

Open/Private?: Open Remit Committee: QSiC

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Action No.	Origin	Report	Report As...	O...	Date added	Recommendation	Management Action Agreed	Origin...	Curre...	Previous ...	Quarterly Progress Report	Rem...	Action for LT
477	Audit Wales	Review of Quality Governance Arrangements	N/A	Open	01/08/2022	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	31/03/2023	30/09/2025	31 March 2024, 10 December 2024	November 2024 Update: Request revising to 30/09/2025 for the cross organisational group to complete the review and prepare business cases/proposals. The cross-organisational group have completed the 1st round of research on the potential of a CRM. This included a Kick-off session with interested stakeholders and then a re-alignment as we found that engagement was quite low. We followed up with 6 in depth SME interview sessions with the Teams interested in the CRM to better understand their reasons and understanding of a potential tool. After this first round we presented back our findings in a Show and tell; details provided here: https://nhs.wales365-my.sharepoint.com/:p/r/personal/helen_rose-jones_wales_nhs_uk/_layouts/15/Doc.aspx?sourcedoc=%7B32AC3626-9E52-48EC-A2D3-8B9519747FDF%7D&file=CMS%20July%202024%20update.pptx&w...215A-4A30-A9F0-170D25087B96&action=edit&mobileredirect=true There is a plan in place for a second phase of the review. July 2024 Update: The Senior User-Centred researcher, has led a pre discovery, with support from the central engagement team which completed in July 2024. The group highlight that a shared approach to working with users such as stakeholders or members of the public will be more useful than having a variety of approaches across the organisation, but have found three areas that would need to be approached before there would be a successful outcome: 1) An agreed approach to logging external contacts or interests. People at every level in the organisation would need to be aware of the activities and interests of others if PHW is to put customer relationship management/contact management to best use. Without an agreed process already being followed, there is a chance that our solution would find gaps where there are none, or miss opportunities for reducing overlap. 2) There is a high degree of apathy in some stakeholder groups when considering working with PHW. To improve equality of coverage and to improve the chance of health improvement, we need to understand the roots of that apathy and find successful approaches to reducing it. 3) After 1 and 2 then we recommend that the cross-organisational group should build a business case for a CRM/CMS. Since this is a very common tool, there should be plenty of solutions that meet our principles of open first and cloud first, whilst still meeting the needs of protecting our stakeholders' information. April 2024 Update: The paper that was submitted to the Digital Data Design Authority was broadly supported but the decision was made that the development of a robust CRM is a significant piece of work which needs to be planned properly before implementation. Interviews with teams across PHW are currently underway to build a picture of what is currently being done across the organisation, to feed into the planning process. It is anticipated that the plan would be ready in Autumn 2024 with a rollout plan to follow. The decision was made for the Data, Knowledge and Research Directorate to take a lead on this work moving forward, with support from the Engagement team within QNAHPs. This action needs to be transferred to the Data, Knowledge and Research Directorate. Request change of date to 31 October. February 2024 update: A paper was submitted to Digital Data Design Authority and the User Centred Design Team are leading and carrying out a user needs assessment. As part of this assessment, internal interviews are taking place organisation-wide to establish what it is teams feel they need from a Customer Relations Management (CRM) tool. The findings will be reported to the DDDA, along with recommendations; at present, this action is on track for delivery by 31st Mar-24. 7 December 2023: November Update: A workshop has been requested by the DDDA to establish further information to help determine the future approach for a stakeholder database. October 2023 Update: Knowledge Directorate and Engagement team working together on a user-research project between October and December 2023, requested by DDDA. This project is scoping user needs for a CRM and make recommendations. LT noted that the progress update related to scope user needs for a CRM and make recommendations, implementing and embedding would take further time. LT agreed to approve the extension to March 2024, noting the work that was ongoing to develop the corporate resource, and asked for more detail in the next update (In February) on how this would be implemented and rolled out across the organisation. At this time, LT will review the timescales for the implementation again to ensure further extensions were realistic and achievable. October 2023 update: Knowledge Directorate and Engagement team will be working together on a user-research project between October and December 2023, requested by DDDA. This project will scope user needs for a	QSiC	Request Change of Date

