**CTM**
**Interna**
**[date]**

Red -
Orange -
Yellow - Action
Green - Action
Blue - Action

| Ref | Date added | Assurance rating | Recommendation | Priority | Management Action Agreed | Responsible Executive Lead/Management Lead | Responsible Management Lead | Original Agreed Implementation Date | Revised Implementation Date | Status | Progress | Updates during this period/Latest Update | Previous Updates |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| CAMHS Management Arrangements 05 | Feb-21 | Limited | 1. We agree with the planned approach to identify CAMHS related policies in existence and to review them to ensure consistency across the localities.<br>This work should also ensure relevance and alignment to current legislation and expected working practices.<br>2. Once updated, the policies should be made accessible to relevant staff and have dates for future review and individuals / post holders named who are responsible for such reviews. | High | CAMHS Policy Group newly established, with ToR being developed. All CAMHS policies to be identified, reviewed and standardised to ensure consistency across localities, and to ensure relevance and alignment to current legislation and expected working practices. Action plan will be devised.<br>Policies will be made accessible to relevant staff and have dates for future review and individuals / post holders named who are responsible for such reviews. | Chief Operating Officer | Head of Nursing | Mar-21 | 01/05/2021 August 2021 Now December 2021 Now September 2022 01/12/2022 to support Sharepoint development | | In progress | October 2022 Update - Local SOPs have been reviewed, one around the use of the age appropriate bed in CTM is being developed with Adult Mental Health and will go through the appropriate HB forums for policy sign off. Plans are being developed HB wide and via the Mental Health care group to develop a sharepoint to hold local SOP and policies. | March 2021 Update - Update will be abailable in May 2021. May 2021 Update - CAMHS Policy Group newly established, with ToR developed. All CAMHS policies to be identified, reviewed and standardised to ensure consistency across localities, and to ensure relevance and alignment to current legislation and expected working practices. Action plan will be devised. Policies will be made accessible to relevant staff and have dates for future review and individuals / post holders named who are responsible for such reviews. Work delayed due to key staff redeployment due to Covid & HB restructure. Confirmation on teh action taken will be confirmed in August 2021.<br>July 2021 Update. CAMHS Policy Group newly established, with ToR developed. All CAMHS policies identified, to be reviewed and standardised to new format to ensure consistency across localities, and to ensure relevance and alignment to current legislation and expected working practices. Action plan devised to ensure rolling programme.<br>Policies will be made accessible to relevant staff and have dates for future review and individuals / post holders named who are responsible for such reviews. Work delayed due to key staff redeployment due to Covid & HB restructure. Confirmation on the action taken will be confirmed in August 2021. September 2021. Work on the policy reviews continues, the target date remains December 2021. November 2021 Update - nothing further this month. There has been a change in management arrangements and an update on the work that remains ongoing will be ready for the next meeting. February 2022 Update - no permanent CSG Manager in post. Update will be available for the next meeting.<br>April 2022 – Due to changes in nursing structure and gap in CSG Manager the progress on this action has been delayed. Head of Nursing and CSG Manager will meet in April 2022 to review actions outstanding and make a plan to address the review and publication of policies. June 2022 Update - CSG and Head of Nursing have met and discussed approach. Each LMT has been requested to update current policies and database established. Progress has been made with documents drafted. This will be discussed at Senior Nurse meeting on 14th June with an outline of timescales. August 2022 - This was discussed in the QPSE meeting with the senior nursing team and a number of policies and SOP were brought for review and sign |
| Concerns 1.2 | Feb-22 | Limited | A comprehensive set of Standard Operating Procedures should be developed setting out the process to follow from the point a concern or complaint is received though to the provision of a response.<br>The SOP should include concerns from all sources such as those received via the dedicated email accounts, those made in person or issues raised via local MPs or MSs.<br>The responsibilities of the Corporate Concerns Team and the ILGs should be clearly set out. | High | Review the PTR Guidance alongside the CTM structures to identify what Standard Operating Procedures are required and develop and implement to support the new process. | Director of Corporate Governance/ Board Secretary | Interim Head of Concerns, Redress & Legal | Jun-22 | Now September 2022 Now January 2023 | | In progress | October 2022 update - Complaints Manager and Head of Concerns & Business Intelligence now in post, reviews have now started, however, changes to the operating model will need to be finalised before any changes are made. These should be updated and in place in line with the operating model in January 2023. | April 2022 Update - On hold until changes to the operating model. June 2022 - Central triage complaints resource identified as part of operating model changes. Once new model is in place. Policies and SOPs will be reviewed and amended in line with the new model. August 2022 Update<br>Work continues on the new Operational model, this incorporates 2 complaints triage posts which will assist with managing complaints more effectively, promoting early resolutions where possible and appropriate. The centralisation of Quality & Safety (including complaints), will ensure a consistent approach to complaints management across the Health Board, with current capacity constraints will be addressed following the implementation of the new operating model.<br>The Complaints Manager post has been out to advert and will be recruited into imminently. This will be supported by a staff member returning from secondment. These are scheduled to take place in August. A key priority will be the review of policies and procedures once the new operational model has been implemented. |
| Concerns 3.1 | Feb-22 | Limited | 3.1a A training programme should be developed and rolled out across the Health Board to ensure that staff are suitably trained for the roles they are performing in relation to the Concerns process.<br>3.1b A training needs analysis should be undertaken in each ILG and for corporate teams to identify the staff that fall into the three levels of training outlined in the Concerns Training Plan. The PADR process could be used in the future to help identify training needs. | High | 3.1a CTM Concerns Management training programme to be developed encompassing Putting Things Right, the Once for Wales Concerns Management System and Welsh Risk Pool procedures, more specifically Learning from Events Reports.<br>3.1b Training Needs Analysis Template to be developed following development of Concerns Management training programme. To be shared with the ILGs for completion and identification of all staff who should receive the training. | Director of Corporate Governance/ Board Secretary | 3.1a Interim Head of Concerns, Redress & Legal<br>3.1b Interim Head of Concerns, Redress & Legal/ILG Heads of Quality & Safety | 3.1a April 2022 3.1b June 2022 | Now January 2023 | | In progress | October 2022<br>3.1a - The launch of the new Incident Management Framework and the training which is in place to support this covers a number of elements including family support, psychological safety, staff support, investigation, breach of duty, causation, redress, claims and learning from events reports, sharing of learning. Complaints policies/procedures will be updated in due course in line with the new operating model and changes to PTR following implementation of Duty of Candour.<br><br>3.1b - Training Needs analysis will be undertaken on completion of prospectus with the newly formed care groups. | 3.1a April 2022 Update - Partially completed in respect of LFERs and Once for Wales CMS. PTR to be completed. 3.1b April 2022 Update - To be developed once training package has been completed. June 2022<br>3.1a New PTR Training package in process of being developed, in conjunction with the new Incident framework. Elements of training have already been undertaken in respect of LFERs and Once for Wales CMS.<br>Weekly LFER drop in training sessions have been underway for the past 6 weeks, which will assist staff with completion of LFERs.<br><br>3.1b Training Needs analysis will be undertaken on completion of prospectus with the newly formed care groups.<br>August 2022 Update<br>3.1a - The launch of the new Incident Management Framework and the training which is in place to support this covers a number of elements including family support, psychological safety, staff support, investigation, breach of duty, causation, redress, claims and learning from events reports, sharing of learning.<br><br>3.1b - Training Needs analysis will be undertaken on completion of prospectus with the newly formed care groups. |
| Concerns 6.1 | Feb-22 | Limited | 6.1a A SOP should be developed that documents the quality assurance processes underpinning the end stages of the investigation that lead to the issue of the PTR Concerns Response Letters. The SOP should include who is responsible for quality checking and how quality checks should be documented, including, if deemed necessary, the use of the checklist contained in the policy. Training on the required quality assurance process documented in the SOP should be carried out with relevant staff.<br>6.1b The Quality Assurance Checklist contained in Appendix 4 of the Concerns Policy should be reviewed and a decision made regarding the expectation for it to be used. | High | 6.1a Standard Operating procedure to be developed as part of a suite of SOPs outlined in 1.2 above<br>6.1b QA checklist to be reviewed at the same time as the SOP is develop | Director of Corporate Governance/ Board Secretary | Interim Head of Concerns, Redress & Legal | Apr-22 | Now September 2022 Now January 2023 | | In progress | October 2022<br>6.1a - Work continues on the new Operational model, this incorporates a new Early Resolution team, which includes complaints triage. This should assist with managing complaints more effectively, promoting early resolutions where possible and appropriate. The centralisation of Quality & Safety (including complaints), will ensure a consistent approach to complaints management across the Health Board, current capacity constraints will be addressed following the implementation of the new operating model. The Complaints Manager and Head of Concerns & Business Intelligence are now in post and this will be a priority area of work, in line with the implementation of the new operating model.<br>6.1b - QA document will be reviewed in conjunction with Care Group Governance teams within the new operating model. | 6.1a April 2022 Update - On hold until changes to the operating model. 6.1b April 2022 Update - On hold until changes to the operating model. June 2022<br>6.1a - A review of all Policies and associated SOPs has begun and will incorporate the new operating model. Progress on this action has been slow due to the Complaints Manager not being in post and focus on changes to the operating model.<br><br>6.1b - will be reviewed in conjunction with Governance teams within the new operating model.<br>August 2022 Update<br>6.1a - Work continues on the new Operational model, this incorporates 2 complaints triage posts which will assist with managing complaints more effectively, promoting early resolutions where possible and appropriate. The centralisation of Quality & Safety (including complaints), will ensure a consistent approach to complaints management across the Health Board, with current capacity constraints will be addressed following the implementation of the new operating model. The Complaints Manager post has been out to advert and will be recruited into imminently. This will be supported by a staff member returning from secondment. These are scheduled to take place in August. A key priority will be the review of policies and procedures once the new operational model has been implemented.<br>6.1b - QA document will be reviewed in conjunction with Care Group Governance teams within the new operating model. |
| Concerns 9.1 | Feb-22 | Limited | 9.1a A formalised process should be put in place to ensure there is shared learning from the outcome of concerns, complaints and incidents and also the processes followed when dealing with concerns and complaints. This should include how data will be collected and analysed in ordto identify trends and patterns for example across CSGs, ILGs, specialities or by type of concern. Lessons learnt information should then be shared in a consistent way across the Health Board.<br>9.1b Subsequently, ILGs should ensure they have suitable processes and methods in place for the dissemination of lessons learnt across all of their CSGs. | High | 9.1a Regular reports are provided from Datix and monitored via various groups and committees. The quality of information provided will be strengthened with engagement with the RL Datix team.<br>Development of a Learning Framework underway to ensure learning is captured from various avenues and shared across the organisation.<br>9.1b This will form part of the Learning Framework as per 9.1a and included in the SOPs as per 1.2. | Director of Corporate Governance/ Board Secretary | 9.1a Datix Manager<br>9.1b AD Nursing & Patient Safety and Interim Head of Concerns, Redress & Legal<br>AD Nursing & Patient Safety and Interim Head of Concerns, Redress & Legal | Jan-22 | Now September 2022 Now January 2023 | | In progress | October 2022 Update<br>9.1a Various reports are already available and presented at various committees. The Datix team are reviewing reports and are tranisitioning from ILG reporting to Care Group reporting. Dashboards are being developed for Care Groups, and training is being rolled out to support key users to be able to run reports and access data "live".<br><br>The Head of Concerns & Business Intelligence for CTM is co-chair of the All Wales work stream on Data, Business Intelligence and Dashboards. CTM have volunteered to be a pilot site for the Business Intelligence tool within Datix Cymru as part of the Phase 2 roll out.<br><br>9.1b The Listening and Learning Framework was launched at a Listening and Learning event in September. As part of this a learning repository is being developed to capture and share learning across the organisation. | 9.1a April 2022 Update - Learning Framework has been developed and is in DRAFT form at present. This may need to be revisited following changes to the Operating model. 9.1b April 2022 Update - Learning Framework has been developed and is in DRAFT form at present. This may need to be revisited following changes to the Operating model. June 2022<br>9.1a - Reports are provided on themes and trends following incidents/complaints and claims. These are presented at various committees. A review of these will be undertaken to ensure that they are fit for purpose and are used to drive improvements<br><br>The Listening and Learning Framework remains in DRAFT form.<br>A Learning from Events day is planned for July 2022, whereby top themes will be discussed with shared learning from past incidents/complaints.<br>A newsletter is in the process of being devised.<br><br>9.1b - this will be reviewed and strengthened and will incporate the new operating model changes.<br>August 2022 Update<br>9.1a Various reports are already available and presented at various committees. The Datix team and OfWCMS team will move into the portfolio of the Director of Corporate Governance from 1st August 2022 A review of reports provided by the team will be undertaken in line with the changes to the operating model. Dashboards will be developed where possible to avoid the need to run reports, enabling service areas to view data "live". Engagement with the OfW National Team in respect of the Business Intelligence tool which is due to be rolled out as part of Phase 2 of the OfWCMS (Datix Cymru), will continue to ensure that CTM |

**CTM**
**Interna**
**[date]**

Red -
Orange -
Yellow - Action
Green - Action
Blue - Action

| Ref | Date added | Assurance rating | Recommendation | Priority | Management Action Agreed | Responsible Executive Lead/Management Lead | Responsible Management Lead | Original Agreed Implementation Date | Revised Implementation Date | Status | Progress | Updates during this period/Latest Update | Previous Updates |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Fire Safety Management 5.1 | Feb-22 | Limited | Appropriate systems should be developed to allow the production of basic management information in relation to risk assessments. | High | The Health Board will explore the use of the Risk Module in Datix to support the recording and escalation of risks following a Fire Risk Assessment.<br>A Strategic Leadership Group paper will be produced to provide an options appraisal as to how fire risk assessments can be better captured and monitored. | Director for People | Head of Health, Safety and Fire | 31/03/2022<br>30/04/2022 | Now November 2022<br>Now December 2022 | | In progress | Update October 2022 - No further progress with this from colleagues in Shared Services. | April 2022 Update - NHS Wales Shared Services Partnership: Facilities and Estates are currently reviewing the All Wales software package following concerns raised by all Health Boards and Trusts in Wales. August 2022 Update - whilst work continues within NHS Wales Shared Services Partnership: Facilities and Estates, there are no difinative dates when this work will be completed. CTM is fully involved in this work to help support an all Wales solution to this. |
| Fire Safety Management 9.1 | Feb-22 | Limited | ILG reporting could be improved by the inclusion of the issues raised at the observation. | High | ILGs will review their Health, Safety and Fire Group Agendas to ensure this recommendation is addressed. The listed fire information will be required from each Clinical Service Group and provided through their regular reports to the Health, Safety and Fire Group. | Director for People | ILG Director of Operations | May-22 | | | In progress | October 2022 Update - no further update provided against this recommendation | April 2022 Update - Ongoing. August 2022 Update - This recommendation will have to be reviewed further as a result of changes to the Health Board's Operating Model. |
| Patient Pathway Appointment Management Process Follow Up 1.1 | Jun-22 | Limited | Management should ensure that the correct data detailed within the outcome reports is produced for each of the Clinical Service Groups, especially where services and therefore data was previously the responsibility of a different ILG. | High | Discussion will be held with colleagues in Performance to ensure that this data is correct for each Service Group and fits in with the new operating model. | Chief Operating Officer | ILG Directors of Operations / Head of Information | Aug-22 | Now December 2022<br>Now January 2023 | | In progress | October 2022 Update - Colleagues within the Information Department have commenced work to transition reports to a site based reporting model (away from ILGs) and will be seeking advice on the Service Grouping that the Organisation required to place over Specialty codes. The change in operating model will slow this process - hence the date has changed to January 2023. | August 2022 Update - No formal feedback received from ILGs. To ensure progress, meeting planned for Thursday 25 August 2022 to discuss this audit. |
| Patient Pathway Appointment Management Process Follow Up 1.3 | Jun-22 | Limited | On receipt of the outcome reports, management within the CSGs should ensure that they analyse the data to identify trends such as those staff or departments that are continually failing to input outcome data or making the errors. Appropriate action should be taken including the provision of additional training on the WPAS. | High | ILGs will ensure that they undertake this action. | Chief Operating Officer | ILG Acute Services General Managers | Aug-22 | Now December 2022 | | In progress | October 2022 Update - Report generated regularly for former ILG structure. Steps will be taken to ensure that the recommendation of additional action is taken. | August 2022 Update - No formal feedback received from ILGs. To ensure progress, meeting planned for Thursday 25 August 2022 to discuss this audit. |
| Patient Pathway Appointment Management Process Follow Up 1.5 | Jun-22 | Limited | Given the ongoing problem of outcomes not recorded, management should look to build on the roll out of electronic outcome forms. | High | Consideration will be given by ILGs to roll out electronic outcome forms by September 2022 | Chief Operating Officer | ILG Directors of Operations / Head of Information | Sep-22 | | | In progress | October 2022 Update - no further comment, will be picked up as part of re-focus on this audit. | August 2022 Update - Date remains September 2022. |

**CTM**
**Interna**
**[date]**

| Ref | Date added | Assurance rating | Recommendation | Priority | Management Action Agreed | Responsible Executive Lead/Management Lead | Responsible Management Lead | Original Agreed Implementation Date | Revised Implementation Date | Status | Progress | Updates during this period/Latest Update | Previous Updates |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Patient Pathway Appointment Management Process Follow Up 2.1 | Jun-22 | Limited | Management should ensure that the correct data detailed within the closed pathway reports is produced for each of the Clinical Service Groups, especially where services and therefore data was previously the responsibility of a different ILG. | High | ILGs will work with colleagues in Performance to make sure that this information is available and appropriate. | Chief Operating Officer | ILG Acute Services General Managers / Head of Information | Aug-22 | Now December 2022 | | In progress | October 2022 Update - These reports have been reinstituted as a submission to DHCW and can be made available. Once recipients have been confirmed, the Information Department can discuss method and provide the report regularly to the required audience. | August 2022 Update - No formal feedback received from ILGs. To ensure progress, meeting planned for Thursday 25 August 2022 to discuss this audit. |
| Patient Pathway Appointment Management Process Follow Up 2.2 | Jun-22 | Limited | Management should ensure that closed pathway reports are being sent to the correct staff within each of the Clinical Service Groups to ensure that the patients are put onto an open pathway. In addition, closed pathways reports should be sent on a regular basis to staff within Bridgend ILG, or checks should be made to ensure managers are accessing this data for themselves. | High | ILGs will work with colleagues in Performance to ensure that the appropriate staff are identified. | Chief Operating Officer | ILG Acute Services General Managers / Head of Information | Aug-22 | Now December 2022 | | In progress | October 2022 Update - no further comment, will be picked up as part of re-focus on this audit. | August 2022 Update - No formal feedback received from ILGs. To ensure progress, meeting planned for Thursday 25 August 2022 to discuss this audit. |
| Patient Pathway Appointment Management Process Follow Up 2.3 | Jun-22 | Limited | On receipt of the reports, management within the CSGs should ensure that they analyse the data to identify any trends such as those staff or departments that are continually making the errors and closing pathways incorrectly. Appropriate action should be taken including the provision of additional training on the WPAS. | High | ILGs will ensure that they undertake this action | Chief Operating Officer | ILG Acute Services General Managers | Aug-22 | Now December 2022 | | In progress | October 2022 Update - limited action undertaken in this area. There have been conversations on ADT / Outcomes / FUNB transactions timeliness and correctness in recent weeks that are yielding improvement. Further details will be available at the next meeting. | August 2022 Update - No formal feedback received from ILGs. To ensure progress, meeting planned for Thursday 25 August 2022 to discuss this audit. |
| Patient Pathway Appointment Management Process Follow Up 2.4 | Jun-22 | Limited | The Acute Services Manager in each ILG should be provided with the reports for their area to enable them to monitor and have oversight of the errors being made. | High | ILGs will work with colleagues in Performance to make sure that this information is available and appropriate. | Chief Operating Officer | ILG Acute Services General Managers / Head of Information | Sep-22 | | | In progress | October 2022 Update - Report generated regularly for former ILG structure. Steps will be taken to ensure that the recommendation of additional action is taken. | August 2022 Update - Date remains September 2022. |
| POW Theatres Fire Safety Works 1.1 | Aug-22 | Limited | Management should formulate a Project Board immediately, with appropriate terms of reference and attendance as the accountable body for project delivery (as part of defined project governance). | High | Agreed - This will be put in place to consider the options appraisal.<br>The executive structure and personnel changed across this time. The project involves Health & Safety, Capital, and Strategy & Planning. The role of Senior Responsible Officer was therefore re-allocated.<br>The project is currently being re-appraised. Subsequent to this, and pending the options appraisal to Welsh Government, governance will be further addressed as appropriate for the approved scheme. The CEO has also been in receipt of regular informal briefings from the Project Director. | Director of Strategy & Transformation | Project Director | Immediate | Now November 2022 | | In progress | October 2022 Update - This has been delayed whilst resolving the WG questions over the options appraisal to determine the best way to deliver the works. It is expected that a Project Board will be fully implemented by November | |

