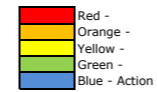




Ref	Date added	Recommendation	Priority	Management Action Agreed	Responsible Executive Lead	Responsible Management Lead	Original Agreed Implementation Date	Revised Implementation Date	Status	Progress	Updates During this period/latest update	Previous Updates
R2 Follow Up Outpatient is Not Booked	Oct-17	Ensure compliance with revised administrative and booking processes across the organisation to avoid unnecessary retrospective validation of patient records.	Medium/ Low	The original review reported that the Health Board was undertaking unnecessary retrospective validation activities and this was an additional pressure on capacity which could be avoided. Unfortunately retrospective validation is still being undertaken by the Health Board. The latest figures reported in April 2017 show that the current volumes of patients without a target date was 1,129, however this is a significant improvement from the same time last year where the volume was 3,509. It remains an area of focus for the Health Board. Work continues to improve in this area. As part of the outpatient improvement theme new software has been introduced for clinicians to enable them to record the outcomes of their consultations in real time. Although only rolled out to a small selection of specialities the system has potential to improve recording of patient outcomes which will support the quality of patient data in respect of follow-ups. Performance data is also captured through the Qlik Sense system. This data analytics tool enables directorates and clinicians to interrogate a vast array of data to support day to day management and continuous improvement.	Chief Operating Officer			February 2021 Ongoing August 2021 Now December 2021 Now March 2022 Now June 2022	In Progress	April 2022 Update - Confirmation not received from all ILGs - anticipate very likely this will be received by the next meeting.	<p>January 2021. Implication of covid have meant that this has not been able to receive the appropriate management focus - this will be remedied in the next month. March 2021. Implication of covid have meant that this issue has not received the appropriate management focus, however in the last month significant work has been undertaken on Demand and Capacity planning.</p> <p>This process has identified in detail the requirements and also the gaps and ILGs have been required to be clear about where they need additional support to deliver improved waiting times for current and future patients. Special importance is being attached to "other ways" of reducing lists and validation will be a focus of this process. This will be reported on in coming months via Performance Review and other meetings. Additional validation resource has been put into place as a short term response to dealing with the impact of Covid which has resulted in many patient pathways being impacted. While this is contrary to the recommendation, it has been a necessary response to the changed circumstances.</p> <p>May 2021 Update - Given the passage of time since this original review, thought will be given to discussing the recommendations of this audit with Audit colleagues. In the meantime, the UHB can offer assurance by confirming that the activity outlined in previous months is continuing and the Elective Recovery Plan is gathering pace and that it is monitored via weekly Board Meetings.</p> <p>July 2021 - work continues via the Planned Care and Unscheduled Care Programmes in line with Resetting. More information will be available at the next meeting. This information is now discussed at ILG level and then monthly at the Performance Review Meetings with the COO - where progress is demonstrated. Harm Reviews are also ongoing. Revised implementation date not provided.</p> <p>September 2021 Update. No change from the last comment. November 2021 Update - There is significant work underway on FUNB and related issues via the Planned Care Board including Follow Up Validations, SOS / PIFU projects, Attend Anywhere, DNA Work, Consultant Connect. There are robust mechanisms in place to monitor progress. Despite the progress and given the passage of time since this audit was completed, changes in management arrangements and the impact of covid 19, conversation is ongoing with colleagues in Audit to decide on how to answer this recommendation in a meaningful way. A meeting will be held before the next Audit Committee to discuss further. February 2022 Update - further discussion required with ILGs, evidence suggests that this is no longer an issue.</p>	
Discharge Planning 03	Jan-18	Patient leaflet: Adapt the community hospital patient leaflet so it is relevant for patients staying in acute hospitals, setting out information about the discharge process, how the patient and family will be kept informed of the discharge process; arrangements that the patient may need to make (such as arrange transport); information about follow-up care; and the complaints process.	Medium/ Low	A patient information leaflet is already in place and used on the community hospital sites. The UHB will now consider the development of an acute hospital information leaflet.	Chief Operating Officer		Sep-18	February 2021 May 2021 August 2021 Now December 2021 Now June 2022	In Progress	April 2022 Update - Confirmation received from two ILGs that there is appropriate discharge information available across sites - waiting for confirmation from one remaining ILG. Will then be complete.	<p>January 2021. Implication of covid have meant that this has not been able to receive the appropriate management focus - this will be remedied in the next month. March 2021 Update - An Unscheduled Care Improvement Programme has been designed and constructed to focus on all aspects of urgent care. This specifically includes a workstream on discharge planning and managing stranded patients. The programme structure and governance has been reviewed and signed off by Exec and Management Board and is scheduled for review by the Q&S Committee in May 2021. Mobilisation of Unscheduled Care Improvement Board in April 2021 with the detailed project development of the identified workstreams to be completed in May 2021 and beyond. Review of programme by Q&S Committee in May 2021.</p> <p>May 2021 Update - The Q&S Committee approved the plans of the Urgent Care Improvement Programme (UCIP) in May 2021. The workstreams include consideration of Flows in Hospitals and this issue will be picked up via that route. It is likely that there will need to be discussions with ILGs as the plans will be slightly different for each ILG.</p> <p>September 2021 Update. Following the continuation of covid pressures and the organisational focus on resetting elective services, this matter has not received dedicated management time. The ILGs can provide assurance that there are a number of diverse patient information leaflets and detailed advice is sought from their Patient Safety Heads. This information will be available at the next meeting of the Committee. November 2021 Update - a meeting has been held with Patient Safety colleagues to discuss this issue and the view is that there is significant information available through the UHB which would provide patients with a range of information of use to them. It is recognised that there is little standardisation and this will be reviewed again - this is an area where the impact of COVID 19 has had a real impact. February 2022 Update. Following discussion, all Nurse Directors have been asked specifically about the discharge information available, given that the implications of covid have made the development of a patient leaflet impossible. So far responses indicate that patients receive discharge information as appropriate even if not in one leaflet form. This will be confirmed at the next meeting.</p>	
Clinical Coding Follow Up Review 01	Oct-19	Raising the importance of good quality medical records throughout the Health Board;	High	In 2014, we found that the quality of medical records across the Health Board was not of a good standard, with key information required for accurate clinical coding often missing or inappropriately filed. Our work has found that there continues to be issues with the quality of medical records within the Health Board. In 2018, NWS produced a report into clinical coding documentation. This review was undertaken as part of ongoing service improvement work to improve the quality of clinical coding data. The primary aim of this review was to assess the quality of the clinical documentation held within case notes. Overall administrative documentation was of good quality, but there were issues with loose paperwork and records being filed out of order. There were also issues with deceased notes and unplanned admissions. The quality of information for coders in the notes was poor. Only half of the clinical entries contained a diagnosis and of these, a third would be unable to be used for coding purposes. This report highlights that there are issues that need to be addressed by the Health Board.	Chief Operating Officer		Not specified by the Health Board	October 2020 April 2021 Now March 2022 Now June 2022	In progress	April 2022 Update - Nothing further in this month - will be chased again in the coming month. Pressure of work at present is significant.	<p>Update January 2020 The completeness of the documentation is the responsibility of multiple staff groups across the hospital sites. Both the content and quality of the record will be improved through the plans now being implemented to commence digitisation in November 2019. This process will reduce the risk of documents being lost from within the record as they will be scanned and held digitally. E-forms will also be introduced to capture information electronically, live at the point of care. These forms will be structured and will require the clinical user to provide answers to mandatory questions and use standard terminology through the use of drop-down menus. This should aid completeness and accuracy, as well as legibility of information captured. Digitisation of the critical mass of active patients is expected to take 2 years to complete, but improvements will begin for individual patients from the point of go-live. Rollout of e-form development is planned to commence in April 2020 and will involve a development programme gradually converting existing paper forms to e-forms. Work will be done to identify those which are highest priority for development, but this is likely to target the highest volume and least complex forms in the first stages. These measures will assist in regards to the completeness of the record and the timely availability of information.</p> <p>Greater focus is needed on every aspect of medical records management, which is clinically led and an organisation wide.</p> <p>November 2020 Update - The completeness of the documentation is the responsibility of multiple staff groups across the hospital sites. Both the content and quality of the record will be improved through the plans to commence digitisation, which have been delayed due to COVID-19 until 2021. This process will reduce the risk of documents being lost from within the record as they will be scanned and held digitally. However it will not improve the quality of the casenote itself without additional steps being taken prior to digitisation. E-forms will also be introduced to capture information electronically, live at the point of care. These forms will be structured and will require the clinical user to provide answers to mandatory questions and use standard terminology through the use of drop-down menus. This should aid completeness and accuracy, as well as legibility of information captured. Digitisation of the critical mass of active patients is expected to take 2 years to complete, but improvements will begin for individual patients from the point of go-live. Rollout of e-form development has also been delayed until 2021. This will involve a development programme gradually converting existing paper forms to e-forms. Work will be done to identify those which are highest priority for development, but this is likely to target the highest volume and least complex forms in the first stages. These measures will assist in regards to the completeness of the record and the timely availability of information.</p> <p>January 2021 Update In response to internal findings from 2014 in relation to the quality of medical records and the NWS 2018 report looking into the quality of clinical coding documentation, the Clinical Coding department has employed a coding trainer who will implement a coding education and engagement plan. The plan will cover areas such as the training of trainee coders on how to extract clinical information from health records and building/developing working relationships with staff across the UHB to improve on the quality and availability of the case notes. The CITO software planned for implementation in early 2021 will provide clinical coding colleagues with real-time, single-view access to critical patient information on demand. Staff who were initially involved in the project are currently being invited to reconnect and to promote awareness of the project and its benefits among their colleagues. Terms of reference are currently being drafted for a Performance and Clinical Information Strategy Group (PCISG), the group among other functions will provide a forum for stakeholders to collaborate, monitor and address issues relating to clinical data quality. These are actions that the P&I Directorate can take forward, however we are eagerly anticipating any update as to what potential role a Health Records Committee or alternative plan will have on the quality of medical records within the UHB.</p> <p>May 2021 - No further update to report.</p> <p>July 2021. Information on this recommendation has been received and will be escalated to the ILGs for comment next quarter. Revised implementation date not provided.</p>	
Clinical Coding Follow Up Review 03	Oct-19	Developing a programme of routine audits of medical records to provide assurance that the quality of medical records is improving;	Medium/ Low	The quality of the patient record has a direct impact on the coders ability to undertake their role. As highlighted previously, work by NWS into the quality of documentation highlighted concerns with loose paperwork, and the filing of deceased patient records. As part of the annual clinical audit and effectiveness plan, there is currently a Health Board wide audit of the quality of case notes. This audit is looking at documentation in case notes and is aligned to the health records committee, however this committee has been disbanded so we are unsure where the results of this audit are reviewed. The current audit plan shows that this audit was also undertaken last year but there is no record of the report. The results of the current audit are due for publication in March 2019.	Chief Operating Officer		Not specified by the Health Board	October 2020 November 2021 Now June 2022	In progress	April 2022 Update - Nothing further in this month - will be chased again in the coming month. Pressure of work at present is significant.	<p>Update January 2020 The content and the quality of the Health record is the responsibility of all clinical users adding information to the record and this is monitored and reported by the Clinical Audit team. This is emphasised within staff induction programmes where the importance of accurate Health Records and the impact on Clinical Coding is noted.</p> <p>The Management Board have approved additional resource to recruit a Clinical Coding Auditor/Trainer and our stated intent within our IMTP is to take this action forward utilising this much needed resource. November 2020 Update - this audit work was previously undertaken by the Clinical Audit Department. They may be able to provide an update for this purpose. It was reported at the Health Records Committee but may be reported elsewhere as well. The Committee was not responsible for acting on this report. January 2021 Update The UHB Clinical Audit Team (CAT) currently undertake an annual audit of the quality of case notes which looks at the documentation in case notes and is aligned to the Health Records Committee (HRC) which no longer exists. The Performance and Clinical Information function will shortly begin conversations around areas of overlap between the HRC and PCISG. The outcome of which will inform which group will provide oversight and assurance responsibilities in relation to the results of CAT medical records quality audit.</p> <p>The newly appointed clinical coding trainer has previous experience with auditing and will be undertaking internal coding audits as a part of her responsibilities. The results of these internal coding audits will be made available to the leadership of the Performance and Information (P&I) Directorate and the relevant oversight and assurance groups.</p> <p>May 2021 - No further update to report.</p> <p>July 2021. Information on this recommendation has been received and will be escalated to the ILGs for comment next quarter. Revised implementation date not provided.</p> <p>September 2021 Update. The Clinical Audit Team will be undertaking a documentation audit of both acute and community case notes during October / November 2021 using AMaT (audit management software) to support the data capture. Clinical Audit facilitators will be taking a random sample of case notes to retrospectively conduct the audit and report publication is planned for the end of November. November 2021 Update - nothing further to report at this meeting. February 2022 Update. A response will be available at the next meeting - plan in place to meet the Manager for Medical Records in the next month.</p>	
