

**AUDIT TRACKER UPDATE
AUDIT WALES
OVERDUE ACTIONS MEASURED
AGAINST ORIGINALLY AGREED
DEADLINES**

Executive Lead - Chief Operating Officer						
122A2015 A Comparative Picture of Local Orthopaedic Services Report Issued January 2015	Rec Ref	Findings & Recommendation	Original Response / Agreed Action	Original Agreed Deadline	Most Recent Update/Comment	Revised Deadline
	8	<p>Inpatient Services : Inpatient waiting times:</p> <ul style="list-style-type: none"> The percentage of patients waiting more than 26 weeks for an inpatient or day-case admission is increasing and is now above the all-Wales average. 	The health board is developing plans to create a sustainable orthopaedic service in conjunction with the Welsh Orthopaedic Board. Each delivery unit will be tasked with tackling the waiting times as part of the integrated medium term plan. Both sustainable solutions and removal of backlog are critical	31/03/2018	<p>The Development of a whole system model for NPTH as a centre for Orthopaedic and Spinal services forms a key element of our Recovery & Sustainability Plan. In addition, WAO/AW have undertaken a follow-up review in this area, and their report is awaited.</p> <p>This recommendation will be re-visited in light of the content of that report.</p>	31/01/2023
255A2017-18 Discharge Planning Report Issued January 2018	2(b)	<p>The Health Board has clear plans for working collaboratively with local authorities to improve discharge planning, supported by a generally comprehensive discharge policy. There are a number of pathways in place, however links between generic and specific pathways are unclear, and they are not clearly set out in the discharge policy.</p> <p>The Health Board should review all of the current pathways in use and use the opportunity to:</p> <ul style="list-style-type: none"> - consider rationalising them (eliminating any unnecessary overlaps); - make clearer the links between each of the pathways; - make clearer any explanatory information; - set out all of the pathways in one place; and - ensure that pathways are consistent across the Health Board 	Agreed. A particular focus in 2018-19 will be a review of the falls pathway for patients who have not sustained a bone injury.	30/04/2018	June 2022: This action is linked to the clearance of recommendations made as part of the NWSSP A&A review of this area, and has been delayed as a result of the secondment of the Head of Nursing (Patient Flow). An SBAR report has been produced and shared with Executive colleagues, and consideration is currently being given as to how best to take this matter forward.	30/06/2022
	3(a)	<p>Although staff are generally aware of the discharge planning process, there were gaps in the training arrangements and staff confidence needed to be addressed.</p> <p>The Health Board should ensure that attendance at training is captured on the Electronic Staff Record, which will help to improve compliance monitoring.</p>	It is planned to reinstate the 'speed dating' sessions for hospital staff on discharge planning. Staff attending all training sessions will be encouraged to ensure that attendance is captured via ESR records.	30/04/2018	September 2022: Identified resource has now been put in place to take forward issues arising from the NWSSP A&A review of this area. This issue will be addressed as part of that process. Noting this, deadline date extended to 30/11/2022 for further update.	30/11/2022
	3(b) (iv)	<p>Although staff are generally aware of the discharge planning process, there were gaps in the training arrangements and staff confidence needed to be addressed.</p> <p>The Health Board should develop training that helps to build staff confidence to discharge patients in a more timely way and to manage difficult conversations with patients and their families.</p>	Refresh nurse led discharge in a new context of right clinician led discharge (to include therapists). A clinical governance framework to promote and encourage nurse and therapy led discharge is currently under development.	30/04/2018	September 2022: Identified resource has now been put in place to take forward issues arising from the NWSSP A&A review of this area. This issue will be addressed as part of that process. Noting this, deadline date extended to 30/11/2022 for further update.	30/11/2022