**CTM**
**Interna**
**[date]**

Red -
Orange -
Yellow - Action
Green - Action
Blue - Action

| Ref | Date added | Assurance rating | Recommendation | Priority | Management Action Agreed | Responsible Executive Lead/Management Lead | Responsible Management Lead | Original Agreed Implementation Date | Revised Implementation Date | Status | Progress | Updates during this period/Latest Update | Previous Updates |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Concerns 1.1 | Feb-22 | Limited | The concerns policy should be reviewed and updated to accurately reflect the structure, roles, responsibilities and active involvement of the corporate function and the ILGs in respect of the management, investigation and reporting arrangements relating to concerns and complaints. | Medium | Changes will be made to the Concerns Policy and management process in line with the Concerns Improvement project. This will be undertaken via a collaborative process between Corporate and the ILGs and in light of any changes to the Operating Model following the current review. | Director of Corporate Governance/ Board Secretary | Interim Head of Concerns, Redress & Legal | Jun-22 | Now September 2022 Now January 2023 | | In progress | October 2022 update<br>Complaints Manager and Head of Concerns & Business Intelligence now in post, reviews have now started, however, changes to the operating model will need to be finalised before any changes are made. These should be updated and in place in line with the operating model in January 2023. | April 2022 Update - On hold until changes to the operating model. June 2022 - A review of all Policies and associated SOPs has begun and will incorporate the new operating model. Progress on this action has been slow due to the Complaints Manager not being in post and focus on changes to the operating model. August 2022 Update<br>Work continues on the new Operational model, this incorporates 3 complaints triage posts which will assist with managing complaints more effectively, promoting early resolutions where possible and appropriate. The centralisation of Quality & Safety (including complaints), will ensure a consistent approach to complaints management across the Health Board, with current capacity constraints will be addressed following the implementation of the new operating model.<br>The Complaints Manager post has been out to advert and will be recruited into imminently. This will be supported by a staff member returning from secondment. These are scheduled to take place in August. A key priority will be the review of policies and procedures once the new operational model has been implemented. |
| Concerns 3.3 | Feb-22 | Limited | Records of all training attended in relation to both PTR/Concerns training and Datix Once for Wales Training should be retained. | Medium | Undertake scope on training record management and how this is captured within CTM if it is not retained within ESR<br>Discussion with ESR team to ascertain whether training records can be included on ESR for Concerns Management training.<br>Discussion with Organisational Development regarding retention of training records and how this links to PADRs. | Director of Corporate Governance/ Board Secretary | Interim Head of Concerns, Redress & Legal | Feb-22 | Now December 2022 | | Part Completed | October 2022 Update<br>ESR have confirmed training can be captured on ESR, however resource to update ESR would have to be considered.<br>Following the centralisation of quality and safety, a review of training which is not captured on ESR will be undertaken and a consistent method implemented. | 3.3a April 2022 Update - Discussions ongoing. 3.3b April 2022 Update - Email to ESR team to query whether PTR and further concerns management training records can be stored on ESR. 3.3c April 2022 Update - Email to correspondence in respect of PADRs and training. June 2022 There is no unified way of recording training if it isnt on ESR. Various different methods in place.<br>Consideration for inclusion in PTR training as part of induction. August 2022 Update<br>Engagement with ESR team to ascertain whether training can be captured within ESR. Following the centralisation of quality and safety, a review of training which is not captured on ESR will be undertaken and a consistent method implemented. |
| Concerns 4.2 | Feb-22 | Limited | 4.2a Management should understand why RTE has not been re-categorising early resolution concerns that were not resolved in the timeframe and take appropriate action to resolve and accurately record in Datix.<br>4.2b To ensure consistency, a Standard Operating Procedure (SOP) should be in place outlining the process for re-categorising concerns, including who is responsible for performing this task. Training should be provided where necessary. | Medium | 4.2a As 4.1 above<br>4.2b Standard Operating procedure to be developed as part of a suite of SOPs outlined in 1.2 above. | Director of Corporate Governance/ Board Secretary | 4.2a Complaints Manager<br>4.2b Interim Head of Concerns, Redress & Legal | Apr-22 | Now December 2022 Now January 2023 | | In progress | October 2022 Update<br>4.1b - A review of all Policies and associated SOPs has begun and will incorporate the new operating model.<br>4.2a - A review of RTE practice has been undertaken and changes made to ensure consistency across the Health Board.<br>4.2b - Work continues on the new Operational model, this incorporates 3 complaints triage posts which will assist with managing complaints more effectively, promoting early resolutions where possible and appropriate.<br>The centralisation of Quality & Safety (including complaints), will ensure a consistent approach to complaints management across the Health Board, current capacity constraints will be addressed following the implementation of the new operating model.<br>Key posts have now been filled. A key priority will be the review of policies and procedures once the new operational model has been implemented. | 4.2a April 2022 Update - Complaints Manager not in post. 4.2b April 2022 Update - On hold until changes to the operating model. June 2022 4.1a - Audits will be reinstated when Complaints Manager is in post. Further review will be required once the new operating model is in place and established.<br><br>4.1b - A review of all Policies and associated SOPs has begun and will incorporate the new operating model. Progress on this action has been slow due to the Complaints Manager not being in post and focus on changes to the operating model.<br>August 2022 Update 4.2a - A review of RTE practice has been undertaken and changes made to ensure consistency across the Health Board.<br>4.2b - Work continues on the new Operational model, this incorporates 3 complaints triage posts which will assist with managing complaints more effectively, promoting early resolutions where possible and appropriate. The centralisation of Quality & Safety (including complaints), will ensure a consistent approach to complaints management across the Health Board, with current capacity constraints will be addressed following the implementation of the new operating model.<br>The Complaints Manager post has been out to advert and will be recruited into imminently. This will be supported by a staff member returning from secondment. These are scheduled to take place in August. A key priority will be the review of policies and procedures once the new operational model has been implemented. |
| Concerns 5.1 | Feb-22 | Limited | For each concerns investigation undertaken, in the absence of detailed Standing Operating Procedures, the process outlined in the Concerns Policy and Procedure documents should be followed. Comprehensive notes and evidence should be added to Datix in a timely manner to support the process followed, the investigation carried out and the lessons learnt. Where aspects of the policy are not being undertaken at all, it should be established if this is due to staff not being aware of this aspect of the process or if the policy is in fact out of date and in relation to current practices. | Medium | To be included in training programme as per 3.1a and 3.1b above | Director of Corporate Governance/ Board Secretary | Interim Head of Concerns, Redress & Legal | Apr-22 | Now December 2022 | | Part Completed | October 2022 Update<br>The review of Policies and Procedures is underway taking into account changes to the operating model. Once this is completed a training needs analysis will be undertaken in conjunction with the central care group governance teams and a training plan will be developed and implemented.<br><br>Training is already taking place since the launch of the new Incident Management Framework. The supporting training covers a number of elements including family support, psychological safety, staff support, investigation, breach of duty, causation, redress, claims and learning from events reports, sharing of learning.<br><br>Training continues with the implementation of the new Datix Incident reporting module with the importance of updating Datix reinforced. | April 2022 Update - Partially completed in respect of LFERs and Once for Wales CMS. PTR to be completed.<br>June 2022 A review of all Policies and associated SOPs has begun and will incorporate the new operating model. Progress on this action has been slow due to the Complaints Manager not being in post and focus on changes to the operating model.<br>Trainig on new policies and SOPs will be included in the training package outlined in 3.1<br>Audits will be reinstated as outlined in 4.1a when Complaints Manager is in post, this will incorporate any rationale for deviating from policies and SOPs. However, changes to the operating model and centralisation of complaints management should ensure a more unifed approach across the organisation. August 2022 Update - The review of Policies and Procedures is due to take place in August and September, taking into account changes to the operating model. Once this is completed a training needs analysis will be undertaken in conjunction with the central care group governance teams and a training plan will be developed and implemented.<br><br>However, training is already taking place since the launch of the new Incident Management Framework. The supporting training covers a number of elements including family support, psychological safety, staff support, investigation, breach of duty, causation, redress, claims and learning from events reports, sharing of learning.<br><br>Training continues with the implementation of the new Datix Incident reporting module with the importance of updating Datix reinforced. |
| Concerns 6.2 | Feb-22 | Limited | Evidence should be retained of CSG management's contribution to the quality checking process of review and oversight of the investigation's outcomes and the draft PTR Concerns Response letters prior to their submission to an ILG Director for sign-off. | Medium | Standard Operating procedure to be developed as part of a suite of SOPs outlined in 1.2 above | Director of Corporate Governance/ Board Secretary | Interim Head of Concerns, Redress & Legal | Jun-22 | Now October 2022 Now December 2022 | | In progress | October 2022 Update<br>The review of Policies and Procedures is underway taking into account changes to the operating model. Once this is completed a training needs analysis will be undertaken in conjunction with the central care group governance teams and a training plan will be developed and implemented.<br>Quality assurance and audit programme is in the process of being developed | April 2022 Update - On hold until changes to the operating model. June 2022 A review of all Policies and associated SOPs has begun and will incorporate the new operating model. Progress on this action has been slow due to the Complaints Manager not being in post and focus on changes to the operating model. August 2022 Update<br>This will be completed by the Complaints Manager, supported by the Senior BI and Compliants Manager during the period of August and September, taking into account changes to the operating model. |
| Concerns 6.3 | Feb-22 | Limited | A process of retrospectively reviewing the quality assurance processes applied in ILG should be introduced at a corporate level to ensure oversight, challenge and facilitate learning. | Medium | To form part of the rolling corporate concerns management audit programme | Director of Corporate Governance/ Board Secretary | Interim Head of Concerns, Redress & Legal | Apr-22 | Now December 2022 | | In progress | October 2022 Update<br>This will be included into the Quality Assurance and Audit Programme. Due to be reviewed and updated in November 2022. | April 2022 Update - Complaints Manager not in post. June 2022 Audits will be reinstated as outlined in 4.1a when Complaints Manager is in post. Changes to the operating model and centralisation of complaints management should ensure a more unifed approach across the organisation.<br>August 2022 Update<br>This will be included into the Quality Assurance and Audit Programme. Due to be reviewed and updated in August 2022 and rolled out in September 2022. |

**CTM**
**Interna**
**[date]**

| Ref | Date added | Assurance rating | Recommendation | Priority | Management Action Agreed | Responsible Executive Lead/Management Lead | Responsible Management Lead | Original Agreed Implementation Date | Revised Implementation Date | Status | Progress | Updates during this period/Latest Update | Previous Updates |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Concerns 6.4 | Feb-22 | Limited | All ILGs should ensure that the content of their PTR Concerns Response Letters are empathetic, showing concern and explaining with clarity the outcomes and lessons learned arising from the reported complaint. Letters should be independently reviewed and signed by an ILG Director in a timely manner. | Medium | This recommendation should be achieved following development of SOPs, Training and the QA process. | Director of Corporate Governance/ Board Secretary | Interim Head of Concerns, Redress & Legal | End of June 2022 | Now September 2022 Now December 2022 | | In progress | October 2022 Update<br>A review of complaint response letters has been undertaken in conjunction with the Communications department and the CEO. The review has focussed on the empathy of letters whilst ensuring they are informative and cover the necessary legislative requirements. Regular QA reviews will take place as part of the audit programme. | April 2022 Update - On hold until changes to the operating model. June 2022 Standard templates have been devised and approved in early 2021.<br>Audits will be reinstated as outlined in 4.1a when Complaints Manager is in post, this will incorporate any rationale for deviating from standard template. However, changes to the operating model and centralisation of complaints management should ensure a more unifed approach across the organisation. August 2022 Update - A review of compliant response letters has been undertaken in conjunction with the Communications department and the CEO. The review has focussed on the empathy of letters whilst ensuring they are informative and cover the necessary legislative requirements. Regular QA reviews will take place as part of the audit programme. |
| Concerns 7.1 | Feb-22 | Limited | Clarity should be sought, and information documented with a SOP as to when a case should be closed on Datix and the circumstances for when it can be re-opened. To avoid any confusion, information contained in a SOP and the Concerns Policy should align. | Medium | To be included in the development of SOPs as per 1.2 above | Director of Corporate Governance/ Board Secretary | Interim Head of Concerns, Redress & Legal | Apr-22 | Now September 2022 Now January 2023 | | In progress | October 2022 Update<br>The review of Policies and Procedures is underway taking into account changes to the operating model. Once this is completed a training needs analysis will be undertaken in conjunction with the central care group governance teams and a training plan will be developed and implemented. | April 2022 Update - On hold until changes to the operating model. June 2022 A review of all Policies and associated SOPs has begun and will incorporate the new operating model. Progress on this action has been slow due to the Complaints Manager not being in post and focus on changes to the operating model. August 2022 Update - The review of Policies and Procedures is due to take place in August and September, taking into account changes to the operating model. |
| Concerns 7.2 | Feb-22 | Limited | Prior to closing concerns at early resolution stage, some form of quality assurance process should be followed that ensures all aspects of the concern raised by the complainant have been adequately addressed, thus preventing the case being potentially re-opened at a later date. This process should be documented. | Medium | To be included in the development of SOPs and training as per 1.2, 3.1a and 3.1b above | Director of Corporate Governance/ Board Secretary | Interim Head of Concerns, Redress & Legal | Jun-22 | Now September 2022 Now January 2023 | | In progress | October 2022<br>3.1a - The launch of the new Incident Management Framework and the training which is in place to support this covers a number of elements including family support, psychological safety, staff support, investigation, breach of duty, causation, redress, claims and learning from events reports, sharing of learning. Complaints policies/procedures will be updated in due course in line with the new operating model and changes to PTR following implementation of Duty of Candour.<br><br>3.1b - Training Needs analysis will be undertaken on completion of prospectus with the newly formed care groups. | April 2022 Update - On hold until changes to the operating model. June 2022 A review of all Policies and associated SOPs has begun and will incorporate the new operating model. Progress on this action has been slow due to the Complaints Manager not being in post and focus on changes to the operating model.<br>Rationale for reopening of complaints is sparce on Datix, however, this will be regularly monitored.<br>When the new triage process is implemented, with a view to increasing early resolutions and decreasing formal complaints, a balancing measure will be the number of early resolutions moving onto formal complaints. This will be incorporated into the rolling audit programme. August 2022 Update - The review of Policies and Procedures is due to take place in August and September, taking into account changes to the operating model.<br>The way re-opened complaints are recorded within CTM is different and consequently skews data. Once the centralisation of the quality & safety team is implemented, the way complaints are managed will be more consistent in line with new/revised policies and procedures. |
| Concerns 8.1 | Feb-22 | Limited | In relation to aged open concerns, it should be ensured comprehensive Datix records are maintained including recording the reason / justification for why the case has remained open and that relevant management are aware of it remaining open. | Medium | Process already in place which includes dashboards, and is monitored via Patient Safety Executive Meeting.<br>The importance of recording regular updates on Datix will be included as part of 3.1a training programme. | Director of Corporate Governance/ Board Secretary | Interim Head of Concerns, Redress & Legal | Apr-22 | Now December 2022 | | Part Completed | October 2022 Update<br>Training is taking place in respect of Datix Cymru and the training which has supported the launch of the Incident Management Framework, both include the importance of using Datix Cymru to record all information and ensuring it is regularly updated. This will also be included within any additional training in respect of the new Complaints Policies and Procedures. | April 2022 Update - Partially completed in respect of LFERs and Once for Wales CMS. PTR to be completed. June 2022 Process already in place which includes dashboards, and is monitored via Patient Safety Executive Meeting.<br>The importance of recording regular updates on Datix will be included as part of 3.1a training programme.<br>August 2022 Update - Training is taking place in respect of Datix Cymru and the training which has support the launch of the Incident Management Framework, both include the importance of using Datix Cymru to record all information and ensuring it is regularly updated. This will also be included within any addition training in respect of the new Complaints Policies and Procedures. |
| Concerns 8.2 | Feb-22 | Limited | Where cases remain open beyond 30 days, ongoing progress contact should be maintained with the complainant and evidence of this retained within Datix. | Medium | Will be addressed in the development of the SOPs as per 1.2 and included as part of the training programme as per 3.1a. | Director of Corporate Governance/ Board Secretary | Interim Head of Concerns, Redress & Legal | Apr-22 | Now September 2022 | | In progress | October 2022 Update<br>Training is taking place in respect of Datix Cymru and the training which has supported the launch of the Incident Management Framework, both include the importance of using Datix Cymru to record all information and ensuring it is regularly updated. This will also be included within any additional training in respect of the new Complaints Policies and Procedures. | April 2022 Update - On hold until changes to the operating model. June 2022 4A review of all Policies and associated SOPs has begun and will incorporate the new operating model. Progress on this action has been slow due to the Complaints Manager not being in post and focus on changes to the operating model.<br>Completion of Datix will be incorporated into the training package.<br>August 2022 Update - Complaints opened over 30 working days are regularly monitor via the weekly data review meeting and the Executive Patient Safety meeting. Updates to patients/familys will be incorporated into the Quality Assurance and Audit Programme being developed in August.<br>Complaints Polices and Procedures are being reviewed in August and September. The centralisation of the quality and safety function with alignment to care groups should ensure a more consistent approach. Findings of the audits will be shared and acted upon, with current capacity constraints will be addressed following the implementation of the new operating model. |

**CTM**
**Interna**
**[date]**

| Ref | Date added | Assurance rating | Recommendation | Priority | Management Action Agreed | Responsible Executive Lead/Management Lead | Responsible Management Lead | Original Agreed Implementation Date | Revised Implementation Date | Status | Progress | Updates during this period/Latest Update | Previous Updates |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Concerns 10.1 | Feb-22 | Limited | CSGs and ILGs should be able to demonstrate through meeting minutes or action notes the level of scrutiny that takes place in relation to concerns data to ensure inactivity is challenged, progress is made, and management are fully sighted on the issues in their area of responsibility. | Medium | 10.1a Monthly performance meetings with the ILGs and CGS to continue. 10.1b CSG scrutiny panel to continue. 10.1c Weekly assurance meetings with the CSGs to continue . 10.1d Development of a standard agenda template and standard concerns management template with KPI to ensure consistent scrutiny across all ILGs. 10.1e Director of Corporate Governance to attend ILG Performance Meetings for the purpose of seeking assurance on concerns data. | Director of Corporate Governance/ Board Secretary | ILG Heads of Quality & Safety | Immediatley | Now December 2022 | | Part Completed | October 2022 Update<br>10.1/10.b/10.c - Various reports are already available and presented at various committees. The Datix team are reviewing reports and are tranisitioning from ILG reporting to Care Group reporting. Dashboards are being developed for Care Groups, and training is being rolled out to support key users to be able to run reports and access data "live".<br><br>The Head of Concerns & Business Intelligence for CTM is co-chair of the All Wales work stream on Data, Business Intelligence and Dashboards. CTM have volunteered to be a pilot site for the Business Intelligence tool within Datix Cymru as part of the Phase 2 roll out.<br>The centralisation of the quality and safety function should assist in moving forward in a uniform way in respect of quality and safety.<br>10.1d - Standardisation of Governance process and various care group specific committees/groups will be undertaken when the new operating model is implemented.<br>10.1e - The Director of Corporate Governance has held various ad hoc meetings with ILGs, in particular in relation to Learning from Events. The Assistant Director of Concerns & Claims attends a weekly data review meeting whereby Complaints monitoring and management is discussed along with 30 wk day compliance, along with LFERs. Lessons are shared across the 3 ILGs | 10.1a/10.1b/10.1c April 2022 Update - Performance meetings continue across the ILGs and CSGs. These include review of complaints management, 30 wk day complaince and learning. These may become more standardised when the operational model is reviewed and changed. 10.1d April 2022 Update - This will be developed following review of the Operating model. 10.1e April 2022 Update - The Director of Corporate Governance has held various ad hoc meetings with ILGs, in particular in relation to Learning from Events. The Assistant Director of Concerns & Claims attends a weekly meeting whereby Complaints monitoring and management is discussed along with 30 wk day compliance. Lessons are shared across the 3 ILGs. June 2022 10.1a/10.1b/10.1c - Detailed reports are provided by the Datix team and these are used to monitor performance across ILGs and CSG.<br>Monitoring will have a more uniform approach once changes are made to the operating model.<br>10.1d - Standardisation of Governance process and various care group specific committees/groups will be undertaken when the new operating model is implemented.<br>10.1e - The Director of Corporate Governance has held various ad hoc meetings with ILGs, in particular in relation to Learning from Events. The Assistant Director of Concerns & Claims attends a weekly meeting whereby Complaints monitoring and management is discussed along with 30 wk day compliance. Lessons are shared across the 3 ILGs.<br>August 2022 Update - 10.1/10.b/10.c - Various reports are already available and presented at various committees. The Datix team and OfWCMS team will move into the portfolio of the Director of Corporate Governance from 1st August 2022 A review of reports provided by the team will be undertaken in line with the changes to the operating model. Dashboards will be developed where possible to avoid the need to run reports, enabling service areas to view data "live". Engagement with the OfW National Team in respect of the Business Intelligence tool which is due to be rolled out as part of Phase 2 of the OfWCMS (Datix Cymru), will continue to ensure that CTM are abreast of any developments in respect of business intelligence. CTM will volunteer to be part of any pilot work in respect of the new business intelligence tool.<br>The centralisation of the quality and safety function should assist in moving forward in a uniform way in respect of quality and safety.<br>10.1d - Standardisation of Governance process and various care group specific committees/groups will be undertaken when the |
| Fire Safety Management 11.1 | Feb-22 | Limited | Management should confirm an appropriate timeline to update drawings in respect of compartmentation for all sites. | Medium | Capital and Estates Governance Board will action and provide assurances to the Health, Safety and Fire Sub Committee | Director for People | Head of Capital & Estates | Jun-22 | Now December 2022 | | In progress | Update October 2022 - The Estates Team have appointed a fixed term member of staff to complete this activity. Person started in September 2022 and an update will be provide at the next review to identify a compliance date. Work has started and a GAP analysis is being undertaken to identify any gaps, once the field work has been done a better understanding of timescales can be provided. | April 2022 Update - Work ongoing by the Capital and Estates Team. August 2022 Update - no further update provided on this occasion |
| Fire Safety Management 12.1 | Feb-22 | Limited | Management should confirm a process of review of local procedures in respect of each high-risk action addressed. | Medium | Capital and Estates Governance Board will action and provide assurances to the Health, Safety and Fire Sub Committee | Director for People | Head of Capital and Estates | Jun-22 | Now December 2022 | | In progress | Update October 2022 - The Estates Team have appointed a fixed term member of staff to complete this activity. Person started in September 2022 and an update will be provide at the next review to identify a compliance date. | April 2022 Update - Work ongoing by the Capital and Estates Team. Current Procedure to be reviewed and revised where necessary. August 2022 Update - no further update provided on this occasion |
| Patient Pathway Appointment Management Process Follow Up 3.1 | Jun-22 | Limited | Management should establish if staff in the Rhondda Taf Ely and Merthyr Cynon ILGs areas can be provided with the same access to watch lists within WPAS as staff in Bridgend ILG, allowing all staff to be able to view and then monitor each other's watch lists.<br>If this functionality is not available, then our original recommendation should be implemented. A review of the watch list process should be undertaken and following that guidance produced that ensures all Medical Secretaries are using a standard approach that is user friendly and does not restrict access, allowing visibility to other staff members | Medium | This will be addressed by the ILG with colleagues from Performance | Chief Operating Officer | ILG Directors of Operations / Head of Information | Sep-22 | | | In progress | October 2022 Update - no further comment, will be picked up as part of re-focus on this audit. | August 2022 Update - Date remains September 2022. |
| POW Theatres Fire Safety Works 1.2 | Aug-22 | Limited | The Health Board should appropriately define and operate project linkage to the Senior Responsible Officer. | Medium | Agreed - This will be put in place to consider the options appraisal.<br>The executive structure and personnel changed across this time. The project involves Health & Safety, Capital, and Strategy & Planning. The role of Senior Responsible Officer was therefore re-allocated.<br>The project is currently being re-appraised. Subsequent to this, and pending the options appraisal to Welsh Government, governance will be further addressed as appropriate for the approved scheme. The CEO has also been in receipt of regular informal briefings from the Project Director. | Director of Strategy & Transformation | Project Director | Aug-22 | Now November 2022 | | In progress | October 2022 Update - Whilst appointments and structures are confirmed this remains outstanding | |