Follow Up Review of Operating Theatres 06a	Dec-20	Deliver a project to improve performance management of pre-operative assessment. The Health Board needs to know more about its effectiveness and its impact on cancellations.	Medium/Low	Implementing 6-4-2 scheduling system across all specialities... Some of our challenges before improvement <ul style="list-style-type: none"> No session planning of lists. We therefore had limited ability to maximise cases per session. Issues with consistently backfilling lists resulting in fallow sessions. Significant on-the-day cancellations arising from operating from a reactive footing. Challenges around coordinating list bookings done by disparate teams. Lack of standardised pre op assessment processes across hospital sites. <p>Our objectives in figures <ul style="list-style-type: none"> Increase average theatre utilisation from of 74% to 85% (needle-to-skin) across all specialities and sites. Increase cases per session by 14% (from 2.63 to 3) for all specialities. Reduce hospital related on-the-day (OTD) cancellations by 50%; from 1,378 to 689. Reduce missed opportunities by 50%; from 839 to 420. Initially significantly reducing fallow session and over time eliminating it (i.e. zero). Reduce outsourcing spend by £1m. </p>	Chief Operating Officer			Aug-21	Completed	April 2022 Update - Very useful meeting has taken place with Audit colleagues to discuss this follow up review and the outcome discussed with Clinical Service Group Managers for Theatres. Following discussion, it has been established that pre-assessment is taking place in BILG, MC and also in RTE, with weekly meeting to review cancellations and opportunities for learning in RTE.	<p>Staff were positive about the pre-operative assessment service and its impact on reducing cancellations at both RGH and PCH. There have been some site-specific projects to improve pre-operative assessment. For example, completing pre-operative assessment in day surgery at PCH. However, we found the service is not available to all specialities. For example, it has only recently been introduced for Urology. Our discussions with staff suggested there are inconsistent pre-operative assessment models at RGH and PCH and there was limited evidence to suggest there are performance management arrangements in place for this service.</p> <p>Further progress on this has been affected by COVID-19, and the Health Board is aware that work going forward will need to focus on improving pre-operative assessment as part of the planned care recovery programme following COVID-19.</p> <p>March 2021 Update - Nothing further to report this month. May 2021. The Theatre Department in MC has agreement to a proposal to implement a Theatre Improvement Programme. The issue of pre-operative assessment will be one of a number of key issues - and an update will be provided in August 2021 on this and the other Theatre Departments in the UHB. July 2021 - No further update provided. September 2021 - No further update. November 2021 Update - Given the lack of Management Action Agreed and the current restrictions on elective activity throughout the UHB it is impossible to add anything meaningful to this recommendation. This audit will be one of those discussed when a meeting is held with Audit colleagues as discussed above. February 2022 Update. Following discussion with colleagues from Audit, tailored queries have been sent to Theatre SGMs across all three sites and a meeting is planned to discuss progress - early indications are that some of the recommendations in this audit may have been met or overtaken by other events and plans. An update will be available at the next committee meeting.</p>	



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Follow Up Review of Operating Theatres 06b	Dec-20	Analyse by speciality/surgeon, where day of surgery admission (DOSA) rates are low. Work with these specialities/surgeons to understand/overcome the barriers to increasing DOSA rates.	Medium/Low	Introduction of the Theatre Scheduling Managers to audit DOSA rates. Working closely with surgeons. Discussion at daily Huddles.	Chief Operating Officer			01/08/2021 Now June 2022	In progress		<p>April 2022 Update - Very useful meeting has taken place with Audit colleagues and the outcome discussed with Clinical Service Group Managers for Theatres.</p> <p>In Bridgend ILG, a weekly Theatre meeting questions in detail whether every patient (unless obvious major surgery) requires a bed stay – the approach of DSU first is used.</p> <p>In RTE, there has been, since COVID, work undertaken to maximise Day of Surgery Admission to effectively utilise limited green bed capacity. Within MC, DOSA is the approach for all specialities with the exception of major colorectal cases where prep is required the day before the operation. The final answer should be available at the next meeting.</p>	DOSA rates are monitored at PCH at RGH. There was limited evidence to indicate whether the Health Board is working with surgeons and/or specialities to secure improvements.
Follow Up Review of Operating Theatres 07a	Dec-20	Formally nominate surgeons on each hospital site to act as champions for short stay surgery.	Medium/Low	Champion nominated	Chief Operating Officer			Aug-21	Completed		<p>April 2022 Update - A recent meeting with Audit colleagues indicated that this is now completed - with the Clinical Director for each area able to seek support for specific projects from appropriate colleagues.</p>	The Health Board has a nominated consultant champion at PCH for short stay surgery, however the Health Board was unable to confirm if there are similar arrangements at RGH.
Follow Up Review of Operating Theatres 07b	Dec-20	The champions should lead a project with the aim of increasing short-stay surgery rates within the next 12 months.	Medium/Low	ACT have audited Day Surgery admissions	Chief Operating Officer			01/08/2021 Now June 2022	Complete in BILG and RTE		<p>April 2022 Update - Very useful meeting has taken place with Audit colleagues and the outcome discussed with Clinical Service Group Managers for Theatres. Following discussion, it seems probable that Short Stay Surgery will be considered as part of the broader Resetting and Theatre Improvement work underway. This will be confirmed at the next meeting and has already been confirmed by Bridgend, MC and RTE ILGs.</p>	The champion for short stay surgery at PCH has completed some site-specific audit/improvement work focussing on unplanned admissions following planned day surgery, improving day case laparoscopic cholecystectomies and adequacy of day surgery post-operative analgesia. However, no evidence was provided to indicate whether short stay surgery rates are formally monitored across hospital sites and there is limited evidence to suggest that any projects have been completed across the hospital sites to increase short-stay surgery rates.
Follow Up Review of Operating Theatres 08a	Dec-20	Reintroduce optimisation charts to reinvigorate the focus on efficiency (without sacrificing quality and safety).	Medium/Low	Theatre Scheduling Managers have white board for multidisciplinary communication. Patient Quality Safety Boards for staff to see efficiency.	Chief Operating Officer			Aug-21	Completed		<p>April 2022 Update - Very useful meeting has taken place with Audit colleagues and the outcome discussed with Clinical Service Group Managers for Theatres. Following discussion, colleagues agreed that it is probable that optimisation measures will be considered as part of the broader Resetting and Theatre Improvement work underway. This has been confirmed within Bridgend, MC and RTE ILGs.</p>	The Health Board uses the Qlik sense system to collate and monitor operating theatre performance with data available for on the day cancellations, in session utilisation, missed opportunities, non-fallow empty sessions, unused planned time and cost of unused planned time.



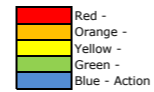
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Follow Up Review of Operating Theatres 08b	Dec-20	One of the clinical directors should lead a project to increase awareness and use of the theatre performance dashboard. The project should seek to understand and address any barriers relating to clinicians not owning the clinician-level efficiency data.	Medium/Low	The Clinical Directors are using theatre information as part of the job planning process. The governance meetings for the 642 project will be shared with sub specialities to help monitor performance	Chief Operating Officer			Aug-21	Completed		<p>April 2022 Update - Very useful meeting has taken place with Audit colleagues and the outcome discussed with Clinical Service Group Managers for Theatres. In this case, following discussion with colleagues, it is probable that optimisation measures will be considered as part of the broader Resetting and Theatre Improvement work underway.</p> <p>Our discussions with staff indicate that clinicians may be kept informed of theatre efficiency performance verbally, but they do not access the theatre performance dashboard themselves. Following the introduction of the new operating model across the Health Board there has been an increase in senior clinical leadership within the Integrated Locality groups and also within the surgical areas through the new clinical service group managers. Further strengthening has been achieved through the appointment of the clinical directors for two of the three surgical clinical service groups. Work on this area has been affected by COVID-19 however the structures should support the achievement of this recommendation. March 2021 Update - Nothing further to report this month. May 2021 Update - Nothing further to report this month. July 2021 - No further update provided. September 2021 - No further update. November 2021 Update - Given the lack of Management Action Agreed and the current restrictions on elective activity throughout the UHB it is impossible to add anything meaningful to this recommendation. This audit will be one of those discussed when a meeting is held with Audit colleagues as discussed above. February 2022 Update. Following discussion with colleagues from Audit, tailored queries have been sent to Theatre SGMs across all three sites and a meeting is planned to discuss progress - early indications are that some of the recommendations in this audit may have been met or overtaken by other events and plans. An update will be available at the next committee meeting.</p>	
Follow Up Review of Operating Theatres 08c	Dec-20	Share learning by clinical directors annually peer reviewing theatre data and observing performance in different specialities. Feed this into job planning, revalidation and appraisals.	Medium/Low	As above. Full rollout of the meetings is anticipated by August 2019	Chief Operating Officer			Aug-21	Completed		<p>April 2022 Update - Meeting has taken place with Audit colleagues and the outcome discussed with Clinical Service Group Managers for Theatres. In this case, it is probable that performance dashboards and peer review implications will be considered as part of the broader Resetting and Theatre Improvement work underway.</p> <p>Our discussions with staff found that the monthly Clinical Leaders forum provides opportunities to share learning, analyse theatre data and performance of different specialities, but at the time of our fieldwork, the Clinical Director for ACT had just been appointed and as such had not attended a meeting. We were also not provided with any minutes or papers for this meeting during the audit fieldwork, therefore we were unable to verify this statement. Further progress against this recommendation has been affected by COVID-19, it is hoped that the new arrangements and operating model will support this process. March 2021 Update - Nothing further to report this month. May 2021 Update - No further progress to report this month. July 2021 - No further update provided. September 2021 - No further update. November 2021 Update - Given the lack of Management Action Agreed and the current restrictions on elective activity throughout the UHB it is impossible to add anything meaningful to this recommendation. This audit will be one of those discussed when a meeting is held with Audit colleagues as discussed above. February 2022 Update. Following discussion with colleagues from Audit, tailored queries have been sent to Theatre SGMs across all three sites and a meeting is planned to discuss progress - early indications are that some of the recommendations in this audit may have been met or overtaken by other events and plans. An update will be available at the next committee meeting.</p>	
Follow Up Review of Operating Theatres ABMU 01	Dec-20	Reintroduce a structured programme for theatre improvement, possibly as a workstream within the Surgical Pathway Board.	Medium/Low	Theatre Productivity Meetings to be introduced within new Cwm Taf Morgannwg structure.	Chief Operating Officer				Completed		<p>April 2022 Update - Theatre Improvement will be a significant part of management processes in Theatre in the future and so this recommendation will now be removed. In addition, the Surgical Pathway Board no longer exists in the way that it did as a consequence of covid and the changes in the organisation of the UHB.</p> <p>Since the transfer of Princess of Wales Hospital from Abertawe Bro Morgannwg University Health Board to Cwm Taf Morgannwg University Health Board, there has been no work to reintroduce a structured programme for theatre improvement. The Health Board has recently introduced a new operating model which is expected to help support this work. COVID-19 has affected further improvements at this time. The Health Board agrees that Theatre Improvement will need to feature strongly in recovery plans post COVID-19 as Health Board seeks to improve planned care throughput following the COVID-19 impact. March 2021 Update - Nothing further to report this month. May 2021 Update - Nothing further to report this month. July 2021 - No further update provided. September 2021 - No further update. November 2021 Update - Given the lack of Management Action Agreed and the current restrictions on elective activity throughout the UHB it is impossible to add anything meaningful to this recommendation. This audit will be one of those discussed when a meeting is held with Audit colleagues as discussed above. February 2022 Update. Following discussion with colleagues from Audit, tailored queries have been sent to the Theatre SGM from Bridgend ILG and a meeting is planned to discuss progress - early indications are that some of the recommendations in this audit may have been met or overtaken by other events and plans. An update will be available at the next committee meeting.</p>	
