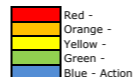




Ref	Date added	Recommendation	Priority	Management Action Agreed	Responsible Executive Lead	Responsible Management Lead	Original Agreed Implementation Date	Revised Implementation Date	Status	Progress	Updates During this period/latest update	Previous Updates
R2 Follow Up Outpatient is Not Booked	Oct-17	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 Now September 2022 Now February 2023		In Progress	April 2023 - nothing further to report this month. Will receive focus for the next meeting. Work is underway across the UHB on FUNB and other patient waiting times.	January 2021. Implication of Covid has 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 has meant that this issue has not received the appropriate management focus, however in the last month significant work has been undertaken on Demand and Capacity planning. This process has identified in detail the requirements and also the gaps and ILGs have been required to be clear about where they need additional support to deliver improved waiting times for current and future patients. Special importance is being attached to "other ways" of reducing lists and validation will be a focus of this process. This will be reported on in coming months via Performance Review and other meetings. Additional validation resource has been put into place as a short term response to dealing with the impact of Covid which has resulted in many patient pathways being impacted. While this is contrary to the recommendation, it has been a necessary response to the changed circumstances. May 2021 Update - Given the passage of time since this original review, thought will be given to discussing the recommendations of this audit with Audit colleagues. In the meantime, the UHB can offer assurance by confirming that the activity outlined in previous months is continuing and the Elective Recovery Plan is gathering pace and that it is monitored via weekly Board Meetings. 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. 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. To be confirmed at next meeting. April 2022 Update - Confirmation not received from all ILGs - anticipate very likely this will be received by the next meeting. June 2022 Update. Work continues as part of planned care recovery with Follow Up Validations, SOS / PIFU projects, Attend Anywhere, DNA Work, Consultant Connect. Progress has been monitored both through PCR Board and through ILG Performance meetings. However, the focus remains on clinical priority as the services recover. August 2022 - nothing further to report in this update. Date remains September 2022. October 2022 Update - following meeting with Acute Services Managers, issue clarified with AW colleague and meeting planned to decide on final comment. December 2022 Update - following further advice from Audit Wales, a further question has been posed to Acute Services Managers asking for reassurance around the way that processes are working within the UHB. Response not yet received, anticipated by time of next meeting. February 2023 Update - nothing further to add. Verbal update will be sought for meeting of Audit Committee.
Clinical Coding Follow Up Review 01	Oct-19	Raising the importance of good quality medical records throughout the Health Board;	High	In 2014, we found that the quality of medical records across the Health Board was not of a good standard, with key information required for accurate clinical coding often missing or inappropriately filed. Our work has found that there continues to be issues with the quality of medical records within the Health Board. In 2018, NWS produced a report into clinical coding documentation. This review was undertaken as part of ongoing service improvement work to improve the quality of clinical coding data. The primary aim of this review was to assess the quality of the clinical documentation held within case notes. Overall administrative documentation was of good quality, but there were issues with loose paperwork and records being filed out of order. There were also issues with deceased notes and unplanned admissions. The quality of information for coders in the notes was poor. Only half of the clinical entries contained a diagnosis and of these, a third would be unable to be used for coding purposes. This report highlights that there are issues that need to be addressed by the Health Board. In our 2014 report, we noted the re-establishment of the Health Records Committee. The aim of this was to give the necessary focus to the quality of medical records to enable coders to code accurately. However, this Committee was disbanded in August 2017 and we are unaware of any new arrangements in place to monitor and ensure the quality of medical records.	Director of Digital		Not specified by the Health Board	October 2020 April 2021 Now March 2022 Now June 2022 Now October 2022 Now October 2023		In progress	February 2023 Update - Action plan now in place for Medical Records - Action Plan in place until October 2023. Propose to close.	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 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. Greater focus is needed on every aspect of medical records management, which is clinically led and an organisation wide. November 2020 Update - The completeness of the documentation is the responsibility of multiple staff groups across the hospital sites. Both the content and quality of the record will be improved through the plans to commence digitisation, which have been delayed due to COVID-19 until 2021. This process will reduce the risk of documents being lost from within the record as they will be scanned and held digitally. However, this will not improve the quality of the case note 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. 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 CTO 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 were initially involved in the project are currently being invited to reconnect and to promote awareness of the project and its benefits among their colleagues. Terms of reference are currently being drafted for a Performance and Clinical Information Strategy Group (PCISG), the group among other functions will provide a forum for stakeholders to collaborate, monitor and address issues relating to clinical data quality. These are actions that the P&I Directorate can take forward, however we are eagerly anticipating any update as to what potential role a Health Records Committee or alternative plan will have on the quality of medical records within the UHB. May 2021 - No further update to report. 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. September 2021 Update. All of the processes previously described are still ongoing, including an aspect of training in the Junior Doctor Induction Course. Query has gone to Medical Records Manager as within ILGs at present it seems that this has not received significant management focus. Once the current wave of Covid has passed then the allocation of time will be more possible. November 2021 Update - Processes are still ongoing and the date for completion remains March 2022. February 2022 Update. A response will be available at the next meeting - plan in place to meet the Manager for Medical Records in the next month. Target remains March 2022. April 2022 Update - Nothing further in this month - will be chased again in the coming month. Pressure of work at present is significant. June 2022 - Update Will be available for August 2022. August 2022 - nothing further to report. October 2022 Update. The Digital Patient Notes project has undergone an Internal Audit during Qtr. 2 2022/2023. This highlighted the continued poor level of quality when it comes to the operational filing of the medical records.
Clinical Coding Follow Up Review 03	Oct-19	Developing a programme of routine audits of medical records to provide assurance that the quality of medical records is improving;	Medium/ Low	The quality of the patient record has a direct impact on the coders ability to undertake their role. As highlighted previously, work by NWS into the quality of documentation highlighted concerns with loose paperwork, and the filing of deceased patient records. As part of the annual clinical audit and effectiveness plan, there is currently a Health Board wide audit of the quality of case notes. This audit is looking at documentation in case notes and is aligned to the health records committee, however this committee has been disbanded so we are unsure where the results of this audit are reviewed. The current audit plan shows that this audit was also undertaken last year but there is no record of the report. The results of the current audit are due for publication in March 2019.	Director of Digital		Not specified by the Health Board	October 2020 November 2021 Now June 2022 Now October 2022		In progress	February 2023 Update - Regular audits and reporting of the quality of the medical record are now in place - propose to close.	Update January 2020 The content and the quality of the Health Record is the responsibility of all clinical users adding information to the record and this is monitored and reported by the Clinical Audit team. This is emphasised within staff induction programmes where the importance of accurate Health Records and the impact on Clinical Coding is noted. The Management Board have approved additional resource to recruit a Clinical Coding Auditor/Trainer and our stated intent within our IMTP is to take this action forward utilising this much needed resource. November 2020 Update - this audit work was previously undertaken by the Clinical Audit Department. They may be able to provide an update for this purpose. It was reported at the Health Records Committee but may be reported elsewhere as well. The Committee was not responsible for acting on this report. January 2021 Update The UHB Clinical Audit Team (CAT) currently undertake an annual audit of the quality of case notes which looks at the documentation in case notes and is aligned to the Health Records Committee (HRC) which no longer exists. The Performance and Clinical Information function will shortly begin conversations around areas of overlap between the HRC and PCISG. The outcome of which will inform which group will provide oversight and assurance responsibilities in relation to the results of CAT medical records quality audit. The newly appointed clinical coding trainer has previous experience with auditing and will be undertaking internal coding audits as a part of her responsibilities. The results of these internal coding audits will be made available to the leadership of the Performance and Information (P&I) Directorate and the relevant oversight and assurance groups. May 2021 - No further update to report. July 2021. Information on this recommendation has been received and will be escalated to the ILGs for comment next quarter. September 2021 Update. The Clinical Audit Team will be undertaking a documentation audit of both acute and community case notes during October / November 2021 using 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. April 2022 Update - Nothing further in this month - will be chased again in the coming month. Pressure of work at present is significant. June 2022 - Update Will be available for August 2022. August 2022 - nothing further to report. October 2022 Update: Propose to close - processes are now in place to monitor the quality of the record and this progress is reported to the Digital Patient Notes Programme Board, the Information Governance Group and the Digital & Data Committee. December 2022 Update - It has been proposed that this recommendation remains open pending discussions between Audit Wales and the Director of Digital.
