Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR ARCHWILIO A SICRWYDD RISG
AUDIT AND RISK ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	20 April 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	UHB Central Tracker
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Joanne Wilson, Board Secretary
SWYDDOG ADRODD: REPORTING OFFICER:	Debbie Stone, Assurance and Risk Officer Charlotte Beare, Head of Assurance and Risk

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report provides the Audit and Risk Assurance Committee (ARAC) with progress in respect of the implementation of recommendations from audits and inspections.

Cefndir / Background

Audits, inspections and reviews play an important independent role in providing the Board with assurance on internal controls and that systems and processes are sufficiently comprehensive and operating effectively. Therefore, it is essential that recommendations from audits, inspections and reviews are implemented in a timely way.

All reports from audits, reviews and inspections carried out across the UHB are logged onto the UHB central tracker.

Inspection activity across the UHB has started to increase as auditors, inspectorates and regulators start to refocus on service delivery across the UHB following the second wave of COVID-19.

HIW resumed their inspection program with 3 reports being issued since the previous meeting: National Review of Maternity, Mass Vaccination Centres and Enlli Ward (Mental Health & Learning Disabilities), Bronglais General Hospital (BGH).

Audit Wales (AW) and Internal Audit (IA) continue with their work as per agreed Audit Plans, although plans are under regular review.

The Health and Safety Executive (HSE) and Mid and West Wales Fire and Rescue Service (MWWFRS) continue to monitor activity across the UHB.

Asesiad / Assessment

Management of outstanding recommendations during COVID-19

In the absence of the formal quarterly Executive Performance Management meetings, the assurance and risk team have put in place a rolling programme to obtain progress from individual services on a bi-monthly basis. This means that services are providing updates on progress, more frequently, which has enabled subsequent formal approval of closure of reports from the Executive Directors. This also includes an escalation process to the relevant Executive Director where no response is received from the service.

The table below sets out a summary of the status of the high priority recommendations. Appendix 1 provides an individual breakdown.

External Body	**Open High Priority Recommendations**	**Update summary**
Health Inspectorate Wales (HIW) Immediate Assurance (pre-COVID)	1 immediate improvement recommendation.	One immediate recommendation at Withybush General Hospital (WGH) Ward 7, relating to fire safety doors at the entrance to ward. This has not gone beyond the timescale for completion (August 2021) and is in line with the fire safety work programme being undertaken by Estates.
HIW 'Quality Checks'	2 improvement recommendations.	The improvement plan for Towy Ward at Glangwili General Hospital (GGH) contains two recommendations behind schedule, one relating to frailty (completion date has slipped from January 2021 to May 2021) and another regarding mandatory training (completion date has slipped from February to August 2021). 2 recommendations for Bryngolau ward (PPH) have been implemented since the last ARAC meeting.
Health and Safety Executive (HSE)	15 recommendations from 4 improvement notices (IN2, IN6, IN7 & IN8) and 5 material breaches (MB1, MB3, MB4, MB 7 & MB 9).	5 of 15 recommendations are behind schedule, relating to Material Breaches. Due to HSE confirming extensions on 19 March 2021, 10 recommendations have changed from red to amber since the last ARAC meeting (*previous ARAC meeting reported 17 outstanding recommendations exceeding HSE timescales*). 2 recommendations have been implemented since the last ARAC meeting. *All actions for Improvement Notices IN1, IN3, IN4 and IN5 have been completed and HSE confirmed these have been fully complied with. HSE also confirmed they are confident that the remaining work on material breaches is being completed without the need for HSE scrutiny. However as requested by the Director of Director of Nursing, Quality and Patient Experience, 5 material breaches will remain*

