

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

| Executive Lead - Chief Operating Officer | | | | | | |
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| 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> | 31/03/2023 |
| 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 | | | | | | |
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| 2714A2021-22 Quality Governance Arrangements Report Issued January 2022 | Rec Ref | Findings & Recommendation | Original Response / Agreed Action | Original Agreed Deadline | Most Recent Update/Comment | Revised Deadline |
| | 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> | 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. | 30/09/2022 | February 2023: Service Group workshops have been completed in 3 of the 4 service groups (NPTS, PCT and MHL). In respect of the final service group, Morriston: Training has been provided to the most senior management tier, Clinical Cabinet, Matrons and Specialist Services. It has been difficult arranging sessions with other services during the period due to service pressures. Other options for delivery of training within Morriston are being considered to spread improvements. | 31/03/2023 |
| | 4a | The Health Board should refresh organisational awareness of the values and behaviours framework, so the values are at the forefront of everything staff do in the Health Board. | In progress. Health board culture programme underway which will include a culture audit. Both audit recommendations (a and b) will be addressed as part of this work. | 31/12/2022 | <p>February 2023: Our Big Conversation staff engagement programme has been developed as culture audit tool. It will act as a vehicle to inform and shape the 'Swansea Bay Way' culture – a values driven, quality focused organisation. Phase 1 is now complete, with a report being presented to Workforce & OD Committee in February 2023. Launching phase 2 to run during January and February 2023, which will aim to:</p> <ul style="list-style-type: none"> • feedback what you told us and what we have heard from across the organisation • share a proposed vision for the organisation • engage on how we take this vision forward together <p>Date of 31/03/2023 set for further update</p> | 31/03/2023 |
| | 4b | <p>The Health Board has a well-established values and behaviour framework, which promote an open and learning culture, but staff are not always aware of the values and behaviours, and some staff do not always recognise a culture that promotes learning from errors.</p> <p>The Health Board should undertake work to understand why some staff feel that the Health Board does not encourage reporting of errors, near misses or incidents, and does not act in response to concerns.</p> | In progress. Health board culture programme underway which will include a culture audit. Both audit recommendations (a and b) will be addressed as part of this work. | 31/12/2022 | <p>February 2023: As above</p> <p>Date of 31/03/2023 set for further update</p> | 31/03/2023 |
| | 5 | 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. | 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. | 30/09/2022 | <p>February 2023: The data as of 31st of December shows a steady increase in the Health Board overall compliance figure, to 68.42%.</p> <p>Managers are provided with detailed reports on their PADR & Training compliance figures monthly, highlighting trends and areas of concern, with targeted support provided. Impact of operational changes on staffing and structure may result in a temporary reduction in compliance figures. Progress will be monitored via local</p> | 31/03/2023 |

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| | | 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. | | | service group meetings and Management Board, and reported to Workforce & OD Committee. Noting the foregoing, Deadline has been extended to 31/12/2022 for further update. Date of 31/03/2023 set for further update | |
| | 8a | There are limited corporate resources to support quality governance and operational resources are working in isolation. The Health Board should review current resources and requirements to support quality improvement at a corporate, service group and divisional level. | 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. | 30/09/2022 | September 2022 - Initial scoping has been undertaken, and there are further discussions taking place. Requested that this deadline be extended to November 2022. 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: <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 Paper on this going to Management Board in January 2023 for decision on next steps. February 2023: Paper on quality resources not discussed at January MB due to time constraints. Will now be discussed at the Quality Management System Task and Finish Group meeting Chaired by CEX on 13th February. Date of 28/02/2023 set for further update | 28/02/2023 |
| | 8b | There are limited corporate resources to support quality governance and operational resources are working in isolation. 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. | 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. | 30/09/2022 | February 2023: As above Date of 31/03/2023 set for further update | 28/02/2023 |

| Executive Lead – Director of Strategy | | | | | | |
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| 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 |