Audit of Accounts Addendum 1 02	Aug-21	The Health Board should review its governance and procedures in place for the appointment of senior officers, and as part of the review ensure that it fully understands the extent of WG's delegated authority to the Health Board, and importantly, the decisions that WG has not delegated. The Health Board should ensure that minutes, particularly those of the Remuneration Committee, are clear. For example, minutes should make a clear distinction between when the Remuneration Committee has approved (or rejected) a business case; and when it has endorsed (or not endorsed) a business case that then needs the approval of the WG. In respect of retire and return cases, the Health Board should ensure that it has appropriate procedures in place for the consideration and approval/ rejection of business cases. The Health Board should record the process contemporaneously and provide accurate information to the payroll department.	Medium/Low	There is a context to the DoTHS delay, for example, which is that the situation was novel, and required Welsh Government banding for a new joint role, which took some time.	Director for People		Immediate	Now August 2022 Now October 2022 Now December 2022 Now March 2023		In Progress	April 2023 - No update received from the Team on this occasion	September 2021 - No update received. November 2021 - No further update provided. April 2022 - The Health Board has reviewed its governance and procedures in place for the appointment of senior officers. The governance arrangements understands the extent of WG's delegated authority to the Health Board, including the decisions, which WG has not delegated. The Health Board's Retire and Return Policy is currently subject to review and will be discussed at the Workforce Policy Review Group on the 21 April 2022, prior to organisational wide consultation. The Policy will ensure appropriate procedures are in place for the consideration and approval / rejection of business cases. The Policy will be presented to the August 2022 People and Culture Committee for approval. June 2022 Update - The Health Board's Retire and Return Policy is currently subject to review and was discussed at the Workforce Policy Review Group on the 21 April 2022. The policy is now out to organisational wide consultation. The Policy will ensure appropriate procedures are in place for the consideration and approval / rejection of business cases. The Policy will be presented to the August 2022 People and Culture Committee for approval. August 2022 Update - The CTM Retire and Return Policy was not endorsed to be presented to the People and Culture Committee in August 2022 for approval, as the partnership WPRG agreed further work was needed to align to the policy to the additional NHS flexibilities options, which permits employee to access their NHS Pension without retiring. It has been agreed to the LPF will endorse the policy to be approved by the People and Culture Committee via Chair's action in advance of the November 2022 meeting. October 2022 Update - further to partnership discussions with Trade Union Colleagues, it has been agreed that this guidance requires further implication and incorporate clear justified business reasons for approving or rejecting applications based on the employee's retirement plans and the needs of the service. Extensive work has been undertaken to make the guidance fit for purpose. The group will also engage with OD to facilitate the cultural changes required, to ensure managers are aware of the benefits to the organisation of approving such requests. It is anticipated this guidance will go back to the LPF in December 2022 for endorsement and approval will be sought via Chair's action. December 2022 update - This policy work is now being taken forward in partnership with trade unions and OD colleagues to ensure the processes become fully embedded and enable employees and their managers to fully explore all flexible retirement options not just retire and return. It is anticipated that this work will be completed by March 2023. February 2023 Update - Discussions are currently taking place with the Employee Experience Lead and the Head of Nursing Professional Standards and Education, regarding how this policy work can be integrated into the retention / Itchy Feet work which is currently being progressed, to ensure the processes align with the new Flexible Retirement Policy.



Ref	Date added	Recommendation	Priority	Management Action Agreed	Responsible Executive Lead	Responsible Management Lead	Original Agreed Implementation Date	Revised Implementation Date	Status	Progress	Updates During this period/latest update	Previous Updates
Audit Wales/HI W Quality Governance Follow Up Review R2.3	Aug-21	The Health Board needs to take a strategic and planned approach to improve risk management across the breadth of its services. This must ensure that all key strategies and frameworks are reviewed, updated and aligned to reflect the latest governance arrangements, specifically: a- The BAF reflects the objectives set out in the current IMTP and the Health Board's quality priorities. b- The risk management strategy reflects the oversight arrangements for the BAF, the quality and patient safety governance framework and any changes to the management of risk within the Health Board c- The quality and patient safety governance framework must support the priorities set out in the Quality Strategy and align to the values and behaviours framework	High	The Health Board's overarching quality priorities published within the IMTP/Annual Plan for 2020-23 are as follows: <ul style="list-style-type: none"> Strengthened focus on quality on strategic planning; Individuals' voices are better heard; Shared learning and continuous quality improvement; Risk better articulated, shared and mitigated; Strengthened two-way 'point of service delivery' to Board sight; and Extensive review and improvement of the management of concerns and serious incidents. Review of the Quality Governance Framework to reflect the developed quality strategy and enhanced governance processes within ILG's. The revised framework will provide improved granular detail in respect of ILG governance that wasn't available at the previous refresh in November 2020. System testing through attendance at CSG/ILG Q&PSE governance meetings will be introduced for evidence/assurance that the framework is embedded.	Director of Nursing		Dec-21	01/03/2022 Now June 2022 Now December 2022 Now May 2023	In Progress		April 2023 Update - Recommendation: incomplete, open/yellow. A program of work is yet to be completed on the care group consultation and implementation of the Quality and Safety Framework. The engagement process will commence in the second week of April with a view to closing and aligning during May 2023. The framework has been noted by the Quality and Safety Committee and was approved by Board in January 2023.	September 2021 - No update received. November 2021 - No further update provided. January 2022 update - As detailed above in R1, a revised Quality & Governance Framework will be presented to the Quality & Safety Committee in March 2022. Update April 2022 - Timescales were agreed for a revised Quality and Safety Governance Framework to be presented to the Quality & Safety Committee in March 2022 - this has been delayed by the proposed new operating model for the organisation to July 22. The delivery of the Quality Strategy has been hampered by the delay of the organisational strategy work which is key to ensure alignment of both strategies. A first iteration of a draft Quality Strategy has been completed with work ongoing with a timescale for completion of end May 2022. There is an ongoing internal audit commissioned of governance processes at service group level to inform the new Governance Framework, the audit team are currently undertaking fieldwork within 3 service groups and the results of this work will lead the design of the new framework granularity of ward to board assurance. July 2022 Update - The Quality & Patient Safety Governance Framework will be revised following implementation of the new operating model. Proposed first draft December 2022. Internal Audit Assurance report of our governance function with in the ILGs reviewed as providing reasonable assurance obtained overall and areas with substantial assurance, demonstrating our positive mechanisms for oversight, escalation and risk. We have a number of key matters arising from the audit which need addressing however with the new operating model I'm sure these are elements we can pick up/incorporate into the new operation model to provide assurance on all CSG's. October 2022 update - Quality Strategy update as above ref.R1. Quality goals and objectives within the strategy align with other key Health Board strategies and frameworks. December 2022 Update - The Quality & Safety Framework first draft will be available end of December 2022. Quality Strategy update as in R1. February 2023 Update - no update provided on this occasion
