


PUBLIC HEALTH WALES
Audit Recommendations / Actions Log

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

Ref	Date added	Report	Committee	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	Aug-22	Review of Quality Governance Arrangements	QSIC		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	Aug-22	Review of Quality Governance Arrangements	QSIC		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.
455	Aug-22	Review of Quality Governance Arrangements	QSIC		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	Aug-22	Review of Quality Governance Arrangements	QSIC		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	Aug-22	Review of Quality Governance Arrangements	QSIC		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	Aug-22	Review of Quality Governance Arrangements	QSIC		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	Aug-22	Review of Quality Governance Arrangements	QSIC		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-2023			September 2022 Update: Progressing option development with Civica CRM system.
459	Aug-22	Review of Quality Governance Arrangements	QSIC		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.
475	Aug-22	Review of Quality Governance Arrangements	QSIC		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.

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476	Aug-22	Review of Quality Governance Arrangements	QSIC	Refer 475	<p>Agree with the recommendation.</p> <ul style="list-style-type: none"> 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.
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