**CTM**
**Interna**
**[date]**

Red -
Orange -
Yellow - Action
Green - Action
Blue - Action

| Ref | Date added | Assurance rating | Recommendation | Priority | Management Action Agreed | Responsible Executive Lead/Management Lead | Responsible Management Lead | Original Agreed Implementation Date | Revised Implementation Date | Status | Progress | Updates during this period/Latest Update | Previous Updates |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| POW Theatres Fire Safety Works 3.1 | Aug-22 | Limited | The Health Board should ensure timely completion of contacts. | Medium | Agreed – though in this case, due to the bespoke nature of the contract – a single phase business case, this did not align with the national framework contract stages - requiring additional edit prior to issue. Covid also impacted timely return. | Director of Strategy & Transformation | Project Director | At future contracts | | | In progress | October 2022 Update - Until a way forward is agreed with WG this will not be required as no new contracts will be let | |
| POW Theatres Fire Safety Works 4.1 | Aug-22 | Limited | The Health Board should assess the methodology of awarding direct contracts at design and construction projects. | Medium | Agreed – we will ensure this at future awards. However, in the early stages of this project, we did not want to contractually commit to the full scheme at the outset, until the position had been appraised. | Director of Strategy & Transformation | Project Director | At future contract awards | | | In progress | October 2022 Update - This is a future recommendation at such a time post business case approval | |
| POW Theatres Fire Safety Works 4.2 | Aug-22 | Limited | The Health Board should confirm how value for money will be assured at the letting of the construction stage award for a Cost Adviser. | Medium | Agreed | Director of Strategy & Transformation | Project Director | Aug-22 | Now 2023 | | In progress | October 2022 Update - This will be reviewed at the letting of a contract for construction stage post business case approval in 2023 | |
| POW Theatres Fire Safety Works 4.3 | Aug-22 | Limited | The Health Board should ensure appropriate contractual arrangements are in place for the Cost Adviser. | Medium | Agreed | Director of Strategy & Transformation | Project Director | Aug-22 | Now 2023 | | In progress | October 2022 Update - This will be addressed on letting the contract post business case approval in 2023 | |
| POW Theatres Fire Safety Works 6.1 | Aug-22 | Limited | Upon recommencement of the project, management should utilise Key Performance Indicators in accordance with the contract. | Medium | Agreed. These will be applied as required. | Director of Strategy & Transformation | Project Director | Upon re-engagement with the SCP | Now 2023 | | In progress | October 2022 Update - This will be addressed on letting the contract post business case approval in 2023 | |
| POW Theatres Fire Safety Works 8.1 | Aug-22 | Limited | Management should ensure appropriate reporting, forecasting and management of project costs, for each project phase, to a project group, accountable for delivery, including overall project reporting of:<br>• contacted sums;<br>• cash flow budgeted to date;<br>• expenditure to date;<br>• forecast out-turn; and<br>• associated variance commentary. | Medium | Agreed. However, profiled costs are provided from the Supply Chain Partner. There is formal cost monitoring in terms of performance against funding to ECMG and monthly reviews of capital costs. Further reporting of the formats suggested will follow as appropriate upon review pending scale of the revised proposal. | Director of Strategy & Transformation | Project Director | Aug-22 | Now 2023 | | In progress | October 2022 Update - This will be addressed on letting the contract post business case approval in 2023 | |

**CTM**
**Interna**
**[date]**

| Ref | Date added | Assurance rating | Recommendation | Priority | Management Action Agreed | Responsible Executive Lead/Management Lead | Responsible Management Lead | Original Agreed Implementation Date | Revised Implementation Date | Status | Progress | Updates during this period/Latest Update | Previous Updates |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| POW Theatres Fire Safety Works 9.1 | Aug-22 | Limited | Pending the outcome of the options appraisal, in the circumstance that Theatres reprovision remains within preferred option, the Project Board should re-assess procurement options to ensure value for money. | Medium | Agreed. This will be undertaken at the future procurement. | Director of Strategy & Transformation | Project Director | At confirmation of the preferred option | Now 2023 | | In progress | October 2022 Update - This will be addressed on letting the contract post business case approval in 2023 | |
| POW Theatres Fire Safety Works 10.1 | Aug-22 | Limited | A costed risk register should be regularly maintained and reported, as applicable to the current project phase. | Medium | Agreed | Director of Strategy & Transformation | Project Director | Aug-22 | Now November 2022 | | In progress | October 2022 Update - This will be developed and included at business case stage once a preferred option is identified in November | |
| POW Theatres Fire Safety Works 10.2 | Aug-22 | Limited | Management should actively monitor and report the value of residual risk v remaining contingency. | Medium | Agreed | Director of Strategy & Transformation | Project Director | Aug-22 | Now 2023 | | In progress | October 2022 Update - This will be addressed on letting the contract post business case approval in 2023 | |
| POW Theatres Fire Safety Works 10.3 | Aug-22 | Limited | Risks should be individually assigned to those best placed to control them, with time parameters for action. | Medium | Agreed | Director of Strategy & Transformation | Project Director | Aug-22 | Now November 2022 | | In progress | October 2022 Update - This will be developed and included at business case stage once a preferred option is identified in November | |
| POW Theatres Fire Safety Works 10.4 | Aug-22 | Limited | An exception report should be published of targeted risk mitigations not achieved. | Medium | Agreed | Director of Strategy & Transformation | Project Director | Aug-22 | Now 2023 | | In progress | October 2022 Update - This will be addressed on letting the contract post business case approval in 2023 | |
| POW Theatres Fire Safety Works 2.1 | Aug-22 | Limited | The Health Board should confirm that resource requirements are appropriately assessed utilising a detailed resource schedule at the business case stage. | Low | Agreed. The project has been adequately resourced with two internal officers to date. Formal application for resources would be made at a formal business case, and we will look to make appropriate application at that time. | Director of Strategy & Transformation | Project Director | At the business case | Now 2023 | | In progress | October 2022 Update - This will be addressed on letting the contract post business case approval in 2023 | |

**CTM**
**Interna**
**[date]**

| Ref | Date added | Assurance rating | Recommendation | Priority | Management Action Agreed | Responsible Executive Lead/Management Lead | Responsible Management Lead | Original Agreed Implementation Date | Revised Implementation Date | Status | Progress | Updates during this period/Latest Update | Previous Updates |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| POW Theatres Fire Safety Works 7.1 | Aug-22 | Limited | The Health Board should obtain advice from NWSSP: Specialist Estates Services in relation to a performance bond for construction works | Low | Agreed | Director of Strategy & Transformation | Project Director | Aug-22 | Now 2023 | | In progress | October 2022 Update - This will be addressed on letting the contract post business case approval in 2023 | |
| Nurse Agency Usage 01 | Apr-20 | Reasonable | 1. Clarity should be provided as to whether the Staff Bank Policy Induction<br>Checklist (Appendix C) should be completed or the more recently revised<br>'Ward induction checklist for bank and agency workers'.<br>2. Ward Managers / the Nurse in Charge should be reminded of the importance<br>to complete the induction checklist to ensure that new agency nurses are appropriately orientated and provided with relevant health and safety<br>overview of the ward they are due to work on. | High | Induction check list to be reviewed and agreed by Heads of Nursing.<br>Ward Managers & Senior Nurses to receive updated check list that must be completed for all new Bank and agency nurses.<br>Updated Bank/Agency Nurse Induction Checklist to be included into the revised Staff Bank policy. | Director for People | Head of Corporate Nursing | March 2020/April 2020/August 2020 | February 2021<br>June 2021<br>Now September 2021 Now December 2021<br>Now April 2022 Now July 2022 Now August 2022<br>Now October 2022<br>Now December 2022 | | In progress | October 2022 Update - The policy has had to be stalled due to changes needed to the agency booking process required by the Nurse Productivity Programme Board. This renewed process is currently with nursing leadership to approve, which is a part of the bank policy. Once this has been approved, the policy will then progress through the route to ratification. | November 2020 Update - The Bank Policy is being updated during December 2020/Januay 2021. The updated policy will consist of a review and update of all the bank and agency forms. January 2021 update - Policy has been completed and is awaiting review by policy sub groups. APRIL 2021: Amendments came back via policy infrastructure, which will be incorporated into the policy draft for approval. This will be taken through the Health Board's policy group by Jun-21. Revised implementation date provided. July 2021 Update - Policy development group has been difficult to complete due to the pandemic and poor attendance at meetings to make them quorate. The policy is still under review in conjunction with the union representation, but has been completed. It needs a final review with the group before being sent to the policy group for ratification. The revised date for policy being live will slip to September. Sept 21 update: Due to inability to get interested parties to agree on the final policy, alongside the cancellation of the last 2 meetings for not being qourate, the policy has not progressed further. The policy is awaiting agreement in partnership to progreess to polciy group.<br>November 2021 Update - Draft Staff Bank Policy scheduled for Policy Review Group on 18th November 2021. January 2022 Update - Policy sent to policy group for ratification. Apr 2022 – The policy was sent through the ratification route. Comments on the content were made post the policy review group meeting. These comments have been taken away and are actively being worked upon by the Deputy Director of Nursing & the Staff Bank Manager. The Policy will then be resubmitted to the policy group in May, if approved this will then progress to the LPF and be signed off for use in the UHB. June 22 update – The policy has been updated and is progressing through the approval process. August 2022 update – The |
| Nurse Agency Usage 02 | Apr-20 | Reasonable | 1. The Bank / Agency Nurse Quality Monitoring Form should be reviewed to ensure it is fit for purpose and provides a suitable means for the routine monitoring of the quality of work provided by agency staff.<br>2. Ward Managers should be reminded of the need to complete the quality monitoring form and returning it to the Bank office as a means of formally evaluating the performance of agency nurses and aiding and informing any<br>future acceptance or rejection of potential agency nurses in the event of query or concern.<br>3. The Clinical Incident Reporting for Agency Staff flowchart and the Staff Bank Policy should be reviewed to ensure consistent guidance for managing and monitoring issues relating to the quality of service provided by agency staff. If<br>the flowchart is the Heath Boards preferred approach, all Ward Managers should be made aware that in line with the agreed flowchart, incidents are appropriately and consistently recorded on DATIX to allow effective monitoring.<br>4. Attempts to cross-reference patient experience data and agency usage data should take place with a view to identifying trends. Outcomes should be | High | Revised Clinical Incident Reporting flowchart to be placed into the Staff Bank Policy.<br>Bank / Agency Nurse Quality Monitoring Form will be reviewed to ensure it is fit for purpose and amendments made for updated policy in August 2020.<br>The cross-referencing of patient experience and agency use data is something that we will look into. In the first instance we will need to see if data in relation to patient experience can be obtained from colleagues in the Health Board and we will look to see if meaningful reports can be produced.<br>In the mean-time we will continue to review specific concerns that have been raised via our routine processes. | Director for People | Head of Corporate Nursing | Aug-20 | October 2020<br>February 2021<br>June 2021<br>Now September 2021<br>Now December 2021<br>Now April 2022 Now July 2022 Now August 2022<br>Now October 2022<br>Now December 2022 | | In progress | October 2022 Update - The policy has had to be stalled due to changes needed to the agency booking process required by the Nurse Productivity Programme Board. This renewed process is currently with nursing leadership to approve, which is a part of the bank policy. Once this has been approved, the policy will then progress through the route to ratification. | July 2020 Update - The policy will be written in September 2020, which will coincide with the change in recruitment processes for staff bank workers. Roll out and publication of the policy will be completed by end of October 2020. November 2020 Update - The Bank Policy is being updated during December 2020/Januay 2021. The updated policy will consist of a review and update of all the bank and agency forms. July 2020 Update - Due to outbreak of covid-19 and consequent pressure on staff bank to recruit additional bank workers to support exsisting and new HB services has meant a delay in starting this policy. January 2021 Update - No further chnage/update.<br>APRIL 2021: See above for policy amendments. Remaining recommendations delayed due to the pandemic but will be taken forward in the same timeframe as the policy approval. Revised implementation date provided. July 2021 Update - Policy development group has been difficult to complete due to the pandemic and poor attendance at meetings to make them quorate. The policy is still under review in conjunction with the union representation, but has been completed. It needs a final review with the group before being sent to the policy group for ratification. The revised date for policy being live will slip to September. Sept 2021 update: Due to inability to get interested parties to agree on the final policy, alongside the cancelleation of the last 2 meetings for not being qourate, the policy has not progressed further. The policy is awaiting agreement in partnership to progress to polciy group.<br>November 2021 Update - No further update provided. January 2022 Update - Policy sent to policy group for ratification.<br>Apr 2022 – The policy was sent through the ratification route. Comments on the content were made post the policy review group meeting. These comments have been taken away and are actively being worked upon by the Deputy Director of Nursing & the Staff Bank Manager. The Policy will then be resubmitted to the policy group in May, if approved this will then progress to the LPF and be signed off for use in the UHB. June 22 update – The policy has been updated and is progressing through the approval process. August 2022 update – The policy is yet to be ratified. The LPF has not sat since the last audit report return as it was cancelled, to allow for ratification of the policy through the appropriate route. The policy will be taken to the next LPF in September 2022. |
| Directorate Review Acute Medicine & A&E 13 | Aug-20 | Reasonable | An inventory of non-capital assets should be developed for each department<br>within the directorate, detailing their assets, which fit under the definition of<br>inventory as detailed within the Financial Control Procedure. | High | It is accepted that this area needs attention and this will need to be prioritised by the CSG general managers during 2020-21 once supporting staffing structures are in place. | Chief Operating Officer | General Manager | Apr-21 | 01/05/2021 August 2021/April 2022 Now September 2022 | | In progress | October 2022 Update - the situation remains the same, the view of the Directorate is that there is not at present the capacity to complete this task. | RTE ILG January 2021 Update - action has been delayed due to the COVID pandemic and this area will need to be addressed in 2021-22. March 2021 Update - This will be an area for focus in the future – further action will be completed asap. May 2021. A check has been made across the old Cwm Taf Directorates and a review has been taken on this issue. This does remain a key risk – and both MC and RTE recognise that it will take time to be complete. The CSG Manager in MC has recently sent out information to staff and anticipates an earlier resolution than RTE but it is recognised in both areas.<br>July 2021 Update - no change for RTE and MC ILGs at present however this remains on the agenda. September 2021 Update. No change to report, the target date remains April 2022. November 2021 Update - Target date is April 2022 - nothing further to report. February 2022 Update - the Directorate at MC has established a link with Procurement colleagues to work on this. In RTE, the pressure of work means that there is no update yet and no further action taken. April 2022 Update - Further improvement in MC - the process has staretd and the anticipated completion is September 2022. June 2022 Update - target remains September 2022, though this will be difficult given the amount of detailled work that will be required within existing staffing profiles. August 2022 Update.<br>For MC, the completion date remains at September 2022. For RTE, this is still an aspiration but not one that the CSG can support at present |
| PCH Redevelopment Governance Audit 03 | Apr-21 | Reasonable | Appropriate arrangements will be made to ensure that vacancies identified within the resource schedule are filled as a matter of priority (O). | High | Agreed.<br>All of the appointments for additional resources are progressing and the Senior Responsible Officer has confirmed that all are permanent positions (Noting that the appointments are for a 5.5 year construction programme and employment rights become permanent due to this duration). Responsibility for the appointments rests with departmental heads to progress these positions with assistance from the Major Projects Unit. | Director of Finance | Deputy Senior Responsible Officer | Mar-21 | 01/08/2021 Now November 2021<br>Now May 2022<br>Now August 2022<br>Now October 2022 | | In progress | October 2022 update - The application date for the IPC post closed on 5/10/22 with interviews scheduled for 17/10/22. In the meanwhile, the project continues to be covered by the Deputy Lead Infection Prevention Control Nurse and Decontamination Officer. | May 2021 Update - One Commissioning Officer in post.<br>2 Estates posts addressed; Offer made and being processed for Informatics Officer and additional hours granted to part time Officer.<br>2 Estates post being addressed; applications received with no suitable candidates, being re-advertised.<br>Discussion held with IT about committing resource to project of Contracted member of staff.<br>Discussion held with IPC regarding need to advertise for post.<br>Agreement obtained from NWSSP Audit (E.Jones) that Implementation Date becomes end of July due to new RO in post.<br>July 2021 Update - Arrangements in place to resource the project requirements. October 2021 - Follow up report received which identified that this recommendation was Partially Implemented. Requirements as specified at the Full Business Case for Phase 2 are currently being reviewed for adequacy. A number of posts have been filled with only two posts remaining – having not been filled following advertisement. November 2021 - Of the two posts that remained to be filled, the Estates Officer post has been awarded and is awaiting confirmation of a start date from the appointee. The IPC post has been advertised twice with no applicants showing interest. The grading of the post is being reviewed. February 2022 update -<br>The remaining Estates Officer will be in post by the end of February 2022.<br>The IPC post is currently being re-advertised one more time at Band 7. If there are no suitable applicants, advertising at a Band 6 will be considered to attract a different profile of candidate. April 2022 Update -<br>The Estates Officer appointment is in post.<br>The IPC post has had no applicants when advertised twice. The job description is being revised before being advertised again. In the meantime, the project is being covered by the Deputy Lead Infection Prevention Control Nurse and Decontamination Officer.<br>June 2022 Update - In light of inability to attract interest in the post, dialogue is to be undertaken with Welsh Government to request that the funding be used to appoint Band 3 nurses to release the Senior Infection Prevention Control Nurse to the project.<br>In the meanwhile, the project is being covered by the Deputy Lead Infection Prevention Control Nurse and Decontamination Officer. August 2022 Update - The post remains unfilled despite repeated advertisements. The project continues to be covered by the Deputy Lead Infection Prevention Control Nurse and Decontamination Officer. |

**CTM**
**Interna**
**[date]**

| Colour | Key |
|---|---|
| Red | Red - |
| Orange | Orange - |
| Yellow | Yellow - Action |
| Green | Green - Action |
| Blue | Blue - Action |