Executive Lead – Director of Corporate Governance						
1654A2019-20 Structured Assessment 2019 Report Issued December 2019	Rec Ref	Findings & Recommendation	Original Response / Agreed Action	Original Agreed Deadline	Most Recent Update/Comment	Revised Deadline
	1	<p>Digital requirements are being built into the IMTP, and asset/estates plans are in development alongside CSP delivery plans. It will be important that asset and capital plans also address a significant level of backlog maintenance and out-of-life equipment.</p> <p>The Health Board should ensure that there are estates and asset plans to underpin the Clinical Services Plan and will need to ensure that asset and estates requirements are clearly defined and reflected in the long-term capital plan.</p>	<p>The health board has commissioned the services of a Specialist consultant to support the organisation in the development of an estate plan.</p> <p>An outline estate plan has been developed to underpin the clinical services plan.</p> <p>The Health Board will need to undertake a condition appraisal of the estate and this work is being progressed. It is anticipated that the estates plan will be finalised by April 2020.</p>	30/04/2020	<p>October 2022: The six fact survey is now complete, and production of the Estates Strategy is progressing. However this has been delayed by the need to confirm final Development Control Plans for Singleton and Morriston, and to share the same with the relevant site management teams. Request that deadline be extended to 31/12/2022 in order to facilitate this.</p>	31/12/2022
2714A2021-22 Quality Governance Arrangements Report Issued January 2022	1a	<p>The approach taken by operational managers to risk management is inconsistent and risk registers are often incomplete and missing robust mitigating actions.</p> <p>The Health Board should strengthen its management of risk at an operational level by providing training to managers across the operational structure to enable them to clearly identify the risks for which they are responsible and update risk registers in line with corporate policy</p>	<p>Series of risk workshops for clinicians and managers, in specialty-related sessions, was completed within Neath Port Talbot and Singleton Service Group in late summer. The sessions provided training on risk management principles, health board arrangements and opportunity to apply this to local risk register entries. Arrangements are being made to roll the training out to the other service groups during the next two quarters and progress will be reported to the Risk Management Group and Management Board. A review of service groups will also be undertaken and reported on.</p>	30/09/2022	<p>October 2022: In Progress. Nearing Completion. Service Group workshops have been completed in 3 of the 4 service groups (NPTS, PCT and MHL D).</p> <p>In respect of the final service group, Morriston: Training has been provided to the most senior management tier and a session has been provided to its Clinical Cabinet. Workshops are being arranged to cascade training to managers within each of its Divisions in November, with a view to completing the programme by the end of December 2022.</p> <p>Ongoing training for new staff and refresher training will continue to be provided via monthly sessions (already in place).</p>	31/12/2022
	5	<p>Our work found that compliance with Performance Appraisal and Development Reviews (PADR) within the operational groups we examined was low. Whilst we recognise the pressures of COVID-19 on the ability of the Health Board to improve performance in this area, these reviews are an important aspect of staff development.</p> <p>The Health Board should put in place a plan to improve performance which sets out when full compliance can be achieved. This plan needs to be monitored at an Executive and committee level.</p>	<p>In progress. This is a priority for the health board, although workforce pressures remain high as staff shortages are a concern. Progress will be monitored via local service group meetings and Management Board and reported to the Workforce and OD Committee.</p>	30/09/2022	<p>September 2022: Data as of 31st of August shows a steady increase in the Health Board overall compliance figure, of 60.57%, an improvement of 0.53%, with a marked improvement in the areas highlighted within the report.</p> <p>Best practice is being shared across the service groups, for example Morriston has devised action plans in divisions to achieve their PADR targets, and the ASDs request updates from their teams regularly in relation to progress.</p> <p>Divisions are also required to provide updates on their progress to Management Board in the performance reviews.</p> <p>From a HR perspective, Managers are provided with detailed monthly reports on their PADR & Training compliance figures – highlighting trends and areas of concern. We continue to support service groups through our HRBPs, and share best practice with improved focus through various channels and programmes.</p> <p>As organisational change is implemented, we will continue to monitor compliance and support our clinical and corporate functions, however,</p>	

					<p>we should also remain pragmatic and cognisant that the operational changes will impact on staffing and structural changes and we may see a temporary reduction in compliance figures before this improves again.</p> <p>Noting the foregoing, Deadline has been extended to 31/12/2022 for further update.</p>	
	8a	<p>There are limited corporate resources to support quality governance and operational resources are working in isolation.</p> <p>The Health Board should review current resources and requirements to support quality improvement at a corporate, service group and divisional level.</p>	<p>In progress. Review of the current resources and requirements to support quality improvement at a corporate, service group and divisional level to be completed in March 2022. This will need to link in with the outcomes/output from of the quality and safety seminars, and taking the opportunity to develop and bring resources, teams and functions together. Discussions are now taking place within the executive team around what resources are needed.</p>	30/09/2022	<p>September 2022 - Initial scoping has been undertaken, and there are further discussions taking place. Requested that this deadline be extended to November 2022.</p> <p>December 2022: Corporate Quality, Safety and Improvement Hub established from 01/06/22. This brings the Quality Improvement Advisors into the Hub. The QI advisors have been linked to the quality priority leads to increase QI capability and capacity with a focus on the quality priorities. Scoping exercise of quality and safety teams' roles and responsibilities has been completed which included:</p> <ul style="list-style-type: none"> • The current staff in post list where the position title includes the word 'Quality' has been extracted (N=25). • Validation exercise undertaken including requesting from service groups their quality and safety Team Structure, respective funded establishments and job descriptions for all the roles including PALS and asking service groups to flag any governance / quality and safety team roles in other Divisional teams within the Service Group which do not feature directly under the funded establishment of the Q&S team • Activity of concerns and incidents for Quarters 1 and 2 2022/23 have been extrapolated <p>Paper on this going to Management Board in January 2023 for decision on next steps.</p>	31/01/2023
	8b	<p>There are limited corporate resources to support quality governance and operational resources are working in isolation.</p> <p>The Health Board should seek to maximise the potential of the operational resources by developing opportunities to bring resources together either through network arrangements or changes in lines of accountability.</p>	<p>In progress. Review of the current resources and requirements to support quality improvement at a corporate, service group and divisional level to be completed in March 2022. This will need to link in with the outcomes/output from of the quality and safety seminars, and taking the opportunity to develop and bring resources, teams and functions together. Discussions are now taking place within the executive team around what resources are needed.</p>	30/09/2022	<p>September 2022 - Initial scoping has been undertaken, and there are further discussions taking place. Requested that this deadline be extended to November 2022.</p> <p>December 2022: Corporate Quality, Safety and Improvement Hub established from 01/06/22. This brings the Quality Improvement Advisors into the Hub. The QI advisors have been linked to the quality priority leads to increase QI capability and capacity with a focus on the quality priorities. Scoping exercise of quality and safety teams' roles and responsibilities has been completed which included:</p> <ul style="list-style-type: none"> • The current staff in post list where the position title includes the word 'Quality' has been extracted (N=25). • Validation exercise undertaken including requesting from service groups their quality and safety Team Structure, respective funded establishments and job descriptions for all the roles including PALS and asking service groups to flag any governance / quality and safety team roles in other Divisional teams within the Service Group which do not feature directly under the funded establishment of the Q&S team • Activity of concerns and incidents for Quarters 1 and 2 2022/23 have been extrapolated <p>Paper on this going to Management Board in January 2023 for decision on next steps.</p>	31/01/2023

