



Remit Committee: QSIC

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472 Audit Wales Review of Quality Governance Arrangements 01/08/2022 QSIC N/A 01/10/2022 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should be embedded in our key strategies and processes with impact and value July 2024 update: Management action is no longer valid as things have moved on since the action was identified. In terms of the recommendation see updates as follows: a. The CIVICA system has now been rolled out across PHW. Standardised questions have been developed to capture information on protected characteristics of service users and respondents to surveys. However not fully adopted and used across PHW Recommendation partially actioned. b. Progress underway to roll out implementation process around reporting and triangulating data gathered through surveys. The approach will be to review / scrutinise the captured data from CIVICA and take through the PHW People's Experience Group (group currently being established, with first meeting in October 2024) and through the Quality Oversight Group (QuOG). Recommendation in progress (with the view to be actioned by 31st October 2024) c. You said, We did webpages have been developed to allow capture of feedback (concerns and compliments) but also to detail the outcomes from the learning through this process. Webpages went live July 2024 and process to display being refreshed. Recommendation actioned. d. Including service user feedback in deep dives for the Quality, Safety, and Improvement Committee. This will be achievable once the full implementation process around reporting and triangulation of data has been embedded. Implementation process will be completed by 31st March 2025, so using robust data to inform deep dives for QSIC will likely be possible from April 2025 onwards. Recommendation in progress (with the view to be actioned by April 2025) e. Progress underway to roll out implementation process around reporting and triangulating data gathered through surveys (internal and external). The approach will be to review / scrutinise the captured data from CIVICA and take through the PHW People's Experience Group (group currently being established, with first meeting in October 2024) and through the Quality Oversight Group (QuOG). Recommendation in progress (with the view to be actioned by 31st October 2024) For (d) above we request a change of date to 30 April 2025, February 2024 update: The February 2024 BET paper provided an update on the delivery of Our Approach to Engagement up to March 2024, reviewed progress to date and evaluated how embedded Our Approach to Engagement is across the organisation. It also sets out recommended next steps to ensure the development of the next phase is fit for purpose. For a revised Our Approach to Engagement to be meaningful, closer working practices and alignment of work would be required to cement better collaboration, reduce barriers and silo working practices. The paper therefore recommended having exploratory sessions throughout the organisation during 2024/25 to ensure the next iteration is fit for purpose. In light of the BET paper and the revised approach suggested, QNAHPs would like to formally put in a Request for Change to December 2024 to allow for completion of this work. 7 December 2023: Part 1 : 'Our approach to Engagement' is due for a refresh in April 2024 and a proposal on how the direction of travel for the next 3 years is being taken to BET in January 2024. This will include how we fulfil the various duties required as of a NHS organisation and how we ensure engagement forms a core in our work. Part 2: In addition a service specification is out to tender following work with Knowledge and research to develop a core set of PHW questions to be included in our Civica surveys that ensure a consistent approach to obtaining feedback to demonstrate impact and value. The Engagement Network has also been refreshed and identified a suggested approach for linking engagement activities through to the clinical governance framework. Part 1: Approve 31 January 2024 Part 2: Approve extension to 31 March 2024. October Update: Work remains ongoing with Knowledge and research to develop a key set of PHW questions. Our Approach to Engagement is currently being scoped along with governance arrangements to support the wider use and the quality of surveys created in Civica. Review of Engagement and Experience Network has taken place and next meeting of Engagement Network taking place later this month, which will set out a suggested approach for linking engagement through to the clinical governance framework. Request extension to 29 February 2024. June 2023 update: a. In progression. Work is ongoing between the National Director for Public Health

Knowledge and Research, Information Governance and the Quality, Engagement & Collaboration Team. Final draft version of organisational demographic questions developed to be used on the Civiva platform. Approval to be taken through BET. This is a key deliverable for 2023-24.

b. In progression. Development and implementation of a Shared Learning Group using a collaborative approach with PTR, SUE and CG to share learning from data/triangulation with incidents, complaints/ concerns, compliments and service user experience. This is a key deliverable for 2023-24.

c. In progression. Informed by a review of current assurance mechanisms for Service User Experience and data generated through the Civiva platform, scope the development of a Service User Framework 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. This is a key deliverable for 2023-24.

d. In progression. Development and implementation of a Shared Learning Group using a collaborative approach with PTR, SUE and CG to share learning from data/triangulation with incidents, complaints/ concerns, compliments and service user experience. This is a key deliverable for 2023-24.

e. Awaiting further progression of QoS. This is a key deliverable for 2023-24

Previous updates:

March 2023 Update:

- a. In progression, Work is ongoing between the Director of Knowledge and of Head of Information Governance to ensure the organisation remains GDPR compliant in relation to the rollout of organisational demographic questions using the Civiva platform.
 - b. In progression. Development and implementation of a Shared Learning Group using a collaborative approach with PTR, SUE and CG to share learning from data/triangulation with incidents, complaints/ concerns, compliments and service user experience. This is a key deliverable for 2023-24.
 - c. In progression, Work on an all Wales 'You said, We did' poster has paused as of January 2023. This will result in internal work being taken forward within Q4 2022/23 to develop a graphical approach and embed the poster within the Civiva system as an additional feature. The poster can also be used offline. Work will be completed by due date.
 - d. In progression. Development and implementation of a Shared Learning Group using a collaborative approach with PTR, SUE and CG to share learning from data/triangulation with incidents, complaints/ concerns, compliments and service user experience. Other work such as sharing of experiences at the Board meeting (due for development start Q4 2022/23) will also feed into the action. This is a key deliverable for 2023-24.
 - e. Awaiting further progression of QoS. This is a deliverable for 2023-24
- Request change of date to 30 June 2023.
- September 2022 Update: In progression, will be completed by due date.

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Audit Wales

Review of Quality Governance Arrangements

01/08/2022

QSIC

N/A

01/11/2022

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

July 2024 update: Management action is no longer valid as things have moved on since the action was identified. In terms of the recommendation see updates as follows: Progress underway to roll out an implementation process around reporting and triangulating data gathered through surveys (internal and external). The approach will be to review / scrutinise the captured data from CIVICA and take through the PHW People's Experience Group (group currently being established, with first meeting in October 2024) and through the Quality Oversight Group (QuOG). Recommendation in progress (with the view to be actioned by 31st October 2024)

31/12/2024

February 2024 update: The February 2024 BET paper provided an update on the delivery of Our Approach to Engagement up to March 2024, reviewed progress to date, evaluated how embedded Our Approach to Engagement is across the organisation and set out recommended next steps to ensure the development of the next phase is fit for purpose. The BET paper was well received and the approach set out agreed. Engagement will now take place across the organisation to understand the organisational need.

This will include seeking views on required tools. The requirement to develop an organisational evaluation framework for engagement has been superseded by the requirements under the Duty of Quality. Within PHW, the requirements to meet the Duty will be bolstered within PHW by the development of a national framework for service user experience to provide a consistent approach across health and care organisations; further updates will provide progress on this approach.

In light of the BET paper and the revised approach suggested, QNAHPs would like to formally put in a extension to December 2024 to allow for completion of this work.

7 December 2023: LT discussed the paper to BET and the scope of this. LT sought further assurance that the extension to 31 March would allow for the development and implementation of the framework. The BET paper was confirming the planned approach, and the next steps. LT noted that the OAZE plan was also reported to QSIC for oversight. It was acknowledged that this recommendation was in two parts, to develop the framework which would be completed by January 2024, and then to implement and embed which was a longer timescale for delivery.

LT agreed to approve the extension to March 2024 for the overall action, noting the work that was ongoing to develop the framework and that this part of the recommendation would be completed by January 2024. In terms of the second

part of the recommendation, relating to the implementation, LT 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 the March date was realistic and achievable.

October Update:

Metrics need alignment with the Duty of Quality reporting and Annual Quality report. Evaluation Framework will not be ready until March 2024. (Delivery date agreed and changed in the operational plan). Request change of date 31 March 2024

June 2023 update: Action forms part of the refresh to the organisational Approach to Engagement, ensuring it is:

- clearly aligned to the legal and policy landscape e.g. Quality and Engagement Act and Wellbeing of Future Generations Act (Five Ways of Working)
- reflective of existing engagement structures and activity taking place across the organisation
- aligned to other related sub-strategies e.g. Digital

This approach also includes the development of 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.

January 2023 Update: In progression, due to be completed by target date. Request change of date to 31 May 2023.

September 2022 Update: In progression, due to be completed by target date.

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Internal Audit

Health and Safety 01/05/2023

QSIC

Reasonable assurance

30/06/2023

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.

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.

31/07/2024

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.

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Internal Audit

Health Protection 01/05/2023

QSIC

Substantial assurance

01/05/2024

(No recommendation recorded against this Agreed Action)

Perform an internal Audit review for incident reporting to ensure compliance against divisional and organisational standards for 2023/2024

July 2024 Update: completed by May 2024, Request Closure

01/05/2024

April 2024 Update: All required steps in relation to this action are in progress with very high confidence to meet the completion date of May 2024.

February 2024 Update: On track. Due May 2024

7 December 2023: Appropriate action which is being progressed. it is on track with no risks to delivery identified. LT noted the update, and that the action was on track to be completed within the timescales.

October 2023 On Target. Due date May 2024

June 2023 update: On Target. Due date May 2024

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Audit Wales

Review of Quality Governance Arrangements

01/08/2022

QSIC

N/A

31/03/2023

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

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.