| Ref | Date added | Assurance rating | Recommendation | Priority | Management Action Agreed | Responsible Executive Lead/Management Lead | Responsible Management Lead | Original Agreed Implementation Date | Revised Implementation Date | Status | Progress | Updates during this period/Latest Update | Previous Updates |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Welsh Language Standards Compliance 04 | Oct-21 | Reasonable | 4.1) Management should review and enhance the reporting and monitoring structures which are currently in place and implement a robust system which provides assurance both to senior management but also provides feedback to the departments and ILGS responsible for implementing Standards.<br>In order to implement this management should consider:<br>• Setting up local Welsh Language Standards working groups within the departments and ILGs which are attended by the key leads from those areas and the Welsh Language Manager, thus allowing localised progress to be given on the status of the action plans and relevant support.<br>• These groups could feed into an overall Welsh Language Group, whose membership should consist of relevant staff from Workforce & Organisational Development along with other areas across the Health Board along with representatives from the local working groups and the Welsh Language Manager. Findings and best practice from ward audits should be shared at this group.<br>• Regular updates against the Standards should be provided to Board, via the People and Culture Committee who are responsible for | High | 4.1) The Welsh Language Manager will engage with the ILG SMTs, to determine the feasibility and benefits of establishing local ILG Welsh Language Working Groups and how these would be managed and supported by the Welsh Language Manager.<br>Reporting and monitoring of progress will be strengthened by the requirement for regular compliance reporting, from the nominated Senior ILG leads to the Welsh Language Working Group. The reporting will be further enhanced by having a standard agenda item of "sharing examples of good practice" to assist achievement of compliance in other areas. This information will be provided to the nominated senior ILG lead by the network of ward Welsh Language Champions.<br>The People and Culture Committee when developing its cycle of business for 2022 will incorporate Welsh Language Standards Compliance updates, to be presented and report twice yearly, to provide assurance to the Board. | Director for People | Welsh Language Group Manager/Assistant Director of Workforce/ILG Leads | Oct-21 | Now December 2021<br>Now March 2022<br>Now May 2022 Now August 2022<br>Now October 2022<br>Now December 2022 | | In progress | October 2022 update - The Terms of Reference for the Welsh Language Steering Group have been reviewed and amended to reflect the new Operating Model. The first meeting of the WL Steering group has been deferred until December 2022, as some of the key Care Group appointments are still outstanding. The Welsh Language Annual report has been published in accordance with the statutory requirement. | November 2021 Update - A new Welsh Language Committee will meet for the first time in December 2021. Senior leadership will be made aware of their responsibilities in this meeting. Action plans will be distributed and returned to the Welsh Language Manager. Highlight reports and good practice will be shared with the Committee. Formal monitoring and reporting will be via the new Welsh Language Committee to the People and Culture Committee. The first report will be sbmitted by March 2022 which will co-incide with the writing of the Welsh Language Standards Annual Report. Update Jan 2022 -<br>(4.1) The first meeting of Health Board's Welsh Language Committee was unable to meet in December 2021, due to COVID-19 Service and staff pressures. The meeting has been rescheduled for 17 March 2022.<br>1.1) The WL Manager contacted senior ILG leads in February and met Bridgend ILG 1.2) A new action plan template document has been created will be dated and version controlled to allow progress to be mapped . June 2022 4.1) The Welsh Language Steering Group arranged for the 17 March 2022 was postponed. The meeting is in the process of being rescheduled. The Welsh Language Services Manager has met with 7 service areas with a further 8 scheduled during May and June to set departmental/service level action plans, and has been invited to RTE ILG governance and business meeting and Senior Nurse Professional Forum in June to progress this work further.<br>The Welsh Language Annual Report is currently being developed and will be presented to the People and Culture Committee in August 2022, prior to being published in September 2022. Welsh Language Standards are now built into People and Culture Committee cycle of business. August 2022 Update - The Terms of Reference for the new Welsh Language Steering Group are currently being revised to reflect the Health Boards New Operating Model and Management Structures. It is anticipated the first meeting of the Welsh Language Steering Group will take place during October 2022. Welsh Language Report etc. for endorsement and approval are being presented to the Executive Leadership Group for endorsement and People and Culture Committee for approval. The Welsh Language Annual Report is currently being scrutinised via this route, in preparation for publication in September 2022. |
| CHC and FNC 8.0 | Feb-22 | Reasonable | formalised reporting structure should be put in place that allows the monitoring and scrutiny of CHC data to take place at varying levels within the Health Board, and to facilitate management in being able to make informed decisions around the delivery of the service and care packages provided. | High | CURRENT REPORTING MECHANISMS<br>• In light of the current review of the Health Board's operating model, it is agreed that CHC reporting and monitoring will be included as part of this review and will incorporate any reporting management tool identified by Welsh Government in the new framework.<br>• Prior to the review of the operating model, CHC / FNC will be a standing agenda item on monthly Community Service Group performance meeting agendas. Reporting to Health Board Quality and Safety Committee and Planning, Performance and Finance Committee will commence. | Chief Operating Officer | Lead Nurse for CHC and NHS Funded Care | May-22 | Now July 2022<br>Now October 2022 | | In progress | October 2022 Update - Paper went to Quality & Safety Committee in September 2022. Actions required following Committee. The team are working through these to strengthen reporting across the organisation and the new operational model. | April 2022 Update - No update this month due to sickness of Lead Nurse. Anticipated that there will be more to report at the next meeting. June 2022 Update. This is subject to ongoing development with a pivot table being worked on. Ongoing work to consider how this will be cascaded in new operating model alongside Finance. August 2022 Update - paper to go to Board to progress in September 2022. |
| Overtime & Additional Hours 5.0 | May-22 | Reasonable | The functionality available in Health Roster to monitor compliance with the various Working Time Regulations requirements should be used to ensure staff are not in breach of regulations. For those areas not using Health Roster, managers should routinely monitor the hours and working patterns of staff to ensure they are not in breach of WTRs. To do this effectively, they should be aware which staff have opted out of the WTRs and therefore know the upper limit of hours to be worked in a week. | High | The UHB will turn on the Health Roster functionality to block book bank / agency workers to work any non-WTR compliant shifts.<br>The revised Overtime Policy will set out the line manager's responsibility to routinely monitor the hours and working patterns of their staff, to ensure compliance with WTRs, when Health Roster is not used. The Policy will also require the manager to check whether their staff who regularly work overtime have completed a WTR Opt-Out Form. The Overtime Policy will be cross referenced with the WTR Policy | Director for People | Head of Workforce Productivity and eSystems Assistant Director of Policy, Governance and Compliance | July 2022<br>November 2022 | Now January 2023 | | In progress | October updated 2022 - A policy task and finish group has now been established to review this policy. The first meeting of the group will take place in October 2022 and will ensure audit recommendations are incorporated. | August 2022 Update - The Overtime Policy will be reviewed by the Workforce Policy Review Group in September 2022. The review will take into consideration the internal audit recommendations. |
| Welsh Risk Pool Claims 1.3 | Jun-22 | Reasonable | To prevent future issues arising, management should ensure all staff are aware of the requirement to capture learning information in Datix at the point of investigation, in order to support the administrative process for reimbursement and to allow appropriate learning to be shared in good time. | High | Staff to be reminded of importance of updating Datix Cymru for all incidents and concerns, using various methods such as management discussions, Datix Cymru training programme, patient safety discussions. | Director of Corporate Governance/ Board Secretary | Assistant Director of Patient Safety/Assistant Director of Concerns & Claims/Care Group Leaders | Jun-22 | Now January 2023 | | In progress | October 2022 Update<br>Training is taking place in respect of Datix Cymru and the training which has support the launch of the Incident Management Framework, both include the importance of using Datix Cymru to record all information and ensuring it is regularly updated.<br>This will also be included within any additional training in respect of the new Complaints Policies and Procedures.<br><br>Capturing learning is a key focus of the new Incident Management Framework and associated training.<br><br>The Listening and Learning Framework was launched at a Listening and Learning event in September. As part of this a learning repository is being developed to capture and share learning across the organisation. | August 2022 Update<br>Training is taking place in respect of Datix Cymru and the training which has support the launch of the Incident Management Framework, both include the importance of using Datix Cymru to record all information and ensuring it is regularly updated.<br>This will also be included within any addition training in respect of the new Complaints Policies and Procedures.<br><br>Capturing learning is a key focus of the new Incident Management Framework and associated training.<br><br>Listening and Learning Framework in draft format, due to be rolled out in September 2022. Inaugural Learning from Events Day to be undertaken in September. |
| Financial Systems 8.1 | Jun-22 | Reasonable | Management should ensure that staff responsible for approving requisitions and processing purchase orders are aware of the correct procurement process as stated in the Requisition of Goods and Services FCPO and the All-Wales No PO No Pay policy. | High | Procurement will increase the training and cascade information relating to the No PO No Pay policy.<br>We will identify the areas of retrospective ordering, implement a plan and ensure bespoke training to these areas. | Director of Finance | Head of Procurement | Jul-22 | Now August 2022<br>Now November 2022 | | In progress | October 2022 Update - All FCPs are being reviewed as part of the new delivery model and update of the SoD. Therefore the FCP will be updated once the new SoD has been approved. CTM systems ensuring training undertaken prior to giving Oracle access to new users, and refresher training being developed. As part of the Finance Delivery Unit AW P2P group,( SRO - DOF Swansea Bay) the No PO policy and exemption list is being reviewed together with a Communications plan through an AW Task & Finish group. Outline paper with planned approach going to AW P2P group 17th November. CTM already undertaking focused P2P training, Facilities and Estates completed, further lunch and learn sessions being scheduled monthly to target Non compliant areas. | August 2022 Update - All FCPs are being reviewed as part of the new delivery model and update of the SoD. Therefore the FCP will be updated once the new SoD has been approved. As part of the Finance Delivery Unit AW P2P group, the No PO policy approach within HBs is being developed as best practice within the HB, and internal communication to Directorates is being strengthened and re-issued by Oct 2022. |

**CTM**
**Interna**
**[date]**

Red -
Orange -
Yellow - Action
Green - Action
Blue - Action

| Ref | Date added | Assurance rating | Recommendation | Priority | Management Action Agreed | Responsible Executive Lead/Management Lead | Responsible Management Lead | Original Agreed Implementation Date | Revised Implementation Date | Status | Progress | Updates during this period/Latest Update | Previous Updates |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Directorate Review Radiology Management Arrangements 02 | Jul-19 | Reasonable | All Radiology specific policies and procedures should be documented in a central record and assigned an 'owner' responsible for ensuring their assigned policies and procedures are maintained up to date. All directorate specific policies and procedures should be made available to all directorate staff via SharePoint. | Medium | Currently moving forward with a new SharePoint site for Radiology – linking with Karl Carpenter (Digital Services Manager) and maintenance of this will be part of the remit of a Superintendent Radiographer post currently being advertised within the Health Board. | Chief Operating Officer | Directorate Manager | Dec-19 | October 2020<br>March 2021 June 2021 August 2021<br>Now December 2021<br>Now September 2022 | | In progress | October 2022 Update - the Directorate is in the process of re-invigorating this recommendation. In addition, it is likley that after a follow up audit, a new Radiology report with a new recommendation about this is about to be produced, superceding this one. | March 2020 Update - Test site created by E-Business team. Awaiting further direction from Directorate. July 2020 Update - Work continues led by Dr Ally Yates, Consultant Radiologist to review all policies and procedures. Radiology has its own 'policy for making policies' based on the Health Board version. As policies are being renewed they are being put in to the new format and agreed although formal governance meetings in Radiology have drifted during Covid. With regard to the Sharepoint site a quick dummy site with some new features was developed but no further progress has been made.<br>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 two months. An update will be provided in March 2021. March 2021 Update - A test site was set up in March 2020 and the process of reviewing all policies started in June 2020 led by Dr Ally Yates. The appointment of the Head of Radiography post will take place imminently and this will aid implementation. A plan outlining expected completion dates will be worked on by the meeting in June 2021. Covid-19 has meant that this process has lost momentum.<br>May 2021 Update - A test site was set up in March 2020 and the process of reviewing all policies started in June 2020 led by Dr Ally Yates. The appointment of the Head of Radiography post will take place imminently and this will aid implementation - this post is going out for advertisement in July 21. A plan outlining expected completion dates will be worked on by the meeting in June 2021. Covid-19 has meant that this process has lost momentum. July 2021 Update - Process underway to update and amalgamate all policies from two distinctive ones to a whole HB approach, with the potential for some local discretion. Regarding updated policues, yes all updated policies will be available on Sharepoint. In addition POW have developed an app for use by SpRs with all policies and help available on their mobile phones. Pilot in POW due to start with August new intake and expect to roll out for next rotation.<br>September 2021 Update. Nothing further to add - target date remains December 2021. November 2021 Update - as a consequence of staff sickness there will be no update this quarter - it will be available for the next meeting. February 2022 Update - as a consequence of staff sickness there will be no update this quarter - it will be available for the next meeting. April 2022 Update - Nothing further to report for this meeting. Issue will be chased up in the coming month. June 2022 Update – New senior management support in the service. All procedures and policies have been reviewed and in shared folders. Full governance structure and review re-established across CTM from July 2022. Work continues for service usable SharePoint page with the superintendent leading. August 2022 Update. The new Interim CSGM has been asked for a response. It is anticipated that progress will be reported at the next meeting. |
| Medical Equipment and Devices Follow Up 03 | Feb-20 | Reasonable | While we understand that currently, the department does not have the resources to undertake a reconciliation of equipment that has been loaned to wards, consideration should be given to undertaking periodic checks between the equipment available in the library and the equipment recorded as being on loan on the system. | Medium | 1. Band 2 Equipment library Job Description is now matched – to be uploaded and advertised on TRAC to appoint staff. This will then enable periodic checks between the equipment available in the library and the equipment recorded as being on loan on the system to be undertaken.<br>2. Continued use of partial RF-ID system to be utilised with confirmation that data connection to RAM 5000 can be completed.<br>3. SON to be submitted to Capital for increased RF-ID system coverage for RGH (£244.8K), early indication from Capital is that a more detailed business case will be required as roll out to other sites is also required. | Chief Operating Officer | Assistant Director of Facilities | Apr-20 | September 2020<br>April 2021<br>July 2021<br>Now March 2022<br>Now September 2022 Now January 2023 | | Part Completed | October 2022 Update - New Deputy Engineering Manager has taken project lead as of September 22. There are still connectivity issues within POW, including issues with the handheld scanners connecting to the network. ICT has advised they will be creating a virtual server for POW on the IOT network, with our own dedicated bandwidth, this should negate the connectivity issues and promote effectiveness of the system, ICT have advised this should be completed by January 23. There have also been data transfer issues between the sites, ICT are in the process of rectifying this issue by re-configuring the network firewalls to allow data access. Kintetsu have been contacted to arrange the RFID software upgrade to version K2, to be completed in November 22 (TBC). Based on the above update, the target date has been moved to 31/01/2023. (DG 28/09/2022). | 1. April 2020 Update - B2 equipment library post - advertised – undergoing shortlisting. Target Date amended to reflect current circumstances regarding Covid-19 (DW 02/04/2020). 2. April 2020 Update - RF-ID –limited area in use – no further work done - however attempting to obtain further funding through technology funds from Welsh government in meanwhile. Target Date amended to reflect current circumstances regarding Covid-19 (DW 02/04/2020). 3. April 2020 Update - RF-ID –limited area in use – no further work done - however attempting to obtain further funding through technology funds from Welsh government in meanwhile. Target Date amended to reflect current circumstances regarding Covid-19 (DW 02/04/2020). 1. July 2020 Update - Interviews held. Recruitment checks in progress for successful candidiate (WG 02/06/2020). Start date confirmed as 20/07/2020 (WG 16/07/2020). 3. July 2020 Update - Business case to be developed for submitting to Capital/Finance to support phased approach to implementation on each site, with request from Finance to be revenue neutral. (WG 09/06/2020). 3rd draft of business case paper to be finallised with various options and costs for funding (WG 16/07/2020). 3. September 2020 Update - SON submitted to Capital and DOF on 30/07/2020, awaiting prioritisation and decision on funding. WG advised that target date has been amended to reflect this update, date amended to 31/03/2021 (DW 28/08/2020). 2. July 2020 Update - Identified costs in IMTP, some work performed by supplier for COVID equipment tracking for mapping sites. Equipment that is tagged will now update 'Last known location' field on RAM each night in background process if within areas with antennae or by using hand held device. Complete (WG 09/06/2020). 1. Role now in place. Complete (WG 28/08/2020) January 2021 Update - Additional hand-held devices have now been ordered and delivered. Further work is in progress by the supplier to implement the site mapping for the devices to be functional on PCH and POW sites. Further purchase orders are to be submitted for additional works and installation, presentation to be provided at next CMAG and ECMG in February 2021 for planning of future phase rollout. Total cost is £654K (WG 25/01/2021). March 2021 Update - 1 & 2. July 2020 Update - B4 Medical Device training co-ordinator in post, now advised of all new medical equipment installations, and overseeing user training prior to issue. Complete (PJ 17/07/2020). 3. January 2021 Update - New B6 medical device trainer now in post, with all new equipment purchases being referred to Rob Matthews prior to installation. Complete (PJ 06/11/2020).<br>1. April 2020 Update - Capital bid SON process finalised now following CTM transition and being used with all POWH Capital bid SONs now being added to the correct database for the 2020/21 capital year bids and will be used moving forward. Complete (DW 02/04/2020).<br>2. April 2020 Update - Capital bid SON process finalised now following CTM transition and being used with all POWH Capital bid SONs now being added to the correct database for the 2020/21 capital year bids and will be used moving forward. Complete (DW 02/04/2020).<br>3. May 2021 Update - For phase 1 equipment has arrived but further work is needed for implementation such as addressing wi-fi connectivity issues at POW, addressing new ICT issues with scanning large amounts of equipment in one area via handhelds, mapping locations into the system at PCH, and final installation of oxygen cylinder tracking and bed store equipment at RGH. This work is scheduled to begin in May / June 2021. Due to this the target date has been moved to 31/07/2021. It should be noted that now in place is that any new equipment is now being tagged as part of the RF-ID system and this will continue moving forward. (PJ WG 12/05/2021). 3. July 2021 Update - Wi-fi connectivity issues at POW are now resolved. ICT issues with scanning via handhelds has been resolved. Mapping locations is no longer viable under current circumstances with ward moves etc. Department lists will be used instead on Version 2 of software. Fixed reader points have been installed at RGH for extended coverage for oxygen cylinder tracking and bed store equipment. Supplier awaiting approval for remote access (to update and set system up to Version 2 of software and database) from ICT. Access issues for the tracking system on Citrix at POW need to be resolved with ICT. Quote received to apply fixed reader points to fully cover RGH site as next phase and will now be submitted to Capital for funding. Lead member from Clinical Engineering has now left the organisation, which has made planning and implementing the above works difficult. Based on the above updates, the target date has been moved to 31/03/2022. (WG DW 20/07/2021).<br>3. September 2021 Update - Supplier still awaiting approval for remote access (to update and set system up to Version 2 of software and database) from ICT. Access issues for the tracking system on Citrix at POW still being resolved with ICT. Quote received to apply fixed reader points to fully cover RGH site as next phase and submitted to Capital for funding, awaiting decision. (DW WG 20/09/2021).<br>3. November 2021 Update - CITRIX issue resolved at POW. Remote access issue resolved for supplier to install V2 software for BOC cylinder project. Other ICT anti-virus problem now affecting the system and is under investigation by ICT and Clinical Engineering to replicate and resolve to ensure reliable functionality. The additional quote did not get submitted as key member of staff supporting project left organisation, so it would not be viable to submit without the project / technical support to ensure a successful expansion project. There are other capital replacement schemes which have Clinical Engineering involvement and are higher in risk that are being progressed instead pending submission of an updated bid with |
| Nurse Agency Usage 03 | Apr-20 | Reasonable | 1. The Staff Bank Policy should be reviewed and updated as necessary to reflect current practice, process and systems in place within the Health Board. The policy should more explicitly reference the engagement and management of agency nurses as opposed to just focussing on Bank staff.<br>2. Where other relevant policies exist, such as the Rostering Policy, these should be cross-referenced within the Staff Bank Policy.<br>3. Where procedures are developed to supplement existing policies, reference should be made to the overarching policy and if necessary, the policy should be updated to reflect the existence of the procedure.<br>4. Senior Nurse Management across the Health Board should ensure the dissemination and awareness of the recently developed procedure for booking bank and agency nurses for use by Ward Managers and the Thornbury authorisation and approval pro forma. | Medium | The Staff Bank Policy will require updating to include the Collaborative Bank project which is due to commence in April 2020. The updated version will include appropriate references to the UH Rostering Policy.<br>The updated policy will include:<br>☐ The updated 'Booking Bank & Agency Nurses -Procedures for Ward Managers'<br>☐ The new Request for Thornbury Nurses proforma.<br>☐ The updated e-datix reporting algorithm<br>The following documents will be recirculated to Heads of Nursing.<br>☐ The updated The updated 'Booking Bank & Agency Nurses -Procedures for Ward Managers'<br>☐ The new Request for Thornbury Nurses proforma.<br>☐ The updated e-datix reporting algorithm<br>Heads of Nursing to ensure all the documents listed above are circulated to Ward Managers and Senior Nurses. | Director for People | | March 2020/April 2020/August 2020 | October 2020<br>February 2021<br>June 2021 Now September 2021<br>Now April 2022 Now July 2022 Now August 2022<br>Now October 2022<br>Now December 2022 | | In progress | October 2022 Update - The policy has had to be stalled due to changes needed to the agency booking process required by the Nurse Productivity Programme Board. This renewed process is currently with nursing leadership to approve, which is a part of the bank policy. Once this has been approved, the policy will then progress through the route to ratification. | July 2020 Update - The policy will be written in September 2020, which will coincide with the change in recruitment processes for staff bank workers. Roll out and publication of the policy will be completed by end of October 2020. November 2020 Update - The Bank Policy is being updated during December 2020/Januay 2021. The updated policy will consist of a review and update of all the bank and agency forms. July 2020 Update - Due to outbreak of covid-19 and consequent pressure on staff bank to recruit additional bank workers to support exsisting and new HB services has meant a delay in starting this policy. Jan 21 update - Policy has been completed and is awaiting review by policy sub groups. APRIL 2021: See above for policy amendments. Remaining recommendations delayed due to the pandemic but will be taken forward in the same timeframe as the policy approval. Revised implementation date provided.<br>July 2021 Update - Policy development group has been difficult to complete due to the pandemic and poor attendance at meetings to make them quorate. The policy is still under review in conjunction with the union representation, but has been completed. It needs a final review with the group before being sent to the policy group for ratification. The revised date for policy being live will slip to September. Sept 2021 update: Due to inability to get interested parties to agree on the final policy, alongside the cancelleation of the last 2 meetings for not being qourate, the policy has not progressed further. The policy is awaiting agreement in partnership to progreess to polciy group.<br>November 2021 Update - No further update provided. January 2022 Update - Policy sent to policy group for ratification. Apr 2022 – The policy was sent through the ratification route. Comments on the content were made post the policy review group meeting. These comments have been taken away and are actively being worked upon by the Deputy Director of Nursing & the Staff Bank Manager. The Policy will then be resubmitted to the policy group in May, if approved this will then progress to the LPF and be signed off for use in the UHB. June 22 update – The policy has been updated and is progressing through the approval process. August 2022 update – The policy is yet to be ratified. The LPF has not sat since the last audit report return as it was cancelled, to allow for ratification of the policy through the appropriate route. The policy will be taken to the next LPF in September 2022. |
| Nurse Agency Usage 04 | Apr-20 | Reasonable | 1. A review of the Temporary Nursing & Midwifery Staffing Decision Checklist (Appendix 5) contained within the Roster Policy should take place to ensure all aspects remain relevant. Consideration should be given if the checklist needs to be completed for every shift filled by an agency employee or if one checklist could be completed covering all agency shifts needed on a week's rota.<br>2. The importance of completing the checklist should be reiterated to the Nurse in Charge as means of supporting and substantiating the decision to use agency nursing. | Medium | Appendix 5 in the Roster Policy will be replaced with the updated 'Booking Bank & Agency Nurses -Procedures for Ward.<br>Heads of Nursing to ensure the checklist is re-circulated to Ward Managers and Senior Nurses emphasising the importance of the completion of the check list for all new bank and agency nurses to the ward areas/department. | Director for People | Head of Corporate Nursing | April 2020/May 2020 | August 2020<br>February 2021<br>June 2021<br>Now September 2021<br>Now December 2021<br>Now April 2022 Now July 2022 Now August 2022<br>Now October 2022<br>Now December 2022 | | In progress | October 2022 Update - The policy has had to be stalled due to changes needed to the agency booking process required by the Nurse Productivity Programme Board. This renewed process is currently with nursing leadership to approve, which is a part of the bank policy. Once this has been approved, the policy will then progress through the route to ratification. | Appendix 5 has been sent through to the workforce polict review group for the change to be made to the roster polocu it is in the agenda for the aug meeting. November 2020 Update - The Bank Policy is being updated during December 2020/Januay 2021. The updated policy will consist of a review and update of all the bank and agency forms. Jan 21 update - Policy has been completed and is awaiting review by policy sub groups. APRIL 2021: The Rostering Policy has been updated and is currently in the system for approval. A new Rostering Group has been established with Senior Nurses to ensure appropriate and consistent rostering practice across the Health Board. The Rostering Policy will be approved within the same timeframe as the Bank Policy. A revised implementation date has been provided. July 2021 Update - Policy development group has been difficult to complete due to the pandemic and poor attendance at meetings to make them quorate. The policy is still under review in conjunction with the union representation, but has been completed. It needs a final review with the group before being sent to the policy group for ratification. The revised date for policy being live will slip to September. Sept 2021 update: Due to inability to get interested parties to agree on the final policy, alongside the cancelleation of the last 2 meetings for not being qourate, the policy has not progressed further. The policy is awaiting agreement in partnership to progreess to polciy group.<br>November 2021 Update - No further update provided. Feb 2022 Update - Policy sent to policy group for ratification. Apr 2022 – The rostering policy is being reviewed at the next policy group in April 2022. Comments on the content can be made up to 2 weeks after this meeting. If there are none received, it will progress to the LPF and achieve final sign off for use in the UHB. June |