Follow Up Review of Operating Theatres ABMU 02	Dec-20	Develop an approach to performance management in theatres that ensures good quality data is widely used to drive improvement.	Medium/Low	New role of Scheduling Managers, working closely with Directorate and Senior Nurses. DIGBM and Theatre Quality Improvement Group.	Chief Operating Officer				Completed		<p>April 2022 Update - Theatre Improvement will be a significant part of management processes in Theatre in the future and so this recommendation will now be removed. In addition, the Surgical Pathway Board no longer exists in the way that it did as a consequence of covid and the changes in the organisation of the UHB.</p> <p>There are differing arrangements to monitor operating theatre efficiency at Princess of Wales hospital with operating theatre departments at the Health Board's other hospital sites. Currently, Swansea Bay University Health Board provide Princess of Wales hospital with a monthly theatre utilisation report produced to share among operating theatre staff. Our review of the report found it to contain information on session utilisation and late starts / early finishes. This contrasts with the information available to operating theatre departments at RGH and PCH which is more frequent and has a focus on different performance metrics. Although there have been recent improvements in access to the QlikSense system. Princess of Wales Hospital can generate other theatre data internally to answer specific queries, but there was no evidence to suggest monitoring of other aspects of theatre performance and no plans yet to merge systems. March 2021 Update - Nothing further this month to report. The UHB is in the continual process of refining its data quality and availability. May 2021 Update - Nothing further this month to report. The UHB is in the continual process of refining its data quality and availability. July 2021 - No further update provided. September 2021 - No further update. November 2021 Update - Given the lack of Management Action Agreed and the current restrictions on elective activity throughout the UHB it is impossible to add anything meaningful to this recommendation. This audit will be one of those discussed when a meeting is held with Audit colleagues as discussed above. February 2022 Update. Following discussion with colleagues from Audit, tailored queries have been sent to the Theatre SGM from Bridgend ILG and a meeting is planned to discuss progress - early indications are that some of the recommendations in this audit may have been met or overtaken by other events and plans. An update will be available at the next committee meeting.</p>	



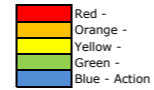
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Follow Up Review of Operating Theatres ABMU 03	Dec-20	Introduce a mechanism to ensure more regular executive oversight of theatre efficiency, productivity and safety.	Medium/Low	The full roll out of the 642 project by August 2019 will ensure this is on place	Chief Operating Officer			Aug-21	Completed	Green	<p>April 2022 Update - Discussion with the Directorate indicates that this is now business as usual via ILG Performance Meetings and monthly Performance Review meetings with the COO and oversight at the PPF meeting. The recommendation is complete and will be removed.</p>	<p>Our interviews with staff found there are no meetings to discuss operating theatre performance. Our review of Quality and Patient Safety meetings, as well as operating theatre departmental meetings found limited evidence of discussion or any action taken to address areas of performance. Previously, the theatre user group monitored theatre performance, but this was disbanded because of poor attendance from surgeons. The Health Board's Integrated Performance Dashboard presented at committee and board level includes information on theatre efficiency, but this primarily focusses on cancellations at all three of its hospital sites and doesn't provide a complete picture of operating theatre performance.</p> <p>The introduction of the new Integrated Locality groups and the new quality governance framework agreed formally by the Health Board in September 2020 should lay the structure in place to improve the opportunity for theatre efficiency and productivity to become more focused. This combined with how the Health Board are moving to recovery following COVID -19 for their planned care workload will also drive conversations in this area. March 2021 Update - It is anticipated that one of the benefits of the new operating model is that the creation of the ILGs will allow appropriate management focus on different Clinical Service Groups. A starting point is the establishment of the Performance Review Meetings held monthly with each ILG. Though quality remains at the top of the agenda, these meetings provide an opportunity to look in detail at performance and find supportive ways of making improvements.</p> <p>May 2021 - nothing further to report this month. July 2021 - No further update provided. September 2021 - No further update. November 2021 Update - Given the lack of Management Action Agreed and the current restrictions on elective activity throughout the UHB it is impossible to add anything meaningful to this recommendation. This audit will be one of those discussed when a meeting is held with Audit colleagues as discussed above. February 2022 Update. Following discussion with colleagues from Audit, tailored queries have been sent to the Theatre SGM from Bridgend ILG and a meeting is planned to discuss progress - early indications are that some of the recommendations in this audit may have been met or overtaken by other events and plans. An update will be available at the next committee meeting.</p>
Follow Up Review of Operating Theatres ABMU 05	Dec-20	Draw on the expertise of the Health Board's Communications team to promote to staff the benefits of using the WHO checklist and briefings.	Medium/Low	Audits carried out around WHO. Example of good team briefs with Learning Disability list - presented at Quality Summit.	Chief Operating Officer			Aug-21	Completed	Green	<p>April 2022 Update - The use of the WHO checklist is now standard practice and this recommendation is now complete.</p>	<p>There was no evidence to suggest the operating theatre department have drawn on the expertise of the communications team to promote to staff the benefits of using the WHO checklist and briefings. However, discussions with staff at Princess of Wales Hospital as part of our 2020 work found that compliance with the WHO checklist has improved and prelist briefings are regularly completed.</p> <p>Compliance with post list briefings could be further improved, however the team is confident that where an adverse incident has occurred a post list briefing is completed and are committed to continue to improve coverage in this area and improve learning. March 2021 Update - Nothing for report further at this point.</p> <p>May 2021 Update - Nothing for report further at this point formally. In terms of assurance, the issue has been discussed at at least one of the Performance Meeting with the COO and the ILG and assurance was received. July 2021 - No further update provided. September 2021 - No further update. November 2021 Update - Given the lack of Management Action Agreed and the current restrictions on elective activity throughout the UHB it is impossible to add anything meaningful to this recommendation. This audit will be one of those discussed when a meeting is held with Audit colleagues as discussed above. February 2022 Update. Following discussion with colleagues from Audit, tailored queries have been sent to the Theatre SGM from Bridgend ILG and a meeting is planned to discuss progress - early indications are that some of the recommendations in this audit may have been met or overtaken by other events and plans. An update will be available at the next committee meeting.</p>
Follow Up Review of Operating Theatres ABMU 06	Dec-20	Carry out further work to understand and manage down the high sickness absence rate in theatres.	Medium/Low	The Directorate has regularly been lower than the agreed average of 4%	Chief Operating Officer			Aug-21	Completed	Green	<p>April 2022 Update - Discussion with the Directorate indicates that this is now business as usual via working with its Business Partners. The recommendation is complete and will be removed.</p>	<p>Sickness levels remain of a concern. However, the local teams are aware and are monitoring this position routinely. COVID-19 is currently having an impact on these levels due to staff self-isolating and shielding, as well as vacancies.</p> <p>With the support of the local workforce business partners there is ongoing work to reduce sickness levels. We were informed that this is a mixture of short and long-term sickness which was being managed in accordance with the Health Boards Sickness Absence Policy. Ongoing focus will be needed in this area. March 2021 Update - ILGs work closely with their business partners in WOD to look at just this sort of issue. Further information around the numbers and the solutions (if it remains an issue) will be available in June 2021. Sickness levels across the UHB are improving post covid 19.</p> <p>May 2021 Update - No further progress to report this month. July 2021 - No further update provided. September 2021 - No further update. November 2021 Update - Given the lack of Management Action Agreed and the current restrictions on elective activity throughout the UHB it is impossible to add anything meaningful to this recommendation. This audit will be one of those discussed when a meeting is held with Audit colleagues as discussed above. February 2022 Update. Following discussion with colleagues from Audit, tailored queries have been sent to the Theatre SGM from Bridgend ILG and a meeting is planned to discuss progress - early indications are that some of the recommendations in this audit may have been met or overtaken by other events and plans. An update will be available at the next committee meeting.</p>

Red -
Orange -
Yellow -
Green -
Blue - Action

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Audit of Accounts Addendum 2020/2021 02	Aug-21	The Health Board should review its governance and procedures in place for the appointment of senior officers, and as part of the review ensure that it fully understands the extent of WG's delegated authority to the Health Board, and importantly, the decisions that WG has not delegated. The Health Board should ensure that minutes, particularly those of the Remuneration Committee, are clear. For example, minutes should make a clear distinction between when the Remuneration Committee has approved (or rejected) a business case; and when it has endorsed (or not endorsed) a business case that then needs the approval of the WG. In respect of retire and return cases, the Health Board should ensure that it has appropriate procedures in place for the consideration and approval/rejection of business cases. The Health Board should record the process contemporaneously and provide accurate information to the payroll department.	Medium/Low	There is a context to the DoTMS delay, for example, which is that the situation was novel, and required Welsh Government banding for a new joint role, which took some time.	Director for People		Immediate	Now August 2022	In Progress		April 2022 - The Health Board has reviewed its governance and procedures in place for the appointment of senior officers. The governance arrangements understands the extent of WG's delegated authority to the Health Board, including the decisions, which WG has not delegated. The Health Board's Retire and Return Policy is currently subject to review and will be discussed at the Workforce Policy Review Group on the 21 April 2022, prior to organisational wide consultation. The Policy will ensure appropriate procedures are in place for the consideration and approval / rejection of business cases. The Policy will be presented to the August 2022 People and Culture Committee for approval.	September 2021 - No update received. November 2021 - No further update provided
Audit of Accounts Addendum 2020/2021 03	Aug-21	The Health Board should ensure that all relevant declarations are fully disclosed in the financial statements; and that in doing so officers make robust enquiries of the financial ledger to ensure that all transactions and balances are captured.	Medium/Low	Discussions will take place with the relevant offices to ensure that all declarations are fully disclosed and robust enquiries of the financial ledger take place.	Director of Finance		Apr-22		In Progress		April 2022 Update - To be implemented at year end closedown. Will then be able to move to completed.	September 2021 Update - No update - implemented at year end. November 2021 Update - No update - implemented at year end. February 2022 Update - On track to be implemented by year end
Audit of Accounts Addendum 2020/2021 04	Aug-21	The Health Board should ensure that working papers provided at the start of the audit are as described in the deliverables document and have clear cross-referencing to the relevant figures in the financial statements. Also, where spreadsheets are the underlying form of evidence, the Health Board should ensure that all cell values have an appropriate audit trail and that they are never manually input.	Medium/Low	The required working papers will be communicated with the relevant finance officers and a request that these are prepared and available in readiness for Audit review.	Director of Finance		Apr-22		In Progress		April 2022 Update - To be implemented at year end closedown. Will then be able to move to completed.	September 2021 update - Will be implemented at year end. November 2021 Update - No update - implemented at year end. February 2022 Update - On track to be implemented by year end
Audit of Accounts Addendum 2020/2021 05	Aug-21	The Health Board should ensure that management reviews the draft financial statements, and makes all corrections necessary to the statements, before submitting them to us and the Welsh Government on the stipulated date.	Medium/Low	Timescales for preparation of the accounts are very challenging, the consolidation of the WHSSC accounts provides a further challenge that is not the case for other HBs. There were also a number of late adjustments to the draft accounts from WG and shared services which impacted on the timescales for 2020/21. During 2020/21 there was also unforeseen sickness in the financial accounts team and there was a new appointment at a senior level within the team. Given this processes and timetables will be reviewed and updated to build in time for sufficient review by Senior Management before the draft accounts are submitted.	Director of Finance		Apr-22		In Progress		April 2022 Update - To be implemented at year end closedown. Will then be able to move to completed.	September 2021 update - Will be implemented at year end. November 2021 Update - No update - implemented at year end. February 2022 Update - On track to be implemented by year end
Audit of Accounts Addendum 2020/2021 06	Aug-21	The Health Board should review all its fixed assets with a Enil carrying value, and take action where necessary, to ensure that the fixed asset register is accurate. Where relevant and appropriate, this could include revisiting the estimated useful lives of certain assets.	Medium/Low	This is noted and the capital team do undertake regular reviews of assets with a 0 life to confirm they remain in use. It is usual for organisations to utilise assets after the manufacturer recommended life. However, a review of equipment assets will be carried out in the 21/22 financial year to ensure that the most up to date classifications and standard lives are being selected at acquisition.	Director of Finance		Immediate	Now 31 December 2021 Now March 2022	Completed		April 2022 Update - This was carried out as a wider review of the asset register for year end closure with standard equipment asset lives being reviewed, buildings are set by the DV. This has led to greater standardisation of equipment assets.	September 2021 - No update received. November 2021 Update - We have completed a relife exercise for our assets which were not nil value to make the lives more accurate. We have identified the assets to be relifed and this will be updated in the asset register in Q3. We will continue to ask our colleagues for updates on assets that need to be taken off the asset register. February 2022 Update - The Finance Team have been unable to write a manual for the fixed asset register this year as yet. The relife exercise in the fixed asset register is still work in progress and will be done in Q4.
