

**AUDIT TRACKER UPDATE
WALES AUDIT OFFICE/AUDIT WALES
AGREED ACTIONS COMPLETED SINCE
LAST REPORT**

Executive Lead – Chief Operating Officer				
827A2018-19	Rec Ref	Findings & Recommendation	Original Response / Agreed Action	Update/Comment
Primary Care Services Report Issued January 2019	2a	<p>We found variation in the maturity of primary care clusters, and scope to improve cluster leadership/procurement processes etc.</p> <p>The Health Board should review the relative maturity of clusters, to develop and implement a plan to strengthen its support for clusters where necessary.</p>	The Primary Care Management Teams will aggregate all cluster plans into a single overall ABMUHB [now SBUHB] cluster development plan, to be agreed by key stakeholders in the health board and in partnership organisations	Cluster maturity assessments were completed and guided the development of Clusters. An overarching Cluster development plan was developed and informed the further development of the Cluster structure and a broadened membership (including 3rd sector, all PC contractors, Health Board) that was introduced in 2021.
			Cluster development will be planned as part of the Cwmtawe Transformation Programme and subsequent rollout.	Completed. Cwmtawe Transformation programme informed and paved way for All Cluster Transformation Programme that was completed in 2022. All Clusters completed 3 year Cluster IMTPs and continue to develop IMTP as part of integrated Health Board planning structure.
			The Transformation Programme rollout to 7 clusters will include explicit reference to assessment and plans for cluster development	Completed. Full transformation programme implemented inclusive of assessment and planning for each Cluster. COVID-19 interrupted the programme, however, the transformation programme was an integral part of the Clusters response to the pandemic, enabling cross cluster working and single approaches across the Health Board to be implemented.
	2b	<p>We found variation in the maturity of primary care clusters, and scope to improve cluster leadership/procurement processes etc.</p> <p>The Health Board should ensure all cluster leads attend the Confident Primary Care Leaders course.</p>	<p>All cluster leads have now attended the confident leaders course/acadami Wales, and additional support has been provided by the Health Board to enable this to happen.</p> <p>The Primary Care Team will support eligible Practice Managers to attend the Confident Practice Manager (CPM) programme. The Primary Care Team will have submitted applications to the CPM programme by January 2019.</p>	Complete
	6	<p>Practice sustainability is well managed although gaps in staffing data hinder workforce planning, and a lack of suitably trained staff is a barrier to the development of multi-disciplinary teams</p> <p>The Health Board should explore and implement ways to extend its use of existing workforce information, and examine how it can gather and use additional workforce data about the wider primary care team.</p>	<p>The Health Board already collects information on the GMS workforce and submits an annual return to Welsh Government. The Health Board also collects information on workforce through the annual Contract monitoring return.</p> <p>Practices no longer have to submit practice development plans (following national negotiations) which included details about the workforce.</p> <p>The Primary Care Teams contact practice managers monthly to record numbers of vacancies in GMS practices. The Teams will submit this data to the Workforce & OD Team, including medical workforce recruitment and retention work stream.</p>	This was completed and the workforce data was also utilised within the Cluster IMTPs that were developed.
	7a	While the Health Board is taking steps towards implementing some new ways of working, more progress is required to evaluate the effectiveness of these new models and to mainstream their funding. The Health Board should work with the clusters to agree a specific framework for evaluating new ways of working, to provide evidence of beneficial outcomes	The ABMUHB Investment & Benefits Group template for business cases has been distributed to Cluster leads and Cluster Development Managers, to reinforce the data necessary for effective evaluation (including PROMS & PREMS). Cluster leads will submit any cases for mainstreaming for projects using the approved ABMUHB Investments and Benefits Group Template.	Completed. Business Cases are now (2022/23) being developed & submitted to the BCAG, as part of integrated planning system via the Cluster Development Group.

