

**PUBLIC HEALTH WALES
Audit Recommendations / Actions Log**

Next Update / review: BET (4 Oct), ACGC (13 Oct), QSIG (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 |
|-----|--|-------------------------|--|---------------------------|---|---|-------------------------------------|-----------------------------|--------|--|
| 451 | 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 Quality, Nursing and Allied Health Professionals Directorate is currently finalising a re-purposing change programme where it is proposed that the role of the Chief Risk Officer is split into 2 roles: Head of Information Governance and Head of Risk Management. • Head of Information Governance post - resource will be identified during 2022. | Executive Director Quality Nursing and Allied Health Professionals | 01-Aug-22 | | | September 2022 Update: The Directorate underwent formal consultation for Repurposing during May - June 2022. As part of this Repurposing, the recommendations were considered and the process is still underway. |
| 452 | 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. Risk Management – temporary specialist strategic risk resource will be identified for 2022/23. | Executive Director Quality Nursing and Allied Health Professionals | 01-Aug-22 | | | September 2022 Update: An investment bid for a Risk Management Consultant (20 days' work) has recently been submitted to support the Risk Manager deliver the piece of work around the controls of the Strategic Risk Register. |
| 434 | Concerns and Grievance Final Report | Reasonable assurance | The Trust need to ensure that appropriate training is provided to those staff involved with investigating concerns in line with a clear timescale, so that the procedure is consistently applied and concerns are correctly classified. | MEDIUM | Training and guidance information will be cascaded to line managers throughout 2022/23 using a variety of mechanisms, where possible in partnership with People and OD colleagues. | Board Secretary and Head of Board Business Unit | 31-Mar-23 | | | September 2022 Update: Training content has been mapped out and discussions with People and OD directorate in place to determine roll out of training to start in quarter 4 of 2022/23. |
| 444 | Taking Care of the Carers? How NHS bodies supported staff wellbeing during the COVID-19 pandemic | | R4 Enhancing collaborative approaches to supporting staff wellbeing NHS bodies should, through the National Health and Wellbeing Network and/or other relevant national groups and fora, continue to collaborate to ensure there is adequate capacity and expertise to support specific staff wellbeing requirements in specialist areas, such as psychotherapy, as well as to maximise opportunities to share learning and resources in respect of more general approaches to staff wellbeing. | | Active involvement in the National Health and Wellbeing Network and consideration being to how to launch the All-Wales Workforce Wellbeing guide within the organisation, to ensure that staff and managers are aware of how it can be used with existing resources and how we can gain feedback on its effectiveness. | Director of People & Organisational Development | | | | September 2022 Update: Consideration is being given as to how the All-Wales Workforce Wellbeing guide can be piloted within the organisation, as an additional resource, alongside pre-existing support and guidance for staff and line managers. We continue to work closely with the National Health and Wellbeing Network, who are involved in the ongoing national evaluation of the guide. |
| 446 | Taking Care of the Carers? How NHS bodies supported staff wellbeing during the COVID-19 pandemic | | R6 Building on local and national staff engagement arrangements NHS bodies should seek to build on existing local and national workforce engagement arrangements to ensure staff have continued opportunities to highlight their needs and share their views, particularly on issues relating to recovering, restarting, and resetting services. NHS bodies should ensure these arrangements support meaningful engagement with underrepresented staff groups, such as ethnic minority staff. | | We run annual engagement surveys, and work with our staff networks and TU colleagues to plan how these will look. We also participate in the Medical Engagement Scale (MES), which assesses the level of engagement of medical staff with organisational goals. We are continuing to use this data as a broad, initial measure, which we are exploring further, using team wellbeing check ins and focus groups, where further context and detail is gained. We will be considering our approach to engagement at an organisational level, ensuring that partners throughout the organisation are committed to resulting actions. | Director of People & Organisational Development | | | | September 2022 Update: In Spring 2023, we'll be participating in the NHS Wales staff survey, which is planned to run on annual basis from this time. The survey last ran in 2020, and had a focus on enabling conversations to happen locally. Next year, there will be a return to a more wide ranging, broader question set, to help us to gain a clearer picture of the experience of working in NHS Wales. Our participation in the NHS Wales survey is another element of our continuing conversation with all staff and is part of a broader process in an ongoing cycle of feedback, reflection, discussions and localised actions. In addition to ongoing conversations, we encourage staff to share their views with Trade Union colleagues and our staff networks. The 2021 MES results have led to further engagement with both medical and multi-professional consultants, designed to improve understanding of the findings and to prioritise and agree collectively the areas to address in the first instance. We will be inviting colleagues to become involved in a detailed action planning process next month, to identify next steps to move us forward and what will be done, by whom and when. Our aim is to establish a culture where we all feel comfortable sharing our experiences and where giving and receiving feedback becomes the norm, and becomes embedded as part of our wider work on establishing an employee experience strategy. |