Audit Wales/HI W Quality Governance Follow Up Review R6.1	Aug-21	There needs to be sufficient focus and resources given to gathering, analysing, monitoring, and learning from patient experience across the Health Board. This must include use of real-time patient feedback.	High	Health Board purchased CIVICA (captures population feedback using a patient insight software platform)	Director of Nursing		Jul-21	Now December 2021 Now July 2022 Now March 2023 Now December 2023	In Progress		April 2023 Update - the team continue to engage with specialities to look at bespoke surveys and to promote training with staff to embed across the HB. Work is ongoing to look at how we can implement SMS messaging for the ED departments. SMS messaging is restricted at present due to IT infrastructure and the capacity to implement across the Health Board. Volunteer patient feedback team continue to support gaining of feedback within POW and volunteer team are working to increase teams available to develop this across to RGH and PCH. VBHC Admin support is also helping to support the input of paper copies of 'Have Your Say' into the system and the creation of surveys. VBHC has just recruited a B6 PM who can also provide support for communication and engagement e.g. webpages, leaflets, events etc. Still awaiting the finance issue of Civica to be resolved to enable VBHC team to take over that aspects moving forward.	September 2021 Update - CIVICA PM appointed and produced timeline for roll out within CTM. 'Have your Say' generic people's feedback being placed as a link on the CTMUHB intranet page. Plan for Draft People's Engagement document by December 2021. Nov 21 Update - Pilot of Value Based Healthcare PROMS have gone live in Cardiology along with the launch of PREMS and workforce reported experience measures (WREMs). Jan 2022 Update: Problems seen in automating Civica to CTM patients via SMS due to IT resource issues. Business Case is being completed to request additional resource for this. 2x kick start admin support officers to start Feb 2022 to help support the team and gather additional data collection from patients that are not digitally enabled and support in reporting and setting up/ maintenance of surveys within the system. Currently scoping out iPad within CTM to rollout the Civica App onto all service user groups for the Have your say survey and any bespoke surveys requested. Training has been provided to various user groups and set up on the system throughout Oct- Dec. Additional training days will be given from Feb 2022 onwards. Delays have been seen due to COVID-19. April 2022 Update - The Health Board launched the electronic 'Have your Say' and Generic Patient Experience Survey on the 13.02.22. Posters containing QR codes are displayed on notice boards in our hospital sites, KHHP and Dewi Sant. In addition links are available on our internal and external webpages, along promotion on available social media channels. A small card (like a business card) containing a QR code has been developed which will be displayed in main thoroughfares such as Emergency Departments, Outpatients and community settings. They will be made available to staff that are providing services in patient's homes. From the 28.02.22, within the Bridgend and Merthyr & Cynon Localities, the PALS team are actively engaging with patients' service users to promote the completion of the "have your say" cards and generic survey. This is through paper copies being available in areas, which are collated and uploaded on to the system on a monthly basis. Along side this, within Merthyr & Cynon PALS Officers are present with Emergency Department at PCH and outpatients at YCC to capture feedback via iPADS. The number of area specific surveys continues to increase, with Staff engaging with patients and service users via links, QR codes and iPADS. June 2022 Update- To date CTM have received 2050 responses, has 18 active surveys, 10 surveys set up and 2 surveys closed on the system. There are 5 automated SMS surveys set up within the system and 33 active discussion with other service user groups within CTM. Work continues to promote the CIVICA system with patients and staff via social media and intranet pages. Number of specialities engaging with the team to explore the use of the system is increasing and staff are interested in sessions for staff are planned for June/July across acute sites to demonstrate September 2021 Update - 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 EQJA and depending on the outcome score of the EQJA assessment will determine the sign off process by the Medical/Nurse Director. April 2022 Update Board self assessment of Quality Governance Maturity matrix for 28th April 2022-The Director of Nursing will recommend to the Board the results for Quality Planning, Quality Assessment and Quality Assurance. Quality Safety and Patient Experience forums now feature across all Clinical Service Groups. August 2022 Update - Safe 2 Start' daily meetings are now embedded across the 3 acute hospital sites. Attendance includes, Head of Patient Flow, Head of Nursing, Ward Managers, Lead and Senior Nurses. The aim of the meeting is to provide a staffing position for the day within the hospital, it focuses on Emergency Department demand and key quality and safety metrics relating to patient care. The 2 community hospital sites also undertake a daily Safe 2 Start meeting chaired by the Senior Nurses and this information feeds into the overarching HB daily planning and escalation. From a strategic perspective, in relation to the changes in the organisational operating model this requires a review of the governance framework to confirm arrangements for quality governance and patient safety within the Care Group Structure, there is an anticipated completion date of December 2022. October 2022 Update- The health board continues to make changes in respect of its new operating model which includes quality governance and patient safety arrangements for CSG's and the Care Groups they sit within. Each Clinical Service Group will have a standardised assurance framework in place to describe how floor to board assurance is articulated within services, as well as standardised tools for annual work plans, quality assurance of incident management & investigation. Terms of Reference/Aeenda for Quality, Patient Safety & Patient Experience Meetings and January 2022 update please cross reference with R1
Audit Wales/HI W Quality Governance Follow Up Review R8.2	Aug-21	The Health Board needs to clarify accountabilities and responsibilities for quality and patient safety within directorates. This must include a review of the Heads of Nursing role in relation to site management and quality and patient safety.	High	There is still work ongoing however with the progress at the pace it is, the quality & safety system is becoming more robust daily. Within 3 months the processes will be embedded fully across CTM.	Director of Nursing		Mar-22	Now end of May 2022 Now December 2022 Now January 2023	Completed		April 2023 Update - Recommendation: complete, closed/green. The care group structure is in place, and the Head of Nursing and associated site professionals are aligned and reporting to appropriate care group leadership teams. Further work is underway in substantive plans for supporting teams to strengthen current structures.	September 2021 Update - No update received. November 2021 - No further update provided. January 2022 update please cross reference with R1
Audit Wales/HI W Quality Governance Follow Up Review R8.6	Aug-21	The Health Board needs to clarify accountabilities and responsibilities for quality and patient safety within directorates. This must include a review of the Heads of Nursing role in relation to site management and quality and patient safety.	High	Quality Governance Framework to reflect enhanced governance processes	Director of Nursing		Dec-21	01/03/2022 Now June 2022 Now December 2022 Now January 2023 Now May 2023	In Progress		April 2023 Update - Recommendation: incomplete, open/yellow. A program of work is yet to be completed on the care group consultation and implementation of the Quality and Safety Framework. The engagement process will commence in the second week of April with a view to closing and aligning during May 2023. The framework has been noted by the Quality and Safety Committee and was approved by Board in January 2023.	September 2021 - No update received. November 2021 - No further update provided. January 2022 update please cross reference with R1