									CRM and make recommendations. Request extension to 31 January 2024 June 2023 update: Digital Experience Team leading on a 'Discovery Phase' to scope the requirement and potential solutions. Quality, Engagement & Collaboration supporting the project with engagement insight and expertise. Business Design Authority and National Director for Public Health Knowledge and Research support the approach Previous Updates: January 2023 Update: Liaising with Head of Digital Experience to choose software and scope user needs. Business Design Authority are aware. September 2022 Update: Progressing option development with Civica CRM system.	
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516	Internal Audit	Health and Safety	Reasonable assurance	Open	01/05/2023	Management should ensure that all policies and procedures that relate to health and safety arrangements, are updated as soon as possible to ensure that they outline the current processes in place, whilst providing the latest guidance to staff should it be required.	The Estates and Health and Safety Division have a programme of work to update all policies and procedures that need reviewing and updating and are included as part of the Health and Safety workplan. These policies and procedures will continue to be reviewed, updated and approved by the relevant group/ Committee by end of quarter 1 2023/24.	30/06/2023	24/02/2026	31/3/2024, 10/12/2024	10 December 2024, LT queried whether this date was realistic and achievable given the approval body meetings, The update sought extension to 31 March 2025 to address delays however LT sought clarity on the approval dates and therefore what a realistic extension for. The update stated: • DSE Policy: Publication date would be moved back to December 2025. LB Confirmed this would require QSIC approval nearest meeting would be 24 February 2026. • Waste Policy: Due to issues re ensuring consistent / accurate read across between the policy for General Waste/ Recycling and Clinical Waste publication date would be moved back to January 2025. LB confirmed this policy is not out to consultation in January and will have missed February QSIC deadline, suggest June meeting a more realistic date. Further clarity was sought from the lead. On the basis of the advice above from the Policy process lead, LT agreed to grant an extension to 24 February 2026 and would review progress at the next review of the Tracker scheduled for February 2025. November 2024 Update: Progress on policy development was reviewed at the 14th October health & Safety Group Mtg and revised publication dates were agreed as follows - DSE Policy: Publication date would be moved back to December 2025. Waste Policy: Due to issues re ensuring consistent / accurate read across between the policy for General Waste/ Recycling and Clinical Waste publication date would be moved back to January 2025. Request extension to 31 March 2025 to address delays. July 2024 Update: Security Policy and Procedure to be to be finalised. Anticipated that consultation on the documents will now take place in September with an aim for publication October. April 2024 The Security Policy and Procedure has been progressed in conjunction with Emergency planning colleagues input. Draft policy and procedure will be published for consultation in April ahead of approval by the Health and Safety Group. Request change of date to 31 July 2024. February 2024 Update: February Update: A total of 10 Health & Safety policies and procedures are on the Health & Safety Workplan. Nine have now been through full consultation and have been approved at the Health & Safety Group and have been translated or are currently under translation. One policy Security Policy and Procedure has been reviewed and updated and will shortly be issued for consultation. It is anticipated that this will be concluded by 31 March. 7 December 2023: LT noted the progress being made to review and update policies and procedures, and noted that the schedule for this was detailed within the Health and Safety Group Work Plan. LT asked for a copy of the work plan to be provided, for assurance on the progress and to assess whether the revised implementation date was realistic and achievable. LT agreed to review this again as part of the next review in February, and re-evaluate the timescales at this point. October 2023 Update: Work ongoing to update health and safety policies and procedures, alongwith the development of new policies that have been identified e.g. Safer Driving Procedure. The Health and Safety workplan 2023/24 is monitoring the progress of policy/ procedure updates and for outstanding policies, risk remains low and existing policies and procedures remain current. Suggest revised implementation date of 31 March 2024. June 2023 update: Policies continue to be updated. Procedures are approved through the Health and Safety Group and policies will be approved by the Quality, Safety and Improvement Committee. The Health and Safety April 2024 The Security Policy and Procedure has been progressed in conjunction with Emergency planning colleagues input. Draft policy and procedure will be published for consultation in April ahead of approval by the Health and Safety Group. workplan 2023/24 details the timetable for reviewing and updating the policies and procedures which has been approved by the Quality, Safety and Improvement Committee in May 2023. Seven Health and Safety Policies and Procedures were updated and approved during 2022/23. For outstanding policies, risk remains low and existing policies and procedures remain current. Suggest revised implementation date of 31 October 2023.	QSIC	Request Change of Date
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624	Internal Audit	Duty of Candour	Reasonable assurance	Open	14/01/2025	The Trust should create a guide for managers and reviewers to follow for	The Trust will develop a guide for incident managers to support them with the initial review and actual levels of harm	31/01/2025	31/01/2025		QSIC
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DoC consideration, especially with regard to assessing harm correctly, completing their initial review, and properly recording these on the Datix system.

for incidents recorded as moderate. The Trust will also formalise the procedure for the meeting between the service area and PTR team should a moderate incident be recorded.

625	Internal Audit	Duty of Candour	Reasonable assurance	Open	14/01/2025	The Trust's guidance should clearly define the DoC critical date (first became aware date) as currently there is no distinction if this date should be when the DoC is reported or if the date is when a review of the facts has been completed.	The Trust will update its guidance to be clearer on the DoC critical date to reflect triggering of the DoC once the review of the facts has been completed.	31/01/2025	31/01/2025	QSIIC
626	Internal Audit	Duty of Candour	Reasonable assurance	Open	14/01/2025	In order to prevent delays in taking required Duty of Candour actions, procedures that are developed should provide clear guidance on dealing with complex cases where more than one NHS body or another organisation is involved.	The Trust will develop an internal procedure for the management of joint DoC incidents with an internal escalation procedure. PHW will work with the Welsh Risk Pool Duty of Candour Network to request a joint process for investigation and support its development.	31/03/2025	31/03/2025	QSIIC
627	Internal Audit	Duty of Candour	Reasonable assurance	Open	14/01/2025	We acknowledge that the Trust cannot directly change the Datix system. The Trust should raise the identified matters	The Trust will work with the OFWCMS team to review the highlighted fields to support the identified issues.	31/03/2025	31/03/2025	QSIIC

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