| 447 | Review of Quality Governance Arrangements | | R1 Equality Impact Assessments. Weaknesses in the Trust's approach to conducting, sharing, and responding to equality impact assessments limit its ability to deliver quality services that meet the needs of the population. The Trust should strengthen its approach to equality impact assessments by: a. Ensuring EIAs are completed where necessary b. Agreeing quality standards and a process to assess EIAs, ensuring they are meaningful assessments with appropriate actions to mitigate adverse impacts. c. Developing a central repository to store and share EIAs across the organisation. d. Developing a process to monitor implementation of mitigating actions. | | Agree with the recommendation. The importance and value of Equality Impact Assessments in supporting quality services that meet the needs of the Welsh population is understood. This is currently a high priority issue as we realise the importance of enhancing the current arrangements to help the organisation meet the needs of the Socio-Economic Duty. There is a cross-organisational working group currently reviewing the tool for completing impact assessments, with the view to integrating various impact assessments and readying the organisation to develop a digital tool. This tool will support staff to engage with and complete the Equality Impact Assessment process. Currently there is limited dedicated resource to support staff in the organisation to complete these. We | TBC | 01-Mar-23 | | | September 2022 Update: A review of EQHIA process is scheduled. |
| 395 | Risk Management | Reasonable assurance | There should be an appropriate reporting structure put in place within the Health and Wellbeing Directorate in order to have a standardised approach to managing risks throughout the Divisions through to the Directorate level which would enable staff to discuss relevant risks across the Directorate, increase their risk appetite and escalate and cascade risk management information to various staff levels across the organisation. Management need to ensure that risk registers are being developed at a divisional level. Management need to ensure that within the Health and Wellbeing Divisions that risk owners / handlers are identified to manage the identified risks Following the initial meeting with the Chief Risk Officer, the Health and Wellbeing Directorate need to work together to produce risk registers at a Directorate, Divisional and Programme level. The risk registers need to be monitored on a regular basis to ensure all risks have been identified and the risks are being managed . | HIGH | All members of the SMT recognise the requirement for consistency and so as part of the review of the Directorate risks the need for clear reporting structures was addressed. At present, due to the current emergency, whilst risks are not always documented as they should be through the use of Datix, risks are escalated through management lines and are discussed at management meetings. As an inevitable consequence of the organisations role in the Covid19 emergency the majority of the staff and management from the Health and Wellbeing Directorate have been mobilised to support the response. This means that the development work that was ongoing to improve the identification and management of risk across the Directorate has been temporarily halted. Management are firmly committed to resuming these activities when time and resource permit and the intention is to complete the root and branch review that was started late in 2019. Realistically the intention is that this will be completed by the end of March 2021. | Executive Director of Quality, Nursing and Allied Health Professionals / Transition Director Health and Wellbeing | March 2021 (on hold) | | | September 2022 Update: Refer August Update, this is on hold pending the organisational resign which will impact on the management structure within the Health and wellbeing Directorate. Previous Updates: January 2022 Update: Refer August Update, this is on hold pending the organisational resign which will impact on the management structure within the Health and wellbeing Directorate. Previous Updates: August 2021 update: This work has not been started as there is currently no capacity to progress this work. Within the Health and Wellbeing Directorate the majority of staff have been mobilised onto the COVID 19 response, they will therefore need to identify at which point this work can progressed. |
| 448 | 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. We are in the process of rolling out the first year of the Risk Management Development plan which is based upon the aim of strengthening risk management and delivering a consistent approach to risk management across the organisation and from Board level down through Directorates and Divisions. Specific actions include: • A revised Board level risk appetite against organisational priorities as the basis for an aligned and embedded system of establishing risk appetite across the Trust. • Risk management embedded as a standard agenda item in relevant meetings across the organisation. • Revised and improved schedule and presentation of the Corporate and Strategic Risk Registers at Executive, Committee and Board levels. • Establish the role of the Leadership Team in Corporate and Directorate Risk Management. • Work in partnership with the Planning Team to embed risk management into the DaDD in all