| Ref | Date added | Assurance rating | Recommendation | Priority | Management Action Agreed | Responsible Executive Lead/Management Lead | Responsible Management Lead | Original Agreed Implementation Date | Revised Implementation Date | Status | Progress | Updates during this period/Latest Update | Previous Updates |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Cyber Security Follow Up 05 | Jun-20 | Reasonable | **Original Recommendation** - The organisation should provide additional resource for a minimum defined period to allow for the data communications team to improve network security. **Updated Recommendation** - Work should continue to improve the network security of the Health Board. Following the firewall audit, the firewall rules should be amended to increase the security position. | Medium | **Original Management Response** - Data communications security will be addressed by the new posts discussed in finding 2. **Updated Management Response** - The firewall audit has been received and confirmed as accurate. Work has commenced in addressing the recommendations highlighted in the audit. The Cyber team have received the Cisco Implementing Advanced Cisco ASA Security and will be addressing the firewall rules starting in June 2020. | Director of Digital | Assistant Director of ICT | Jul-19 | June 2020<br>December 2020<br>March 2021<br>July 2021<br>Now August 2021<br>Now February 2022<br>Now November 2022 | | In progress | October 2022: Work to be completed in November 2022 - On track for completion | **Current Position** - As noted above, resources have been provided for cyber security and one of the posts is within the server team. The current position with the firewall is that the rules have not been changed to restrict access from NHS Wales, however in order to improve the security of the Health Board, a company has been engaged to undertake a firewall audit. The purpose of this is to look at the firewall configuration and rules, which will form the basis of the control moving forward. We note that control over changes to the firewall rules is moving to the cyber security team with training for the cyber security team booked with Cisco in order to do this. The process for changing the firewall rules has been improved with a standard form in place for requests, which are channelled through the cyber team for approval before being discussed and agreed at the Change Advisory Board (CAB). January 2021 - work is continuing on addressing the rules on the Firewalls where the bulk of the work should be completed by the end of February 2021. Additional hardware and software licenses have been procured for the upgrade of the Solarwinds network and performance management environment. A date has been set for the updrade to be completed by Friday 12 February. Based on the progress made and the evidence that we reviewed we consider the original recommendation to be partially implemented and the remaining elements remain as Medium priority.<br>July 2020 update: Firewall project to restart in August with gradual handover of firewall rules from Data Comms to Cyber Security Team. Training scheduled between Data Comms Team and Cyber Team to begin handover. We have an additional temporary resource within Cyber Security Team also looking at networking areas and Solarwinds.<br>August 2020 Update - work on the updating of software versions on each firewall is now complete along with configuring each firewall as per recommendations. There has been an isue in auditing the rules on each firewall due to a licensing issues with Solwarwinds. The ICT Department have requested a quote from the supplier on the cost of increasing the licenses on Solwarwinds to address this issue.<br>March 2021 - work is continuing to address the firewall rules with a review audit by SICL currently being procured. Work is still carrying on to get the new Solarwinds environment set up.<br>May 2021 - a meeting has taken place with SICL and the firewall configuration files have been provided as part of the review process. Work on the firewall rules is continuing. In March ICT procured software called Skybox for a one year as a Proof of Concept. Once installed and configured the software will enable ICT to address more complex firewall rules and help manage the administration more effectively. The new Solarwinds environment is now up and running.<br>July 2021 Update - The Skybox server has had to be rebuilt as the configuration ISO was out of date. There has been a few issues with the configuration, however the contract will not commence until the software is up and running.<br>September 2021 - work is continuing on the installation of the Skybox application. Work has been delayed due to the Firewall replacement programme on the PCH and RGH Firewalls which is due to be completed by the end of October 2021. November 2021 - No further update provided January 2022 Update - End of year resources have been provided to improve network security, however requirements will remain. April 2022 Update - The SOP has still not been created. Director of Digital to review the work plan for the Cyber team and provide a date by which this will be completed. Date to be identified by the end of May 2022. June 2022 Update - Request to change date to November 2022. Significant progress around the re-configuration of main site firewalk rules has been made by the Cyber lead for networks. Ongoing constraints around resourcing rollouts for networking remain though. Plan to complete in the Autumn of 2022. August 2022 Update - Request to change date to November 2022. Significant progress around the re-configuration of main site firewalk rules has been made by the Cyber lead for networks. Ongoing constraints around resourcing rollouts for networking remain though. Plan to complete in the Autumn of 2022. |
| Directorate Review Acute Medicine & A&E 04 | Aug-20 | Reasonable | 1. A review of the policies and procedures saved to the intranet should be undertaken to ensure there is a central repository of all documents and all documents that are listed are still relevant, with all out of date policies reviewed and updated where necessary.<br>2. Where there are common policies across a number of departments, to avoid duplication and possible inconsistencies, consideration should be given to having a set of directorate wide policies with one copy saved and clear information on the lead area for the policy including who is responsible for reviewing and updating the policy. | Medium | The review of policies and procedures needs to be undertaken on each acute site and it is acknowledged that this is an area of concern with focussed attention needed over the next 6 months. There also needs to be clear guidance from the ILG on the process for the approval of policies and procedures in the new operating model. | Chief Operating Officer | ILG Directors/ General Manager | September 2020/December 2020 | 01/04/2021<br>Now April 2022<br>Now December 2022 | | Part Completed | October 2022 Update - position unchanged. Directorate feels that there is not the resource to complete this task appropriately. | November 2020 Update - The planned review has been delayed due to the COVID pandemic and the timely appointment to the CSG supporting structure. RTE ILG January 2021 Update - The planned review has been delayed due to the COVID pandemic and the timely appointment to the CSG supporting structure. March 2021 Update - Final timing for the completion of this work will be reported by the end of April 2021. May 2021. A check has been made across the old Cwm Taf Directorates and a review has been taken on this issue. This does remain a key risk for old policies –and this will be a challenging piece of work to undertake with all the other priorities. Both Directorates do, however, confirm that the new policies that were developed as a result of changes involving covid 19 have been stored in one place and are accessible.<br>July 2021 update. For RTE and MC ILG, no change – remains a key risk area. Will be addressed when capacity allows.<br>September 2021 Update - This remains a key risk and represents a significant amount of work in an area where capacity is stretched. No further action to report, but it remains an issue about which the Service Group is aware. November 2021 Update - no action to report - deadline remains April 2022. February 2022 Update - the Directorate has started a task and finish group to review all policies and procedures and will update them pan CTM if they are organisation wide – support on this from corporate team and policies will be taken month by month through policy group chaired by a Consultant member of the medical staff. Given the size of the task the Directorate says that it will need a year for this to be complete. April 2022 Update - For MC, a monthly task and finish group is in place as part of the ED Improvement Programme. The aim is to review policies and procedures and the Directorate is updating its intranet page. So - for MC, complete. June 2022 - nothing further to add this month, will be pursued for August 2022 for RTE where it remains outstanding and is a challenging area for the CSG. August 2022 Update. For MC, this continues to be included in the Improvement Work underway - so complete. For RTE, this remains a task that the CSG cannot resource adequately. |
| Risk Management 2021 03 | Feb-21 | Reasonable | Whilst we acknowledge that compiling a Training Needs Analysis is a new task that has been included on the Risk Management Improvement Plan, Management need to ensure that all departments and staff are provided with training on the new Risk Management Strategy, and the use Datix to record risks, as soon as possible. This will help ensure consistency of approach across the organisation. | Medium | A training needs analysis will be undertaken early in 2021.<br>In the interim monthly risk training sessions via Microsoft Teams has been scheduled with an open invite for staff across ILG's to attend. | Director of Corporate Governance/ Board Secretary | Assistant Director of Governance & Risk | Apr-21 | 01/07/2021<br>Now October 2021<br>Now December 2021<br>31.12.2021 - Module 1 Training.<br><br>Module 2, 3 and TNA - 31.3.2022<br>Now April 2022<br>Now October 2022<br>Now 31 December 2022 | | In progress | October 2022 Update - This recommendation has been aligned to the implementation of the Datix Cymru Risk Module to ensure that any training modules being developed align with the new approach and timescales. The TNA has been finalised and Module 1 of the training is in draft but pace for the further modules is on pause and is dependent on the implementation of the new system which has been delayed.<br>Progress is monitored via the OFW Risk Module Meetings which is next due to meet in October 2022 where a further update on timescales will be received. | Update March 2021 A revised date is requested as the Assistant Director of Governance & Risk is now part of a small Task and Finish Group with other NHS Organisations in Wales to develop a risk training needs analysis that ensures a consistent approach across NHS Wales and avoids duplication. A first draft of a TNA has been developed and will be shared with the Health Board in due course. The trainining packages to support the TNA are being worked through by the group.<br>Update May 2021 Training Needs Analysis currenrly being finalised within the Task and Finish Group. Will be shared with the Health Board once the training packages that align have been developed. Update July 2021 - Training Needs Analysis completed and will be shared across the Health Board one the training packages that align to the TNA have been developed. Level 1 Training Package- draft being shared with Elearning colleagues w/c 26th July 2021 to start development of esr module. Level 2 - Training package development to commence August 2021.<br>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 packagaes 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 Update - In Progress: Training Needs analysis complete launch of this will be in conjunction with the completion of the following modules.<br>Module 1 Risk Training – developed and with Learning Management System (LMS) Team to finalise and upload to the LMS.<br>Timescale: 31.12.2021.<br>Module 2 – Risk Management in Practice<br>Module 3 – Board Member Risk Awareness<br>Module 2 development will commence in December 2021 and Module 3 - thereafter for completion by the end of March 2022.<br>The TNA will be issued once all modules are complete.<br>The Risk Community in Practice meet on a monthly basis with All Wales representatives progressing the training programmes as a cohesive group to ensure consistency across Wales in the approach to risk management.<br>The monthly risk training will continue until the above is in place.<br>Update January 2022<br>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.<br>In the meantime, risk management training continues within the Health Board with monthly sessions being held virtually over Teams. April 2022 Update - The implementation of the Once For Wales Risk Module within the Health Board is anticipated circa October 2022, with two pilot sites going live from the 1st April 2022. The All Wales Training Modules are being developed to align with the new approach and timescales. The TNA has been finalised and Module 1 of the training is in draft.<br>Progress is monitored via the OFW Risk Module Meetings and the All Wales Risk Community of Practice for which the Assistant Director of Governance & Risk is a member.<br><br>In the meantime, monthly Risk Sessions remain in place throughout 2022 run by the Assistant Director of Governance & Risk and |
| Financial Systems 03 | Apr-21 | Reasonable | 1. As part of the ongoing review of the Charitable Funds FCP the inconsistencies between the FCP and Scheme of Delegation should be resolved, and updates made where processes and appendices have been amended.<br>2. Consideration should be given to introducing tolerance levels, below which finance can approve variations in payment values, as opposed to requiring fund holder authorisation.<br>3. Relevant staff should be made aware of the revised FCP and old copies of forms removed from circulation. | Medium | Agreed, FCP needs to be reviewed in line with the Scheme of Delegation and updated. | Director of Finance | Head of Corporate Finance | Jun-21 | 01/08/2021<br>Now November 2021<br>Now December 2021<br>Now March 2022<br>Now June 2022 Now August 2022<br>Now October 2022 | | In progress | October 2022 Update - We have engaged with internal audit to discuss the changes to the forms which are included within the FCP and are in discussion with ICT on how we can make better use of digital signatures for forms. The Oracle process has given an opportunity to simplify the authorisation of expenditure process, which will significantly change the FCP and form. This is a continued piece of work which will streamline and improve current processes. | July 2021 Update - Charitable Funds have recently been moved onto the Oracle system which allows for greater consistency of governance and controls, these are currently being bedded in and reviewed. The FCP needs to be updated to reflect these changes. September 2021 Update - New Model Standing Financial Instructions are to be adopted by the board in October. Following this will require review of the full suite of FCPs, including Charitable Funds FCP. This has started and will be completed in the next couple of months. November 2021 Update - The Model Standing Financial Instructions are due to be approved by the Board on the 25th November 2021. The review of FCPs and SoDs is currently being undertaken and will be brought to the next Audit Committee for endorsement to the Board. January 2022 Update - The Model SFIs have now been approved. Work is ongoing to update the FCPs for Charitable Funds, in line with the move onto the Oracle system. This has been delayed due to audit of the Charitable Funds accounts, but will be a priority in the next month. April 2022 Update - This still requires updating. A review is currently being undertaken on the governance arrangements of the Charitable Funds which will impact on the FCP. June 2022 Update - The Charitable Funds FCP is currently being updated following the audit of the accounts which has further delayed the update. August 2022 Update - This still isn't completed. This should hopefully be updated when we update FCPs following the change in Scheme of Delegation update due to the restructure. This will be a significant piece of work. Hope to complete by October 2022. |

**CTM**
**Interna**
**[date]**

Red -
Orange -
Yellow - Action
Green - Action
Blue - Action

| Ref | Date added | Assurance rating | Recommendation | Priority | Management Action Agreed | Responsible Executive Lead/Management Lead | Responsible Management Lead | Original Agreed Implementation Date | Revised Implementation Date | Status | Progress | Updates during this period/Latest Update | Previous Updates |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Sunnyside Health & Wellbeing Centre 01 | Aug-21 | Reasonable | Management should confirm revised governance arrangements via a Project Execution Plan including:<br>• effective cost management;<br>• contractual relationships, values and payment arrangements;<br>• committee reporting of project risks;<br>• scheduled outputs from sub-groups for scrutiny; and<br>• stakeholder engagement. | Medium | The Health Board will work with the external project manager to develop a Project Execution Plan to be signed off at the Project Board, this will provide a formalised single record of all of the above criteria which have been approved separately by Project Board. | Director of Finance | Head of Capital | Sep-21 | Now January 2022<br>Now 31 March 2022<br>Now May 2022<br>Now August 2022<br>Now December 2022 | | In progress | October 2022 Update - This scheme is on hold pending the appointment of a new contractor to undertake the works. Therefore the timeline for addressing the actions will be updated on appointment of a new contractor. At the moment that is not expected to be until December at the earliest | September 2021 Update - the PEP is being drafted however there have been delays in the same due to the administration of the contractor. It was anticipated the the completion contract would have been issued by this time however due to internal process at Linc Cymru this has been delayed to the end of September, as a result the PEP will not be completed until the new contractor is know and this is not likely to be until December 2021 at the earliest. November 2021 Update - the PEP will be drafted however there have been delays in the same due to the administration of the contractor. It was anticipated the the completion contract would have been issued by this time however due to internal process at Linc Cymru this has been delayed to mid November. As a result the PEP will not be completed until the new contractor is known and this is not likely to be until late January 2022 at the earliest. January 2022 Update The tender process has been extended at contractors request. The tender process closes on 9th Feb and will need a ca 3 week evaluation process. At that stage the revised costs will need to go back to WG for re-approval. Therefore it has been proposed to change the review date to 31 March 2022 when contractor, costs and timeline should be clearer to inform the contents of the PEP. April 2022 Update - ongoing however focus has been on the new contractor appointment and whether a disaggregated tender process will be required as this will completely change the way that reporting and contractual management lines work within the PEP. June 2022 Update - Still undertaking tender process expexcted to come to a close and the project to re-commence, as a result this document can commence re-drafting as soon as contractor known and WG have approved a cost uplift.<br>August 2022 Update - there are ongoing complications with the appointment of a replacement contractor after the initital contractor went into administraiton in July 2021. A tender process failed to deliver an acceptable tender and construction |
| Sunnyside Health & Wellbeing Centre 04 | Aug-21 | Reasonable | Management should ensure that individual cost provisions within the works information are reported to understand charges and adjustments to provisional sums. | Medium | The updated reporting template includes a section detailing provisional sums and contingencies and tracks through the release of provisional sums into actual costs, as well as all contingency items, these will be reported monthly to Project Board as part of the financial template. However there will need to be a further tender and revised provisional sums with the letting of a contract for completion therefore an extended target date is provided to ensure the most up to date information is captured | Director of Finance | Senior Project Manager | Mar-22 | Now July 2022<br>Now December 2022 | | In progress | October 2022 Update - This scheme is on hold pending the appointment of a new contractor to undertake the works. Therefore the timeline for addressing the actions will be updated on appointment of a new contractor. At the moment that is not expected to be until December at the earliest | September 2021 Update - Remains in progress to be agreed with the new contractor when appointed.<br>November 2021 Update - Remains in progress to be agreed with the new contractor when appointed.<br>Update 31.01.22 the tender process has been extended at contractors request. The tender process closes on 9th Feb and will need a ca 3 week evaluation process. At that stage the revised costs will need to go back to WG for re-approval. Therefore it has been proposed to change the review date to 31 March 2022 when contractor, costs and timeline should be clearer to inform the report contents. April 2022 Update - With no contractor appointed as yet and no confirmed revised tender sum this is difficult to implement extended to give time for possible further tender and contractor appointment. June 2022 Update - Still undertaking tender process expexcted to come to a close and the project to re-commence, as a result this document can commence re-drafting as soon as contractor known and WG have approved a cost uplift. August 2022 Update - there are ongoing complications with the appointment of a replacement contractor after the initital contractor went into administraiton in July 2021. A tender process failed to deliver an acceptable tender and construction frameworks are under consideration. Until this is resolved the project remains on hold. Any procurement will be at least 3 months so it is recommended to review December 2022 to give time to appoint, confirm and implement recommendations as all outstanding recommendations can not be discharged without a new contractor in place. |
| Sunnyside Health & Wellbeing Centre 05 | Aug-21 | Reasonable | Management should ensure provision of project manager and cost adviser reports, in support of the Welsh Government Dashboard return. | Medium | These will be included as required as soon as the project recommences, and a new contractor is appointed. This is likely to take at least a further 3-4 months hence the longer target date. | Director of Finance | Senior Project Manager | Jan-22 | Now March 2022<br>Now July 2022<br>Now December 2022 | | In progress | October 2022 Update - This scheme is on hold pending the appointment of a new contractor to undertake the works. Therefore the timeline for addressing the actions will be updated on appointment of a new contractor. At the moment that is not expected to be until December at the earliest | September 2021 Update - Remains in progress to be agreed with the new contractor when appointed. November 2021 Update - Remains in progress to be agreed with the new contractor when appointed. January 2022 Update The tender process has been extended at contractors request. The tender process closes on 9th Feb and will need a ca 3 week evaluation process. April 2022 Update - With no contractor appointed as yet and no confirmed revised tender sum this is difficult to implement extended to give time for possible further tender and contractor appointment. June 2022 Update - Still undertaking tender process expexcted to come to a close and the project to re-commence, as a result this document can commence re-drafting as soon as contractor known and WG have approved a cost uplift. August 2022 Update - there are ongoing complications with the appointment of a replacement contractor after the initital contractor went into administraiton in July 2021. A tender process failed to deliver an acceptable tender and construction frameworks are under consideration. Until this is resolved the project remains on hold. Any procurement will be at least 3 months so it is recommended to review December 2022 to give time to appoint, confirm and implement recommendations as all outstanding recommendations can not be discharged without a new contractor in place. |
| Sunnyside Health & Wellbeing Centre 07 | Aug-21 | Reasonable | Management should obtain documentation to which the client is entitled under the contract, including collateral warranties, and a copy of the construction performance bond, and confirm assurances provided at the latter. | Medium | These are available and will be supplied by the developer. | Director of Finance | Senior Project Manager | Sep-21 | Now November 2021<br>Now January 2022<br>Now 31 March 2022<br>Now July 2022<br>Now December 2022 | | In progress | October 2022 Update - This scheme is on hold pending the appointment of a new contractor to undertake the works. Therefore the timeline for addressing the actions will be updated on appointment of a new contractor. At the moment that is not expected to be until December at the earliest | September 2021 Update - There have been delays in obtaining all of this due to the priority being the completion ontract works these are in hand to be provided by the time of the next meeting. November 2021 Update - Remains in progress to be provided by the new contractor when appointed. January 2022 Update The tender process has been extended at contractors request. The tender process closes on 9th Feb and will need a ca 3 week evaluation process. At that stage the revised costs will need to go back to WG for re-approval. Therefore it has been proposed to change the review date to 31 March 2022 when contractor, costs and timeline should be clearer to inform the report content. April 2022 Update - Awaiting to ensure that the tender will proceed in current format or whether separate continuation arrangements and contracts will be made. June 2022 Update - Still undertaking tender process expexcted to come to a close and the project to re-commence, as a result this document can commence re-drafting as soon as contractor known and WG have approved a cost uplift. August 22, there are ongoing complications with the appointment of a replacement contractor after the initital contractor went into administraiton in July 2021. A tender process failed to deliver an acceptable tender and construction frameworks are under consideration. Until this is resolved the project remains on hold. Any procurement will be at least 3 months so it is recommended to review December 2022 to give time to appoint, confirm and implement recommendations as all outstanding recommendations can not be discharged without a new contractor in place. |
| Sunnyside Health & Wellbeing Centre 10 | Aug-21 | Reasonable | Management should be provided with proposed contact variations and monitoring to facilitate timely Health Board scrutiny, in accordance with entitlements under the contract. | Medium | This will be provided when the project restarts and all design works are completed. | Director of Finance | Senior Project Manager | No Date Identified | 01/03/2022<br>Now July 2022<br>Now December 2022 | | In progress | October 2022 Update - This scheme is on hold pending the appointment of a new contractor to undertake the works. Therefore the timeline for addressing the actions will be updated on appointment of a new contractor. At the moment that is not expected to be until December at the earliest | September 2021 Update - To be completed and agreed with new contractor on appointment.<br>November 2021 Update - To be completed and agreed with new contractor on appointment.<br>January 2022 Update The tender process has been extended at contractors request. The tender process closes on 9th Feb and will need a ca 3 week evaluation process. At that stage the revised costs will need to go back to WG for re-approval. Therefore it has been proposed to change the review date to 31 March 2022 when contractor, costs and timeline should be clearer to inform the report content. April 2022 Update - See above - project remains on hold whilst new contractor appointed. June 2022 Update - Still undertaking tender process expexcted to come to a close and the project to re-commence, as a result this document can commence re-drafting as soon as contractor known and WG have approved a cost uplift. August 22, there are ongoing complications with the appointment of a replacement contractor after the initital contractor went into administraiton in July 2021. A tender process failed to deliver an acceptable tender and construction frameworks are under consideration. Until this is resolved the project remains on hold. Any procurement will be at least 3 months so it is recommended to review December 2022 to give time to appoint, confirm and implement recommendations as all outstanding recommendations can not be discharged without a new contractor in place. |
| Sunnyside Health & Wellbeing Centre 11 | Aug-21 | Reasonable | The Health Board require the developer to remind the contractor of its contractual obligations to formally notify of any delays (and their associated time/cost impact within the contractual time frames). | Medium | With the original contractor there was confidence that much of the time could be recovered and therefore no formal application had been made. Clearly with the current contractor going into administration there will need to be a new contractor appointment. The Health Board will ensure that the need for a contractual. notification of future delays is communicated to the new contractor. | Director of Finance | Senior Project Manager | Mar-22 | Now July 2022<br>Now December 2022 | | In progress | October 2022 Update - This scheme is on hold pending the appointment of a new contractor to undertake the works. Therefore the timeline for addressing the actions will be updated on appointment of a new contractor. At the moment that is not expected to be until December at the earliest | September 2021 Update - To be completed and agreed with new contractor on appointment.<br>November 2021 Update - To be completed and agreed with new contractor on appointment.<br>January 2022 Update - as per the above notes this can only be done post contractor appointment which has delayed due to tender period extensions and confirmed need for WG re-approval. April 2022 Update - See above - project remains on hold whilst new contractor appointed. June 2022 Update - Still undertaking tender process expexcted to come to a close and the project to re-commence, as a result this document can commence re-drafting as soon as contractor known and WG have approved a cost uplift August 22, there are ongoing complications with the appointment of a replacement contractor after the initital contractor went into administraiton in July 2021. A tender process failed to deliver an acceptable tender and construction frameworks are under consideration. Until this is resolved the project remains on hold. Any procurement will be at least 3 months so it is recommended to review December 2022 to give time to appoint, confirm and implement recommendations as all outstanding recommendations can not be discharged without a new contractor in place. |
| Sunnyside Health & Wellbeing Centre 12 | Aug-21 | Reasonable | A costed risk register should be regularly maintained and reported to facilitate monitoring of the build. | Medium | A fully costed capital risk register is in existence and will continue to be kept up to date as risks are realised or not throughout the project, however this will be revisited with decision on process for and appointment of a new contractor. | Director of Finance | Head of Capital | Nov-21 | Now March 2022<br>Now July 2022<br>Now December 2022 | | In progress | October 2022 Update - This scheme is on hold pending the appointment of a new contractor to undertake the works. Therefore the timeline for addressing the actions will be updated on appointment of a new contractor. At the moment that is not expected to be until December at the earliest | September 2021 Update - In progress and development - risk of some slippage due to delays in the tender for the completion contract but all steps are being taken to ensure this is completed by November.<br>November 2021 Update - To be completed and agreed with the Employers Agent once new contractor has been appointed.<br>January 2022 Update - see notes above for revised timeline. April 2022 Update - See above - project remains on hold whilst new contractor appointed. June 2022 Update - Still undertaking tender process expexcted to come to a close and the project to re-commence, as a result this document can commence re-drafting as soon as contractor known and WG have approved a cost uplift August 22, there are ongoing complications with the appointment of a replacement contractor after the initital contractor went into administraiton in July 2021. A tender process failed to deliver an acceptable tender and construction frameworks are under consideration. Until this is resolved the project remains on hold. Any procurement will be at least 3 months so it is recommended to review December 2022 to give time to appoint, confirm and implement recommendations as all outstanding recommendations can not be discharged without a new contractor in place. |