Audit of Accounts Addendum 2020/2021 07	Aug-21	The Health Board should ensure that where required by Welsh Government, its financial returns are based on defrayed expenditure.	Medium/Low	While the error looks significant, the initial figure included does relate to a balance held within the Welsh Risk Pool. It is recognised that the value should be the amounts defrayed therefore working papers and process will be updated to ensure this is included in 2021/22.	Director of Finance		Apr-22		In Progress		To be implemented at year end closedown. Will then be able to move to completed.	September 2021 update - Will be implemented at year end. November 2021 Update - No update - implemented at year end. February 2022 Update - On track to be implemented by year end



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Audit Wales/HI W Quality Governance Follow Up Review R1	Aug-21	The Health Board must agree organisational quality priorities and outcomes to support quality and patient safety. This should be reflected within an updated version of the Health Board's Quality Strategy.	High	Organisational quality priorities are expressed within the CTMUHB Annual Plan and IMTP for 2020-23 (see R2) It is anticipated that the Quality Priority Strategy will align to the organisational strategy work. The AMD for Quality is leading on this supported by Assistant Director of Quality, Safety and Patient Experience. The quality strategy is being progressed and the quality priorities have been published in the QGF. The QGF will be updated to reflect and align with the overall HB strategy once published. Success will be measured by the connection of the strategy to the everyday function of the HB – through our agreed quality governance architecture, quality metrics and performance, and in the experience of our staff and patients – connecting us to the overall vision and demonstrating how the thread provides connectivity to understanding the reason for our work.	Director of Nursing		Nov-21	Jun-22	In Progress		Update April 2022 - Timescales were agreed for a revised Quality and Safety Governance Framework to be presented to the Quality & Safety Committee in March 2022 - this has been delayed by the proposed new operating model for the organisation to July 22. The delivery of the Quality Strategy has been hampered by the delay of the organisational strategy work which is key to ensure alignment of both strategies. A first iteration of a draft Quality Strategy has been completed with work ongoing with a timescale for completion of end May 2022.	September 2021 - No update received. 2021 - No further update provided. November 2021 - No further update provided. January 2022 update - In light of the recent publication of the National Quality & Safety Framework the organisation has undertaken a gap analysis and has presented the findings to the Quality & Safety Committee in December 2021. Timescales were agreed for a revised Quality and Safety Governance Framework to be presented to the Quality & Safety Committee in March 2022. The delivery of the Quality Strategy has been hampered by the delay of the organisational strategy work which is key to ensure alignment of both strategies. A first iteration of a draft Quality Strategy has been completed with work ongoing with a timescale for completion of end May 2022
Audit Wales/HI W Quality Governance Follow Up Review R2.1	Aug-21	The Health Board needs to take a strategic and planned approach to improve risk management across the breadth of its services. This must ensure that all key strategies and frameworks are reviewed, updated and aligned to reflect the latest governance arrangements, specifically: a- The BAF reflects the objectives set out in the current IMTP and the Health Board's quality priorities b- The risk management strategy reflects the oversight arrangements for the BAF, the quality and patient safety governance framework and any changes to the management of risk within the Health Board c- The quality and patient safety governance framework must support the priorities set out in the Quality Strategy and align to the values and behaviours framework d- Terms of reference for the relevant committees, including the Audit Committee, Q&SC and CBM, reflect the latest governance arrangements cited within the relevant strategies and frameworks.	High	We will introduce a revised approach to the Board Assurance Framework and separate Board Assurance Report.	Director of Corporate Governance	Assistant Director of Governance & Risk	Dec-21	Now March 2022	Completed		April 2022 Update - The revised BAF was presented at the Board Development Session on the 23rd February 2022 with a consultation with the Board initiated. The finalised revised Board Assurance Framework was approved at the Health Board meeting on the 31st March 2022. The Board Assurance Report will now be received as a regular agenda item at Board meetings.	September 2021 Update - The Health Board is currently out to tender for a partner organisation to work with it to review, design and deliver a Board Assurance Framework. The Health Board will work with the successful bidder in partnership to review and refresh a bespoke Board Assurance Framework to ensure it appropriately reflects; i. the four new strategic goals of the Health Board; ii. assurance reporting that supports a streamlined and effective committee and reporting structure; iii. a robust mechanism that reaches into each of the localities and central functions to provide assurance on performance, quality and resources across the breadth of the integrated Health Board; iv. international best practice; and v. the management of board meetings and agendas to be focussed equally on Oversight, Insight and Foresight i.e. balancing the governance of immediate operational priorities with the need to focus on long-term strategic planning. The Bidder will be required to work with the Health Board in realising the ambition and desired outcomes a refreshed assurance framework will bring, identifying measurable benefits and indicators on how it will make a difference to the performance and decision-making of the Board. November 2021 Update - The Health Board has secured a contract with Good Governance Institute to support the Board in the review, design and delivery of the Board Assurance Framework (BAF) of which, risk is integral. January 2022 Update GGI commenced in December 2021 and are working with the Director of Corporate Governance, Assistant Director of Governance & Risk and the Executive Team to revise the Health Board's Board Assurance Framework. A working draft of the Board Assurance Report is in development and will be shared with the full Board in a Board Development Session in February 2022, working towards formal Board approval the end of March 2022.
Audit Wales/HI W Quality Governance Follow Up Review R2.3	Aug-21		High	The Health Board's overarching quality priorities published within the IMTP/Annual Plan for 2020-23 are as follows: • Strengthened focus on quality on strategic planning; • Individuals' voices are better heard; • Shared learning and continuous quality improvement; • Risk better articulated, shared and mitigated; • Strengthened two-way 'point of service delivery' to Board sight; and • Extensive review and improvement of the management of concerns and serious incidents. Review of the Quality Governance Framework to reflect the developed quality strategy and enhanced governance processes within ILG's. The revised framework will provide improved granular detail in respect of ILG governance that wasn't available at the previous refresh in November 2020. System testing through attendance at CSG/ILG Q&PSE governance meetings will be introduced for evidence/assurance that the framework is embedded.	Director of Nursing		Dec-21	01/03/2022 Now June 2022	In Progress		Update April 2022 - Timescales were agreed for a revised Quality and Safety Governance Framework to be presented to the Quality & Safety Committee in March 2022 - this has been delayed by the proposed new operating model for the organisation to July 22. The delivery of the Quality Strategy has been hampered by the delay of the organisational strategy work which is key to ensure alignment of both strategies. A first iteration of a draft Quality Strategy has been completed with work ongoing with a timescale for completion of end May 2022. There is an ongoing internal audit commissioned of governance processes at service group level to inform the new Governance Framework, the audit team are currently undertaking fieldwork within 3 service groups and the results of this work will lead the design of the new framework granularity of ward to board assurance.	September 2021 - No update received. November 2021 - No further update provided. January 2022 update - As detailed above in R1, a revised Quality & Governance Framework will be presented to the Quality & Safety Committee in March 2022
Audit Wales/HI W Quality Governance Follow Up Review R3.5	Aug-21		High	Quality metrics capturing a greater breadth of HB services and functions, including population health measures, have been agreed and reviewed at the ILG performance meetings, Quality & Safety Committee and Board. The new measures will utilise, where possible, control limits, targets and trajectories. Once for Wales will support the HB to benchmark against other HBs.	Director of Nursing		Oct-21	Now June 2022	Part Completed		Update April 22. Quality metrics and template reporting agreed by ILG Q&PSE and data team to ensure that Q&SC receive a robust, consistent measure across the HB. The NHS Delivery Unit are developing their quality & patient safety dashboards to permit a greater ability to benchmark across the organisations, as well as sharing and learning opportunities.	September 2021 - No update received. November 2021 - No further update provided. January 2022 update - Quality Dashboard and new metrics agreed at Quality & Safety Committee and presented at each meeting. Work continues in relation to developing population outcomes measures linking with the organisational outcome strategy work. Benchmarking opportunities across Wales remains limited. ILG performance meetings include a section on Quality & Safety metrics led by the Executive Nurse Director
Audit Wales/HI W Quality Governance Follow Up Review R3.6	Aug-21		High	As indicated above development of the Quality Strategy will commence at pace and align with the organisational strategy as it becomes available.	Director of Nursing		Nov-21	Now July 2022	In Progress		April 22 - The delivery of the Quality Strategy has been hampered by the delay of the organisational strategy work which is key to ensure alignment of both strategies. A first iteration of a draft Quality Strategy has been completed with work ongoing with a timescale for completion of end May 2022.	September 2021 - No update received. November 2021 - No further update provided. 2022 update-AS ABOVE January 2022 update



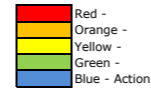
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Audit Wales/Hi W Quality Governance Follow Up Review R6.1	Aug-21	There needs to be sufficient focus and resources given to gathering, analysing, monitoring, and learning from patient experience across the Health Board. This must include use of real-time patient feedback.	High	Health Board purchased CIVICA (captures population feedback using a patient insight software platform)	Director of Nursing		Jul-21	Now December 2021 Now July 2022	In Progress		<p>April 2022 Update - The Health Board launched the electronic "Have your Say" and Generic Patient Experience Survey on the 13.02.22. Posters containing QR codes are displayed on notice boards in our hospital sites, KHHP and Dewi Sant. In addition links are available on our internal and external webpages, along promotion on available social media channels.</p> <p>A small card (like a business card) containing a QR code has been developed which will be displayed in main thoroughfares such as Emergency Departments, Outpatients and community settings. They will be made available to staff that are providing services in patient's homes. Exploration is taking place as to how the posters/cards can be promoted within the wider non-health board community settings.</p> <p>From the 28.02.22, within the Bridgend and Merthyr & Cynon Localities, the PALS team are actively engaging with patients/ service users to promote the completion of the "have your say" cards and generic survey. This is through paper copies being available in areas, which are collated and uploaded on to the system on a monthly basis. Along side this, within Merthyr & Cynon PALS Officers are present with Emergency Department at PCH and outpatients at YCC to capture feedback via IPADS.</p> <p>The number of area specific surveys continues to increase, with Staff engaging with patients and service users via links, QR codes and IPADS.</p> <p>Currently there is no target date for full implementation of the full automated element of Civica which would increase real time response rates. This is due to limited resource with the Informations Team. This is included on the Organisational Risk Register.</p> <p>Training continues to be provided to staff across the Organisation in relation to Civica and accessing the information for their areas. A number of training videos have also been developed and are accessible via SharePoint.</p>	<p>September 2021 Update - CIVICA PM appointed and produced timeline for roll out within CTM. 'Have your Say' generic people's feedback being placed as a link on the CTMUHB intranet page. Plan for Draft People's Engagement document by December 2021.</p> <p>Update - Pilot of Value Based Healthcare PROMS have gone live in Cardiology along with the launch of PREMS and workforce reported experience measures (WREMs).</p> <p>Jan 2022 Update: Problems seen in automating Civica to CTM patients via SMS due to IT resource issues. Business Case is being completed to request additional resource for this. 2x kick start admin support officers to start Feb 2022 to help support the team and gather additional data collection from patients that are not digitally enabled and support in reporting and setting up/ maintenance of surveys within the system. Currently scoping out iPads within CTM to rollout the Civica App onto all service user groups for the Have your say survey and any bespoke surveys requested. Training has been provided to various user groups and set up on the system throughout Oct- Dec. Additional training days will be given from Feb 2022 onwards. Delays have been seen due to COVID-19</p>
