

PUBLIC HEALTH WALES
Audit Recommendations / Actions Log

Next Update / review: BET (4 Oct), ACGC (13 Oct), QSIC (21 Oct), PODC (12 Jan)

Ref	Report	Report Assurance Rating	Recommendation	Action Priority (IA only)	Management Action Agreed	Exec Lead	Original Agreed Implementation Date	Revised Implementation Date	Status	Next Steps & Expected Milestones
420	IT Business Continuity	Reasonable assurance	As business returns to normality the Trusts departments should review their continuity documentation, taking the opportunity to include learning lessons on continuity and recovery identified during the Covid response.	LOW	Management note the finding and will update the documentation with lessons learned as part of the pandemic.	Deputy Chief Executive and Executive Director of Finance	31-Aug-21	Mar 22 (ACGC 15 Sep 21)		<p>September 2022 Update: Head of Digital Experience and Services appointed and attended EP BC meeting. Further work needed on the IM&T/Digital Services plans to account for new resilience measures (e.g. air gapped backups) and review of PHW Emergency Response Plan. Work to commence in quarter 3 and finalised by February 2023. Request revised implementation date of 28 February 2023. (BET 4/10/22)</p> <p>Previous Updates: For January 2022 Update: Business continuity leads have been asked to incorporate learning by the Emergency planning teams and will be monitoring updates. IM&T will update our plans accordingly by end of March-22. On track. August 2021 update: Lesson learned from Covid-19 response continue to be captured and these will also be fed into organisational lessons learned exercise. Findings will be incorporated into business continuity plans as these are revised. Request revised implementation date of 31 March 2022 (ACGC.15.09.21)</p>
433	Concerns and Grievance Final Report	Reasonable assurance	The Trust should ensure that those responsible for investigating and reporting concerns are provided with supplementary procedure notes to ensure that when a concern is raised that these are consistently and appropriately dealt with in line with the requirements of the policy. The Public Concerns at Work (PCaW) Best Practice guidance recommends: Gauging the seriousness: Provide clear guidelines to managers around how to understand the nature of the concern and when and how to keep a written record of it. Introduce whistleblowing resources: Consider specific resources, training, forums or surveys for managers around receiving, handling and recording concerns. Engage with the key whistleblowing contacts for their feedback on receiving concerns and the effectiveness of arrangements generally.	MEDIUM	Guidance will be produced and made available to staff via the Intranet page and for managers via training opportunities.	Board Secretary and Head of Board Business Unit	31-May-22			<p>September 2022 Update: The guidance is in a draft form and is scheduled for completion by the end of October 2022. Extension to 31/10/22 requested.</p>
465	Review of Quality Governance Arrangements		R5 Policies and procedures. The Trust does not know whether its directorates have appropriate processes for updating and sharing policies, procedures and Standard Operating Procedures or to test compliance with them. The Trust should strengthen its management of policies, procedures, and written control documents by: a. Developing a process to update and share policies and procedures at directorate level with staff. b. Monitoring staff awareness of new or updated policies and procedures. c. Testing compliance with new or updated policies and procedures including the Putting Things Right Procedure and All Wales Concerns policy. d. Providing assurance to the Quality, Safety and Improvement Committee that new and updated policies and procedures are being used by staff.		Agree with the recommendation. • Relating to the process for Local Directorate Procedures, and SOPS, guidance on the appropriate governance arrangements within Directorates will be developed to ensure a consistent approach to the development, dissemination, and testing compliance of Local Procedures. This will be developed in conjunction to the current work being undertaken in this area within the Integrated Governance Model.	Board Secretary and Head of Board Business Unit / Executive Director Quality Nursing and Allied Health Professionals.	01-Oct-22			<p>September 2022 Update: This is in progress. A draft version of the procedure has been developed by the integrated governance team as part of the work on the integrated governance model. This is being discussed with the relevant leads as part of the development of the document, prior to commencing the consultation. Request change of date to 31 December 2022.</p>
450	Review of Quality Governance Arrangements		R2 Risk Management. The Trust does not have a clear picture of what operational risks are being carried in different parts of the business or how they are managed. Staff use different risk management software and resources are under pressure. The Trust is halfway through developing confidence levels for the controls in its strategic risk register. The Trust should strengthen its risk management arrangements by: a. Prioritising the implementation of its Risk Development Plan. b. Continuing to develop systems to assure the quality of controls in the strategic risk register and consider the best forum to share the information. c. Ensuring consistent software is used to manage risk across the business. d. Review resources for risk management including the breadth of the Chief Risk Officer's portfolio of work, and whether operational staff have protected time for risk management.		