

**AUDIT TRACKER UPDATE
WALES AUDIT OFFICE/AUDIT WALES
OVERDUE RECOMMENDATIONS
AGAINST ORIGINALLY AGREED
DEADLINES**

Executive Lead - Chief Operating Officer

122A2015	Rec Ref	Findings & Recommendation	Original Response / Agreed Action	Original Agreed Deadline	Most Recent Update/Comment	Revised Deadline
<p>A Comparative Picture of Local Orthopaedic Services</p> <p>Report Issued January 2015</p>	8	<p>Inpatient Services : Inpatient waiting times:</p> <ul style="list-style-type: none"> The percentage of patients waiting more than 26 weeks for an inpatient or day-case admission is increasing and is now above the all-Wales average. 	<p>The health board is developing plans to create a sustainable orthopaedic service in conjunction with the Welsh Orthopaedic Board. Each delivery unit will be tasked with tackling the waiting times as part of the integrated medium term plan. Both sustainable solutions and removal of backlog are critical</p>	31/03/2018	<p>February 2022 Update</p> <p>The Development of a whole system model for NPTH as a centre for Orthopaedic and Spinal services forms a key element of the 2021/22 Annual Plan. In addition, WAO/AW have undertaken a follow-up review in this area, and their report is awaited.</p> <p>This recommendation will be re-visited in light of the content of that report. Consequently, the deadline date for this action has been revised to 31/03/2022</p>	31/03/2022
<p>255A2017-18</p> <p>Discharge Planning</p> <p>Report Issued January 2018</p>	2(b)	<p>The Health Board has clear plans for working collaboratively with local authorities to improve discharge planning, supported by a generally comprehensive discharge policy. There are a number of pathways in place, however links between generic and specific pathways are unclear, and they are not clearly set out in the discharge policy.</p> <p>The Health Board should review all of the current pathways in use and use the opportunity to:</p> <ul style="list-style-type: none"> - consider rationalising them (eliminating any unnecessary overlaps); - make clearer the links between each of the pathways; - make clearer any explanatory information; - set out all of the pathways in one place; and - ensure that pathways are consistent across the Health Board 	<p>Agreed. A particular focus in 2018-19 will be a review of the falls pathway for patients who have not sustained a bone injury.</p>	30/04/2018	<p>June 2021</p> <p>Well established WAST falls pathway in place with dedicated response vehicle. A recent pilot involving the Clinical Leads WAST and Older Persons Assessment Service (OPAS) based at Morriston has enabled conveyance of some falls patients directly into OPAS thus avoiding ED where clinically appropriate. This pilot has since been rolled out Monday-Friday with potential for further expansion when OPAS is extended to provide seven-day cover. The annual plan for Urgent and Emergency Care will radically reconfigure the delivery and flows of patients requiring urgent and emergency care. The associated pathways aligned to this reconfiguration are in development including the referral pathways into the urgent primary care centre, same day emergency care and frailty pathways.</p>	None Entered
	3(a)	<p>Although staff are generally aware of the discharge planning process, there were gaps in the training arrangements and staff confidence needed to be addressed.</p> <p>The Health Board should ensure that attendance at training is captured on the Electronic Staff Record, which will help to improve compliance monitoring.*</p> <p><small>*This recommendation is repeated a number times within the Audit Register, with the same update recorded, allocated to separate responsible officers (Unit Nurse Directors).</small></p>	<p>It is planned to reinstate the 'speed dating' sessions for hospital staff on discharge planning. Staff attending all training sessions will be encouraged to ensure that attendance is captured via ESR records.</p>	30/04/2018	<p>February 2022 Update</p> <p>Further enquiries are being made with Learning & Development colleagues in order to establish whether functionality within the ESR system will facilitate the recording and reporting of discharge training. Deadline date extended to 31/03/2022 in order to facilitate this.</p>	31/03/2022

	Rec Ref	Findings & Recommendation	Original Response / Agreed Action	Original Agreed Deadline	Most Recent Update/Comment	Revised Deadline
	3(b) (iv)	<p>Although staff are generally aware of the discharge planning process, there were gaps in the training arrangements and staff confidence needed to be addressed.</p> <p>The Health Board should develop training that helps to build staff confidence to discharge patients in a more timely way and to manage difficult conversations with patients and their families.*</p> <p>*This recommendation is repeated a number times within the Audit Register, with the same update recorded, allocated to separate responsible officers (Unit Nurse Directors).</p>	Refresh nurse led discharge in a new context of right clinician led discharge (to include therapists). A clinical governance framework to promote and encourage nurse and therapy led discharge is currently under development.	30/04/2018	<p>June 2021</p> <p>Therapies led wards have featured in response to COVID to increase in patient capacity during a time when the nursing workforce was reduced as a result of the pandemic. These wards have shown positive results in terms of patient flow and optimisation however with the focus on 'Discharge to Recover and Assess (D2RA)' the patients eligible for such ward environments should reduce as community service provision increases. In addition, the SAFER flow policy has been revised as its application was interrupted during the pandemic and a re-launch is required, underpinned by improved functionality in the SIGNAL system which will better evidence the compliance with the SAFER flow principles. The policy requires ratification and there are a number of training resources attached to the policy that will be supported by cascade training at a Service Group level.</p>	None Entered
<p>827A2018-19</p> <p>Primary Care Services</p> <p>Report Issued January 2019</p>	2(a)	<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	30/04/2019	None Provided	None Provided
			Cluster development will be planned as part of the Cwmtawe Transformation Programme and subsequent rollout.	31/01/2021	None Provided	None Provided
			The Transformation Programme rollout to 7 clusters will include explicit reference to assessment and plans for cluster development	31/03/2019	None Provided	None Provided
	2(b)	<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>	28/02/2019	None Provided	None Provided