Audit Wales/Hi W Quality Governance Follow Up Review R6.2	Aug-21		High	The shell of the CTM version of the Civica system has been built, and the population of surveys into the system has commenced. The Patient Reportable Experience Measures (PREM) surveys have been uploaded to the system. Links to the survey have been generated and are being tested with members of the Maternity Service Forum, while the automation function is finalised. Project Manager starts in post 12th August and once in post they will be asked to provide a detailed project plan and roll out programme for the project.	Director of Nursing		Sep-21	Now December 2021 Now January 2022	Completed		<p>April 2022-Update The Health Board launched the electronic "Have your Say" and Generic Patient Experience Survey on the 13.02.22. Posters containing QR codes are displayed on notice boards in our hospital sites, KHHP and Dewi Sant. In addition links are available on our internal and external webpages, along promotion on available social media channels.</p> <p>A small card (like a business card) containing a QR code has been developed which will be displayed in main thoroughfares such as Emergency Departments, Outpatients and community settings. They will be made available to staff that are providing services in patient's homes. Exploration is taking place as to how the posters/cards can be promoted within the wider non-health board community settings.</p> <p>From the 28.02.22, within the Bridgend and Merthyr & Cynon Localities, the PALS team are actively engaging with patients/ service users to promote the completion of the "have your say" cards and generic survey. This is through paper copies being available in areas, which are collated and uploaded on to the system on a monthly basis. Along side this, within Merthyr & Cynon PALS Officers are present with Emergency Department at PCH and outpatients at YCC to capture feedback via IPADS.</p> <p>The number of area specific surveys continues to increase, with Staff engaging with patients and service users via links, QR codes and IPADS.</p> <p>Currently there is no target date for full implementation of the full automated element of Civica which would increase real time response rates. This is due to limited resource with the Informations Team. This is included on the Organisational Risk Register.</p> <p>Training continues to be provided to staff across the Organisation in relation to Civica and accessing the information for their areas. A number of training videos have also been developed and are accessible via SharePoint.</p>	<p>UPDATE Sept 21. CIVICA PM appointed and produced timeline for roll out within CTM. 'Have your Say' generic people's feedback being placed as a link on the CTMUHB intranet page. Plan for Draft People's Engagement document by December 2021. PREMS fully operational across Maternity services.</p> <p>Update - The Have your Say link has been created and the system and will be launched in January 2022. This includes a further survey which will give CTM more detail patient experience information. Links have been made with our Values Based Healthcare colleagues in development of the PREMS.</p> <p>Training for staff to use the CIVICA system has been booked for December with key staff identified by the ILGs.</p> <p>Scoping exercise to determine the number of tablets are within CTM which can be used for CIVICA is underway.</p> <p>Engagement with the Communications team in readiness for launch of CIVICA in January 2022.</p> <p>2022 Update: Currently the implementation team are progressing with scoping out/ engagement activities whilst setting up surveys within Civica to provide links and QR codes only, until more adequate resources are allocated from IT. Delays have been seen due to COVID-19</p>
Audit Wales/Hi W Quality Governance Follow Up Review R6.3	Aug-21		High	Webpage on SharePoint set up to support learning & excellence across Health Board. Development of a social media site for the L&LF to use analytics on the social media and SharePoint site to explore the extent of colleague engagement and posting. Feedback from participants will be analysed in relation to what they have learned and how this has impacted upon their practice. For the medium and longer term would expect to see learning and improvement being applied in the workplace through our established quality metrics and patient experience feedback.	Director of Nursing		Jul-21	Now May 2022	In Progress		<p>April 22 - The Listening & Learning Framework had developed and will embark on next steps during May 22 comprising of a series of engagement workshops to ensure that this is a cross organisational system that will ensure that our workforce learn and improve in a way that is relevant and easily accessible to them.</p>	<p>UPDATE SEPT 21. There have been 3 Shared Listening and Learning forums since they were created. Prior to the next planned forums there is an opportunity to review the ToR for this forum to ensure it is delivering on the overall aim of shared learning across CTM UHB. There is an Executive commitment to develop a CTM UHB Learning Framework by the end of the year of which the Shared Listening & Learning Forum will form one vehicle for dissemination of learning. November 2021 - No further update provided.</p> <p>January 2022 update The organisations Listening & Learning Framework has been shared for consultation. A quarterly Shared Listening & Learning Forum is in place with key membership from across the central team and ILGs.</p>
Audit Wales/Hi W Quality Governance Follow Up Review R7.2	Aug-21		High	Training module for ward & area audits being rolled out.	Medical Director		Mar-22	Now July 2022	In Progress		<p>April 2022 update - The AMaT ward and area module has been rolled out as planned to the PCH nurse staffing act wards in February 2022. However, due to the loss of the short term resource, the rollout to the PoWH and RGH NSA wards has been placed on pause. This is pending the outcome of the IMTP review in mid April where the required resource has been identified as an unavoidable cost pressure (£28k). If funding can be secured then the rollout will recommence in July 2022.</p>	<p>September 2021 Update - Training currently provided with a short term training resource in place until end of October 2021. Options appraisal being developed for a sustainable training resource that will enable the HB wide rollout of the Ward and Area module of the AMaT system for all clinical areas. November 2021 Update- A roll out programme has been agreed for all nurse staffing act wards, which is on track for completion by March 2022.</p> <p>February 2022 Update - Plan in place to secure a permanent training resource from the 1 April 2022. Rollout to PCH Nurse Staffing Act (NSA) wards complete, PoWH and RGH on track from completed by the end of March 2022.</p>
Audit Wales/Hi W Quality Governance Follow Up Review R7.6	Aug-21		High	Resource review for HB Clinical Audit Service is being developed to ensure correct and sufficient skill mix in the team.	Medical Director		Aug-21	01/01/2022 Now March 2022	Completed		<p>April 2022 update - Due to the current organisation financial pressures and long standing HR issue the clinical audit budget has been reduced by approximately £100k. To mitigate against the impact of these financial constraints a review of the audit service has been undertaken to establish the priority service areas that must be maintained within the budget constraints. This action has been completed and we are providing a reduced service based on the reduction in budget in place on the 1 April 2022.</p>	<p>September 2021 Update - A full review of the resource requirements of the Clinical Audit & Quality Informatics department has been undertaken in conjunction with a review of the findings from the Internal Audit (IA) review into clinical audit in July 2021. The outcome identified the following:</p> <ol style="list-style-type: none"> The revised structure in place provided a robust assurance framework. However, as noted in the IA there are a number of interim senior management posts and an unfilled senior management post (since June 2018). MD Team working with HR to resolve. With the introduction of the Medical Examiner process, establishment of ILG based MR processes and revised MR model for CTMUHB there is a requirement for an additional central resource to support the ILGs and provide a coordinated approach to the learning from MRs. An SBAR has been developed for the October Management Board that identifies the resource requirement. Due to increasing demands on cardiology and medical services due to COVID and a long term issue with resources to support the nursing assessments needed to support the Cardiology and Respiratory National Clinical Audits. A review was undertaken to identify the necessary resources to provide assurance around compliance with this suite of audits. An SBAR being developed to provide a more robust mechanism for collection of this data and associated learning from these audits for consideration by Management Board. <p>November 2021 Update - 1. MD has provided assurance that the interim posts will be addressed within the agreed time frame.</p> <p>2. The SBAR was supported in the October Management Board, discussions are pending about funding for the post.</p> <p>3. We are currently developing a resource paper for the next Management Board.</p> <p>February 2022 Update - 1. MD in discussion with Workforce and OD to address the outstanding HR issues affecting the filling of a number interim senior posts within the Clinical Audit Structure.</p> <p>2. The SBAR that identified the required additional resources required in the ILGs or Audit Team to underpin the new Medical Examiner process was supported in the October Management Board, but discussions are pending around how to achieve the requirements noting the organisations current financial position.</p> <p>3. Due to COVID pressure on senior staff and clinician availability the resource paper to support the Cardiology and Respiratory National Clinical Audits has yet to be finalised. A resource paper is being developed for the March Management Board.</p>



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Audit Wales/Hi W Quality Governance Follow Up Review R8.2	Aug-21		High	There is still work ongoing however with the progress at the pace it is, the quality & safety system is becoming more robust daily. Within 3 months the processes will be embedded fully across CTM.	Director of Nursing		Mar-22	Now end of May 2022	In Progress	April 2022-Update Board self assessment of Quality Governance Maturity matrix for 28th April 2022-The Director of Nursing will recommend to the Board the results for Quality Planning, Quality Assessment and Quality Assurance. Quality Safety and Patient Experience forums now feature across all Clinical Service Groups.	September 2021 - No update received. November 2021 - No further update provided. January 2022 update Quality Plans, Quality Control and Quality Assurance have all now been agreed by Board resulting in the next phase of the maturity framework. Any service changes are now required to have a EQIA and depending on the outcome score of the EQI assessment will determine the sign off process by the Medical/Nurse Director	
Audit Wales/Hi W Quality Governance Follow Up Review R8.3	Aug-21		High	Quality & Patient Safety Meetings within CSG's are developing within ILG's - these are at differing levels of maturity and it is anticipated that these meetings will be consistent across all CSG's with specific speciality data dashboards by March 2022. CSG's are held to account within the ILG Q&SPE meetings and this is subsequently reflected in ILG performance management meetings and reports to Q&S.	Director of Nursing		Mar-22		Completed	April 22 - all ILG's have monthly QPSE meetings, Safeguarding governance is currently under review and ILG reporting through to Q&S has been standardised.	September 2021 - No update received. November 2021 - No further update provided. January 2022 Update Quality & Safety within the CSGs is now embedded in the locality structures. CSGs remain held to account by the ILG Quality, Safety & Patient Experience meetings, this work continues and is reflected in the Executive Director ILG Performance meetings and reports through to the Quality & Safety Committee	