Agree with the recommendation. The Trust has successfully implemented the majority of the Once for Wales Concerns Management (Datix Cloud) System but, as with the rest of NHS Wales, is awaiting test release of the Risks Module. This is scheduled for September 2022 with implementation due in January 2023. The roll out of the Risks module will include user training for a system which is expected to be more intuitive and easier to use. In the interim, a training needs analysis to improve the consistency of the use of the current Datix Risks Module will be carried out.	Executive Director Quality Nursing and Allied Health Professionals	November 2022			<p>September 2022 Update: A national delay in the implementation of the new risk module within Datix Cloud has impacted on the ability to ensure all risk are collated, recorded and managed in one software package. The system is due to be available early October for testing, and once that has been completed, a plan will be put in place for rollout within PHW. A training package has been drafted and initial testing has been carried out. Once the risk architecture mapping has completed, this will identify the relevant staff and meetings that will need to deliver risk handler and owner training. A Training Needs Analysis is expected to be carried out by November 2022. Standard level 1 training for risk identification will be held monthly for all staff. Request change of implementation date to March 2023 (BET 4/11/22).</p>
454	Review of Quality Governance Arrangements		R3 Clinical Audit. The Trust does not have central oversight on the quality and totality of its clinical audit programme. It does not have a clear picture of how well the programme links to quality and safety risks, key themes arising from the programme, or whether actions to address recommendations have been implemented. The Trust should strengthen its clinical audit arrangements by: a. Creating a central repository to store and share all clinical audits, either in the quality hub or elsewhere. b. Developing a system to track and report progress implementing the recommendations of clinical audit to the Quality, Safety, and Improvement Committee. c. Developing a process to link the clinical audit plan more clearly to operational, corporate, and strategic risk registers to demonstrate that audits are mapped to key quality and safety risks. d. Collating themes arising from the clinical audit programme and sharing with the Quality, Safety, and Improvement Committee. Future clinical audit plans should provide assurance that themes are being investigated.		Agree with the recommendation. An implementation plan has been developed for several improvement deliverables to the Quality and Clinical Audit programme. Key objectives include: Facilitating the sharing of learning from completed audits across the organisation: • In the interim, the staff intranet (SharePoint) will be used	Executive Director Quality Nursing and Allied Health Professionals	August 2022			<p>September 2022 Update: QNAHPs SharePoint site is currently under development with requests submitted to comms as part of the build. A section within the site has been allocated/ requested for Quality and Clinical Audit in order that learning can be shared in this area.</p> <p>"Poster" type template has been developed in order for teams to demonstrate learning from audit and recommended improvements. These will be posted within the SharePoint site, with the approval of those teams who have undertaken the audits.</p> <p>Discussions ongoing about use of a "newsletter" and it's utility - IG to be approached regarding engagement with their current newsletter to determine if this is a viable route to share learning.</p> <p>Improvement Cymru have also been approached to request that Quality and Clinical Audit learning be shared through the Improvement and Innovation Hub; initial response is that they are focusing the Hub initially around improvement and innovation and it is not anticipated that IC has the capacity to support quality and clinical audit in this area. A workshop took place on 14 Sep 22 where they asked the question about sharing learning; it was highlighted by our team in the Jamboard session the need for the Hub to be a repository for learning. Further discussions will be required. Request change of date to November 2022. (BET 4/11/22)</p>
473	Review of Quality Governance Arrangements		R6 Service User and Staff Feedback. The Trust does not routinely and consistently collect information about the protected characteristics (under the Equality (Wales) Act) of its users, or of people taking part in research surveys. It does not consistently share learning from staff and user feedback or consistently let people know what changes it made as a result of their feedback. The Trust has recently invested in the CIVICA system to improve its approach to user feedback. More broadly, the Trust should strengthen its approach to user and staff feedback by: a. Developing and implementing the CIVICA system and a consistent approach to capture information on the protected characteristics of service users and respondents to research surveys. b. Developing an approach to combine feedback from staff, service users, complaints, incidents, and compliments to create a more robust picture of the quality and safety of services. c. Developing mechanisms to inform service users about the impact their feedback has had on service improvement. d. Including service user feedback in deep dives for the Quality, Safety, and Improvement Committee. e. Developing an approach to sharing learning from engagement with staff and users either through the implementation of the Quality as a Business Strategy.		Agree with the recommendation. • Review current assurance mechanisms for Service User Experience, to ensure our systems provide for the amplification of citizen voice and capturing learning and improvements in line with the requirements of the Quality & Engagement Act	Executive Director Quality Nursing and Allied Health Professionals	01-Oct-22			<p>September 2022 Update: Requested amendment for delivery to March 2023, due to delay in guidance issued by Welsh Governance around the Duty of Quality.</p>