

Audit & Risk Assurance Committee
TABLE OF ACTIONS
Arising from Meeting held on 24 June 2025

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
AC(25)47	15/04/2025	Clinical Audit Update	To consider how Clinical Audit might contribute to a wider piece of work around inefficiencies in Patient/ Clinical Pathways and to discuss this with the Chair of QSEC	SD	June August 2025	<p><u>24 June 2025</u> In Progress Meeting scheduled for 16 June 2025.</p> <p><u>12 August 2025</u> Verbal update to be provided.</p>
AC(25)96	24/06/2025	Table of Actions	AC(25)47 – to provide a further update to the June 2025 meeting	SD	August 2025	See AC(25)47, above.
AC(25)98	24/06/2025	Escalation Status Update Report	For Mr Huw Thomas and Mr Shaun Ayres to work together to add to future reports responsibility and accountability in terms of assurance committee, CCG/operational group, Executive Lead and officer	HT/SA	August 2025	<p>Complete The report presented to this meeting incorporates the updates.</p>
AC(25)100	24/06/2025	Annual Review of Committee Terms of Reference	To include in paragraph 2.4.3 reference to the Regional Joint Committee	JW	July 2025	<p>Complete Approved by the Board on 31 July 2025.</p>
AC(25)103	24/06/2025	Review of Urgent and Emergency Care	To provide an update on progress to the next meeting, via the Table of Actions	AC	August October 2025	<p>In Progress Intention to share finalised plan for Phase 2 OCP with Executive Team by 20 August 2025, with any required OCP consultation commencing before 29 August 2025, to allow progress to be made.</p>

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AC(25)104	24/06/2025	Planned Care Review	To present to QSEC the methodology for assessing the risk of harm to patients caused by long waits	AC	August 2025	Complete Added to the QSEC work programme.
			To provide specific calendar dates for completion dates, instead of 'Quarters'	AC	August 2025	Complete Specific dates now added to the management response.
			To cross-check the numbers quoted in the report and those within the Audit Tracker, as they differ	CB	August 2025	Complete The discrepancies between the submitted management responses to Audit Wales and the Audit and Inspection tracker were due to the misinterpretation of the definition "overdue" by Clinical Care Group (CCG) leads when compiling data. As per definitions provided to ARAC via the Audit Tracker paper, recommendations considered overdue are those which are "in progress, but have exceeded its agreed original timeframe for implementation (i.e. overdue) (AMAT Status: Overdue / Partially Complete (Overdue))". As such, the figures which ought to have been included in management responses at the time of data extraction are as follows: Urology GIRFT: 3 overdue, 6 on track, 17 complete and 3 external

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						<p>General Surgery GIRFT: 22 recommendations on the original report, 21 of which are complete, and 1 overdue Ophthalmology: 20 overdue, 39 complete.</p> <p>Position statements on the performance of each CCG are included within the relevant meeting papers, and performance is monitored monthly via the Governance domain as part of the Health Board's internal escalation framework.</p> <p>The Business Partner will clarify the statuses with the CCG, and this will be covered in the Corporate Governance training that will be delivered to the CCGs over the summer.</p>
AC(25)105	24/06/2025	Review of Capital Investment Prioritisation	To schedule a discussion around the Health Board Strategy and how this aligns with the capital allocation at an Executive Team meeting	LD	August 2025	Complete Discussed regularly at ET meetings.
AC(25)108	24/06/2025	Discharge Management Follow-up (Advisory Report)	To investigate the disparity in closing times between Discharge Lounges and hospital Pharmacies, which	AC	August 2025	Complete Information below in relation to discharge lounges across the four sites:

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			could delay patients being discharged from hospital			BGH – currently does not have a discharge lounge but this is part of the planning, post fire work. WGH – Mon-Fri 9am-6pm - a HCSW arrives at 9am and can take in patients with site team support. RN arrives at 10am, and finishes at 6pm. GGH – Mon-Friday 8-6pm. PPH – Mon-Fri 10-6pm. Due to a lower discharge profile at weekend, patients due for discharge on a Saturday or Sunday tend to sit away from bedspace until transport arrives.
			For Mr Andrew Carruthers and Mrs Eleanor Marks to discuss the disparity in closing times between Discharge Lounges and hospital Pharmacies outside the meeting	AC	August October 2025	In Progress A meeting to discuss this issue specifically has not yet taken place. However, these matters are areas of focus for the Ambulance Handover Improvement Plan over the next 60 days.
			To provide an update to the next meeting, via the Table of Actions, on progress towards achieving the outstanding actions	AC	August October 2025	In Progress This action is being reviewed in the context of the Accelerated Urgent Emergency Care Actions and the new 60-day focus on handover improvement, and alignment of clinical executive support to assist with oversight and implementation. A further verbal update will be provided at the next ARAC.

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AC(25)109	24/06/2025	Standards of Cleanliness (Limited Assurance)	To provide an update on progress to the next meeting	JS	August 2025	Forward planned for 12 August 2025 meeting.
			To prioritise the topic of cleaning standards at the Executive Improving Together session (EITs) with Estates and Facilities this afternoon	HT	June 2025	Complete The issue was raised within the Estates and Facilities EITs meeting. Further work is being progressed within the CCG.
			To identify a clear timescale for progress and an interim solution prior to the August 2025 meetings of QSEC and ARAC	JS	July 2025	Complete Discussed with ARAC Chair on 31 July 2025.
AC(25)112	24/06/2025	Contract Management (Advisory Report)	To provide an update on progress to the next meeting	HT	August December 2025	In Progress Raised nationally, but not as yet discussed by the Directors of Finance peer group. A request has been submitted to include this on the workplan. Suggest that this action is deferred for a response by December 2025, to allow a fuller response.
AC(25)116	24/06/2025	Financial Assurance Report	To consider reporting STAs 'by exception' in the future	HT	August 2025	Complete Report is being re-designed, and this will be reviewed as part of this process.
			To raise with the Finance team the issue of the values within the IOH narrative and graph not matching	HT	August 2025	Complete Response made directly to IM who raised the question.

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AC(25)118	24/06/2025	Audit Tracker	To consider scheduling a discussion with the services of concern at a future meeting	RE/JW	August October 2025	In Progress This will be considered as part of the next Audit, inspection and regulatory Assurance Report, scheduled for the October 2025 meeting.
AC(25)120	24/06/2025	Final Accounts for 2024/25	To share the Audit Wales accounts addendum report with Members when received	HT	August October 2025	In Progress Not yet received from Audit Wales.
AC(25)121	24/06/2025	HDdUHB Annual Report 2024/25	To add the figure in relation to Mr Huw Thomas' attendance at the Staff Partnership Forum (SPF) on page 176 of the report	JW	June 2025	Complete The Annual Report was subsequently approved by Board on 26 June 2025 and submitted to Audit Wales by 30 June 2025.