and WOD 2) Condensed session, similar to full workshop without charter Delivered by WOD. 3) Values reflection session workshop (2 hours) for teams who feel they're not aligned to our values at present. Delivered by OD. 4) Guided discussion (replaced cafes cited below).	September 2021 - Jul'21 (see below) Café attendees piqued interest, resulting in invitation to present Values Based introduction session to newly appointed nurses. A bespoke session was developed for delivery at all further intakes and for Corporate Induction. Workshops were delivered to pilot groups across Corporate teams. Results and feedback from session dependent on varying levels of engagement with our Values resulted in adaptation to workshop delivery into two offerings - for teams ready to engage and live our values, to commit to a team charter / commitment; for teams willing to explore their cultural behaviours through the lens of our values (reflective session) with aim to commit to living our values through their shared reflective practice. Further pilot Workshops to be co-delivered by Locality based WOD teams and OD with aim for Locality WOD to take over delivery by October 2021. Furthermore to aide dissemination, succinct workshops / guided Values discussion has been co-authored with heads of facilities and estates, with focus on behaviours, their relationship to our Values and impact on workplace culture and patient impact. Facilitation training to be held with L&DBP with intention for managers in Estates and Facilities to independently facilitate these sessions during team meetings - Teams survey pre and post session will glean impact / quality of session. This approach will ensure up to 1,200 staff across CTM are engaged with a Values Based discussion with their managers. This approach is to be replicated for all HCSW's and Band5 nurses (to be delivered by ward managers and Snr nurses) however progress paused due to current pandemic pressures. November 2021 - No further update provided
Audit Wales/Hi W Quality Governance Follow Up Review R13.4	Aug-21		High	Values Cafés	Director for People		Mar-21		Completed		January 2022 - Well received, limited reach due to availability. Instead we have altered and modified workshops, enabling managers to deliver guided values based discussions designed in partnership with the OD department. For monitoring purposes including attendance numbers and impact, attendees of the new revised approach are asked to complete a pre and post session surveys which are shared with OD	September 2021 - Cafes proved popular with attendees, however limited attendance and sense of engaging the already engaged. Feedback from managers who attended the sessions indicated the preference for the message to be taken to them, within team meetings. The desire to promote and embed organically through delivery of workshops and cafes has been successful, generating interest and momentum. Several workshop bookings and invitations to attend team meetings ensued. November 2021 - No further update provided
Audit Wales/Hi W Quality Governance Follow Up Review R13.5	Aug-21		High	Values-Based Leadership Workshops, currently under development. Team Behaviour Health Check - Values based team self assessment tool for managers	Mew Initiative - Director for People		2021/2022	Now March 2023	In Progress		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.	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
Audit Wales/Hi W Quality Governance Follow Up Review R13.6	Aug-21		High	Values-Based Recruitment process and training.	Director for People		Jun-21	Now April 2022	In Progress		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.	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



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Audit Wales/Hi W Quality Governance Follow Up Review R13.7	Aug-21		High	Values-Based Appraisal (PADR) process and training.	Director for People		Sep-21		Completed	Green	Feb 2022: Your Conversation (PDR) was successfully rolled out within the organisation in Jan 2022. Your Conversation is available to all staff, including a dedicated shrepoint area that hosts a array of supportive documentation including bepoke guides to update ESR and have an effective development conversation. Prior to the organisational roll out, L&D engaged Heads of Workforce to determine a roll out plan within each respectice ILG, including the training of workforce staff in the new process. Since the roll out, there has been a range of communications to staff informing them of the new process and as we move through Feb 2022 Your Conversation is deemed to be a business as usual activity.	September 2021 - Historically PADR perceived as process not a conversation with approx. 50% engagement. Values Based PADR developed and currently in pilot stage, due to complete by end of October. Training will be made available on LMS for all people managers once pilot, feedback and final adjustments are made. November 2021 - No further update provided