Rec Ref	Findings & Recommendation	Original Response / Agreed Action	Original Agreed Deadline	Most Recent Update/Comment	Revised Deadline
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>	31/07/2019	None Provided	None Provided
7(a)	<p>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 and inform decisions on whether to expand these models</p>	<p>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.</p>	31/07/2019	None Provided	None Provided
		<p>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.</p>	31/07/2019	None Provided	None Provided
7(b)	<p>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</p>	<p>At each cluster leads meeting (held bi monthly) an agenda slot will be designated for cluster leads to share successful evaluations.</p>	30/04/2019	None Provided	None Provided
		<p>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</p>	31/07/2019	None Provided	None Provided

Executive Lead – Director of Corporate Governance

1654A2019-20	Rec Ref	Findings & Recommendation	Original Response / Agreed Action	Original Agreed Deadline	Most Recent Update/Comment	Revised Deadline
<p align="center">Structured Assessment 2019</p> <p align="center">Report Issued December 2019</p>	1	<p>Digital requirements are being built into the IMTP, and asset/estates plans are in development alongside CSP delivery plans. It will be important that asset and capital plans also address a significant level of backlog maintenance and out-of-life equipment.</p> <p>The Health Board should ensure that there are estates and asset plans to underpin the Clinical Services Plan and will need to ensure that asset and estates requirements are clearly defined and reflected in the long-term capital plan.</p>	<p>The health board has commissioned the services of a Specialist consultant to support the organisation in the development of an estate plan. An outline estate plan has been developed to underpin the clinical services plan.</p> <p>The Health Board will need to undertake a condition appraisal of the estate and this work is being progressed. It is anticipated that the estates plan will be finalised by April 2020.</p>	30/04/2020	<p>December 2021</p> <p>Following meetings with the Chief Executive and Director of Strategy in August 2021, it was agreed that the Health Board will go to tender for the provision of the Six Facet Survey including DDA review. The contract for this work has been awarded to a company on the NHS Shared Business Services framework, and initial meetings have taken place. It is anticipated that the work will be completed by 31st March 2022.</p> <p>The health board has engaged consultants to support the development of the estate strategy in line with the clinical service strategy. A meeting to agree the project plan is scheduled for early January 2022. It is envisaged that the estates strategy will be produced by 31st March 2022.</p>	01/04/2022

Executive Lead – Director of Strategy

1513A2019-20	Rec Ref	Findings & Recommendation	Original Response / Agreed Action	Original Agreed Deadline	Most Recent Update/Comment	Revised Deadline
<p>Implementing the Wellbeing of Future Generations Act</p> <p>Report Issued October 2019</p>	2	<p>Our review found that the Health Board has not explicitly set out the steps it is taking to deliver wellbeing objectives or reported progress towards meeting them.</p> <p>The Health Board should set out the steps it is taking to deliver well-being objectives and report the progress towards delivering them.</p>	<p>Through our IMTP we will set out our plans for delivering our well-being objectives. Our progress towards delivering these will be included in our Performance Management Framework. We have recently incorporated Public Health Measures in our Performance Reports, and we will look at new ways of capturing our performance reporting across all service areas, to ensure alignment with the Performance Management Framework once developed.</p> <p>We will use/develop our well-being measures more systematically to identify areas of best practice and target interventions at identified areas of additional support.</p> <p>We will need to further develop new ways of reporting to incorporate both in our Performance Reports to Board, Annual Report and other documents.</p> <p>We will ensure that our internal Performance Reviews have a clear focus on how we are all responding to the Act.</p>	31/03/2020	<p>December 2021 Work that was in train to report on the Well-being objectives (WO) has been superseded by work now being undertaken to develop a clearer outcome framework for the R&S plan for 22-25. This work will be finalised in Qtr 4 and the WO reporting process will be aligned to this. Noting this, the deadline has been extended to March 2022.</p>	31/03/2022
	5	<p>It is unclear how the Health Board will evaluate the impact on health and wellbeing of staff, patients and service users to ensure that that individual sites achieve the best outcomes for users.</p> <p>The Health Board should determine how It will evaluate the impact on health and well-being of staff, patients and service users and ensure that that individual sites achieve the best outcomes for users.</p>	<p>In line with outcomes and benefits outlined in the project's Delivery Plan Biophilic Wales will develop an Outcomes Framework linked to the Project Objectives. This will include specific measurement tools such as Warwick-Edinburgh Mental Wellbeing to assess mental well-being, alongside methods to measure increase in volunteer uptake etc.</p> <p>Annex A of the Swansea Bay Biophilic Wales project delivery plan sets out detailed arrangements to evaluate the impact on the health and well-being of staff, patients and service users.</p>	31/07/2020	<p>December 2021 Ongoing - first stage and midterm reviews have been conducted by Miller Research - (Final Review due post-completion of report) - midterm review stated the volunteers have grown annual plants for seed collection and participating in an assessment of the impact on their wellbeing. 98 per cent of those signed up have completed the first of three wellbeing questionnaires that incorporate the Warwick Edinburgh Mental Well-Being Scale, questions on the volunteer's access and attitudes to nature, and experience of the COVID-19 pandemic Based on the above, deadline extended to 31/03/2022 for further update</p>	31/03/2022