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 Now 31 December 2022 Now 31 March 2023 Now 31st October 2023	In Progress		April 2023 Update - This recommendation remains linked to the implementation of the OFW Risk Module as the intention is that the training will include how to undertake a risk assessment utilising the risk module on Datix. The pace of implementation on the new module has slowed and therefore the work in this activity has not been progressed. A further meeting with the Task and Finish Group of the OFW Implementation is scheduled for late March 2023. A further update will be reported at the next meeting of the Audit & Risk Committee. The revised implementation is approximate whilst a further programme update is awaited from the Implementation Team of OFW Risk Module. In the meantime monthly risk training is scheduled throughout 2023 which is open to all staff. These sessions are publicised on SharePoint and been included in the Staff Newsletter.	September 2021 Update - 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. 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. The TNA and development of an All Wales Risk Management Training package has been placed on hold whilst the Once For Wales Risk Management Module is finalised. The rationale for this decision is to ensure that any training developed is aligned to the new module that staff will be expected to use. The Health Board is represented on the Once For Wales Monthly Meetings and the more regular task and finish group meetings. In the meantime, risk management training continues within the Health Board with monthly sessions being held virtually over Teams. April 2022 Update - The implementation of the Once For Wales Risk Module within the Health Board is anticipated circa October 2022, with two pilot sites going live from the 1st April 2022. The All Wales Training Modules are being developed to align with the new approach and timescales. The TNA has been finalised and Module 1 of the training is in draft. Progress is monitored via the OFW Risk Module Meetings and the All Wales Risk Community of Practice for which the Assistant Director of Governance & Risk is a member. June 2022 Update - On track. Risk Training continues to be rolled out to service areas on a monthly basis in partnership with ILG colleagues. August 2022 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 implementation system and processes to align with the new system as it develops. November 2021 - No further update provided. Update
Audit Wales/HI W Quality Governance Follow Up Review R10.4	Aug-21	The Health Board must ensure there are clear and comprehensive risk management systems at directorate and corporate level, including the review and population of risk registers. This should include clarity around the escalation of risks and responsibilities at directorate and corporate level for risk registers. This must be reflected in the risk strategy.	High	An efficient risk management process which is seen as efficient and not cumbersome - linked to the new Once For Wales Risk Management System.	Director of Governance	Assistant Director of Governance & Risk	Apr-22	Now October 2021 Now 31 December 2022 Now 31 March 2023 Now 31 October 2023	In Progress		April 2023 Update - This recommendation remains linked to the implementation of the OFW Risk Module as the intention is that the training will include how to undertake a risk assessment utilising the risk module on Datix. The pace of implementation on the new module has slowed and therefore the work in this activity has not been progressed. A further meeting with the Task and Finish Group of the OFW Implementation is scheduled for late March 2023. A further update will be reported at the next meeting of the Audit & Risk Committee. The revised implementation is approximate whilst a further programme update is awaited from the Implementation Team of OFW Risk Module. In the meantime monthly risk training is scheduled throughout 2023 which is open to all staff. These sessions are publicised on SharePoint and been included in the Staff Newsletter.	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 implementation system and processes to align with the new system as it develops. November 2021 - No further update provided. Update



Ref	Date added	Recommendation	Priority	Management Action Agreed	Responsible Executive Lead	Responsible Management Lead	Original Agreed Implementation Date	Revised Implementation Date	Status	Progress	Updates During this period/latest update	Previous Updates
Audit Wales/Hi W Quality Governance Follow Up Review R1.6	Aug-21	The oversight and governance of DATIX must be improved so that it is used as an effective management and learning tool. This should also include triangulation of information in relation to concerns, at a directorate or corporate level, and formal mechanisms to identify and share learning.	High	Review all backlog incidents to eliminate duplicates and ensure correctly identified/categorised.	Director of Nursing		Oct-21	Now 31 August 2022 Now December 2022 Now January 2023 Now May 2023	In Progress		<p>April 2023 Update - recommendation: incomplete, open/yellow. The exercise to close down all outstanding incidents within the Health Board's Datix Legacy System remains ongoing. All incidents have had an initial review and the investigation being is concluded for the remaining incidents which relate to delays and admission.</p> <p>In relation to Datix Cymru a data validation and audit programme has been drafted, which will be presented to the Datix Management Group for ratification on the 24.04.23. An update report will be presented to Quality & Safety Committee on the 24.05.23 in relation to incident reporting and management within Datix Cymru.</p>	<p>September 2021 - No update received. November 2021 - No further update provided.</p> <p>January 2022 update Patient Safety team have undertaken a review of all of the backlog of incident and risk stratified incidents of a serious nature as a priority for actioning. ILG Head of Quality & Patient Safety are now responsible for ensuring that the backlog of incidents are reduced; monitoring of the backlog of incidents is through the weekly Executive Director led Patient Safety meeting by means of the 'Quality & Safety At A Glance' report. April 22 - the central PS team are undertaking risk stratification, data cleansing, reassignment and housekeeping to closure of historic open serious incidents. This work has been completed within maternity and neonatal services. It is anticipated that the central team will work with the ILG governance teams to establish quality assurance and closure panels to ensure that all SI's are investigated and patients engaged with as well as any learning and PTR considerations are managed appropriately.</p> <p>June 2022 Update - The Datix Team are supporting the ILGs to review and close down outstanding incidents within the Health Board's legacy system. A batch update exercise was completed on the 07.06.22 based on strict set of criteria and following a robust assessment of risk. Further work is being undertaken to identify areas of high risk that require additional targeted support and those that be included in themed closure. Reports are provided on a weekly basis providing detail on the number of open incidents by Locality, service group and handler.</p> <p>July 2022 Update A further batch updating of incidents within the legacy system was completed 14.07.22 based on a strict risk assessed criteria. Support continues to be provided to all areas in relation to open incidents both in the Health Board's legacy system and Datix Cymru. Weekly reports are provided to all areas in relation to their open incidents. October 2022 update: Incidents identified as requiring data migration are in the process of being migrated across to Datix Cymru. Further assessment will be undertaken on the 01.08.22 to determine the level of risk associated with those open incidents remaining in the system.</p> <p>Assessment undertaken on 01.08.22 and outlined in updated SBAR Report. Batch update undertaken on the 16.08.22 based on criteria outlined in SBAR report agreed by Exec Team 15.08.22. The remaining incidents require individual review. A process is in place for those relating to maternity. December 2022 Update - There are no incidents within the holding area of the Health Board's legacy system. A small</p>