31/10/2024

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 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.

569a

Internal Audit

Business Continuity and Technical Resilience

29/01/2024

QSIC

Reasonable assurance

31/03/2025

1.1 The Trust needs a coordinated plan to bring all BIA, BCP, DR documentation up to date, though currently the IT BCP/DR should be prioritised. There should be a central location where copies of plans are kept and a process to periodically review and update them to

Review the IT BCP and ensure procedures for testing and exercising of DR/BCP plans are updated and communicated to relevant stakeholders (as defined in the cyber improvement plan).

July 2024 Update: Business Continuity work-stream is to be started Q3, this will pick up the IT BC/DR requirements. Requirement on track.

February 2024 Update: Plans in place to progress in April 2024.

31/03/2025

ensure they remain up to date.

Part 1

570	Internal Audit	Business Continuity and Technical Resilience	29/01/2024	QSIK	Reasonable assurance	31/03/2025	2.1 BCP training could be made mandatory, especially as its e-learning and easy access, complete, and for management to monitor.	Formally request that the NHS Wales E-Learning for Major Incidents (incorporating BC Awareness) is made mandatory for PHW employees. Add as an action to the 2024/25 workplan for the Public Health Wales Emergency Planning & Business Continuity Group.	July 2024 Update: ACTION ON TRACK: Working in collaboration with Swansea Bay University Health Board to identify the key staff groups that are most appropriate to target. PoD are ready to progress once this element is complete. April 2024 Update: ON TRACK No further update at this time. 16.02.24: ACTION ON TRACK: Action started. Initial informal discussions with PoD Learning and Development Team. E-learning package is an all-encompassing training tool for EPRR. Therefore, further discussion with Pod is required to identify the key staff groups that will be most appropriate to target. July 2024 Update: ACTION ON TRACK: Working in collaboration with Swansea Bay University Health Board to identify the key staff groups that are most appropriate to target. PoD are ready to progress once this element is complete.	31/03/2025
571a	Internal Audit	Business Continuity and Technical Resilience	29/01/2024	QSIK	Reasonable assurance	31/03/2024	3.1 There should appropriate fire suppression systems at all server sites. It can help prevent loss of equipment, and fire spreading unchecked, which can have catastrophic consequences. There are now a range of readily available fire suppression systems that use inert and clean gases that suppress fire without posing a risk to life.	Arrange for the preparation of the specification to tender for the supply and install the installation of Fire Suppression systems at all 7 server hosting sites.	July 2024 Update: Costs have now been calculated for the installation of Fire Suppression systems at 7 server Hosting sites at approximately £170k. This action can be closed. April 2024 Update: Due to contractor delays due to availability to provide indicative key areas for inclusion in a full tender specification this action will now be completed by end of June. However exploration has been undertaken in relation to making a direct award via the Welsh Procurement Alliance Fire safety Framework (FS2). Request Change of date to 31 July 2024 February 2024 Update: Process commenced for securing price for completion of proposed works.	31/07/2024
571b	Internal Audit	Business Continuity and Technical Resilience	29/01/2024	QSIK	Reasonable assurance	30/09/2024	3.1 There should appropriate fire suppression systems at all server sites. It can help prevent loss of equipment, and fire spreading unchecked, which can have catastrophic consequences. There are now a range of readily available fire suppression systems that use inert and clean gases that suppress fire without posing a risk to life.	Install Fire Suppression systems at all 7 server hosting sites.	July 2024 Update: Consideration has been given to the progression of the fire suppression works in relation to the risk posed against overall project costs. It is felt that the sites are low risk sites; and given that to date there have been no incidents and there are requisite fire safety management measures in place at the sites which include weekly fire warden checks, the level of current passive fire protection provision, plus supplemented with the introduction of additional fire prevention controls, any potential risk will be low and tolerated. A paper detailing the full justification for not progressing installation works and specific mitigation arrangements will be drafted for Leadership team / BET approval. February 2024 Update: Progression of works will be dependent and options to be explored upon the outcome of the tendering system as per action above. consideration to also be given to cost (e.g capital and revenue) and any associated risks.	30/09/2024
572	Internal Audit	Business Continuity and Technical Resilience	29/01/2024	QSIK	Reasonable assurance	31/03/2025	4.1 There should be a documented procedure for the management of monitoring system alerts. The document should be appropriate to the Trust and systems and consistent with best practice. It could include: • Single shared mailbox for all alerts. • Mailbox monitoring rota/process with triage process for prioritising alerts. • Distribution to appropriate team/staff.	Establish and develop a threat and risk assessment policy and procedure (as stated in the cyber improvement plan).	July 2024: Policies and processes are in progress. Requirement on track. February 2024 Update: Plans in place to progress work in April 2024.	31/03/2025

Count 10