Directorates. | Executive Director Quality Nursing and Allied Health Professionals | March 2023 | | | September 2022 Update: The Strategic and Corporate Risk Registers have been refreshed following the revision of the risk appetite. Work is underway to review the risk scoring matrix to reflect the risk appetite, following the matrix will be rolled out to the organisation. A Risk Assurance Network has been set up with relevant leads across the organisation which met for the first time on 19th September 2022. The first activity will be to map out the risk architecture, which will inform where and how risks are currently being reported and managed throughout the organisation to inform which meetings require risk as a standard agenda item. Work is also underway within the Integrated Governance Team to ensure standard agendas are used across the organisation, risk being one of the items to be included. A proposed schedule for the consideration of strategic and corporate risks has been presented to BET and will be considered further in October 2022. Initial discussions have been held with the Leadership Team regarding their role in risk management and an in depth discussion is planned for the 20th October 2022. Directorate (or lower) risk registers and organisational-wide risk registers held on Datix are now displayed through the DADD and updated on a monthly basis. Risk resource has been reviewed and some reassigning of roles has been commenced, this includes reoccurring investment in an operational lead risk role and non recurring investment to support strategic work to be progressed. |
| 449 | 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. In implementing the Risk Management Development Plan focus will also be placed on the quality and effectiveness of controls within the Strategic Risk Register, the Corporate Risk Register and Directorate Risk Registers. The Strategic and Corporate Risk Registers will be regularly reviewed by the Business Executive, Committees and Board and the Corporate Risk Register and Directorate Risk Registers will be reviewed by the Leadership Team. | Executive Director Quality Nursing and Allied Health Professionals | March 2023 | | | September 2022 Update: An investment bid for a Risk Management Consultant (20 days' work) has been submitted to support the Risk Manager design and deliver the piece of work around the controls of the Strategic Risk Register. Directorate (or lower) risk registers and organisational-wide risk registers held on Datix are now displayed in the DADD and updated on a monthly basis. |

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| 453 | Review of Quality Governance Arrangements | | Refer 449 | | Agree with the recommendation. Head of Risk Management post - further investment will be sought to support a new post which will report to the Assistant Director, Integrated Governance | Executive Director Quality Nursing and Allied Health Professionals | 01-Mar-23 | | September 2022 Update: An investment bid for a Risk Management Consultant (20 days' work) has recently been submitted to support the Risk Manager deliver the piece of work around the controls of the Strategic Risk Register. A permanent post of Head of Risk Management will be considered during the next round of investment bids. |
| 455 | 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. • A longer-term solution for a central repository will be scoped. The PHW Innovation and Improvement Hub is a one potential option for this. Once the options are scope then a feasibility analysis will take place to determine the optimum solution and move to the implementation phase. | Executive Director Quality Nursing and Allied Health Professionals | 01-Mar-23 | | September 2022 Update: Scoping of available platforms for Audit is ongoing, including usability and costings. |
| 457 | Review of Quality Governance Arrangements | | Refer 455 | | Agree with the recommendation. • Updates on the progress of these actions are provided to the Quality, Nursing and Allied Healthcare Professionals Directorate on a quarterly basis. This progress will then be reported to the Business Executive Team and Quality, Safety and Improvement Committee in the interim (6-month) and year-end reports. | Executive Director Quality Nursing and Allied Health Professionals | 01-Mar-23 | | September 2022 Update: Quarterly meetings are being held in order to inform interim and year end reporting. Microsoft Lists Dashboard currently in development for visual overview of Q&CA plan. |
| 472 | 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. • Develop organisational framework for engagement which outlines how engagement should be embedded in our key strategies and processes with impact and value | Executive Director Quality Nursing and Allied Health Professionals | 01-Oct-22 | | September 2022 Update: In progression, will be completed by due date. |
| 474 | Review of Quality Governance Arrangements | | Refer 472 | | Agree with the recommendation. • Implement recommendation from literature review of evaluation measures to develop an evaluation framework for engagement activity, with clear performance and outcome metrics measured on a regular basis that monitor the impact of our engagement activity | Executive Director Quality Nursing and Allied Health Professionals | 01-Nov-22 | | September 2022 Update: In progression, due to be completed by target date. |
| 477 | Review of Quality Governance Arrangements | | Refer 472 | | Agree with the recommendation. • Using gathered intelligence to develop corporate resource (e.g. central stakeholder database) to facilitate shared relationships with external stakeholders and to identify and fill gaps so that we reach all sectors of the Welsh population | Executive Director Quality Nursing and Allied Health Professionals | Mar ch 2023 | | September 2022 Update: Progressing option development with Civica CRM system. |