		and inform decisions on whether to expand these models	A consolidated framework that is used consistently for projects will be developed appropriate for scaling up. This will be aligned to the Balancing the System framework. The Framework will be agreed by the Cluster leads and Primary Care & Community Services Board.	Formal framework for evaluation was implemented. This was linked to the Project proposal document and enables the Cluster to make informed decisions regarding endorsement of proposals.
	7b	While the Health Board is taking steps towards implementing some new ways of working, more progress is required to evaluate the effectiveness of these new models and to mainstream their funding. The Health Board should centrally collate evaluations of new ways of working and share the key messages across all clusters	At each cluster leads meeting (held bi monthly) an agenda slot will be designated for cluster leads to share successful evaluations.	Completed. Successful schemes are shared. Transformation and COVID-19 imperatives saw the opportunity ensure spread and scale of projects at an increased pace (e.g. Ask My GP)
			A compendium of projects with evaluations will be compiled and kept updated by the cluster development managers and shared with ophthalmic, dental and pharmacy forums. Primary Care teams will share with forums by end of March 2019	National compendium was completed and the SBU Clusters completed 'year books' that highlighted the successful projects and were also used to inform the National PC conference hosted by WGov.

Executive Lead – Director of Corporate Governance				
2774A2021-22	Rec Ref	Findings & Recommendation	Original Response / Agreed Action	Update/Comment
Structured Assessment 2021 (Phase Two) Report Issued December 2021	2	<p>The Performance & Finance and Quality & Safety Committees are held on the same day with the Integrated Performance Report presented to both. This leads to risks of duplication in discussions, or members of the Quality & Safety Committee missing important discussions.</p> <p>The Health Board needs to consider moving the detailed focus on the performance report to the main Board meeting, reducing the risk of duplication in the committee meetings and freeing up capacity for them to undertake deep dives into areas of concern.</p>	<p>The Chair is reviewing the arrangements of both committees with a view to reducing the duplication of the information received and discussed. Part of this includes consideration of whether both committees should receive the integrated performance report or whether this should be limited to the Quality and Safety Committee. The Performance and Finance Committee would then consider more operational delivery areas.</p>	<p>June 2022: Revised Terms of Reference have been agreed by both Committees to reduce the duplication in reporting. A revised format to the performance report is now in place for the Performance & Finance Committee, and work is continuing to develop a Quality & Safety performance report. It has been agreed that the focus on the performance report will remain with the committees rather than the Board.</p>

Executive Lead – Director of Corporate Governance				
2714A2021-22	Rec Ref	Findings & Recommendation	Original Response / Agreed Action	Update/Comment
Review of Quality Governance Arrangements Report Issued January 2022	R2	<p>During our review we were unable to obtain a copy of the Health Board's most recent clinical audit plan.</p> <p>The Health Board should develop a clinical audit plan for 2021-22 which covers both mandated national audits and local audits which are informed by areas of risk. This plan should be approved by the Audit Committee and progress of its delivery monitored routinely.</p>	<p>Completed. A revised clinical audit policy was agreed in 2021, with a new format for the structure of audits (national, organisation, service and directorate). The policy was approved by Audit Committee. The detail of the individual audit plans are being collated. Clinical audit plan on the agenda for the Audit Committee in May 2022 and will be monitored by the Quality and Safety Committee three times a year.</p>	N/A
	R3	<p>The Health Board has set up a Clinical Outcomes and Effectiveness Group which provides assurance on clinical audit and mortality outcomes, but this information is currently fed through the Quality and Safety Governance Group and is only reported in its own right to the Quality and Safety Committee once a year.</p> <p>The Health Board should review this frequency so updates on progress delivering the clinical audit plan, and associated learning from mortality reviews are reported to the Quality and Safety Committee more frequently.</p>	<p>Completed. On the committee work programme. More regular reports on mortality and clinical audit to be reported to Quality and Safety Committee. Clinical audit plan on the agenda for the Audit Committee in May 2022 and will be monitored by the Quality and Safety Committee three times a year.</p>	N/A
	R7	<p>Our work found that whilst there was collective responsibility for quality and safety amongst the executive team, there was an overreliance on nursing leads to take forward the quality agenda within divisions.</p> <p>The Health Board should look to ensure that other clinical professionals within the operational teams take an active role in quality governance arrangements.</p>	<p>Completed. The three clinical executives have collective responsibility for quality the quality work and driving this forward together. They are all now co-chairs of the new QSGG. In addition, the service group triumvirates have been active participants in the workshops.</p>	N/A