Audit Wales/Hi W Quality Governance Follow Up Review R13.8	Aug-21		High	Reinforcement Phase To include:- Culture Workshops; Repeat Culture Survey.	Director for People		12 Months beyond	Now April 2022	In Progress	Yellow	February 2022 Update - Design phase - Feb-Mar 2022. Tool intended for managers to assess team's alignment to our Values based on their responses to questions regarding behaviours observed within their teams. Tool will provide overall alignment score (e.g. 68% alignment to our values), scores per value (e.g. 24% for respect, 58% for team, 60% for listen, learn and improve) and signpost to existing resources / support available dependent on results. Promotes ownership, provides manager with metric associated with their team's behaviours (and baseline for comparison) and better sense of additional support required. Value / behaviour specific resources and workshops will be developed accordingly.	September 2021 - Values in Action Week 18th - 22nd Oct - mark one year anniversary since Values launched. Week long event coincides with World Values day on 21st Oct. Paul Mears will deliver a pre-recorded address to launch the weeks' events. Some in-person activities have been abandoned due to recent pandemic developments, therefore some events have been scaled back to online activities. ILG Leadership teams will lead sessions within their locality to their CSG leads presenting their vision of the values as leaders and call for CSG leads to continue endeavouring to support their people to live our values everyday. Colleagues from our BAME network, previous Values Based staff recognition award winners and chaplaincy services are sharing incidences where they have experienced our Values in action. Staff will also be encouraged to send Values branded cards thanking their colleagues for VB behaviour during this week and beyond. Cards have been ordered, will be distributed to each main site prior to VIA week and an e-card will be made available for e-distribution. Calendar of events will be shared shortly. Staff Survey - intended to launch survey in November 2021 one year on from Values launch, however feedback from recent wellbeing survey suggests survey fatigue and work is still underway within each ILG in response to 2020 Staff survey and with impending winter pressures, decision taken to launch survey early Spring 2022. November 2021 - No further update provided
Audit Wales/Hi W Quality Governance Follow Up Review R14.5	Aug-21		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	Part Completed	Red	Jan 2022 update- Have successfully implemented 7x surveys for maternity, Have your say & patient experience survey across CTMUHB, 1x Heart Failure survey and 2x paediatrics surveys. Currently in the process of implementing surveys for therapies, pathology and frailty nurse services within Feb. Actively scoping out surveys within: Cancer services, community resource team, critical care HDU/ITU, audiology, mental health, primary care, facilities, gynaecology, 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	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
Audit Wales/Hi W Quality Governance Follow Up Review R14.6	Aug-21		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	Yellow	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.	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.
Audit Wales/Hi W Quality Governance Follow Up Review R14.7	Aug-21		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	Yellow		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). Ecpetation for POW to follow however with theatre changes this will be difficult to complete. November 2021 Update - Theatre improvement programme has been established.
Structure Assessment 2021 Phase 2 R1	Dec-21	Clarity on the status of deferred Board business. Our review found that not all committees provide clarity on the status of deferred items of Board business. The Health Board should ensure that all committees are clear about the current status of deferred items of business, and an indicative timescale for when they will be brought back into active management.	Medium/Low	Future Work Plans (FWP) will be consistent across Committees and no longer include 'standard' report items due to be received at each meeting. Instead the FWPs will focus on topics to be brought to the Committee on an ad-hoc basis, for the first time or due to the fact they were previously deferred. As a consequence of the above, Committee Business Cycles (CBCs) will set out the 'standard' business reports due for receipt at the Committee meeting and the corresponding date for receipt. These will be included under the consent agenda at each meeting for ease of reference. Both the CBCs and the FWP will be made available at agenda planning meetings as standard.	Director of Corporate Governance	Assistant Director of Governance & Risk	Jan-22		Completed	Green	January 2022 Update - Complete - Cycles of Business and Forward Work Plans have been reviewed and are now consistent in terms of format and approach across all Board Committees. The Cycle of Business and Forward Work Plans will be included on the agenda of Committee and Board meetings under consent and will be considered at the Agenda Planning meetings.	