CTM
Interna
[date]

Red -
Orange -
Yellow - Action
Green - Action
Blue - Action

| Ref | Date added | Assurance rating | Recommendation | Priority | Management Action Agreed | Responsible Executive Lead/Management Lead | Responsible Management Lead | Original Agreed Implementation Date | Revised Implementation Date | Status | Progress | Updates during this period/Latest Update | Previous Updates |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Sunnyside Health & Wellbeing Centre 13 | Aug-21 | Reasonable | Management should actively monitor and report the value of residual construction cost risks v remaining contingency. | Medium | This is picked up in the appendix to the standard Highlight Report discussed in action 2. | Director of Finance | Head of Capital | Sep-21 | Now March 2022<br>Now July 2022<br>Now December 2022 | | In progress | October 2022 Update - This scheme is on hold pending the appointment of a new contractor to undertake the works. Therefore the timeline for addressing the actions will be updated on appointment of a new contractor. At the moment that is not expected to be until December at the earliest | September 2021 Update - One off exercise done to date but this will not be actively monitored until construction works recommence. November 2021 Update - One off exercise done to date but this will not be actively monitored until construction works recommence. January 2022 Update - see notes above for revised timeline. April 2022 Update - See above - project remains on hold whilst new contractor appointed. June 2022 Update - Still undertaking tender process expexcted to come to a close and the project to re-commence, as a result this document can commence re-drafting as soon as contractor known and WG have approved a cost uplift August 22, there are ongoing complications with the appointment of a replacement contractor after the initital contractor went into administraiton in July 2021. A tender process failed to deliver an acceptable tender and construction frameworks are under consideration. Until this is resolved the project remains on hold. Any procurement will be at least 3 months so it is recommended to review December 2022 to give time to appoint, confirm and implement recommendations as all outstanding recommendations can not be discharged without a new contractor in place. |
| Sunnyside Health & Wellbeing Centre 15 | Aug-21 | Reasonable | The Health Board should obtain engrossed and signed copies of all relevant developer adviser contracts in accordance with entitlements to inform of potential liabilities and costs, and report relevant implications to appropriate groups/committees. | Medium | This cannot be fully achieved without the appointment of a new contractor. The Health Board will ensure that all contracts have been received and filed centrally. The new contractor contract will be provided by the developer on signature . | Director of Finance | Project Leader | Sep-21 | Now January 2022<br>Now 31 March 2022<br>Now July 2022<br>Now December 2022 | | In progress | October 2022 Update - This scheme is on hold pending the appointment of a new contractor to undertake the works. Therefore the timeline for addressing the actions will be updated on appointment of a new contractor. At the moment that is not expected to be until December at the earliest | September 2021 Update - Contracts for all save for the new contractor are complete - for the new contractor this will not be delivered until 2022. November 2021 Update - Contracts for all save for the new contractor are complete - for the new contractor this will not be delivered until 2022. January 2022 Update - see notes above for revised timeline. April 2022 Update - See above - project remains on hold whilst new contractor appointed. June 2022 Update - Still undertaking tender process expexcted to come to a close and the project to re-commence, as a result this document can commence re-drafting as soon as contractor known and WG have approved a cost uplift<br>August 22, there are ongoing complications with the appointment of a replacement contractor after the initital contractor went into administraiton in July 2021. A tender process failed to deliver an acceptable tender and construction frameworks are under consideration. Until this is resolved the project remains on hold. Any procurement will be at least 3 months so it is recommended to review December 2022 to give time to appoint, confirm and implement recommendations as all outstanding recommendations can not be discharged without a new contractor in place. |
| Sunnyside Health & Wellbeing Centre 18 | Aug-21 | Reasonable | Management should obtain signed lease agreements with relevant parties at the earliest opportunity. | Medium | The Primary Care lead will continue to work with NWSSP Specialist Estates Services to ensure that the lease is signed off as soon as possible. | Director of Finance | Primary Care Estates and Development Manager | Jan-22 | Now 31 March 2022<br>Now July 2022<br>Now December 2022 | | In progress | October 2022 Update - This scheme is on hold pending the appointment of a new contractor to undertake the works. Therefore the timeline for addressing the actions will be updated on appointment of a new contractor. At the moment that is not expected to be until December at the earliest | September 2021 Update - Ongoing with GPs partners however new contract and revised cost is required now to finalise this.<br>November 2021 Update - Ongoing with GPs partners however new contract and revised cost is required now to finalise this.<br>January 2022 Update - this will be delayed until after the new contractor costs and timeline is known. April 2022 Update - See above - project remains on hold whilst new contractor appointed. June 2022 Update - Still undertaking tender process expexcted to come to a close and the project to re-commence, as a result this document can commence re-drafting as soon as contractor known and WG have approved a cost uplift August 22, there are ongoing complications with the appointment of a replacement contractor after the initital contractor went into administraiton in July 2021. A tender process failed to deliver an acceptable tender and construction frameworks are under consideration. Until this is resolved the project remains on hold. Any procurement will be at least 3 months so it is recommended to review December 2022 to give time to appoint, confirm and implement recommendations as all outstanding recommendations can not be discharged without a new contractor in place. |
| Sunnyside Health & Wellbeing Centre 19 | Aug-21 | Reasonable | Management should confirm an agreed service model with measurable outcomes for front line and support services. | Medium | The Bridgend Integrated Locality Group (ILG) will link with the Primary Care team over the service model and support functions. This will be developed during the construction period for the site and given that the completion is likely to slip to late 2/23 the target is to complete in order that any financial consequences are picked up in Integrated Medium Term Plan (IMTP) planning cycles. | Director of Finance | Bridgend ILG Community Lead | Mar-22 | Now July 2022<br>Now December 2022 | | In progress | October 2022 Update - This scheme is on hold pending the appointment of a new contractor to undertake the works. Therefore the timeline for addressing the actions will be updated on appointment of a new contractor. At the moment that is not expected to be until December at the earliest | September 2021 Update - Ongoing. November 2021 Update - Ongoing. January 2022 Update - remains ongoing as programme remains unclear until contractor appointment. April 2022 Update - See above - project remains on hold whilst new contractor appointed. June 2022 Update - Still undertaking tender process expexcted to come to a close and the project to re-commence, as a result this document can commence re-drafting as soon as contractor known and WG have approved a cost uplift August 22, there are ongoing complications with the appointment of a replacement contractor after the initital contractor went into administraiton in July 2021. A tender process failed to deliver an acceptable tender and construction frameworks are under consideration. Until this is resolved the project remains on hold. Any procurement will be at least 3 months so it is recommended to review December 2022 to give time to appoint, confirm and implement recommendations as all outstanding recommendations can not be discharged without a new contractor in place. |
| Sunnyside Health & Wellbeing Centre 20 | Aug-21 | Reasonable | Objectives at the business case should be measurable. | Medium | The approved business case contained a Benefits Realisation Plan. This will be reviewed to ensure that the benefits are measurable and deliverable. | Director of Finance | Head of Capital | Jan-22 | Now 31 March 2022<br>Now July 2022<br>Now December 2022 | | In progress | October 2022 Update - This scheme is on hold pending the appointment of a new contractor to undertake the works. Therefore the timeline for addressing the actions will be updated on appointment of a new contractor. At the moment that is not expected to be until December at the earliest | September 2021 Update - Ongoing. November 2021 Update - Ongoing. January 2022 Update - may need to be tied in with new contractor appointment. April 2022 Update - See above - project remains on hold whilst new contractor appointed. June 2022 Update - Still undertaking tender process expexcted to come to a close and the project to re-commence, as a result this document can commence re-drafting as soon as contractor known and WG have approved a cost uplift<br>August 22, there are ongoing complications with the appointment of a replacement contractor after the initital contractor went into administraiton in July 2021. A tender process failed to deliver an acceptable tender and construction frameworks are under consideration. Until this is resolved the project remains on hold. Any procurement will be at least 3 months so it is recommended to review December 2022 to give time to appoint, confirm and implement recommendations as all outstanding recommendations can not be discharged without a new contractor in place. |
| Sunnyside Health & Wellbeing Centre 21 | Aug-21 | Reasonable | Management should review and confirm project objectives based on only measurable outcomes within a Benefits Realisation Plan. | Medium | Please see response above . | Director of Finance | Head of Capital | Jan-22 | Now 31 March 2022<br>Now July 2022<br>Now December 2022 | | In progress | October 2022 Update - This scheme is on hold pending the appointment of a new contractor to undertake the works. Therefore the timeline for addressing the actions will be updated on appointment of a new contractor. At the moment that is not expected to be until December at the earliest | September 2021 Update - Ongoing. November 2021 Update - Ongoing. January 2022 Update - as per BRP. April 2022 Update - See above - project remains on hold whilst new contractor appointed. June 2022 Update - Still undertaking tender process expexcted to come to a close and the project to re-commence, as a result this document can commence re-drafting as soon as contractor known and WG have approved a cost uplift<br>August 22, there are ongoing complications with the appointment of a replacement contractor after the initital contractor went into administraiton in July 2021. A tender process failed to deliver an acceptable tender and construction frameworks are under consideration. Until this is resolved the project remains on hold. Any procurement will be at least 3 months so it is recommended to review December 2022 to give time to appoint, confirm and implement recommendations as all outstanding recommendations can not be discharged without a new contractor in place. |
| Welsh Language Standards Compliance 06 | Oct-21 | Reasonable | 6.1) The importance of compliance with the Welsh Language Standards should be reiterated to all staff, and the implications of non-compliance should be considered for inclusion on departmental and ILG risk registers and subsequent monitoring.<br>6.2) The risk register should be reviewed to ensure the controls listed as being in place and the action marked as completed are an accurate reflection of the findings made during the audit review. | Medium | 6.1) The Welsh Language Manager will develop regular communications to remind all staff of their responsibilities and the importance and benefits of complying with the Welsh Language Standards. These communications will be distributed to staff via a range of communications media, including social media.<br>6.2) The nominated senior ILG leads on the Welsh Language Working Group should discuss with department managers, the inclusion of non-compliance with the Standards on their departmental registers, to assist with the monitoring of progress and completion of outstanding actions.<br>6.3) The Welsh Language Manager will review the actions on the current Workforce and OD and Health Board Risk Registers to ensure that they are up to date and include the risks identified in this audit report.<br>6.4) The nominated ILG senior members of the Welsh Language Working Group will have responsibility for adding relevant and appropriate non-compliance issue to the ILG risk registers, which are monitored by the respective SMTs. | Director for People | Welsh Language Manager/ILG Leads/Head of Policy, Compliance and Agenda for Change | January 2022/October 2021 | Now March 2022<br>Now June 2022 Now August 2022<br>Now October 2022<br>Now December 2022 | | In progress | October 2022 Update - the revised ToR for the WL Steering Group confirms that the membership will comprise of senior Care Group leads who will be responsible for addressing non-compliance isssues, monitor progress and ensure outstanding actions are completed and the outcomes reported back to the Steering Group. This process will commence following the first meeting of the WL Steering Group. | November 2021 Update - The Risk Register has been updated. Although the risk register has been updated. The senior leadership of the ILGs have not received communication or action plans as the new Welsh Language Committee hasn't met. This means there is no progress with ILGs monitoring their compliance and updating their own risk registers. Jan 2022 update<br>6.1) A short communication plan will be written by the recently appointed Welsh Language Manager, including resources to share regarding the Welsh Language Standards i.e. videos and graphics to promote understanding of them. This will be discussed in a meeting arranged with the Asst Director of Communications and Engagement on 3 February 2022.<br><br>6.2) The inclusion of Welsh Language risks on the ILG Risk Registers will be an agenda item all fortcoming Welsh Language Committee meetings, with effect from 17 March 2022.<br><br>6.3) The Welsh Language Risk Register has been reviewed and appropriate risks added, including the findings of this audit.<br><br>6.4) The inclusion of Welsh Language risks on the ILG Risk Registers will be a standing agenda item on the new Welsh Language Committee, which is scheduled for 17 March 2022. 6.1) Regular communications are drafted and sent via staff updates with SharePoint reviewed regularly.<br>6.2) Departmental risk registers will be added to once weaknesses are identified through action planning<br>6.4) The inclusion of Welsh Language risks on the ILG Risk Registers will be a standing agenda item on the new Welsh Language Steering Group, which was scheduled for 17 March 2022 but new date to rescheduled<br>June 2022 Actions points 6.1, 6.3 and 6.4 have been completed previously.<br><br>6.2) The inclusion of Welsh Language risks on the ILG Risk Registers will be an agenda item all forthcoming Welsh Language Committee meetings, which is in the process of being arranged.<br>August 2022 Update - Work has continued to remind managers and staff of their Welsh Language responsibilities. This is picked up during routine department audits by the Welsh Language Team and in the bespoke departmental action plans. The identified Welsh Language WOD risks are reviewed and progress noted at the WOD Business Transformation SMT meeting. |

**CTM**
**Interna**
**[date]**

Red -
Orange -
Yellow - Action
Green - Action
Blue - Action

| Ref | Date added | Assurance rating | Recommendation | Priority | Management Action Agreed | Responsible Executive Lead/Management Lead | Responsible Management Lead | Original Agreed Implementation Date | Revised Implementation Date | Status | Progress | Updates during this period/Latest Update | Previous Updates |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| CHC and FNC 1.1 | Feb-22 | Reasonable | 1.1a Existing procedure documents and assessment forms, including those that are in draft format, should be reviewed and updated to reflect the revised WG CHC framework and any changes as a result of the new operating model in place within the Health Board.<br>1.1b Once finalised, management should ensure that they are accessible to all relevant staff and that staff are using the most up to date versions of the forms. | Medium | 1.1a The CHC team are awaiting the release of the new Welsh Government CHC Framework, launch date due in February 2022 with an implementation date of 01.04.2022. All existing documentation and assessment forms will be reviewed and updated to reflect the revised WG CHC Framework, in readiness for implementation.<br>1.1b The CHC team will ensure that all reviewed, updated documents, following the implementation of the WG CHC framework in April 2022, will be accessible for all staff via the designated CHC page on the CTMUHB intranet site, to ensure staff are using the most current version of the forms. | Chief Operating Officer | Lead Nurse for CHC and NHS Funded Care | Apr-22 | Now July 2022<br>Now September 2022 | | In progress | October 2022 Update - A meeting has been arranged with the communication team to agree the webpage. All documents available and ready for upload. | April 2022 Update - No update this month due to sickness of Lead Nurse. Anticipated that there will be more to report at the next meeting. June 2022. The work to align the documentation with the new CHC Framework commenced in March and will be completed by end of June. There are weekly working group meetings to address the various aspects of the new CHC Framework to ensure that the process is compliant and transparent making transition from the old to new Framework is smoother for all our staff and patients. The working documents and associated processes will be uploaded onto CTM UHB Intranet Site by mid July. August 2022 Update. All documentation has been finalised and distributed to the teams. Discussion has taken place with Comms to put onto the intranet site by September 2022. |
| CHC and FNC 1.2 | Feb-22 | Reasonable | 1.2 A terms of reference for the Clinical Service Group Panels and Integrated Locality Groups panels should be put in place to set out the roles of each panel, their decision-making responsibilities and membership and quoracy arrangements. When developing the ILG panels terms of reference, consideration should be given to decision making powers of the panel when they are making funding decisions on behalf of another ILG for cases where the induvial does not reside in their ILG area. | Medium | 1.2<br>• Clinical Service Group Terms of Reference are in draft and are to be finalised by March 31st 2022, to include decision-making responsibilities, membership and quoracy arrangements.<br>• Integrated Locality Group Unit Panel Group Terms of Reference will be reviewed and updated in line with the CSG ToR above and will be approved by March 31st 2022. | Chief Operating Officer | Lead Nurse for CHC and NHS Funded Care | Mar-22 | Now July 2022<br>Now October 2022<br>Now December 2022 | | In progress | October 2022 Update - Terms of Reference that had been previously agreed, need to be re-reviewed in light of new operating model. | April 2022 Update - No update this month due to sickness of Lead Nurse. Anticipated that there will be more to report at the next meeting. June 2022 Update. Terms of Reference have been updated, reviewed and are awaiting final sign off. August 2022 Update - no change. Further update at the next meeting. |
| CHC and FNC 1.3 | Feb-22 | Reasonable | 1.3 The CHC Financial Control Procedure should be reviewed by the finance team in conjunction with the CHC team and updated to reflect current processes and set up within the Health Board. | Medium | 1.3 The Finance Team will review the Financial Control Procedure (FCP) in line with any changes identified in the new CHC Framework. The updated FCP will be an agenda item at the Audit Committee and a further review date agreed. | Chief Operating Officer | Finance Manager CHC/Finance Manager Commissioning and Contracting | May-22 | Now August 2022<br>Now October 2022<br>Now December 2022 | | In progress | October 2022 Update - As a consequence of sickness this remains an outstanding issue, but Finance colleagues are aware and are working on it. | April 2022 Update - No update this month due to sickness of Lead Nurse. Anticipated that there will be more to report at the next meeting. June 2022. Colleagues from Finance have been approached to provide an update on the new Finance Control Procedure. August 2022 Update - response awaited from Finance. |
| IT Service Management Follow Up 03 | Apr-22 | Reasonable | The process of clarifying and agreeing digital services with the wider organisation should be completed. | Medium | The new Digital Director will be working with the Head of Service Management feeding back responses from the service | Director of Digital | Head of Service Management Director of Digital | 01.09.2022 | Now November 2022 | | In progress | October 2022: On track to complete in November 2022 | June 2022 Update - SLAs, Recovery Point Objective (RPO) and Recovery Time (RTO) figures will be agreed for each service as we establish and improve our documentation, service onboarding and management of services. This will be run in parallel with the development of the knowledge base but given the capacity and competing pressures. August 2022 Update - work ongoing / will roll into the Autumn of 2022. Propose to change date to November 2022 |
| Digital Strategy | Apr-22 | Reasonable | 3.1. Work should continue to ensure benefits are fully defined within business cases, along with a baseline position and a process for benefits realisation.<br>3.2 Consideration should be given to defining an overall benefits position for the Digital Strategy. | Medium | All moderate to major digital developments now require a business case and are subject to a degree of scrutiny which incorporates not only the anticipated benefits but the process by which these benefits will be measured and actions taken where there is limited delivery.<br>In regards to overall benefits measuring, the UHB is committed to ensuring that this is incorporated within the WG digital and data strategy and that there is alignment to the Value Based Health Care Programme. In addition to this, the Health Board is currently reviewing its operating model and there is an opportunity to re-align and strengthen the relationship and ways of working between major digital developments and the change hub where the majority of capacity for programme and project management, service change and benefits management.<br>This review is planned to be complete by the end of September 2022 | Director of Digital | Director of Digital | Qtr 3 2022/2023 | | | In progress | October 2022: Current Strategic Leadership tier has been proposed and is under consultation. This is due to complete in early November 2022 and therefore on track for completion within Qtr 3 2022/2023. Benefits Realisation processes will be embedded into a new Digital Transformation fucntion - subject to completion of the consultation | June 2022 Update - Operating model phase 1 nearing completion, 2nd stage yet to commence.<br>August 2022 - new operating model and proposed digital operating model to be completed by September 2022 |
| Overtime & Additional Hours 1.1b | May-22 | Reasonable | Given the time and events that have passed, a reminder should be issued to all senior managers in relation to the Overtime and Additional Hours Policy, including the authorisation process to follow if payments outside of AfC are necessary. | Medium | The Workforce Policy Review Group will ensure that this is included in the policy and that the current and future versions of the Overtime Policy are shared with the managers within the UHB. The current policy is available via the intranet. Further communications will be sent out in the Staff Bulletin and via the ILG Heads of Workforce briefing, with the senior management Team and cascaded to managers on their email distribution lists. | Director for People | Head of Workforce Productivity and eSystems / Assistant Director of Policy, Governance and Compliance | Jun-22 | Now November 2022<br>Now January 2023 | | In progress | October updated 2022 - A policy task and finish group has now been established to review this policy. The first meeting of the group will take place in October 2022 and will ensure audit recommendations are incorporated. | August 2022 Update - The Overtime Policy will be reviewed by the Workforce Policy Review Group in September 2022. The review will take into consideration the internal audit recommendations. |