Audit Wales/Hi W Quality Governance Follow Up Review R14.5	Aug-21	The Health Board must develop a stronger approach to organisational learning which takes account of all opportunities presented through concerns, clinical audit, patient and staff feedback, external reviews and learning from work undertaken in the Princess of Wales hospital.	High	Implementation of PREMS and CIVICA system to gather data on patient experience to inform learning and service enhancement and improvement. Project has been initiated and Project Manager appointed.	Director of Nursing		Sep-21	Now December 2021 No revised date for completion provided - currently in discussion Now March 2023	Part Completed		<p>April 2023 Update-Listening and learning framework developed. The first listening and learning event held in September 2022. The next Listening and Learning event is planned for May 2023. The learning repository is in its infancy, set up and being further developed. The showcasing of the repository will continue as part of the care group engagement program on the quality and safety framework during April 2023.</p> <p>PREMS & CIVICA April 2023-Update the team continue to engage with specialities to look at bespoke surveys and to promote training with staff to embed across the HB. Work is ongoing to look at how we can implement SMS messaging for the ED departments. SMS messaging is constricted at present due to IT infrastructure and the capacity to implement across the Health Board. Volunteer patient feedback team continue to support gaining of feedback within POW and volunteer team are working to increase teams available to develop this across to RGH and PCH. VBHC Admin support is also helping to support the input of paper copies of "Have Your Say" into the system and the creation of surveys. VBHC has just recruited a B6 PM who can also provide support for communication and engagement e.g. webpage, leaflets, events etc. Still awaiting the finance issue of Civica to be resolved to enable VBHC team to take over that aspects moving forward.</p>	<p>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.</p> <p>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, qtr. 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.</p> <p>Delays have been seen due to COVID-19. April 2022-Update The Health Board launched the electronic "Have your Say" and Generic Patient Experience Survey on the 13.02.22. Posters containing QR codes are displayed in our hospital sites, KIRHP 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 display 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. June 2022 update- Work continues to promote the CIVICA system with patients and staff via social media and intranet pages. A banner is being developed and will be located around CTM with a link to the "Have your say" survey and QR code. A WREM survey has been developed to evaluate the system with staff and the benefits of the system to the HB.</p> <p>Number of specialities engaging with the team to explore the use of the system is increasing and drop in sessions for staff are planned for</p>
Audit Wales/Hi W Quality Governance Follow Up Review R14.13	Aug-21	The Health Board must develop a stronger approach to organisational learning which takes account of all opportunities presented through concerns, clinical audit, patient and staff feedback, external reviews and learning from work undertaken in the Princess of Wales hospital.	High	Work being undertaken with Improvement Cymru to scope work to develop and deploy a model ward and operational best practice guide to improve flow, quality and patient safety.	Director of Nursing		Jul-21	Now October 2021 Now March 2022 Now April 2023	Completed		<p>April 2023 Update, Recommendation, closure. Welsh nursing care records are now rolled out across CTM including POW. Whiteboards and AMAT ward assurance are also in progress. Work is now being undertaken as part of 6 goals work stream. Recommendation this be closed as complete as being captured and advanced through other major work streams</p>	<p>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.</p> <p>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.</p> <p>August 2022 Update - No update received during this period October 2022 update - By way of establishing a baseline, a scoping exercise was undertaken during June 2022 across all clinical areas, which includes Paediatrics, all Adult in patient wards and maternity, where 6 standardised templates were used and the data inputted into AMaT. Agreement to continue the 6 core audits evaluated and input data onto AMAT to provide ongoing assurance.</p> <ul style="list-style-type: none"> Continue the CTM Ward Assurance project group to provide a governance framework regarding the development and implementation of new audits, ensuring consistency and validation Implementation of the safe care clinical platform across CTM <p>September 2021 Update - A baseline assessment against the ACSA standards being undertaken. This will then form the basis of the improvement programmes to develop the service. Completion of process and ACSA accreditation aim July 2024 (usual process 2 years expected from RCOA). Expectation for POW to follow however with theatre changes this will be difficult to complete.</p> <p>November 2021 Update - Theatre improvement programme has been established. April 2022 update - awaiting agreement on a standardised set of HB wide emergency department audits by the nursing unit and identification of a resource to support the Ward and Area module rollout, currently paused. June 2022 Update - on target for completion by July 2024.</p> <p>Update - On track for completion July 2024. October 2022 Update - Remains in progress for completion by July 2024. December 2022 Update - On track for July 2024 completion. February 2023 Update - no update provided on this occasion</p> <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. 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.</p> <p>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> <p>2023 Update - On track for completion by July 2024. October 2022 Update - The Nosocomial COVID-19 Incident Management from the August 2022 Update - Will be completed when draft accounts prepared in April 2023. December 2022 Update - On track for April 2023 completion. February 2023 Update - Will be implemented at year end</p>
Audit Wales/Hi W Quality Governance Follow Up Review R7.7h	Dec-21	There needs to be improved visibility and oversight of clinical audit and improvement activities across directorates and at corporate level. This includes identification of outliers and maximising opportunities for sharing good practice and learning.	High	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		<p>April 2023 - No update received from the Team on this occasion</p>	<p>September 2021 Update - Theatre improvement programme has been established. April 2022 update - awaiting agreement on a standardised set of HB wide emergency department audits by the nursing unit and identification of a resource to support the Ward and Area module rollout, currently paused. June 2022 Update - on target for completion by July 2024.</p> <p>Update - On track for completion July 2024. October 2022 Update - Remains in progress for completion by July 2024. December 2022 Update - On track for July 2024 completion. February 2023 Update - no update provided on this occasion</p> <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. 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.</p> <p>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> <p>2023 Update - On track for completion by July 2024. October 2022 Update - The Nosocomial COVID-19 Incident Management from the August 2022 Update - Will be completed when draft accounts prepared in April 2023. December 2022 Update - On track for April 2023 completion. February 2023 Update - Will be implemented at year end</p>
Audit of Accounts Addendum 2021/22 R2	Aug-22	The Health Board should ensure that its related-party process is fully and properly applied to support the preparation of the 2022-23 financial statements.	Medium/Low	This was largely due to a transposition error between the reviewed working paper and the final document. We will ensure checks are made in future accounts.	Director of Finance		Apr-23		In Progress		<p>April 2023 Update - Will be updated as part of year end accounts</p>	<p>October 2022 Update - Will be completed when draft accounts prepared in April 2023. December 2022 Update - On track for April 2023 completion. February 2023 Update - Will be implemented at year end</p>
Audit of Accounts Addendum 2021/22 R5	Aug-22	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	A change in process for the completion of audit working papers caused a delay and a member of the finance team who left at the end of the financial year also caused some issues with submitting working papers. We will ensure that audit deliverables are clearly communicated and deadlines for submission kept.	Director of Finance		Apr-23		In Progress		<p>April 2023 Update - Will be updated as part of year end accounts</p>	<p>October 2022 Update - Will be completed when draft accounts prepared in April 2023. December 2022 Update - On track for April 2023 completion. February 2023 Update - Will be implemented at year end</p>
Audit of Accounts Addendum 2021/22 R6	Aug-22	The Health Board should ensure that all financial returns are made available by the Welsh Government deadlines and that the figures in the financial statements agree to those returns.	Medium/Low	This was an oversight on the return. We will ensure checks are made that all returns are fully completed.	Director of Finance		Apr-23		In Progress		<p>April 2023 Update - Will be updated as part of year end accounts</p>	<p>October 2022 Update - Will be completed when draft accounts prepared in April 2023. December 2022 Update - On track for April 2023 completion. February 2023 Update - Will be implemented at year end</p>