| 463 | Review of Quality Governance Arrangements | | R4 Staff Appraisals and Training. Compliance with staff appraisals has been consistently below the Welsh Government and Trust's internal target and has recently deteriorated further. Similarly, training compliance falls below the Trust's target, largely because of difficulties providing face to face training in safe environments. The Trust should ensure compliance with staff appraisals and statutory and mandatory training meets the national target within the next 12 months. | | Agree with the recommendation. People and Organisational Development will: • Continue to report on compliance monthly • Provide detailed individual appraisal data quarterly to the Executive Team and People Business Partners, extending this receiving group to include Business Leads and Leadership Teams, to drive compliance rates up • Communicate about the current My Contribution Process and My Contribution e-learning at key stages in the year • The inclusion of Appraisal Dashboards in the Directorate and Divisional Dashboards will give local management and leadership teams alternative and more intuitive data. It is anticipated the implementation of the latest all-Wales Pay Progression Policy will positively impact compliance rates and there will be quality assurance to ensure conversations and appraisals remain meaningful. The development of a revised Behavioural Framework and updated Management and Leadership Framework will support the emphasis on both transactional and transformational management responsibilities regarding appraisals. We are planning engagement activity to ensure this year's review and redesign of the My Contribution process achieves clarity of purpose and drives meaningful discussion and positive behaviour and aligns with PHW's vision of a flexible, skilled and motivated workforce who can deliver our long-term strategy. This review will encompass documentation and recording processes/software in advance of UK-wide developments in people systems. Compliance with the core suite of statutory and mandatory training remains just above the Welsh Government target of 85% (in June 2022). To drive improvement, People and OD hold two ESR drop-in sessions per month. The sessions are regularly communicated via SharePoint and weekly e-mail communications and are well attended. During 2021-22, in-person training was reinstated for Manual Handling B and C, Resuscitation and Violence and Aggression Breakout Training. We are currently reviewing the position in terms of in-person training to complement the core suite of e-learning. We are aware of some reporting challenges through ESR which is impacting on compliance figures, this also relates to the job planning process for the medical workforce. Work is under way to look at improvements in this area. | Director of People & Organisational Development | | | September 2022 Update: Compliance with the core suite of statutory and mandatory training remains just above the Welsh Government target of 85% and continues to be at risk of falling below, as well as not showing any significant improvement. People and OD are carrying out two ESR drop in sessions per month, for anyone experiencing issues accessing e-learning and these have been well received by those attending. The 12-month rolling compliance for My Contribution appraisals is currently at 65.03% against the Welsh Government target of 85%. To date, only 66 staff members have completed My Contribution e-learning. With pay progression coming into force in October 2022, part of the criteria to be put forward for an increment is staff needing to have an appraisal date entered into ESR within the last 12 months, this should therefore have a positive impact on appraisal compliance figures. Entering pay progression and appraisal dates into ESR will also be covered in the twice monthly ESR drop in sessions. Pay progression sessions have also been arranged by People and OD to take place during September 2022. |
| 459 | 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. • It is recognised that delivery of this objective is intrinsically linked to the delivery of the Risk Management Development Plan. Matrix working between the Risk Team and the Quality, Engagement and Collaboration Team has been established and a joint approach will be taken to engage with the organisation to improve the approach to risk management and consequently the link between risks, and quality and clinical audits. | Executive Director Quality Nursing and Allied Health Professionals | 01-Mar-23 | | September 2022 Update: Work is ongoing with Risk Team to develop networks and link Risk/ Q&CA. Initial meetings have taken place with Risk Team who are in the process of developing links across the organisation. Once this is established, plan is to engage teams to consider a risk based approach to quality and clinical audit. |

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| 475 | Review of Quality Governance Arrangements | | Refer 472 | Agree with the recommendation. • Develop tools and resources for a best practice approach to engagement and informed by internal engagement with staff to identify learning and knowledge needs | Executive Director Quality Nursing and Allied Health Professionals | 01-Jan-23 | | September 2022 Update: Developing tools, to be completed by target date. |
| 476 | Review of Quality Governance Arrangements | | Refer 475 | Agree with the recommendation. • Collaboratively design and develop an organisational approach to capacity and capability building for skills in engagement and feedback analysis to inform planning and improvement | Executive Director Quality Nursing and Allied Health Professionals | 01-Mar-23 | | September 2022 Update: In progression, due to be completed by target date. |