**CTM**
**Interna**
**[date]**

Red -
Orange -
Yellow - Action
Green - Action
Blue - Action

| Ref | Date added | Assurance rating | Recommendation | Priority | Management Action Agreed | Responsible Executive Lead/Management Lead | Responsible Management Lead | Original Agreed Implementation Date | Revised Implementation Date | Status | Progress | Updates during this period/Latest Update | Previous Updates |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Overtime & Additional Hours 1.2 | May-22 | Reasonable | Procedure documents in relation to overtime should be developed and made available to those areas that do not currently use Heath Roster. The procedure should cover key points such as how overtime is captured and any prior authorisation required, and the checking and authorisation process that managers should follow. A standardised claim form should form part of the procedure. | Medium | There currently is guidance contained in the Overtime Policy directing managers on overtime use and application. The WPRG will undertake to review this policy to ensure that it is fit for purpose and reflects the requirement of the audit recommendation. | Director for People | Assistant Director of Policy, Governance and Compliance | Nov-22 | Now January 2023 | | In progress | October updated 2022 - A policy task and finish group has now been established to review this policy. The first meeting of the group will take place in October 2022 and will ensure audit recommendations are incorporated. | August 2022 Update - The Overtime Policy will be reviewed by the Workforce Policy Review Group in September 2022. The review will take into consideration the internal audit recommendations. |
| Overtime & Additional Hours 2.1 | May-22 | Reasonable | The value and practicality of using the overtime authorisation checklist should be reviewed. Consideration should be given to alternative approaches for capturing the justification and authorisation of overtime in advance of it being worked. For example, in some instances, it may be more efficient to have one justification checklist completed and approved per department but reviewed periodically. | Medium | The Overtime Policy review will be undertaken by the Workforce Policy Review Group (WPRG), in partnership with local trade union colleagues and key stakeholders. The revised Overtime Policy will set out the new, more practical approach for capturing the justification and authorisation of overtime in advance of it being worked in accordance with the Audit recommendation. Provision will be made within the revised Overtime Policy to address both circumstances i.e. consistent use of overtime and occasional use, ensuring that clear guidance is provided on how to manage both in Health Roster and outside of Health Roster. | Director for People | Assistant Director of Policy, Governance and Compliance | Nov-22 | Now January 2023 | | In progress | October updated 2022 - A policy task and finish group has now been established to review this policy. The first meeting of the group will take place in October 2022 and will ensure audit recommendations are incorporated. | August 2022 Update - The Overtime Policy will be reviewed by the Workforce Policy Review Group in September 2022. The review will take into consideration the internal audit recommendations. |
| Overtime & Additional Hours 2.2 | May-22 | Reasonable | If the approach to using the overtime authorisation and justification checklist is to be consistently used in the future, then the information being captured should be reviewed and scrutinised in order to understand the underlying reasons for use of overtime and to aid the development of plans to address those issues. | Medium | The revised Overtime Policy will outline the responsibility of the Workforce Efficiency Team to regularly review and analyse the overtime authorisation and justification checklist data to provide the UHB with intelligence on the reasons for overtime, which will assist the organisation to review and development the Workforce Plan to address the identified issues. The Workforce Efficiency Team will explore alternative more practical approaches for capturing the justification and authorisation of overtime in advance of it being worked in accordance with the Audit recommendation. This work will be undertaken in parallel with the review of the Overtime Policy, to ensure this process is reflected within. The new process will form the basis of a clear and auditable overtime justification and authorisation process. | Director for People | Assistant Director of Policy, Governance and Compliance /Head of Workforce Productivity and eSystems | Nov-22 | Now January 2023 | | In progress | October updated 2022 - A policy task and finish group has now been established to review this policy. The first meeting of the group will take place in October 2022 and will ensure audit recommendations are incorporated. | August 2022 Update - This work is being progressed by the Head of Workforce Efficiency and e-systems. |
| Overtime & Additional Hours 3.0 | May-22 | Reasonable | A standardised claim form for capturing overtime and additional hours should be in place, that incorporates the requirement for individuals to confirm the hours they have worked, and for management to authorise the claim ahead of input on pay return. Claim forms also need to be clear about the need to capture time net of breaks. | Medium | A single standardised claim form, for the use in all non-health roster areas will be developed by the WPRG and contained within the Overtime Policy, for all areas of the UHB to access and use. The form will be based on the standardised NWSSP Payroll form for overtime and additional hours claims, which will contain information on the shift worked, the date, time, rate of pay and who has approved and authorised the payment. Once the Overtime Policy is reviewed and ratified all former UHB overtime forms in circulation and use will be withdrawn (removed from SharePoint etc.) and Payroll instructed to only accept and process the new standard form for payment. | Director for People | Head of Workforce Productivity and eSystems | Nov-22 | Now January 2023 | | In progress | October updated 2022 - A policy task and finish group has now been established to review this policy. The first meeting of the group will take place in October 2022 and will ensure audit recommendations are incorporated. | August 2022 Update - The Overtime Policy will be reviewed by the Workforce Policy Review Group in September 2022. The review will take into consideration the internal audit recommendations. |
| Overtime & Additional Hours 4.0 | May-22 | Reasonable | Now that all Covid related agreements for payment of higher overtime rates have concluded, a review of payroll data should be carried out to identify departments that are continuing to pay staff outside of the AfC terms and conditions. Payroll codes set up specifically for such payments should be closed to prevent usage. Where it identified that payments outside AfC remain, discussions should be held with the departments to ascertain the reasons why. If necessary, the appropriate procedure should be followed to obtain authorisation in line with the scheme of delegation to continue with such payments. | Medium | Review of Payroll Overtime enhancement codes undertaken by Head of Workforce Productivity and e Systems with an NWSSP Payroll manager to ensure all non AfC payroll codes are closed immediately. The revised overtime policy will set out that all overtime and enhanced payments will be paid only in accordance with AfC. Should a department wish to deviate from these arrangements a discussion must take place with Executive Director for People. | Director for People | Head of Workforce Productivity and eSystems Assistant Director of Policy, Governance and Compliance | July 2022 November 2022 | Now January 2023 | | In progress | October updated 2022 - A policy task and finish group has now been established to review this policy. The first meeting of the group will take place in October 2022 and will ensure audit recommendations are incorporated. | August 2022 Update - The Overtime Policy will be reviewed by the Workforce Policy Review Group in September 2022. The review will take into consideration the internal audit recommendations. |

**CTM**
**Interna**
**[date]**

Red -
Orange -
Yellow - Action
Green - Action
Blue - Action

| Ref | Date added | Assurance rating | Recommendation | Priority | Management Action Agreed | Responsible Executive Lead/Management Lead | Responsible Management Lead | Original Agreed Implementation Date | Revised Implementation Date | Status | Progress | Updates during this period/Latest Update | Previous Updates |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Consultant Job Planning Follow Up 3.1 | May-22 | Reasonable | The new e-job planning guide should be updated to reflect the Health Board's position in respect of the recording of personal outcomes within job plans, and also the recording of Health Board, service or directorate outcomes.<br>The Health Board should ensure that the revised job planning training materials include appropriate guidance on the recording of outcomes within job plans, in line with the e-job planning guide. | Medium | Development of and management of outcomes in job plans is a priority area of work for the Medical Director's team.<br>This work has been assigned to the Assistant Medical Director (AMD) for Workforce to complete the framework of how this will be achieved.<br>This will then be incorporated into the suggested documentation and training. | Medical Director | AMD for Workforce | Sep-22 | | | In progress | October 2022 Update - no update provided against this recommendation on this occasion | June 2022 Update - In progress - on target for September 2022 completion. July 2022 update - Current Job planning process already has outcomes in the form of a division of work between Direct Clinical Care (DCC) and Supporting Professional Activities (SPA). The contractual position states having a DCC: SPA split of 7:3. In practice this varies with different departments and for different individuals. The average split for CTM is around 7.5-8 DCC activities and 2.5-2 SPAs.<br><br>An agreement with the LNC has been reached but is awaiting final ratification, regarding the tariff for various SPA activities, bringing objectivity and equality across the 3 ILGs. (The last 2 LNC meetings got cancelled due to unavoidable circumstances). The DCC undertaken already has specific outcomes regarding the time (when) and site (where) the activity is undertaken.<br><br>Some departments record the time that the SPA activity is undertaken on site, whereas some departments do not. There is recognition that one SPA activity can be contractually undertaken at home and that some SPA activities cannot have a fixed time in the week to undertake it.<br><br>The workforce department is working towards having a greater detail in the level of outcomes both for DCC and SPA, but that requires improvement in data access and training of CDs and managers undertaking the job planning. It is envisaged that once the clinical leads in the new structure are appointed, the process for having more detailed outcomes in job planning can be prioritised. |
| Consultant Job Planning 4.1 | May-22 | Reasonable | The discrepancies identified by management following their review of Anaesthetics SAS Doctors paper-based job plans and the e-job planning system should be resolved. | Medium | A paper dealing with the pay / job plan issue for the anaesthetics SAS doctors in PCH and RGH has been submitted to the Medical, Finance and HR Directors. A formal response directing action will be issued. | Medical Director | Medical Director | May-22 | Now May 2023 | | In progress | October 2022 Update - On track for completion May 2023 | June 2022 update - We have reviewed the situation. With a change in the new structure of the Health Board there will be a need to align specialties across the Health Board so there is an equitable JP approach. As such this issue will be part of that resolution. In the interim the current process that works will be maintained using an excel approach. Compliance can be monitored and reported by the CSG. July 2022 Update - On target for completion May 2023 |
| Consultant Job Planning Follow Up 5.1 | May-22 | Reasonable | Residual work in relation to the principals of the ADH rate card and its subsequent approval should be completed. | Medium | A paper discussing the principles on which a rate card will be developed has been submitted to Director of People. Agreement of these principles will then result in the engagement of interested parties to develop the rate card. | Director for People | Director for People | Dec-22 | | | In progress | October 2022 Update – The rate card development is now one of the work streams identified in the Medical Productivity Programme. The development of a rate card is being led by the Interim Unscheduled Care Group Medical Diretor, a task and finish group is being formed and further information on the work stream will be shared in due course. | August 2022 Update - The first meeting of the 'the unified transformation portfolio' sat on the 20th July. The work for the development of the rate card has been folded into the Medical Workforce productivity workstream. The rate card development and delivery has therefore been incorporated into the PID for the medical workforce productivity. |
| Welsh Risk Pool Claims 1.1 | Jun-22 | Reasonable | Management should ensure that required documentation is submitted to the WRP within the specified timeframes and monitoring takes place to ensure compliance with this requirement. | Medium | 1.1a Legal Services SOPs to be reviewed and updated.<br>1.1b Monitoring process to be implemented in respect of deadlines for various paperwork submissions.<br>1.1c Spot check audit to be undertaken bi-monthly on paperwork submissions against deadlines ie CMRs, LFERs etc. | Director of Corporate Governance/ Board Secretary | Legal Services Manager | 1.1a Dec 2022<br>1.1b June 2022<br>1.1c August 2022 | | | In progress | October 2022 Update<br>1.1a Legal Services SOP in progress of being reviewed.<br>1.1b LFERs are regularly monitored via reports/trackers and dashboards. Datix Cymru has been updated to enable better tracking of red/amber deferred cases. These are regularly monitored via weekly data review meetings and Executive Patient Safety meeting.<br>1.1c Spot check audits undertaken by the Legal Services Manager<br><br>Regular engagement with Welsh Risk Pool. LFER improvement plan devised, prioritising as appropriate, between legacy cases and new cases, as well as high value claims. Date for submission of cases deferred over 6 months set for end of September.<br><br>LFERs have been given as a key responsibility for PSIM within the new operating model. | August 2022 Update<br>1.1a Legal Services SOP in progress of being reviewed.<br>1.1b LFERs are regularly monitored via reports/trackers and dashboards. Datix Cymru has been updated to enable better tracking of red/amber deferred cases. These are regularly monitored via weekly data review meetings and Executive Patient Safety meeting.<br>1.1c Spot check audits undertaken by the Legal Services Manager<br><br>Regular engagement with Welsh Risk Pool. LFER improvement plan devised, prioritising as appropriate, between legacy cases and new cases, as well as high value claims. Date for submission of cases deferred over 6 months set for end of September. |
| Welsh Risk Pool Claims | Jun-22 | Reasonable | Procedures should be in place that provide staff with clear guidance on how to process claims, especially the dates that are to be used in relation to the 'Decision to Settle' and 'Final Payment', and the circumstances of when these dates should be updated in Datix. Guidance should also cover the other issues we identified including the correct process for capturing financial transactions in Datix and the process that should be followed if a claim is dismissed when taken to court. | Medium | 2.1 Legal Services SOPs to be reviewed and updated and staff to be retrained where appropriate.<br>2.2 SOP to be devised to assist staff through the financial process if a claim is dismissed. | Director of Corporate Governance/ Board Secretary | Legal Services Manager | Dec-22 | Now January 2023 | | In progress | October 2022 Update<br>2.1 Legal Services SOPs in process of being reviewed.<br>2.2 Financial SOP to be developed | August 2022 Update<br>2.1 Legal Services SOPs in process of being reviewed.<br>2.2 Financial SOP to be developed |

**CTM**
**Interna**
**[date]**

| Ref | Date added | Assurance rating | Recommendation | Priority | Management Action Agreed | Responsible Executive Lead/Management Lead | Responsible Management Lead | Original Agreed Implementation Date | Revised Implementation Date | Status | Progress | Updates during this period/Latest Update | Previous Updates |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Financial Systems 1.1 | Jun-22 | Reasonable | Guidance notes / desktop procedures should be developed to provide more detailed explanations on the budgetary control and virement processes to be followed to ensure compliance with the FCP. | Medium | An updated process document will be put in place for virements to ensure consistency and understanding across the Health Board. | Director of Finance | Head of Corporate Finance | Jul-22 | | | In progress | October 2022 Update - Need to review the appropriateness of the review of virements. Virements are done in line with Scheme of Delegation. | August 2022 Update - All FCPs are being reviewed as part of the new delivery model and update of the SoD. Therefore the FCP will be updated once the new SoD has been approved. |
| Financial Systems 6.2 | Jun-22 | Reasonable | In order to mitigate any form of error, virement journals being signed off by both the preparer and reviewer. | Medium | We will update the requirements of review/sign off as part of the updated process. | Director of Finance | Head of Corporate Finance | Jul-22 | Now October 2022 | | In progress | October 2022 Update - Need to review the appropriateness of the review of virements. Virements are done in line with Scheme of Delegation. | August 2022 Update - This will be updated in line with the update of FCP. |
| Financial Systems 8.2 | Jun-22 | Reasonable | In cases where it is appropriate, management should explore the use of alternative mechanisms for raising orders and paying invoices, for example the use of 'call off' orders. | Medium | As above, we will identify the areas where retrospective orders are raised and review alternative mechanisms for order or payment. | Director of Finance | Head of Procurement | Mar-23 | | | In progress | October 2022 update - Alternative methods of payments will be reviewed within the NO PO/Retrospective order review by March 2023 | August 22 update - Alternative methods of payments will be reviewed within the NO PO/Retrospective order review by March 2023. |
| Financial Systems 8.3 | Jun-22 | Reasonable | Where a retrospective order is deemed appropriate, staff should be encouraged to complete the notes section of Oracle explaining the reason for use of a retrospective order, including details of who requested the goods or service to be procured. | Medium | Where retrospective orders are deemed acceptable, further training will be given to end users to ensure notes are completed within Oracle | Director of Finance | Head of Procurement | Mar-23 | | | In progress | October 2022 - Retrospective review being undertaken as part of AW P2P T&F group, and further training needs will be identified by March 2023 | August 2022 Update - Refer to the update provided for 7.1 |
| Financial Systems 8.4 | Jun-22 | Reasonable | Documentation to support all orders should be retained made available if required | Medium | Documentation will be made available via SharePoint. | Director of Finance | Head of Procurement | Mar-23 | | | In progress | October 2022 Update - Remains the same as the update provide in August 2022 | August 2022 - Documentation and information will be available through the development of the CTM sharepoint page which will be linked to the NWSSP sharepoint page with all relevant P2P information including virtual training guides by March 2023 |

**CTM**
**Interna**
**[date]**

Red -
Orange -
Yellow - Action
Green - Action
Blue - Action

| Ref | Date added | Assurance rating | Recommendation | Priority | Management Action Agreed | Responsible Executive Lead/Management Lead | Responsible Management Lead | Original Agreed Implementation Date | Revised Implementation Date | Status | Progress | Updates during this period/Latest Update | Previous Updates |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Financial Systems 9.1 | Jun-22 | Reasonable | As sending individual letters to staff when it is identified they are non-compliant with the policy is time consuming, consideration should be given to alternative methods of ensuring departments that are persistently non-compliant are made aware, with support and training provided in an attempt to prevent ongoing non-compliance. | Medium | Training on No PO and retrospective orders will be made available to respective areas. Non Compliance letters will still be issued. | Director of Finance | Head of Procurement | Jul-22 | Now October 2022<br>Now March 2023 |  | In progress | October 2022 - AW P2P T&F group work delayed and approach being presented to AW P2P group and SRO 17th November. Training/Lunch and learn sessions continuing and retrospective letters still being issued. Retrospective order review for priority areas being identified by March 2023 | Aug-2022 update - Non compliance letters are being issued in relation to retrospecctive orders. As above the No PO policy approach is being reviewed within the FDU AWP2P forum and messaging is being strengthened to both HB and Supplier by October 2022. Best practice approach also being ceveloped within FDU AW P2P. |
| Risk Management 2022 04 | Aug-22 | Reasonable | Management should ensure that for those risks highlighted, a review is undertaken as soon as practicable and the Datix system updated. Management should ensure that staff are reminded of the requirement to review and update risks in Datix in line with the timescales detailed in the Health Board guidance. | Medium | Risk Leads will be asked to ensure that Datix is updated to reflect the updates on the risks identified as being passed their review dates.<br>Reminders to ensure risks are regularly updated will be included in the CTM Staff update and more prominently on the Risk Intranet Pages. Messaging will also continue via the training and regular meetings with risk leads. | Director of Corporate Governance | Assistant Director of Governance & Risk | Sep-22 | Now 31 January 2023 |  | In progress | October 2022 Update - The initial management action has now been superceeded as the Executive Leadership Group approved the "Guiding principles for Quality Governance Accountability Arrangements during the transition to the new Operating Model", at its meeting on the 12th September 2022 For the purposes of these principles, the ELG have identified the period of 'transition' to end on 31st January 2023. This includes the realignment of all open ILG Legacy Risks and establishing a workshop to review risks on the Organisational Risk Register in light of the new model. |  |
| CSG & ILG Quality Assurance 1.4 | Aug-22 | Reasonable | A review of the quality monitoring arrangements for Surgery CSG within Merthyr Cynon ILG should be undertaken to establish if the remit of the Surgery Governance Group and wider Acute Service Patient Safety Governance Group are able to provide the same level of quality monitoring and assurance that can be provided from a dedicated Quality and Safety Group for the CSG. If necessary, consideration should be given to having a dedicated Surgery Quality and Safety Group in line with other CSGs. | Medium | The health board is in transition period of adopting a new operating model. The current framework (Nov 2020) describes quality governance arrangements within the current model of Integrated Locality Groups (ILG's), including a template for Quality, Safety & Patient Experience (QSPE) meetings, terms of reference, frequency, agenda and more recently common quality measures. It is recognised that this clear direction was not extended to the Clinical Service Group (CSG) structure, which was very much in its early stages of development in 2020. This assurance audit was requested to explore the governance interface in relation to CSG, ILG and Health Board assurance, escalation and risk. This has been a very helpful activity in reaffirming the need to apply a standardised framework to CSGs for good governance and assurance from service point to Board line of sight. This granular governance will be articulated through the revised Quality & Patient Safety Framework and embedded within the new Care Group operating model. | Director of Nursing | Assistant Director Quality & Safety | Dec-22 |  |  | In progress | October 2022 update-The health board continues to make changes in respect of its new operating model which includes quality governance and patient safety arrangements for CSG's and the Care Groups they sit within. Each Clinical Service Group will have a standardised assurance framework in place to describe how floor to board assurance is articulated within services, as well as standardised tools for annual work plans, quality assurance of incident management & investigation, Terms of Reference/Agenda for Qualtity, Patient Safery & Patient Experience Meetings and arrangements to share learning. Upward reporting and monitoring through to the Care Group will be based on agreed quality indicators, informed by work plans and a common reporting framework. These arrangementts will be articulated in the revised Quality & Safety Framework due for publication in December 2022. |  |
| CSG & ILG Quality Assurance 3.0 | Aug-22 | Reasonable | All ILG Quality and Safety Groups and their constituent CSGs should establish annual quality assurance work plans that will allow focus, monitoring and reporting on their relevant quality issues and objectives in a targeted manner. | Medium | Response as in 1.1; The health board is in transition period of adopting a new operating model. The current framework (Nov 2020) describes quality governance arrangements within the current model of Integrated Locality Groups (ILGs), including a template for Quality, Safety & Patient Experience (QSPE) meetings, terms of reference, frequency, agenda and more recently common quality measures. It is recognised that this clear direction was not extended to the Clinical Service Group (CSG) structure, which was very much in its early stages of development in 2020. This assurance audit was requested to explore the governance interface in relation to CSG, ILG and Health Board assurance, escalation and risk. This has been a very helpful activity in reaffirming the need to apply a standardised framework to CSG's for good governance and assurance from service point to Board line of sight. This granular governance will be articulated through the revised Quality & Patient Safety Framework and embedded within the new Care Group operating model.<br>In addition, the requirement of annual work plans for Clinical Service Groups will be re-established and monitored through the new Care Group model governance system. Progress against CSG annual plans will be upwardly reported by Care Groups to Quality and Safety Committee on a yearly basis. | Director of Nursing | Assistant Director Quality & Safety<br>Care Group Nurse Directors | Dec-22 |  |  | In progress | October 2022 update-The health board continues to make changes in respect of its new operating model which includes quality governance and patient safety arrangements for CSG's and the Care Groups they sit within. Each Clinical Service Group will have a standardised assurance framework in place to describe how floor to board assurance is articulated within services, as well as standardised tools for annual work plans, quality assurance of incident management & investigation, Terms of Reference/Agenda for Qualtity, Patient Safery & Patient Experience Meetings and arrangements to share learning. Upward reporting and monitoring through to the Care Group will be based on agreed quality indicators, informed by work plans and a common reporting framework. These arrangementts will be articulated in the revised Quality & Safety Framework due for publication in December 2022. |  |
| CSG & ILG Quality Assurance 4.0 | Aug-22 | Reasonable | It should be ensured that going forward there is Surgery CSG representation at the PCH Acute Services Patient Safety and Governance Group.<br>Consideration should be given to reviewing the terms of reference for the ILG Quality, Patient Safety and Experience Group to include representatives from the CSGs so that quality matters for those areas can be discussed in greater detail. | Medium | Notwithstanding the pending changes to the operating model, this finding has been relayed to the Nurse Director of Merthyr Cynon ILG who is chair of the ILG QPSE group for corrective actions. This will also be highlighted in the Merthyr Cynon ILG quality and patient safety legacy document in preparation for the change in the operating model. | Director of Nursing | Merthyr Cynon ILG Nurse Director | Sep-22 | Now October 2022 |  | In progress | October 2022 update-The handover document is being finalised and will be completed by end of October 2022. The unscheduled care Director of Nursing is working closely with the planned care Director of Nursing during this phase until formal handover has been completed. |  |