Executive Lead – Director of Strategy						
1513A2019-20 Implementing the Wellbeing of Future Generations Act Report Issued October 2019	Rec Ref	Findings & Recommendation	Original Response / Agreed Action	Original Agreed Deadline	Most Recent Update/Comment	Revised Deadline
	2	<p>Our review found that the Health Board has not explicitly set out the steps it is taking to deliver wellbeing objectives or reported progress towards meeting them.</p> <p>The Health Board should set out the steps it is taking to deliver well-being objectives and report the progress towards delivering them.</p>	<p>Through our IMTP we will set out our plans for delivering our well-being objectives. Our progress towards delivering these will be included in our Performance Management Framework. We have recently incorporated Public Health Measures in our Performance Reports, and we will look at new ways of capturing our performance reporting across all service areas, to ensure alignment with the Performance Management Framework once developed.</p> <p>We will use/develop our well-being measures more systematically to identify areas of best practice and target interventions at identified areas of additional support.</p> <p>We will need to further develop new ways of reporting to incorporate both in our Performance Reports to Board, Annual Report and other documents.</p> <p>We will ensure that our internal Performance Reviews have a clear focus on how we are all responding to the Act.</p>	31/03/2020	<p>October 2022: Wellbeing Objectives have been mapped to the IMTP/R&S Plan Goals, Methods and Outcomes, and to the deliverables within the Health Board Decarbonisation Action Plan (DAP). Going forward this will enable the Health Board to demonstrate, by updating existing performance reporting, that delivery of the R&S Plan/IMTP and the DAP are contributing to the delivery of our Wellbeing Objectives. It is anticipated that this updated reporting will be in place in time for the Q2 R&S Plan update to the November Board.</p> <p>November 2022: Time constraints meant it was not possible to implement revised reporting as planned for Q2. Following scrutiny and sign-off by IMTP ESG, this will now be in place for the Q3 report.</p>	31/03/2023
	5	<p>It is unclear how the Health Board will evaluate the impact on health and wellbeing of staff, patients and service users to ensure that that individual sites achieve the best outcomes for users.</p> <p>The Health Board should determine how It will evaluate the impact on health and well-being of staff, patients and service users and ensure that that individual sites achieve the best outcomes for users.</p>	<p>In line with outcomes and benefits outlined in the project's Delivery Plan Biophilic Wales will develop an Outcomes Framework linked to the Project Objectives. This will include specific measurement tools such as Warwick-Edinburgh Mental Wellbeing to assess mental well-being, alongside methods to measure increase in volunteer uptake etc.</p> <p>Annex A of the Swansea Bay Biophilic Wales project delivery plan sets out detailed arrangements to evaluate the impact on the health and well-being of staff, patients and service users.</p>	31/07/2020	<p>October 2022: Wellbeing Objectives have been mapped to the IMTP/R&S Plan Goals, Methods and Outcomes, and to the deliverables within the Health Board Decarbonisation Action Plan (DAP). Going forward this will enable the Health Board to demonstrate, by updating existing performance reporting, that delivery of the R&S Plan/IMTP and the DAP are contributing to the delivery of our Wellbeing Objectives. It is anticipated that this updated reporting will be in place in time for the Q2 R&S Plan update to the November Board.</p> <p>November 2022: Time constraints meant it was not possible to implement revised reporting as planned for Q2. Following scrutiny and sign-off by IMTP ESG, this will now be in place for the Q3 report.</p>	31/03/2023