Audit Wales/Hi W Quality Governance Follow Up ReviewR8.6	Aug-21		High	Quality Governance Framework to reflect enhanced governance processes	Director of Nursing		Dec-21	01/03/2022 Now June 2022	In Progress	Update April 2022 - Timescales were agreed for a revised Quality and Safety Governance Framework to be presented to the Quality & Safety Committee in March 2022 - this has been delayed by the proposed new operating model for the organisation to July 22. The delivery of the Quality Strategy has been hampered by the delay of the organisational strategy work which is key to ensure alignment of both strategies. A first iteration of a draft Quality Strategy has been completed with work ongoing with a timescale for completion of end May 2022. There is an ongoing internal audit commissioned of governance processes at service group level to inform the new Governance Framework, the audit team are currently undertaking fieldwork within 3 service groups and the results of this work will lead the design of the new framework granularity of ward to board assurance.	September 2021 - No update received. November 2021 - No further update provided. January 2022 update please cross reference with R1 Framework is to be presented to the Quality & Safety Committee in March 2022. A revised Quality and Safety Governance	
Audit Wales/Hi W Quality Governance Follow Up ReviewR8.10	Aug-21		High	Ensure the ILG Q&S Meetings receive a formal report from their ILG IPC and Decontamination meetings.	Director of Nursing		Sep-21	Now January 2022 Now June 2022	In Progress	April 2022-Update April 2022 - Deputy Lead/Senior IPCN's attend the ILG Quality & Safety Committee meetings. Reporting template needs to be updated and standardised across the three ILG's. Unfortunately, due to staff shortages in the IPC team and the ongoing response to Covid-19, the action remains outstanding.	September 2021 - No update received. November 2021-ongoing discussions with ILG Nurse Directors to formalise the reporting of IPC/Decontamination to each ILG Quality & Safety Committee meeting. Merthyr & Cynong ILG receive a formal IPC/Decontamination report and this will be replicated in RTE ILG who support this recommendation and will commence this process from January 2022 onwards. Discussions to formalise reporting ongoing with BILG. January 2022 update ILG representation present at each strategic IP&C Committee. Discussions are held with the IPC and speciality leads in relation to format and content to formalise and standardise ongoing reporting within the ILGs	
Audit Wales/Hi W Quality Governance Follow Up Review R10.1	Aug-21	The Health Board must ensure there are clear and comprehensive risk management systems at directorate and corporate level, including the review and population of risk registers. This should include clarity around the escalation of risks and responsibilities at directorate and corporate level for risk registers. This must be reflected in the risk strategy.	High	Risk Training: including the development of a Training Needs Analysis (TNA) in line with All Wales developments, dissemination of the TNA across the Health Board, new risk training programmes which are aligned to the new TNA.	Director of Corporate Governance	Assistant Director of Governance & Risk	Oct-21	Now December 2021 Now April 2022 Now October 2022	In Progress	April 2022 Update - The implementation of the Once For Wales Risk Module within the Health Board is anticipated circa October 2022, with two pilot sites going live from the 1st April 2022. The All Wales Training Modules are being developed to align with the new approach and timescales. The TNA has been finalised and Module 1 of the training is in draft. Progress is monitored via the OFW Risk Module Meetings and the All Wales Risk Community of Practice for which the Assistant Director of Governance & Risk is a member. In the meantime, monthly Risk Sessions remain in place throughout 2022 run by the Assistant Director of Governance & Risk and the Heads of Quality & Safety within the ILGs.	September 2021 Update - The Training Needs Analysis is complete, however, the Assistant Director of Governance & Risk is working with peers across NHS Wales to develop Level 1 - 3 Risk Training packages available on the ESR E-Learning platform. Level 1 is currently with ELearning Teams to finalise and Level 2 development has been commenced. An extension to the implementation date is requested to allow for the launch to coincide with the training packages being made available on E-Learning on an All Wales Basis. The Health Board is working with All Wales colleagues to ensure a consistent approach to risk is adopted and transferable across Wales. November 2021 - The Training Needs Analysis is complete, however, the Assistant Director of Governance & Risk continues to work on an All Wales basis to develop Level 1 - 3 Risk Training packages available on the ESR E-Learning platform. Level 1 is currently with ELearning Teams to finalise and Level 2 development has been commenced. Update January 2022 The TNA and development of an All Wales Risk Management Training package has been placed on hold whilst the Once For Wales Risk Management Module is finalised. The rationale for this decision is to ensure that any training developed is aligned to the new module that staff will be expected to use. The Health Board is represented on the Once For Wales Monthly Meetings and the more regular task and finish group meetings. In the meantime, risk management training continues within the Health Board with monthly sessions being held virtually over Teams.	
Audit Wales/Hi W Quality Governance Follow Up Review R10.4	Aug-21		High	An efficient risk management process which is seen as efficient and not cumbersome - linked to the new Once For Wales Risk Management System.	Director of Corporate Governance	Assistant Director of Governance & Risk	Apr-22	Now October 2022	In Progress	April 2022 Update - The implementation of the Once For Wales Risk Module within the Health Board is anticipated circa October 2022, with two pilot sites going live from the 1st April 2022. The Health Board is represented on the relevant groups by the Assistant Director of Governance & Risk.	September 2021 Update - The Assistant Director of Governance Risk represents the Health Board on the All Wales working group for the new risk module and will review the risk management system and processes to align with the new system as it develops. Update November 2021 - No further update provided. January 2022 The Once For Wales Risk Management system is likely to be piloted in two sites prior to implementation across NHS Wales as a whole. As the Health Board is implementing the Incident Module in April 2022 it is anticipated that the OFW Risk Module will be implemented in the Health Board by the end of October 2022. An implementation plan will be developed in conjunction with the Health Board's internal Datix Team. The Health Board is represented on the Once For Wales Monthly Meetings and the more regular task and finish group meetings by the Assistant Director of Governance & Risk.	
Audit Wales/Hi W Quality Governance Follow Up ReviewR10.5	Aug-21		High	Implement recommendations from Internal Audit on Risk Management to strengthen risk identification, management and assurance.	Director of Corporate Governance	Assistant Director of Governance & Risk	Mar-22	Now April 2022	In Progress	April 2022 Update - Internal Audit are undertaking a review of Risk Management in March 2022 with a reflection on the Health Board's response to the findings raised in the previous Audit. It is hoped that this new review will confirm that all previous recommendations have been addressed and this action will shortly close.	September 2021 Update - This action is linked to the IA tracker to monitor actions in response to recommendations from the Risk Management Audit. November 2021 - No further update provided. Update January 2022 This action is linked to the IA tracker to monitor actions in response to recommendations from the Risk Management Audit, all on track to complete by April 2022.	
Audit Wales/Hi W Quality Governance Follow Up Review R11.1	Aug-21	The oversight and governance of DATIX must be improved so that it is used as an effective management and learning tool. This should also include triangulation of information in relation to concerns, at a directorate or corporate level, and formal mechanisms to identify and share learning.	High	Datix Management being moved from H&S function (DoPl) into Patient Experience function (DoN) to align with the development of Once for Wales. The tool will be a key mechanism to feed the Listening & Learning Forum of the Health Board.	Director of Nursing		Oct-21	Now September 2022	In Progress	April Update 2022- The Datix Team work closely with the ILG Governance to embed the system and support the triangulation of information. Weekly data meetings are held and reports provided in relation to the range of metrics held within the system. Further work is required to strengthen the use of the actions functionality within the system to capture learning effectively.	September 2021 - No update received. December 2021 Update - Welsh Risk Pool and Internal Audit Review have been undertaken and a management response is under development, one key area including is learning. A Health Board Learning Framework is under development in conjunction with Quality & Patient Safety and Concerns & Legal Services. Links made with the OFWCMS project manager for CTM to ensure that training is provided on recording actions and learning and capturing supporting evidence. January 2022-update Following a change in Executive portfolios it is likely that the Datix team will transfer into the Director of Corporate Governance portfolio; prior to this change happening we need to understand the transfer of resource required; discussions are continuing with the Executive Director of Nursing, Executive Director of People and the Director of Corporate Governance. Several modules have now gone live within the O4W National Project including CIVICA patient feedback system which has been launched across CTM by the O4WCMS project manager.	



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Audit Wales/Hi W Quality Governance Follow Up Review R11.2	Aug-21		High	Training is provided to staff ahead of introduction of the new RLDatix Once for Wales, on each relevant module. Training will include feedback to reporter (ie claims & redress 07/06/2021).	Director of Nursing		Oct-21	Now July 2022	In Progress	April 2022 Update - As part of the introduction of the Datix Cymru a training plan was developed. The Claims & redress functionality was introduced in June 2021 and all users received training prior to being granted access to the system. The Feedback functionality was introduced in the July 2021 and again all users were trained prior to be granted access to the system. Incident training for the new system commenced in March 2022, and continues to be delivered to all responsible managers across the organisation. To support the training of all functionalities a number of videos and users guides have been developed and are being made available via the SharePoint site. As part of the process for setting up a new account all users are provided with training appropriate to the actions they are required to take within the system. A log of all users trained is maintained by the Datix Team. Some challenges remain with the reporting element of the new system, which are being addressed. The aim is to commence delivery of data extraction and reporting from June 2022 onwards.	September 2021 - No update received. November 2021 - No further update provided. January 2022 update Datix training is delivered within the ILGs facilitated by the central Datix team; it is expected that all line managers undertake initial Datix training and that staff have access to Datix training during their induction period.	
Audit Wales/Hi W Quality Governance Follow Up Review R11.5	Aug-21		High	Ensure LFERs have local ownership and are shared across the HB localities, identifying themes and trends.	Director of Corporate Governance	Head of Concerns & Legal Services	Dec-21	February 2022 Now March 2022	In Progress	Update April 2022 - LFER SOP developed and shared with ILGs/CSGs. All LFER reports now transferred onto Datix IQ. Issues discovered in relation to tracking Amber/Red Deferred cases. Therefore an internal spreadsheet tracker has been developed. This clearly identifies what LFERs are outstanding by ILG and CSG. Graphs developed with a target line to ensure ILGs are on track to meet the target. The first target was 44 by 1st April 2022 - We hit 40, with a further 4 submitted shortly thereafter.	September 2021 Update - Development of Framework for Learning will support this. November 2021 - Learning Framework under development, and review of assurance meetings to support cross-organisational learning feeding into the review of the Health Board Operating Model. Timescales likely to slip due to the engagement on any potential changes to the Operating Model. Process for sign-off of LFERs being reviewed in line with the recommendations of the WRP Review (11.3 above). Update February 2022 - Learning Framework DRAFTED and out for consultation. Meetings arranged to discuss LFER responsibilities and monitoring with ILG triumvirate. Invites extended to Claims team to meetings with ILGs and CSGs. Weekly updates being collated and monitored on historical LFERs. LFER list all currently being transferred onto Datix IQ. Continued engagement with WRP in respect of improvement plan following the WRP review.	