**CTM**
**Interna**
**[date]**

| Ref | Date added | Assurance rating | Recommendation | Priority | Management Action Agreed | Responsible Executive Lead/Management Lead | Responsible Management Lead | Original Agreed Implementation Date | Revised Implementation Date | Status | Progress | Updates during this period/Latest Update | Previous Updates |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Medical & Dental Rostering Follow Up Review 1.1 | Aug-22 | Reasonable | The Health Board should determine its long-term objective in the use of Health Roster for Medical and Dental staff to generate rosters and achieve the potential efficiencies the system will generate. If there is to be roll out of the rostering module, work should be carried out to determine those areas that are already expressing an interest in using this module. A new project plan should be developed with achievable timeframes and appropriate resources to support the roll out. | Medium | The Health Board has rolled out allocate health roster to all areas except Anaesthetics (ACT) & the Emergency Department (ED). ACT continue to use CLW, and ED have transitioned to health rota, an ED specific rostering system. Both specialist areas have been shown and trialled health roster. Neither want to transition to the allocate software after the trial and will therefore use the previously mentioned systems, as they offer additional functionality that health roster doesn't.<br>There is no current plan to purchase the additional module 'Activity Manager' or to develop a project plan to roll out a package that has not been purchased by the UHB.<br>There will be a full review of areas using health roster, to identify those only partially utilising the current capabilities of the system. Engagement sessions will be set with the areas identified.<br>These sessions will be made with the express aim of understanding why the system isn't being fully utilised and how the Health Board can offer support to allow adoption of the system or understand and accept the reason why the particular specialty does not need the full use of the system | Medical Director & Director for People | AMD for Workforce | Dec-22 | | | In progress | October 2022 Update - no update provided against this recommendation on this occasion | |
| Medical & Dental Rostering Follow Up Review 2.1 | Aug-22 | Reasonable | The Health Board should determine its long-term objective in the use of Health Roster for Medical and Dental staff to generate rosters and achieve the potential efficiencies the system will generate. If there is to be roll out of the rostering module, work should be carried out to determine those areas that are already expressing an interest in using this module. A new project plan should be developed with achievable timeframes and appropriate resources to support the roll out. | Medium | The Health Board has rolled out allocate health roster to all areas except Anaesthetics (ACT) & the Emergency Department (ED). ACT continue to use CLW, and ED have transitioned to health rota, an ED specific rostering system. Both specialist areas have been shown and trialled health roster. Neither want to transition to the allocate software after the trial and will therefore use the previously mentioned systems, as they offer additional functionality that health roster doesn't.<br>There is no current plan to purchase the additional module 'Activity Manager' or to develop a project plan to roll out a package that has not been purchased by the UHB.<br>There will be a full review of areas using health roster, to identify those only partially utilising the current capabilities of the system. Engagement sessions will be set with the areas identified.<br>These sessions will be made with the express aim of understanding why the system isn't being fully utilised and how the Health Board can offer support to allow adoption of the system or understand and accept the reason why the particular specialty does not need the full use of the system | Medical Director & Director for People | AMD for Workforce | Dec-22 | | | In progress | October 2022 Update - no update provided against this recommendation on this occasion | |
| Medical & Dental Rostering Follow Up Review 3.1 | Aug-22 | Reasonable | The draft Medics Rostering Policy should be further reviewed to remove any legacy references to the Nursing Rostering Policy. Feedback should then sought from the appropriate groups and approval obtained from the appropriate committee ahead of making the policy available to all relevant staff. | Medium | The draft has been reviewed substantially and is now complete. The policy has been submitted to the Medical Workforce Sustainability Group (MWSG) for review. This will be set as an agenda item for the next meeting and then progress through the formal Health Board route to ratification. | Medical Director & Director for People | Head of workforce productivity and e-systems | Nov-22 | | | In progress | October 2022 Update - no update provided against this recommendation on this occasion | |
| Medical & Dental Rostering Follow Up Review 3.2 | Aug-22 | Reasonable | For areas where the full roll out of Health Roster is not imminent, separate 'how to' guides on the local system used should be considered. The guides should include the step-by-step process for creating the rosters and also guides for users of the system, allowing consistency during unexpected periods of absence. | Medium | How to guides will be developed by ACT & ED for use of their respective systems. | Medical Director & Director for People | ACT Manager & Roster manager ED Manager & Roster manager | Nov-22 | | | In progress | October 2022 Update - no update provided against this recommendation on this occasion | |
| Medical & Dental Rostering FoLLOW Up Review 4.1 | Aug-22 | Reasonable | Management should ensure that the Study Leave policy is approved and circulated within the Health Board. | Medium | Discussion around agreeing a Health Board wide policy is still ongoing between the Medical Director and the BMA.<br>This is due to the differences between provision for study leave contained in the previous Cwm Taf and Swansea Bay policies.<br>Agreement needs to be reached between the involved parties, to allow for the new policy to progress and be ratified through the formal UHB policy route. | Medical Director & Director for People | Medical Director | Nov-22 | | | In progress | October 2022 Update - On track for completion November 2022 | |

**CTM**
**Interna**
**[date]**

Red -
Orange -
Yellow - Action
Green - Action
Blue - Action

| Ref | Date added | Assurance rating | Recommendation | Priority | Management Action Agreed | Responsible Executive Lead/Management Lead | Responsible Management Lead | Original Agreed Implementation Date | Revised Implementation Date | Status | Progress | Updates during this period/Latest Update | Previous Updates |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Medical & Dental Rostering Follow Up Review 5.1 | Aug-22 | Reasonable | As the Health Board makes progress in increasing the job planning compliance rates, management need to ensure that rosters align to the updated job plans, including ensuring SPA and DCC sessions align to the agreed job plans. | Medium | As there is no automatic or software solution to ensuring rosters align to job plans, it is therefore a fundamental part of local management of the Medics working in each specialty. This is due to the service and roster managers being the responsible staff for determining the job plans and also administering the rostering system that these job plans align to. Workforce & OD will reiterate via a general communication the responsibility for aligning job plans to rosters is a fundamental part of running an effective service, that the local managers are responsible for. | Medical Director & Director for People | ILG Directors, CSG Managers and Deputy CSG Managers. | Sep-22 | | | In progress | October 2022 Update - This will move to the Care Group leadership to ensure compliance. Whilst we are in transition this is being monitored centrally, but with individual departments being reminded of the need to address the shortfall and follow guidelines in JP. Acute Medicine Consultant and Nerys Conway and Head of Workforce Productivity and E-Systems to oversee in interim. | |
| CAMHS Workforce Follow Up Review 2.1 | Aug-22 | Reasonable | a) The SOP in relation to the set up and use of electronic staff files should be finalised.<br>b) All current electronic files should be fully populated with documentation scanned from hard copy files.<br>c) The roll out of electronic staff files to all other areas of the CSG should commence. | Medium | a) A SOP is being drafted by the Swansea Bay CAMHS locality Senior Nurses on the set up and use of electronic staff files and will be taken to the Quality, Patient Safety and Experience meeting for review and discussion prior to sign off.<br>b) Swansea Bay CAMHS locality Senior Nurses will ensure all current electronic files will be fully populated with the documentation from the hard copy files<br>c) CTM CAMHS locality will commence the roll out of electronic files following sign off of the SOP to approach and any learning from the Swansea Bay CAMHS team | Chief Operating Officer | a) Senior Nurses for Swansea Bay CAMHS locality<br>b) Senior Nurses for Swansea Bay CAMHS locality<br>c) Head of Nursing and Senior Nurses for each locality | a) End of October 2022<br>b) End of September 2022<br>c) End of November 2022 | Should all be complete by November 2022 | | In progress | October 2022 Update - nursing electronic files in Swansea Bay CAMHS have been fully populated with the documentation from the hard copies. A draft SOP has been developed and will be discussed with teams in October prior to sign off. | |
| Health & Safety Management 06 | Aug-20 | Reasonable | The templates currently being used to undertake annual Health and Safety reviews should be reviewed to ensure they are accurately reflecting the Health and Safety issues within each department. | Low | The Health and Safety Team are developing an audit package for use across the CTMUHB. The package will provide assurance to ILGs and the Board that policies and procedures are being followed in all Service Group Wards and Departments. Once completed, the audit package will be presented to the Health, Safety and Fire Committee for approval. | Director for People | Head of Health, Safety & Fire | 01/01/2021 Now 31 May 2022 | 01/07/2021 Trial Audit on Social Distancing completed August 2021. New completion date for audit package to be suitable foir H&S Audits 31/01/2022 Now May 2022 Now September 2022 Now February 2023 | | Part Completed | Update October 2022 - First audit commenced in September 2022 and a selection of Wards and Deparments have been highlighted to be audited. Audit results will be presented to the next Health, Safety and Fire Sub Committee. | APRIL 2021: An audit tool is being developed, taking learning from the social distancing audit tool developed. The package itself is developed, and by July we will have determined the key areas to be examined via the audit tool. This will be complete and ready to use by the end of July. A revised implementation date has been provided. July 2021 - Audit Package currently undergoing further testing due so some reporting issues on the AMaT system. SEPTEMBER 2021: The above audit findings were presented as a draft to the last Health, Safety and Fire Committee in September 2021. There are still some issues with the audit package producing an exeutive summary of the audit undertaken. The Health, Safety and FIre Team are in further dicussions with the Clinical Audit Team and AMaT to resolve this. Whilst awaiting this system fix an audit programme is being set up and will be rolled out once the system fixes have been completed. November 2021 - No further update provided. April 2022 Update - Health & Safety Team has been working closely with Clinical Audit colleagues to determine whether the AMaT system could be used to capture audit information. The Team were now working towards a revised target date of end of May 2022 to complete this recommendation. April 2022 Update - Health & Safety Team has been working closely with Clinical Audit colleagues to determine whether the AMaT system could be used to capture audit information. The Team were now working towards a revised target date of end of May 2022 to complete this recommendation. August 2022 Update - Following several other issues which had to be resolved with AMaT the Health and Safety Team will be undertaking a management audit of a selection of wards/departments throughout the month of September. |
| Financial Systems 06 | Apr-21 | Reasonable | Management may want to consider creating a procedure, as it will help strengthen efficiencies, deliver best practice and more importantly it will provide added support should the department have new staff working in that area. | Low | Agreed. A manual for the fixed asset register will be created. | Director of Finance | Finance Manager | Sep-21 | Now September 2022 Now November 2022 | | In progress | October 2022 Update - Implementation date remains November 22 | July 2021 Update - Action on target to be completed by September 2021. September 2021 - No further update. November 2021 - No further update provided. January 2022 Update - Due to changes in post and the significant pressure on the team as a result of IFRS implementation and preparation for the new quinnquennial revaluation this has been unable to be addressed. It is proposed that this is picked up post the year end audit process over the summer of 22/23 post IFRS 16 adoption. April 2022 - No further update to report. August 2022 Update - A user manual for the Fixed Asset register is in progress, we have started working on it but it is not yet complete. |
| Facilities Directorate Review (Workforce Arrangements) Follow Up 09 | Aug-21 | Reasonable | Both sites<br>Work should continue in relation to the procurement of a more up to date portering management system that would allow the service to be delivered in a more efficient and effective manner. | Low | RGH / RTE and PCH / M&C<br>1. Work will continue to progress forward in view of managing rota alignment that will support service demands and pressures. This will be always flexible and open to change in view of changing service needs within the Hospitals.<br>2. A bid for funding for a new Porter Services IT management system solution (Symbiotic) has been submitted in the Facilities IMTP 2021-2022. | Chief Operating Officer | Facilities Regional Managers | Sep-21 | Nov-22 | | In progress | October 2022 Update - date for completion remains November 2022. | September 2021 - No further update. December 2021 update - plans for Facilities to review other Porter Management Systems year 2022. Procurement will support any tender process. Staffing resources will continue to be managed with services pressures and demands and flexibility to work with the rota. February 2022 Update - confirmation from Facilities that this is undercontinual review and the completion date remains November 2022. April 2022 Update - Date for completion remains November 2022. June 2022 - no update available this month. August 2022 Update. Date for completion remains November 2022. In terms of progress, both MC and RTE can confirm that that point 1 is completed. New porter tracversion has been procured and training / go live dates are awaited. |
| Sunnyside Health & Wellbeing Centre 09 | Aug-21 | Reasonable | Performance of relevant parties should be monitored appropriately | Low | As above although there will be a delay with the appointment of a new contractor. | Director of Finance | Senior Project Manager | Sep-21 | Now January 2022 for Contractor only Now 31 March 2022 Now July 2022 Now December 2022 | | In progress | October 2022 Update - This scheme is on hold pending the appointment of a new contractor to undertake the works. Therefore the timeline for addressing the actions will be updated on appointment of a new contractor. At the moment that is not expected to be until December at the earliest | September 2021 Update - Complete for advisors but will not be complete for contractor until a new contractor is appointed. November 2021 Update - ongoing, awaiting contractor appointment. January 2022 Update - this has been further delayed as a result of a need to extend the tender period. April 2022 Update - See above - project remains on hold whilst new contractor appointed. June 2022 Update - Still undertaking tender process expexcted to come to a close and the project to re-commence, as a result this document can commence re-drafting as soon as contractor known and WG have approved a cost uplift. August 22, there are ongoing complications with the appointment of a replacement contractor after the initital contractor went into administraiton in July 2021. A tender process failed to deliver an acceptable tender and construction frameworks are under consideration. Until this is resolved the project remains on hold. Any procurement will be at least 3 months so it is recommended to review December 2022 to give time to appoint, confirm and implement recommendations as all outstanding recommendations can not be discharged without a new contractor in place |
| Sunnyside Health & Wellbeing Centre 17 | Aug-21 | Reasonable | Management should instigate a process for formal review and sign-off of any further design changes with relevant parties. | Low | The Health Board already has in places processes for sign off of design by users and this process will be used in this scheme moving forward (also to be detailed in the Project Execution Plan). | Director of Finance | Senior Project Manager | Nov-21 | Now 31 March 2022 Now July 2022 Now December 2022 | | In progress | October 2022 Update - This scheme is on hold pending the appointment of a new contractor to undertake the works. Therefore the timeline for addressing the actions will be updated on appointment of a new contractor. At the moment that is not expected to be until December at the earliest | September 2021 Update - Ongoing. November 2021 Update - to be completed this month. January 2022 Update - although technically this has been agreed it can not be fully implemnted until the new contractor is back on site and appointed which will be at least March. April 2022 Update - See above - project remains on hold whilst new contractor appointed. June 2022 Update - Still undertaking tender process expexcted to come to a close and the project to re-commence, as a result this document can commence re-drafting as soon as contractor known and WG have approved a cost uplift.<br>August 22, there are ongoing complications with the appointment of a replacement contractor after the initital contractor went into administraiton in July 2021. A tender process failed to deliver an acceptable tender and construction frameworks are under consideration. Until this is resolved the project remains on hold. Any procurement will be at least 3 months so it is recommended to review December 2022 to give time to appoint, confirm and implement recommendations as all outstanding recommendations can not be discharged without a new contractor in place. |
| IT Service Management Follow Up 04 | Apr-22 | Reasonable | A process for monitoring the change process to ensure compliance with all the requirements of the process should be established. | Low | Will be reviewed by the Head of Service Management when in post | Director of Digital | Head of Service Management | 01.08.2022 | Now end of Q3 2022/2023 | | In progress | October 2022: On track to complete by the end of Qtr 3 2022/2023 | June 2022 Update - Will be reviewed by the Head of Service Management once the 3 higher priority recommendations have been addressed. August 2022 - Propose to extend to end of Q3 2022/2023 |
| Financial Systems 6.1 | Jun-22 | Reasonable | In line with the Scheme of Delegation, management should ensure authorisation is sought and retained prior to virements being input on Oracle. | Low | Agreed, as per action 1, an updated process will be developed | Director of Finance | Head of Corporate Finance | Jul-22 | Now October 2022 | | In progress | October 2022 Update - Need to review the appropriateness of the review of virements. Virements are done in line with Scheme of Delegation. | August 2022 Update - Will be updated in line with the update of FCP. |

**CTM**
**Interna**
**[date]**

Red -
Orange -
Yellow - Action
Green - Action
Blue - Action

| Ref | Date added | Assurance rating | Recommendation | Priority | Management Action Agreed | Responsible Executive Lead/Management Lead | Responsible Management Lead | Original Agreed Implementation Date | Revised Implementation Date | Status | Progress | Updates during this period/Latest Update | Previous Updates |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Risk Management 2022 05 | Aug-22 | Reasonable | Management should consider the use of Datix for capturing all risks, this would allow for a consistent approach throughout the Health Board and provide greater effectiveness of monitoring. | Low | The ability to maintain a consistent approach to recording low level risks will be considered with a suggestion to align with the implementation of the new All Wales Risk Module on Datix where low level risks can be added to the system without generating the more detailed steps higher level risks require. | Director of Corporate Governance | Assistant Director of Governance & Risk | Oct-22 | Now 31 December 2022 | | In progress | October 2022 Update - This recommendation has been aligned to the implementation of the Datix Cymru Risk Module the implementation of the new module has been delayed.<br>Progress is monitored via the OFW Risk Module Meetings which is next due to meet in October 2022 where a further update on timescales will be received.<br><br>Furthermore, the current risk training encourages risk owners to include all risks to the Datix System and this will be reflected in the next iteration of the Risk Management Procedure | |
| CSG & ILG Quality Assurance 1.1 | Aug-22 | Reasonable | The terms of reference for the CSG Service Group Performance Review (SGPR) meetings should be reviewed and updated where necessary, including amending the frequency of meetings if deemed appropriate.<br>CSGs should endeavour to hold their SGPR meetings in line with the frequency agreed in the terms of reference. | Low | The health board is in transition period of adopting a new operating model. The current framework (Nov 2020) describes quality governance arrangements within the current model of Integrated Locality Groups (ILG's), including a template for Quality, Safety & Patient Experience (QSPE) meetings, terms of reference, frequency, agenda and more recently common quality measures. It is recognised that this clear direction was not extended to the Clinical Service Group (CSG) structure, which was very much in its early stages of development in 2020. This assurance audit was requested to explore the governance interface in relation to CSG, ILG and Health Board assurance, escalation and risk. This has been a very helpful activity in reaffirming the need to apply a standardised framework to CSGs for good governance and assurance from service point to Board line of sight. This granular governance will be articulated through the revised Quality & Patient Safety Framework and embedded within the new Care Group operating model. | Director of Nursing | Assistant Director Quality & Safety | Dec-22 | | | In progress | October 2022 update-The health board continues to make changes in respect of its new operating model which includes quality governance and patient safety arrangements for CSG's and the Care Groups they sit within. Each Clinical Service Group will have a standardised assurance framework in place to describe how floor to board assurance is articulated within services, as well as standardised tools for annual work plans, quality assurance of incident management & investigation, Terms of Reference/Agenda for Qualtity, Patient Safery & Patient Experience Meetings and arrangements to share learning. Upward reporting and monitoring through to the Care Group will be based on agreed quality indicators, informed by work plans and a common reporting framework. These arrangementts will be articulated in the revised Quality & Safety Framework due for publication in December 2022. | |
| CSG & ILG Quality Assurance 2.0 | Aug-22 | Reasonable | Quality governance training should be provided to all relevant staff in the ILGs and their constituent CSGs to ensure a sound understanding of quality assurance principles and practices | Low | The Health Board launched a new Patient Safety Incident Management Framework and Toolkit in June 2022. This describes the responsibilities of colleagues in managing patient safety issues from an initial incident and investigation through to complaints, redress, inquests and claims. In July 2022, the Health Board also launched a rolling programme of patient safety investigation training, which<br>includes good governance in relation to quality and patient safety, Datix and patient experience. The training also introduces the important concepts of psychological safety, human factor errors and safety thinking. Attendance is recorded on the Health Board's Electronic Record System, which ensures that those undertaking incident investigations are appropriately, and consistently trained to<br>improve standards and performance. Bespoke Datix training has been rolled out by the Datix Management Team following the adoption of the Once for Wales incident module, and is ongoing.<br>The corporate team have initiated good governance training in relation to assurance report writing and preparedness for Boards and Committees as well as Risk Management Awareness Training.<br>Training sessions are supported by the Health Board's Communication channels, Intranet SharePoint system where further information and assistance for colleagues is signposted by the Patient Care and Safety site.<br>A further opportunity to raise awareness and understanding of the quality assurance principles and practice to the wider workforce will be the publication of the Quality and Patient Safety Framework. | Director of Nursing | Assistant Director Quality & Safety | The nature of this action is ongoing; however, the new structure will provide an opportunity to target CSGs. Quality & Patient Safety Framework December 2022 | | | In progress | October 2022 update-As previously identified the Patient Safety Incident Management Framework and Toolkit describes the responsibilities of colleagues in managing patient safety issues from an initial incident and investigation through to complaints, redress, inquests and claims. The rolling programme of patient safety investigation training, which<br>includes good governance in relation to quality and patient safety, Datix and patient experience continues on a monthly basis. Bespoke Datix training sessions are being offered CSG's and departments by the Datix Management Team following the adoption of the Once for Wales incident module.<br>The corporate team have continued good governance training in relation to assurance report writing and preparedness for Boards and Committees as well as Risk Management Awareness Training.<br>A further opportunity to raise awareness and understanding of the quality assurance principles and practice to the wider workforce will be the publication of the Quality and Patient Safety Framework in December 2022 which will articulate how CSGs provide assurance through standardised frameworks, systems and processes. To date approx 70 people have been trained to maximise patient safety, understand putting things right legislation and undertake investigations. Sessons will continue to run monthly from November. As the organisational change takes place, the vision is for the all governance teams across the care groups to support with delivering this training. | |
| CSG & ILG Quality Assurance 5.0 | Aug-22 | Reasonable | For clarity, each CSG should consider mapping out its quality assurance reporting and oversight arrangements from the CSG up to the ILG Quality and Safety Group. | Low | This will be actioned through the new Quality and Patient Safety Framework as detailed in earlier agreed management actions. | Director of Nursing | Assistant Director Quality & Safety | Dec-22 | | | In progress | October 2022 update-This has been responsed to within earlier updates in relation to the new Quality & Safety Framework. | |
| PCH Quality Assurance 1.1 | Jun-22 | Substantial | The stakeholder engagement strategy will be defined. | Medium | Agreed. This will be included within the Project Execution Plan and will define key individuals/ groups and their responsibilities. | Director of Finance | Senior Responsible Officer | Aug-22 | Now October 2022 | | In progress | October 2022 update - Final draft being agreed to amend the PEP | August 2022 Update - Dialogue commenced with Project Manager to amend the PEP. |