Structure Assessment 2021 Phase 2 R2	Dec-21	Integrated Locality Group review. Significant transformation and improvement activity is delegated to the Health Board's Integrated Locality Groups. As part of its review of its operating model the Health Board should evaluate the capacity and capability of each Integrated Locality Group to deliver the scale of change required.	Medium/Low	An internal review of the CTM operating model, with a specific focus on ILGs, is currently underway, due to be completed by end December 2021. The themes from the review will inform recommendations and a forward plan. The scope of the review does capture the capacity and capability of the ILGs to deliver change with a view to ensuring the organisation is best structured to deliver its priorities. To support the internal activity the Health Board is engaging Internal Audit to undertake a review, the scope of which is still to be determined and may take the form of an Advisory Report approach, however, Internal Audit will be able to target any specific areas of the model to ensure the Executive Team has a full picture of the capability and capacity to deliver change within the ILGs. Additionally the newly created ICTM team under the Director of Improvement and Innovation has created three ILG Quality Improvement Faculties made up of clinical, nursing, therapies and pharmacy staff to act as a hub within each ILG to build capability and capacity for change and improvement and support the individual ILGS in enacting transformation. A review of core change and programme capability is being undertaken to ensure alignment with the 2030 strategy which is due to report early in 2022 which includes the roles of ILG planning functions and management teams.	Chief of Staff Chief Operating Officer (COO) Director of Improvement & Innovation		31st December 2021 31st December 2021 Internal Audit review timescales to be determined. ILG QI Faculties established. Development of communities by end of February 2022 ready to go live in March 2022 Review of change and programme capability due to report February 2022.	Feb-22	Part Completed	Yellow	January 2022 Update • ILG QI Faculties in place starting to create embedded improvement capability in each ILG and upskilling of wider organisation to support change and CTM:2030 • Internal Audit undertaking review of ICTM Programme Management Function which is due to report in Feb 2022 (reviewing structure, capability and capacity to support CTM 2030) • ICTM 3 year business plan developed and being finalised. The ICTM Business Plan sets out how we will develop the organisation change capability and resilience working with our Workforce and QD colleagues. As well as nurturing and enabling improvements and innovation ICTM will develop and enhance the organisations ability to deliver and adapt to change laying the foundations needed to successfully deliver the CTM 2030: Our Health, Our Future strategy. • The business plan will ensuring all of our people are equipped, empowered and supported in their roles to deliver on our ambition of CTM 2030, with a range of development, support and mentoring in place underpinned by the principles of Prudent and Value Based Healthcare. Working with the Transformation and Strategy team to identify capability and capacity gaps which risk delivery of CTM 2030, we will leverage existing training and development opportunities to ensure change capability is seen as core to all.	



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
Structure d Assessment 2021 Phase 2 R3	Dec-21	Planned Care Recovery Programme R3 The Health Board's Planned Care Recovery Plan sets out how the Health Board intends to increase activity, reduce waiting times, and improve access to services. We found that although summary information is provided to the Planning, Performance and Finance Committee it was not sufficiently explicit. The Health Board needs to provide more detail on the current progress against delivery of the Planned Care Recovery Plan against the set targets and expected activity.	Medium/Low	To further strengthen the progress updates to Board and Committees routine reports from the Planned Care Recovery Board will be received at the following Board Committee meetings: • Quality & Safety Committee to provide assurance on plans to and progress against reducing waiting times. • Planning, Performance & Finance Committee to provide assurance on how the Health Board is spending the funds allocated and how it is achieving against its targets and expected activity. The reports will provide robust progress against key deliverables and clearly identify any risks and issues that should be brought to the attention of the Committee. Reports will be presented by the Interim Director Elective Care Recovery Programme and/or the Chief Operating Officer. Assurance to the Board will be achieved through the Committee Highlight Reports to Board.	Chief Operating Officer		Detailed update reports to be received as a standing agenda item at the Quality & Safety Committee and Planning Performance Committee from January 2022 Onwards		Completed		February 2022 Update - Added to the Annual Cycles of Business for the Quality & Safety Committee and Planning, Performance & Finance Committee.	