Audit of Accounts Addendum 2021/22 R10	Aug-22	Wherever possible, the Health Board should ensure that all Excel-based working papers include formulae and cell references which will provide a clearer audit trail.	Medium/Low	We encourage where possible to link working papers to source documentation and not hard code. We will reinforce this for the accounts in 2022/23.	Director of Finance		Apr-23		In Progress		<p>April 2023 Update - Will be updated as part of year end accounts</p>	<p>October 2022 Update - Will be completed when draft accounts prepared in April 2023. December 2022 Update - On track for April 2023 completion. February 2023 Update - Will be implemented at year end</p>
Audit of Accounts Addendum 2021/22 R11	Aug-22	The Health Board should update its Medical Pay Financial Control Procedure to reflect the current process	High	This is being updated in line with other FCPs, it will go to Audit & Risk Committee for approval.	Director of Finance		Oct-22	Now December 2022 Now April 2023	In Progress		<p>April 2023 Update - The Medical Variable Pay has been updated and circulated for comment. We are awaiting confirmation of the agreed rate card to include before finalising and submission to Audit & Risk Committee for approval.</p>	<p>October 2022 Update - A draft FCP has been updated and is currently being circulated for review and comment before being brought to the Audit & Risk Committee for sign off in December. December 2022 Update - Out for comment and review. On track for December 2022 completion.</p> <p>2023 Update - Awaiting the completion of an internal audit review of the area prior to updating the FCP. The review has been completed and the report is currently in draft stage, and should be finalised shortly. We will then work with the workforce team to update the FCPs accordingly.</p>



Ref	Date added	Recommendation	Priority	Management Action Agreed	Responsible Executive Lead	Responsible Management Lead	Original Agreed Implementation Date	Revised Implementation Date	Status	Progress	Updates During this period/latest update	Previous Updates
Equality Impact Assessments R4	Nov-22	Reviewing public bodies' current approach for conducting EIAs: While there are examples of good practice related to distinct stages of the EIA process, all public bodies have lessons to learn about their overall approach. Public bodies should review their overall approach to EIAs considering the findings of this report and the detailed guidance available from the EHRG and the Practice Hub. We recognise that developments in response to our other recommendations and the Welsh Government's review of the PSED Wales specific regulations may have implications for current guidance in due course.		CTM UHB welcomes the report's recommendations for a national approach to clarifying the scope of the duty to impact assess policies and practice and developing guidance for integrated impact assessment. CTM UHB is currently reviewing the EIA process, in line with the findings of this report, and the guidance available from the EHRG and the Practice Hub. As such work has commenced on benchmarking against other NHS organisations. Quality Assurance measures are also being designed to monitor EIAs, as well as monitor the impact of the decisions in the context of the PSED. In addition, further staff guidance and policies will be developed to ensure that the EIA process is both robust and informed. Consideration will be given, as part of the review, to determine whether the EIA forms part of a wider integrated impact assessment.	Director for People	EDI Practitioner	Mar-23	Now May 2023	In Progress		April 2023 Update - A draft EQIA form has been shared with IT to build into a digital tool. Once the screening tool is ready, need to test with the key stakeholder group (subject to IT ideally April/May 2023). Currently developing a video explaining revised form and supplementary guidance docs.	December 2022 update - A Working Group has been established to inform the review, with representation from key stakeholders. A benchmarking exercise against other NHS organisations is underway to gauge current best practices and whether an integrated assessment is needed. The possibility of a digitised assessment tool is being explored to allow for robust auditing processes. February 2023 Update - The working group met on 12/01/23 to process map the current process and identify slippage and pressure points. The Improvement and Innovation Team are currently mapping a reviewed process and initial conversations are underway to explore the digitisation of EIA forms.
Transformational Leadership Programme Board - Baseline Governance Review R1	Dec-22	Strategic planning and applying the sustainable development principle Our work found opportunities for the TLPB to strengthen its planning arrangements and demonstrate how it is acting in accordance with the sustainable development principle (as set out in the Well-being of Future Generations (Wales) Act). The principle should be integral to the TLPB's thinking and genuinely shaping what it does by: a) taking a longer-term approach to its planning beyond five years, b) ensuring greater integration between the long-term plans of the four statutory bodies of the TLPB, and c) improving involvement of all members of the TLPB to ensure an increased voice for non-statutory partners and a better understanding of the purpose of the RPB more generally.		Agreed. Although the sustainable development principle is a fundamental consideration in all decision making, this will be made more explicit in reports to TLPB and RPB going forward. Transition to a new delivery plan has been completed and work will continue to integrate the long term plans of the four statutory bodies improve involvement of non-statutory partners	Director of Strategy & Transformation	Head of Regional Collaborative Unit	31 March 2023		In Progress		April 2023 - No update received from the Team on this occasion	February 2023 - No further update. Ongoing action
Transformational Leadership Programme Board - Baseline Governance Review R1	Dec-22	Performance Management The outcomes and performance framework was still being finalised at the time of our review. The TLPB needs to finalise and implement the framework, ensuring it contains quantitative and qualitative measures that will enable the RPB to demonstrate outcomes and impact.		Agreed. Work is ongoing in relation to the performance framework in support of the new delivery plan and this will also need to reflect changes arising from the population needs assessment	Director of Strategy & Transformation	Head of RCU	30 September 2022		In Progress		April 2023 - No update received from the Team on this occasion	February 2023 Update - the outcomes and performance framework is still being finalised
Transformational Leadership Programme Board - Baseline Governance Review R1	Dec-22	Risk Management Our work found areas of risk management that need to be improved, particularly in relation to regional workforce planning. The TLPB should strengthen regional risk management arrangements by improving the identification and prioritisation of shared risks and ensuring mitigating actions are robust and clearly articulated		Agreed. Within the new governance structure there will be an integrated resources group which will be tasked to develop the risk management framework.	Director of Strategy & Transformation	Chair TLPB	31 March 2023		In Progress		April 2023 - No update received from the Team on this occasion	February 2023 Update - no update provided on this occasion
Transformational Leadership Programme Board - Baseline Governance Review R1	Dec-22	Regional Commissioning Unit Our work found that the lack of capacity within the RCU was leading to some delays in progressing actions. The work of the RCU is crucial to the continuing success of the TLPB. The TLPB needs to consider how it can build capacity and maximise resources to support the TLPB and minimise overreliance on a small team.		Agreed. Additional infrastructure has been agreed to support dementia work and NEST framework and capital. Additional capacity will also be identified from partner organisations to support the programme delivery.	Director of Strategy & Transformation	Head of RCU	31 December 2022		In Progress		April 2023 - No update received from the Team on this occasion	February 2023 Update - no further update, ongoing action
Transformational Leadership Programme Board - Baseline Governance Review R1	Dec-22	Use of Resources Improving the health and social care outcomes of the region will require efficient and effective use of combined resources. Our work found that there had been some limited examples of pooled budgets and other arrangements for sharing resources. The TLPB needs to explore more innovative ways of sharing and pooling core		Agreed. The development of the RIF delivery plan is only one funding stream and TLPB recognises that we will need to align core budgets, for example around children with complex needs. This will be addressed through the planning cycle in advance of 2023/24	Director of Strategy & Transformation	Chair TLPB	31 March 2023		In Progress		April 2023 - No update received from the Team on this occasion	February 2023 Update - ongoing action as currently in the planning cycle so this work is being taken forward.