Audit Wales/Hi W Quality Governance Follow Up Review R1.6	Aug-21		High	Review all backlog incidents to eliminate duplicates and ensure correctly identified/categorised.	Director of Nursing		Oct-21		In Progress	April 22 - the central PS team are undertaking risk stratification, data cleansing, reassignment and housekeeping to closure of historic open serious incidents. This work has been completed within maternity and neonatal services. It is anticipated that the central team will work with the ILG governance teams to establish quality assurance and closure panels to ensure that all SI's are investigated and patients engaged with as well as any learning and PTR considerations are managed appropriately.	September 2021 - No update received. November 2021 - No further update provided. January 2022 update Patient Safety team have undertaken a review of all of the backlog of incident and risk stratified incidents of a serious nature as a priority for actioning. ILG Head of Quality & Patient Safety are now responsible for ensuring that the backlog of incidents are reduced; monitoring of the backlog of incidents is through the weekly Executive Director led Patient Safety meeting by means of the 'Quality & Safety At A Glance' report	
Audit Wales/Hi W Quality Governance Follow Up Review R11.7	Aug-21		High	Clear the backlog of all legacy incidents.	Director of Nursing		Jan-22	Now End of February 2022 Now August 2022	Part Completed	Update April 2022 - all 72 cases have now been investigated and closed. There residual PTR considerations, with which the central team will coordinate PTR panels to address and support clinical colleagues to engage with women and families. This work will take 4-6 months to complete.	September 2021 Update - maternity and neonatal backlog being addressed through fortnightly assurance panels, supported by the NHS DU. Reports on progress will be presented to Q&S, IMSOP Board and MNIIB. November 2021 - No further update provided. January 2022 update-refer to R11.6 above Significant work has been undertaken in Maternity and Neonatal Services supported by the Delivery Unit; the majority of backlogged SI's are now complete with residual numbers due to be completed by the end of February 2022	
Audit Wales/Hi W Quality Governance Follow Up Review R12.3	Aug-21		High	Appointment of Head of Legal, Concerns and Redress (8c).	Director of Corporate Governance	Head of Concerns & Legal Services	Oct-21	Now December 2021. Now January 2022. Now February 2022	Completed	Update April 2022 - Assistant Director of Concerns & Claims commenced employment on 1st April 2022	September 2021 Update - Process in place. Risk mitigated by successful appointment of Interim. Awaiting outcome of WRP Review to inform future structure. Linked to R11.3 above. November 2021 - Appointment process delayed due to queries on funding. Risk mitigated in the short term by extension of the SLA providing Interim arrangements until end March 2022. Revised date requested. Update February 2022 - Delays due to securing funding for role now resolved. Interviews scheduled for February 2022.	
Audit Wales/Hi W Quality Governance Follow Up Review R12.5	Aug-21		High	CTM Improvement Team supporting Concerns Mapping identifying a consistent approach that can be applied across the Health Board. Outcome and implementation to be informed by the internal audit.	Director of Corporate Governance	Head of Concerns & Legal Services	Mar-21	Now March 2022	In Progress	Update April 2022 - Pilot triage process underway, however, not using the ideal model for triage. Too early to determine effectiveness. It is hoped that on reviewing the operating model that triage can be built into the new central Governance model going forward.	September 2021 Update - Linked to R12.1 above. November 2021 - Revised procedures for concerns handling and categorisation to support effective triage underway in response to IA Audit on Concerns. Training programme under development to support new approach and will include customer care training at induction as well as more focussed training on investigation and complex case handling. In response to the WRP Review, training for Board members will be arranged. Update February 2022 - Included in Improvement Plan as per R12.4 above.	
Audit Wales/Hi W Quality Governance Follow Up Review R12.6	Aug-21		High	Continue to roll out the RCA training module and monitor attendance of ILGs on the training.	Director of Nursing		Dec-21	Now May 2022	In Progress	Update April 2022 - New Incident Management Framework has been consulted on, delayed implementation whilst new incident module was introduced in April 22 and will be launched in May 22. RCA training package is being updated to reflect the new national guidance, framework and proportionate investigation tools. Bespoke RCA training has continued to areas on request such as mental health, executives, maternity and neonates until the new package is launched in May 22.	September 2021 Update - RCA training has continued on a monthly basis. As a result of changes in national reporting requirements and a proportionate approach to incident investigation, a toolkit is being developed to include a greater range of investigation methodology. November 2021 - No further update provided. January 2022 update RCA training has been re-vamped in light of the new National Incident Framework. Our current SI toolkit has been reviewed and revised in light of these changes and is currently out for comments. Attendance and monitoring of RCA training is held by the ILGs Head of Quality & Patient Safety.	
Audit Wales/Hi W Quality Governance Follow Up Review R13.3	Aug-21		High	Values-Based Team Workshops, delivered	Director for People		Apr-21	Now March 2023	Completed	April 2022 Update - Workshops offering refined and completed - 4 workshops designed with various teams, situations and desired outcomes catered for. Ready to be delivered by Ops teams following shadowed sessions with OD team. Intended to be part of fundamental WOD offering and core work, hence closed off as this becomes an everyday item.	September 2021 - Jul'21 (see below) Café attendees piqued interest, resulting in invitation to present Values Based introduction session to newly appointed nurses. A bespoke session was developed for delivery at all further intakes and for Corporate Induction. Workshops were delivered to pilot groups across Corporate teams. Results and feedback from session dependent on varying levels of engagement with our Values resulted in adaptation to workshop delivery into two offerings - for teams ready to engage and live our values, to commit to a team charter / commitment; for teams willing to explore their cultural behaviours through the lens of our values (reflective session) with aim to commit to living our values through their shared reflective practice. Further pilot Workshops to be co-delivered by Locality based WOD teams and OD with aim for Locality WOD to take over delivery by October 2021. Furthermore to aide dissemination, succinct workshops / guided Values discussion has been co-authored with heads of facilities and estates, with focus on behaviours, their relationship to our Values and impact on workplace culture and patient impact. Facilitation training to be held with L&DBP with intention for managers in Estates and Facilities to independently facilitate these sessions during team meetings - Teams survey pre and post session will glean impact / quality of session. This approach will ensure up to 1,200 staff across CTM are engaged with a Values Based discussion with their managers. This approach is to be replicated for all HCSW's and Band5 nurses (to be delivered by ward managers and Snr nurses) however progress paused due to current pandemic pressures. November 2021 - No further update provided. January 2022 - 4 x Values Based workshops developed and available to CTM teams. 1) Full 4 hour session culminating in team charter re. mutual assurances on what Values will look and feel like within their team. Delivered by OD and WOD 2) Condensed session, similar to full workshop without charter Delivered by WOD. 3) Values reflection session workshop (2 hours) for teams who feel they're not aligned to our values at present. Delivered by OD. 4) Guided discussion (replaced cafes cited below).	
Audit Wales/Hi W Quality Governance Follow Up Review R13.5	Aug-21		High	Values-Based Leadership Workshops, currently under development. Team Behaviour Health Check - Values based team self assessment tool for managers	Mew Initiative - Director for People		2021/2022	Now March 2023	In Progress	April 2022 Update - PCH Leadership team Values Based leadership ("Leadership impact on culture" sessions held with priority areas - Theatres, ED and Medicine. Further areas for exploration with these teams identified with work ongoing. Other CSG teams in process of being arranged for RTE and Bridgend Localities. Delay in completing these sessions due to limited capacity / availability within leadership teams. Once all leadership teams have received a session and further intention / transformative areas identified (as by-products of this core work) a version of this will be available for any newly established teams in future, rendering this to become a core-business item. Anticipate closure within 3 - 6 months.	September 2021 - 20th Aug - Values Based leadership and culture workshop delivered to Exec Team. workshops have taken us deeper into understanding how culture works and the perceived gap between our ideal culture and our existing culture. It highlighted that whilst we have a structure that is ideally designed for Population Health, our culture, systems and processes are not yet fully aligned. It has therefore been agreed that we will run follow up workshops with Executives and their reports, with a stronger forensic lens on the leadership of their senior management teams. It has also been agreed that these workshops will be delivered to the ILG Directors in each of our ILG's, and later cascaded down to the Clinical Service Group Directors. To date we have delivered one further workshop with the Director of Strategy and Transformation and members of her team, and have a further session booked with the Bridgend ILG Directors. November 2021 - No further update provided. January 2022 Update - Values Based Leadership / Leadership Impact on Culture sessions delivered to Workforce and OD Senior Management team and Bridgend ILG Directors. Follow up sessions in planning stages intended to explore outcomes from first session and how to continue towards an ideal culture state. RTE ILG Directors to schedule session by March 2022 with PCH Leadership teams commenced February 2022.	



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Audit Wales/HI W Quality Governance Follow Up Review R13.6	Aug-21		High	Values-Based Recruitment process and training.	Director for People		Jun-21	Now April 2022 Now May 2022	In Progress		April 2022 Update - At CTM we have incorporated VBR into our recruitment processes. Our Values are now a key part of the stakeholder panel with the question that is posed to candidates centred around the values in their response (which is a ten minute presentation). Also a values based question bank has been created comprising of three sectors of questions each one relating to our core CTM values. During the interview panel, the questions posed to the candidates must include a minimum of one values based question as part of their interview. Full training guides are in process and will be available on the share point including a sway document which is an interactive training guide to use the values based recruitment methods effectively. Videos are also due to be made which will visually display role-plays of the VBR in action.	September 2021 - Mirroring approach of the Values Based Recruitment (VBR) in NHS England, overhaul of current stakeholder and interview selection approach has been overhauled to embed VB interview techniques. Training to be issued in due course once feedback gleaned from pilots.. Training will be made available on new LMS from November. November 2021 - No further update provided. Feb 2022 - The first iteration of the process has been designed and some pilots have taken place to determine the effectiveness of the process. Whilst some elements are being used more readily in selection activity (values based questions) there is further work required to create a more inclusive and engaging process. In March work will be undertaken to consult more broadly on the results of the pilot work with key stakeholders to determine a final approach to the VBR process at CTM. A dedicated training package is being designed through March and implemented through April.
Audit Wales/HI W Quality Governance Follow Up Review R13.8	Aug-21		High	Reinforcement Phase To include:- Culture Workshops; Repeat Culture Survey.	Director for People		12 Months beyond	Now April 2022	Completed		April 2022 Update - Values Based Team Health Assessment prototype created and shared with WOD ops teams for feedback. Process agreed and ready for communication strategy and CTM wide dissemination. Assessment report signposts to central repository of resources (repurposed Values in action sharepoint page on AtOurBest site) therefore this site requires development prior to Health Assessment launch to ensure appropriate support is available following completion of assessment. Completion of this work by mid May 2022. Launch of HE will directly follow. Delay in launch due to staff absence and conflicting priorities. This is now mainstream work and therefore to be closed.	September 2021 - Values in Action Week 18th - 22nd Oct - mark one year anniversary since Values launched. Week long event coincides with World Values day on 21st Oct. Paul Mears will deliver a pre-recorded address to launch the weeks' events. Some in-person activities have been abandoned due to recent pandemic developments, therefore some events have been scaled back to online activities. ILG Leadership teams will lead sessions within their locality to their CSG leads presenting their vision of the values as leaders and call for CSG leads to continue endeavouring to support their people to live our values everyday. Colleagues from our BAME network, previous Values Based staff recognition award winners and chaplaincy services are sharing incidences where they have experienced our Values in action. Staff will also be encouraged to send Values branded cards thanking their colleagues for VB behaviour during this week and beyond. Cards have been ordered, will be distributed to each main site prior to VIA week and an e-card will be made available for e-distribution. Calendar of events will be shared shortly. Staff Survey - intended to launch survey in November 2021 one year on from Values launch, however feedback from recent wellbeing survey suggests survey fatigue and work is still underway within each ILG in response to 2020 Staff survey and with impending winter pressures, decision taken to launch survey early Spring 2022. November 2021 - No further update provided. February 2022 Update - Design phase - Feb-Mar 2022. Tool intended for managers to assess team's alignment to our Values based on their responses to questions regarding behaviours observed within their teams. Tool will provide overall alignment score (e.g. 68% alignment to our values), scores per value (e.g. 24% for respect, 58% for team, 60% for listen, learn and improve) and signpost to existing resources / support available dependent on results. Promotes ownership, provides manager with metric associated with their team's behaviours (and baseline for comparison) and better sense of additional support required. Value / behaviour specific resources and workshops will be developed accordingly.