Structure d Assessment 2021 Phase 2 R4	Dec-21	The Board has approved six risks to achieving strategic priorities which are aligned to the four strategic wellbeing and future generation objectives set out in the Health Board's Annual Plan 2021-22. Currently, with only six strategic risks, they may be too high level to allow meaningful scrutiny. The Board needs to ensure that its strategic risks also reflect the risks to achieving priorities set out in its Annual Plan, the Planned Care Recovery Plan, actions to address its special measures and targeted intervention status and the direction of travel to be set out in the emerging long-term strategy.	Medium/Low	A Board Development Session was held on the 21st October 2021 where it was agreed that the current Principal Risks require review and this will be linked to the development of the revised Board Assurance Framework (BAF). The Health Board's Principal Risks and Risk Appetite will be reviewed on an annual basis. As part of the development of the BAF and review of Principal Risks, the Health Board will ensure that there is correlation with the priorities in the Annual Plan, Planned Care Recovery Plans and Targeted Intervention and Special Measures Status, in addition to its longer term strategic direction. This review will also reflect on how the Principal Risks are described and defined so that there is sufficient detail to allow for robust scrutiny at Board and Committee meetings. The Health Board will ensure that the Board Assurance Report (that will be received by Board and Committees in terms of strategic risks) triangulates performance, risk and assurance where possible.	Director of Corporate Governance	Assistant Director of Governance & Risk	31st March 2022 (BAF Development timescale is end of the calendar year and this activity will flow out of those outputs)	Mar-22	In progress		Update January 2022 The Health Board has secured a contract with the Good Governance Institute who commenced work with the Health Board in December 2021. The focus of the activity is to design and deliver a complementary programme with a focus on strategic leadership capacity and delivery against the strategic goals. It should be noted that the original scope and timetable has been impacted by the "standing down" of Board Development Sessions in light of the challenges faced by the pandemic in early January 2022, however, focussed and targeted sessions are planned for February and March 2022.	
Structure d Assessment 2021 Phase 2 R5	Dec-21	The Health Board has undertaken specific work in relation to 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 associated with COVID-19. The Health Board should produce a framework for assessing both direct and indirect harm from COVID-19 and ensure that the framework and an accompanying report outlining key issues are monitored by appropriate operational, strategic groups and reported to the Board or one of its committees.	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 Medical Director		31st January 2022	Now March 2022	In progress		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.	
Structure d Assessment 2021 Phase 2 R6	Dec-21	The Health Board reports variances where agency locums are paid above the Welsh Government pay cap rate. However, the reason for paying a higher rate than the pay cap is not recorded against the majority of entries. It is also not clear whether the correct authorisation for each placement has been followed. The Health Board should revise the report to provide assurance that the correct sign off has been achieved, the total costs of the appointment, whether the placement is an extension of a previous placement and the reason for why the pay cap has been breached.	Medium/Low	The reason for breaching is recorded within the systems which record agency worker engagements, so the Health Board will ensure this is included in the reports from this point onwards. The right hand column in the report records the authorisation process. This is linked to the levels of sign off required to exceed the cap. The job titles recorded show who has authorised the engagement. This will be made more explicit in future submissions. The Health Board is not, at the point of reporting authorisation of rates, able to record the total cost of the engagement. This data would not be available until completion of the engagement given the variability in terms of reasons for engagement and tenure. In all future reports, it will include confirmation of whether the engagement is an extension or a new placement.	Executive Medical Director		Feb-22		Completed		February 2022 Update - Since the recommendation to provide the additional information has been raised, there has not been another report taken to the committee. However, the recommendations have been implemented and the required information will be included in all future reports.	