Transformational Leadership Programme Board - Baseline Governance Review R1	Dec-22	Regional workforce planning Like many parts of the public sector, the region is experiencing significant workforce challenges. The TLPB needs to consider how it can facilitate a regional and strategic approach to addressing these challenges and to help it deliver its priorities		Agreed. Regional workforce development arrangements exist through SCWDP Board workforce development group and work is underway to strengthen links with RPB and Health	Director of Strategy & Transformation	Chair TLPB	31 March 2023		In Progress		April 2023 - No update received from the Team on this occasion	February 2023 Update - needs to be established as part of agenda/working arrangements under the ILB
YCC MIU R1	Feb-23	Our work has found shortcomings in the managerial oversight arrangements of the MIU at YCC. In order to assure itself that these issues are not widespread across the organisation, the Health Board should review the managerial oversight arrangements of services which are staffed by the Health Board but operate remotely to ensure they are sufficiently robust and effective. The findings of the review should be reported to the Quality and Safety Committee to provide the required assurances.		The Health Board (HB) has now completed the initial phase of operational restructure resulting in a care group model encompassing services delivered across the HB. As a result, services delivered outside of the three acute sites have been incorporated to care groups relevant to the speciality and service being delivered. Structural adjustment to the service reporting lines such as the Minor Injury service across the HB being managed by and reporting to the Unscheduled Care Group. It is through this reporting method, the care groups will seek to monitor and respond to operational and clinical governance matters whilst also providing the organisation and the Board with the appropriate assurances.	Director of Nursing		Completed		Completed			
YCC MIU R2	Feb-23	Our work has highlighted concerns with the Health Board's competency-based training arrangements at the MIU. In order to assure itself that these issues are not widespread across the organisation, the Health Board should undertake a review of its competency based training arrangements (at the MIU and across the wider organisation) to ensure: a) effective policies and procedures are in place to support staff to complete all relevant competency based training in a timely manner; b) competencies requiring assessment are assessed by qualified assessors in a timely manner; and c) evidence of competency-based training completed by staff is recorded appropriately; and d) competency-based training completion rates are monitored and reviewed on a regular basis by the relevant management teams; and e) The findings of the review should be reported to the Quality and Safety Committee to provide the required assurances		a) Competency based training has been established against the national training arrangements for minor injury practitioner utilising the framework provided through Agored Cymru. Current and new practitioners now practice on a rotation basis across the community hospital and acute hospital sites to ensure adequate supervision and maximum training opportunities. This process is being led by the Senior Nurse and Advanced Nurse Practitioner for Professional Development (COMPLETED). b) The HB has now established the appropriate number of appropriately trained assessors across minor injury units and hospital sites. This has been further enabled through the adjustment in the educational leadership model as well as the implementation of the HB wide care group structure (COMPLETED). c) Through the leadership of the Senior Nurse for professional development, the management teams can monitor the progress of training of new trainee practitioners as well as the continued development of established practitioners (COMPLETED). d) With the formation of the Unscheduled Care Group (USCG), urgent care service leaders are currently reviewing a model of assurance and learning on all aspects of emergency care innovation and education across the HB. During this transitional phase, each local leadership team now has dedicated Practice Development Nurses working with the Senior Nurse for Professional Development to ensure local compliance and escalations where required (APRIL 2023). e) As part of an overall appraisal in the quality, safety, and patient experience within emergency care services across the HB, the USCG is preparing a report/presentation for the Quality and Safety Committee in March 2023 (MARCH 2023)	Director of Nursing	Unscheduled Care Director of Nursing/Unscheduled Care Medical Director/	R2d April 2023 R2e March 2023		Completed		April 2023 Update - The staff based learning from the MIU closure has been developed into a robust action plan led by Senior Nurse for professional development which is a recently appointed to post. The appointed post holder is an ENP by background and an agreed assessor which is the recognised training diploma for ENP's - and was recognised as a gap in the Audit Wales report. This information was shared via a spotlight report to Quality and Safety committee on 16th march 2023. There are training plans in place to support the relevant MIU staff to complete the Level 7 Diploma and maintain their ongoing evidence of practice and to support Emergency Medicine Consultants and Advanced Practitioners to become Registered Agored Cymru Assessors. There is established oversight and management arrangements for MIU staff via ED senior nurse, lead nurse, head of nursing and the ED Clinical Director Work is currently ongoing to review MIU staffing arrangements, including the skill mix and ENP development roles - of the 4.8 WTE Audit Wales were informed we were recruiting to - we have successfully appointed to all posts. PDR compliance is currently at 100% and a trajectory to achieve 85% compliance with statutory and mandatory training within next 3 months via a supportive approach to learning and development Significant improvements have been implemented since the report was published and since the MIU reopened they are successfully seeing, treating and discharging up to 50 patients a day. This update was shared at Quality and Safety Committee on Wednesday 16th March 2023.	