Audit Wales/HI W Quality Governance Follow Up Review R14.5	Aug-21		High	Implementation of PREMS and CIVICA system to gather data on patient experience to inform learning and service enhancement and improvement. Project has been initiated and Project Manager appointed.	Director of Nursing		Sep-21	Now December 2021	Part Completed		April 2022-Update The Health Board launched the electronic "Have your Say" and Generic Patient Experience Survey on the 02.22. Posters containing QR codes are displayed on notice boards in our hospital sites, H&P and Dewi Sant. In addition links are available on our internal and external webpages, along promotion on available social media channels. A small card (like a business card) containing a QR code has been developed which will be displayed in main thoroughfares such as Emergency Departments, Outpatients and community settings. They will be made available to staff that are providing services in patient's homes. Exploration is taking place as to how the posters/cards can be promoted within the wider non-health board community settings. From the 28.02.22, within the Bridgend and Merthyr & Cynon Localities, the PALS team are actively engaging with patients/ service users to promote the completion of the "have your say" cards and generic survey. This is through paper copies being available in areas, which are collated and uploaded on to the system on a monthly basis. Along side this, within Merthyr & Cynon PALS Officers are present with Emergency Department at PCH and outpatients at YCC to capture feedback via iPADS. The number of area specific surveys continues to increase, with Staff engaging with patients and service users via links, QR codes and iPADS. Currently there is no target date for full implementation of the full automated element of Civica which would increase real time response rates. This is due to limited resource with the Information Team. This is included on the Organisational Risk Register. Training continues to be provided to staff across the Organisation in relation to Civica and accessing the information for their areas. A number of training videos have also been developed and are accessible via SharePoint. Exploration of promotion of the Have your say cards is ongoing within other areas of the Patient Experience remit, volunteer team are supporting a number of pilots within a number	September 2021 Update - PREMS fully operational across maternity services. CIVICA PM appointed and produced timeline for roll out within CTM. 'Have your Say' generic people's feedback being placed as a link on the CTMUHB intranet page. Plan for Draft People's Engagement document by December 2021. November 2021 - No further update provided. Jan 2022 update- Have successfully implemented 7x surveys for maternity, Have your say & patient experience survey across CTMUHB, 1x Heart Failure survey and 2x paediatrics surveys. Currently in the process of implementing surveys for therapies, pathology and frailty nurse services within Feb. Actively scoping out surveys within: Cancer services, community resource team, critical care HDU/ITU, audiology, mental health, primary care, facilities, gynaecology, community dental services, endoscopy, wellness hub and haematology. 'Have your say' card has been replicated in electronic format and optional all wales survey attached, qr codes and posters on display across HB sites and on social media pages. Further exploration of SMS automation of surveys being explored but limited at present due to IT resource issues to support implementation. Delays have been seen due to COVID-19
Audit Wales/HI W Quality Governance Follow Up Review R14.13	Aug-21		High	Work being undertaken with Improvement Cymru to scope work to develop and deploy a model ward and operational best practice guide to improve flow, quality and patient safety.	Director of Nursing		Jul-21	Now October 2021 Now March 2022	In Progress		SEPT 2021 UPDATE - Work continuing with IC, action detail reviewed after HIW inspection in Sept 21 requiring review of scope of work and delivery plan. UPDATE Nov 21. Head of Professional Standards leading a project to work with ILG governance leads and ILG Nurse directors to produce a ward/department assurance framework. This will include ward assurance audits, annual audit cycle, single point of data capture and reporting. Also will scope most appropriate IT programme available. Paper to be presented at Q&S committee March 2022. January 2022 update As part of the PCH Improvement Programme we have implemented a ward assurance framework and tested across all In-Patients wards on PCH. This information is now captured electronically on the AMAT system. Following the successful implementation of the ward assurance framework the same will now be rolled out across the organisation.	
Audit Wales/HI W Quality Governance Follow Up Review			High	Undertake audit of compliance against Royal College of Anaesthesia (RCoA) Standards (ACSA process) identify and develop standards to meet with RCoA recommended GPICS (set standards by RCoA for Anaesthetic services) baseline and inform continuous improvement programmes and improve compliance against the standards.	Medical Director		Jul-24		In progress		April 2022 update - awaiting agreement on a standardised set of HB wide emergency department audits by the nursing unit and identification of a resource to support the Ward and Area module rollout, currently paused.	September 2021 Update - A baseline assessment against the ACSA standards being undertaken. This will then form the basis of the improvement programmes to develop the service. Completion of process and ACSA accreditation aim July 2024 (usual process 2 years expected from RCoA). Eceptation for POW to follow however with theatre changes this will be difficult to complete. November 2021 Update - Theatre improvement programme has been established.
Structure d Assessment 2021 Phase 2 R2	Dec-21	Integrated Locality Group review. Significant transformation and improvement activity is delegated to the Health Board's Integrated Locality Groups. As part of its review of its operating model the Health Board should evaluate the capacity and capability of each Integrated Locality Group to deliver the scale of change required.	Medium/Low	An internal review of the CTM operating model, with a specific focus on ILGs, is currently underway, due to be completed by end December 2021. The themes from the review will inform recommendations and a forward plan. The scope of the review does capture the capacity and capability of the ILGs to deliver change with a view to ensuring the organisation is best structured to deliver its priorities. To support the internal activity the Health Board is engaging Internal Audit to undertake a review, the scope of which is still to be determined and may take the form of an Advisory Report approach, however, Internal Audit will be able to target any specific areas of the model to ensure the Executive Team has a full picture of the capability and capacity to deliver change within the ILGs. Additionally the newly created iCTM team under the Director of Improvement and Innovation has created three ILG Quality Improvement Faculties made up of clinical, nursing, therapies and pharmacy staff to act as a hub within each ILG to build capability and capacity for change and improvement and support the individual ILGS in enacting transformation. A review of core change and programme capability is being undertaken to ensure alignment with the 2030 strategy which is due to report early in 2022 which includes the roles of ILG planning functions and management teams.	Chief of Staff Chief Operating Officer (COO) Director of Improvement & Innovation		31st December 2021 31st December 2021 Internal Audit review timescales to be determined. ILG QI Faculties established. Development of communities by end of February 2022 ready for go live in March 2022 Review of change and programme capability due to report February 2022.	Feb-22	Completed		April 2022 Update - The Operating Model review completed last year and the Executive Team have now begun the process to actually revise the operating model. <ul style="list-style-type: none"> • iCTM business plan and focus areas agreed for 2022-2025 • ILG QI Faculties in place • Rolling training programme in improvement implemented • Internal Audit of PMO completed – positive findings with action plan in place for areas of improvement • Review of PMO structure completed, team renamed to Change Hub and refocused on capability building and major portfolio delivery 	January 2022 Update • ILG QI Faculties in place starting to create embedded improvement capability in each ILG and upskilling of wider organisation to support change and CTM 2030 • Internal Audit undertaking review of iCTM Programme Management Function which is due to report in Feb 2022 (reviewing structure, capability and capacity to support CTM 2030 • iCTM 3 year business plan developed and being finalised. The iCTM Business Plan sets out how we will develop the organisation change capability and resilience working with our Workforce and OD colleagues. As well as nurturing and enabling improvements and innovation iCTM will develop and enhance the organisations ability to deliver and adapt to change laying the foundations needed to successfully deliver the CTM 2030: Our Health, Our Future strategy. • The business plan will ensuring all of our people are equipped, empowered and supported in their roles to deliver on our ambition of CTM 2030, with a range of development, support and mentoring in place underpinned by the principles of Prudent and Value Based Healthcare. Working with the Transformation and Strategy team to identify capability and capacity gaps which risk delivery of CTM 2030, we will leverage existing training and development opportunities to ensure change capability is seen as core to all.
Structure d Assessment 2021 Phase 2 R4	Dec-21	The Board has approved six risks to achieving strategic priorities which are aligned to the four strategic wellbeing and future generation objectives set out in the Health Board's Annual Plan 2021-22. Currently, with only six strategic risks, they may be too high level to allow meaningful scrutiny. The Board needs to ensure that its strategic risks also reflect the risks to achieving priorities set	Medium/Low	A Board Development Session was held on the 21st October 2021 where it was agreed that the current Principal Risks require review and this will be linked to the development of the revised Board Assurance Framework (BAF). The Health Board's Principal Risks and Risk Appetite will be reviewed on an annual basis. As part of the development of the BAF and review of Principal Risks, the Health Board will ensure that there is correlation with the priorities in the Annual Plan, Planned Care Recovery Plans and Targeted Intervention and Special Measures Status, in addition to its longer term strategic direction. This review will also reflect on how the Principal Risks are described and defined so that there is sufficient detail to allow for robust scrutiny at Board and Committee meetings. The Health Board is will ensure that the Board Assurance Report (that will be received by Board and Committees in terms of strategic risks) triangulates performance, risk and assurance where possible.	Director of Corporate Governance	Assistant Director of Governance & Risk	31st March 2022	Mar-22	Completed		April 2022 Update - In conjunction with the Good Governance Institute the Health Board has developed a revised Board Assurance Framework that captures 9 Strategic/Principal risks aligned to the Health Board's direction of travel. The revised BAF was approved by the Health Board at its meeting on the 31st March 2022.	Update January 2022 The Health Board has secured a contract with the Good Governance Institute who commenced work with the Health Board in December 2021. The focus of the activity is to design and deliver a complementary programme with a focus on strategic leadership capacity and delivery against the strategic goals. It should be noted that the original scope and timetable has been impacted by the "standing down" of Board Development Sessions in light of the challenges faced by the pandemic in early January 2022, however, focussed and targeted sessions are planned for February and March 2022.

Red -
 Orange -
 Yellow -
 Green -
 Blue - Action

Ref	Date added	Recommendation	Priority	Management Action Agreed	Responsible Executive Lead	Responsible Management Lead	Original Agreed Implementation Date	Revised Implementation Date	Status	Progress	Updates During this period/latest update	Previous Updates
Structure d Assessment 2021 Phase 2 R5	Dec-21	The Health Board has undertaken specific work in mortality and harm in relation to COVID-19. However, as with other Health Boards, it has yet to finalise a standard framework to support the assessment of direct and indirect harm associated with COVID-19. The Health Board should produce a framework for assessing both direct and indirect harm from COVID-19 and ensure that the framework and an accompanying report outlining key issues are monitored by appropriate operational, strategic groups and reported the Board or one of its committees.	Medium/Low	The Health Board received an updated version of the NHS Wales National Framework - Management of Patient Safety Incidents following Nosocomial Transmission on the 16th November 2021. The National Framework contains four options and the Health Board is currently considering the option it will choose to adopt and take forward to assess the harm associated with Covid-19. The chosen option will then be considered at the Strategic Leadership Group in December 2021 and the Quality & Safety Committee in January 2022. Reports will be received and monitored through the Strategic Leadership Group and the Quality & Safety Committee. Reports to the Board will be via the Quality & Safety Committee Highlight Report to Board.	Executive Nurse Director Medical Director		31st January 2022	Now March 2022 Now April 2024		In progress	<p>April 2022-update - Funding allocation received from WG to support the roll out of the Nosocomial reviews. A Lead Investigator is now in post and several other roles are currently being recruited to. Local Governance forum to be developed to track progress which will be reported into the monthly DU & Strategic Board meetings. The investigation process is likely to take 2 years as there are over 3000 reviews to be undertaken. Quality & Safety Committee will continue to receive regular updates. This work is being led by RTE ILG Nurse Director Carole Tookey and supported by the Patient Care & Safety central team.</p>	January 2022 update 170 patients have been reviewed using the Nosocomial Framework; Welsh Government (WG) and the Delivery Unit are keen to ensure a level of consistency across Wales in relation to the investigation process of Nosocomial transmissions; several workshops have taken place with attendance including both the Nurse & Medical Directors in order to agree a unified approach; there is a hold on the current process as Welsh Government have agreed to provide health boards with funding to expedite the Nosocomial review investigations; health boards are currently waiting the allocation from WG. Quality & Safety Committee receive regular updates on the health boards position in relation to Nosocomial transmission reviews and the agreed unified approach.