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
YCC MIU R3	Feb-23	Our work has found that staff in the MIU did not have up-to-date performance appraisals. However, there is also a similar picture across the Health Board. The Health Board, therefore, need to agree a range of appropriate actions to improve compliance rates across the organisation. The People and Culture Committee should continue to monitor compliance rates and provide effective challenge when the Health Board is failing to demonstrate ongoing improvement.		The Health Board recognises the importance of PADR and the impact it has on employee development, performance and wellbeing. The Health Board has revised its Appraisal process and through the introduction of 'PDR: Your Conversation' it has placed increased emphasis on the importance of values and behaviours and staff wellbeing at the heart of the conversation. PADR compliance is included in the suite of metrics that is reported to People and Culture Committee as a regular agenda item and provides an opportunity to scrutinise the trend data and performance. The data is also shared with Care Groups and Corporate Directorates to enable improvement plans to be developed and monitored. A Communications and Engagement plan is being launched in February by the Learning and Development department which will include a mix of written guidance and video presentations to reinvigorate PDR and other core learning and improve performance. Bespoke training is also available for teams. Current and new practitioners now practice on a rotation basis across the community hospital and acute hospital sites to ensure adequate supervision and maximum training opportunities. In reporting to the USCG, each local acute site emergency department leadership team is responsible for the support and development of staff and practitioners across the department and respective unit. The USCG Director of Nursing is to present to the People and Culture Committee this financial year on the current arrangement and feedback as well as future care group plans	Director of Nursing	Director for People/Deputy Director for People/Unscheduled Care Group Directors/Unscheduled Care Group Director of Nursing	February 2023/March 2023		Completed	Green	April 2023 Update - Recommendation: complete, closed/green. Where the action is pertaining to YCC MIU, subsequent data supports compliance and should be considered closed. Information has been reported through both People & Culture committees as well as the Quality and Safety Committee. Risks associated more broadly in regards to mandatory training and appraisal standards are captured to appropriately aligned risks and reporting mechanisms through care group performance.	
YCC MIU R4	Feb-23	Our work has found that despite the full initial disclosure to the Quality and Safety Committee in September 2021, there was no further reporting on any assessment of potential harm, and lessons learned. The Health Board, therefore, should provide an update report to the committee outlining the lessons learned, and confirmation of any outcomes from the work to assess harm		As part of an overall appraisal in the quality, safety, and patient experience within emergency care services across the HB, the USCG is preparing a report/presentation for the Quality and Safety Committee this financial year. Furthermore, as part of the ongoing service delivery reviews within the newly established care group model, the USCG will seek to provide a report to the Quality and Safety Committee in full on the Minor Injury Service provision across the HB early in 2023/24.	Director of Nursing	Unscheduled Care Group Director of Nursing/Unscheduled Care Group Directors	March 2023/May 2023		Completed	Green	April 2023 Update. Recommendation: complete, closed/green. A presentation to the Quality and Safety Committee in March 2023 by USC Nurse Director.	
CTMSB SLA Review R1	Feb-23	We observed good scrutiny by the commissioning and contracting group. However, there was a significant agenda which was challenging to cover in the allotted meeting time and there was a lack of operational and clinical representation. The health boards should: • Review the time allotted to meetings, or review the content of the agenda to ensure that agenda items can receive sufficient discussions; and • Ensure appropriate membership at the group so that issues from operational and clinical staff are raised.		At the time the review was undertaken there was a significant amount of disaggregation's being worked through as well as operational/ contractual issues. The frequency of the meetings was increased from monthly to three weekly in order to accommodate the large agenda. This appears to have stabilised meaning that the agenda is more manageable and at the meeting on 11/10/22 the group considered reverting back to monthly meetings or keep to three weekly but reduce the meeting to 1 hour. Services are invited to attend the C&C meetings to discuss cessations or operational issues. At least 30 minutes of the meeting is dedicated to the service discussion. The last service to attend a C&C meeting was Pathology in August 2022. C&C members also attend the service to service meetings and report back to C&C on the outcomes of the meetings. Due to the significant amount of SLAs in place which covers numerous services, it would be extremely challenging to gain operational/ clinical representation at every C&C meeting and attending the meetings is not a good use of colleague's clinical time. All service to service meetings include both operational and clinical staff and this arrangement appears to be working.	Director of Strategy & Transformation	Head of Strategic Commissioning (SB) & Assistant Director of Transformation (CTMUHB)	Nov-22		In Progress	Red	April 2023 - No update received from the Team on this occasion	
CTMSB SLA Review R2	Feb-23	Up until recently, there has been no plan for the disaggregation of services and oversight and scrutiny at Board and Committee level has been lacking. A plan for 2022-23 is now in place but oversight still needs to be improved. The health boards should: • Develop a programme with clear timescales for the future disaggregation of services, where appropriate, that goes beyond 2022-23. The programme needs to be informed by the respective health board clinical service plans and communicated within the health boards, including clinical staff. • Use the plan to facilitate monitoring of delivery and increase the level of oversight of the disaggregation programme through the relevant Board and Committee structures within both health boards.		The disaggregation plan for 2022-23 incorporates a plan into the next financial year as it is recognised that most cessations are still in the planning stage and that cessation dates are still to be agreed once the due diligence has been completed. • Exercise to be undertaken with all services to categories SLAs into the following categories as this will inform work plan over the next few years: • Short term disaggregation before end of March 2024 • Plan to medium term disaggregation between 2 and maximum of 5 years • Long term service and contractual relationships to be maintained between the two Health Boards on a partnership basis with no intent of disaggregating • Revised disaggregation plan to be signed off by Joint Management Group which includes a 5 year work programme. Progress against the work plan to be reported through SBU's Performance & Finance Committee and through CTMUHB's Planning Performance and Finance Committee and Board. This is in place -the PPF committee received a full progress update on 25th October 2022 and will continue to receive reports at 6 monthly intervals	Director of Strategy & Transformation	Head of Strategic Commissioning (SB) & Assistant Director of Transformation (CTMUHB)/ Assistant Director of Strategy (SB) & Assistant Director of Transformation (CTMUHB)	January 2023/March 2023		In Progress	Red	April 2023 - No update received from the Team on this occasion	
CTMSB SLA Review R3	Feb-23	Our work identified that service users and patients' needs are not routinely assessed when variations to agreements are made, and we have seen no evidence of the use of quality impact assessments. The health boards should implement a process for conducting impact assessments when making changes to the way in which services are delivered for the Bridgend population.		Changes in patient flows and impact on patients is addressed in the cessation paperwork and is always discussed as part of the disaggregation discussions. Equality Impact Assessments have started to be completed for the cessation of the Clinical Capacity SLAs in NPTH as the changes will impact on patient flow and access to services. However, there is not enough corporate resource to complete a detailed impact assessment for each SLA cessation and in most cases the impact is not necessary as there is no change in patient flow. The Community Health Councils are kept up to date on all cessations and detailed engagement is undertaken where changes will affect patient flow.	Director of Strategy & Transformation	Assistant Director of Strategy (SB) & Assistant Director of Transformation (CTMUHB)	Nov-22		In Progress	Red	April 2023 - No update received from the Team on this occasion	
CTMSB SLA Review R4	Feb-23	Our work identified that there was no clear link between the risk registers managed by the commissioning and contracting group to the health board risk registers. The health boards should review the risk management process associated with the transition so that risks are linked and reflected in individual health board corporate risk registers.		Clinical risk matrix has been developed and is completed as part of the disaggregation process. The risk score is highlighted to Joint Management Group and Joint Executive Group through the slide deck. However, the risk register for the programme needs to be reviewed and there needs to be a stronger link between the risk register for the programme and the corporate risk registers. Process to be developed outlining how service risks are linked with the CTMU and SBU risk registers.	Director of Strategy & Transformation	Head of Strategic Commissioning (SB) & Assistant Director of Transformation (CTMUHB)	Mar-23		In Progress	Red	April 2023 - No update received from the Team on this occasion	