		open on the tracker until the 5 outstanding recommendations have been implemented. The Health and Safety Assurance Committee (HSAC) is overseeing implementation. The Head of Health, Safety and Security confirmed work undertaken on the 3 recommendations from the *material breach Notification of Contravention - Shielding. Letter dated 17 January 2021* have been actioned. The Head of Health, Safety and Security confirmed evidence of actions taken on the 2 recommendations from the *material breach Notification of Contravention – COVID-19 arrangements dated 28 January 2021* have been sent to HSE as requested by the HSE deadline of 01 March 2021. Both letters above have been reported to the HSAC and the UHB's Staff Partnership Forum, and following approval from the Director of Director of Nursing, Quality and Patient Experience these are now closed on the audit tracker.
Mid and West Wales Fire and Rescue Service (MWWFRS)	19 recommendations from 6 Enforcement Notices and 3 Letters of Fire Safety Matters.	There are no high priority recommendations currently behind schedule. (*1 of 21 recommendations previously reported to ARAC).* 2 recommendations (1 red and 1 amber) have been implemented since the last ARAC meeting, including the closure of Enforcement Notice KS/890/02. The UHB and MWWFRS have regular meetings in respect of the fire safety work programme. All current Enforcement Notices and Letters of Fire Safety Matters fully align with the delivery programme being managed by the UHB. The Health and Safety Assurance Committee is overseeing implementation.
Audit Wales (AW)	0 recommendations	There are no 'high' priority recommendations behind schedule. *(*5 of the 8 AW *high priority recommendations previously reported to ARAC).* 8 recommendations have been implemented or closed since the last meeting.

Internal Audit (IA)	9 recommendations.	5 of the 9 high priority recommendations are behind schedule (*12 of 19 'high' priority recommendations previously reported to ARAC*). 9 high priority recommendations have been implemented since the previous meeting and 1 is recorded as an external recommendation, ie out of the gift of the UHB to implement. 5 of the 9 recommendations are behind schedule as below: • 1 recommendation from the Theatres Directorate report April 2018 due for completion September 2021. • 1 recommendation from the IM&T Assurance - Follow Up report March 2020 due for completion May 2021. • 1 recommendation from the Radiology Directorate report October 2019 due for completion December 2021. • 2 recommendations from the IM&T Control and Risk Assessment report November 2020 due for completion October and April 2021.

Appendix 2 provides a list of other recommendations that still need to be implemented (these are RAG rated amber (in progress and on schedule) or red (behind schedule). It does not include recommendations from HIW and CHC reports relating to inspections of independent contractors (i.e. GP and dental practice not managed by the UHB). The practices remain directly accountable for implementing these recommendations. The appendix also contains 7 recommendations, which do not have revised timescales (43 reported at previous meeting) this is where the date has passed and N/K is reported. The assurance and risk team continue to work with services to clarify completion dates.

UHB Central Tracker

Since February 2021, a further 36 reports have been closed or superseded, with 18 new reports received by the UHB. These are listed in Appendix 3.

As of 30 March 2021, there are 97 reports currently open, 48 of which have recommendations that have exceeded their original completion date. There is a decrease in recommendations where the original implementation date has passed from 153 to 84 and where

recommendations have gone beyond six months of their original completion date from 96 to 51 as reported in February 2021.

The review of outstanding red recommendations, led by the Board Secretary and Head of Assurance and Risk with Executive Directors, has been undertaken in response to the Board's request for a prioritised action plan, has provided a high level focus on these recommendations with many recommendations being closed as the required work has been completed or they are no longer relevant following changes in working practices, or have been re-categorised as being 'external', ie, outside the gift of the UHB to implement, and are now not included in the table below.

Below is a summary of activity from the audit tracker since previously reported to ARAC in February 2021:

	No of reports open at ARAC Feb-21	No of reports received since ARAC Feb-21	No of reports closed since ARAC Feb-21	No of reports open at ARAC Apr-21	No of reports that have passed their original implement-ation date	No of red recommend-ations i.e. Original implementation date has passed or will not be met	No of red recommend-ations beyond 6 months of original completion date
AW	10	0	5	5	5	3	3
CHC	3	0	1	2	2	0	0
CHC / HIW Contractors	4	0	2	2	0	0	0
Coroner Reg 28	0	0	0	0	0	0	0
DU	6	0	1	5	5	8	8
HEIW	0	0	0	0	0	0	0
HSE	23	0	4	19	1	4	5
HIW (Acute & Community)	6	2	0	8	4	6	2
HIW (MH&LD)	6	1	3	4	4	13	12
IA	33	8	17	24	15	26	13
MWWFRS	10	0	1	9	0	0	0
Peer Reviews	3	0	0	3	3	4	4
PSOW - S16	0	0	0	0	0	0	0
PSOW - S21	7	6	2	11	4	7	2
Royal Colleges	1	1	0	2	2	5	1
Other	1	0	0	1	0	8	2
WLC	2	0	0	2	2	0	0
TOTAL	**115**	**18**	**36**	**97**	**48**	**84**	**51**

Argymhelliad / Recommendation

The Audit & Risk Assurance Committee is asked to take an assurance on the following:

- Executive Directors and Lead Officers understand that there is still the expectation that outstanding recommendations from auditors, inspectorates and regulators should continue to be implemented during COVID-19, to ensure services are safe and the risk of harm to patients and staff is managed and minimised.
- The rolling programme to collate updates from services on a bi-monthly basis in order to report progress to the Committee.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference Cyfeirnod Cylch Gorchwyl y Pwyllgor	5.3 In carrying out this work the Committee will primarily utilise the work of Internal Audit, Clinical Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	ARAC – Audit and Risk Assurance Committee AW- Audit Wales (previously WAO (Wales Audit Office)) BGH – Bronglais General Hospital CHC- Community Health Council DU- Delivery Unit GGH - Glangwili General Hospital HEIW-Health Education and Improvement Wales HIW- Health Inspectorate Wales HSE- Health and Safety Executive IA- Internal Audit MWWFRS – Mid & West Wales Fire & Rescue Service NWIS – NHS Wales Informatics Service PPH – Prince Philip Hospital PSOW- Public Services Ombudsman for Wales SSU – Specialist Services Unit UHB – University Health Board WLC- Welsh Language Commissioner WGH- Withybush General Hospital

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Board Secretary

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts from this report however late or non-delivery of recommendations from audits and inspections could mean that the UHB is not addressing any gaps in control and exploiting opportunities to achieve value for money.
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts from this report however late or non-delivery of recommendations from audits and inspections could mean that the UHB is not addressing any gaps in control in relation to patient quality and care.
Gweithlu: Workforce:	No direct impacts from this report however late or non-delivery of recommendations from audits and inspections could mean that the UHB is not addressing any gaps in control in relation to workforce issues and risks.
Risg: Risk:	No direct impacts from this report however late or non-delivery of recommendations from audits and inspections could mean that the UHB is not addressing any gaps in control and identified risks are not being managed.
Cyfreithiol: Legal:	No direct impacts from this report however late or non-delivery of recommendations from audits and inspections could mean that the UHB is less likely to defend itself in a legal challenge which could lead to larger fines/penalties and damage to reputation.
Enw Da: Reputational:	As above.
Gyfrinachedd: Privacy:	No direct impacts from this report
Cydraddoldeb: Equality:	No direct impacts from this report

Reference Number	Date of report	Report issued by	Report Title	Type of Plan	Status of report	Assurance Rating	Service / Directorate	Responsible Officer	Director	Recommendation Reference	Priority Level	Recommendation	Original Completion Date	Revised Completion Date	Status (Red- behind schedule, Amber- on schedule.	Progress update/ Reason overdue
LPJ/HD/04102019/06	Oct-19	Health and Safety Executive	Improvement notice - Incidents 02-11/07/19 IN6	Legislative requirements	Open	N/A	Nursing (Health & Safety)	Tim Harrison	Director of Nursing, Quality and Patient Experience	JHET/HD/04102019/06_003	high	R3. Design the system to effectively capture the accurate recording of incident details including the clear setting out of responsibilities for those expected to use this system.	May-20 Jul-20 Jan-21 Sep-21	Apr-21 Sept-21	Amber	The HSE wrote a notice of extension agreeing that the timescale of 01/05/2020 for this improvement notice is extended to 31/07/2020. 22/06/2020- Update provided to Health & Safety Assurance Committee. Recs are behind schedule with varying timescales until April 2021. 07/09/2020- HSE has granted extension to 29/01/2021. 25/01/2021- Action Plans submitted to HSE, feedback from HSE January 2021 visit awaited. 19/03/2021- HSE letter confirming extension to 24/09/2021 for this notice. Red recommendations turned back to amber.
LPJ/HD/04102019/06	Oct-19	Health and Safety Executive	Improvement notice - Incidents 02-11/07/19 IN6	Legislative requirements	Open	N/A	Nursing (Health & Safety)	Tim Harrison	Director of Nursing, Quality and Patient Experience	JHET/HD/04102019/06_004	High	R4. Determine how the system will be monitored by senior managers to ensure that follow-up action is carried out, and how it will be audited and reviewed.	May-20 Jul-20 Jan-21 Sep-21	Jan-21 Sept-21	Amber	The HSE wrote a notice of extension agreeing that the timescale of 01/05/2020 for this improvement notice is extended to 31/07/2020. 07/09/2020- HSE has granted extension to 29/01/2021. This recommendation is on track to be implemented by this date. 02/11/2020- update from H&S Assurance Committee paper shows timescale of December 2020. 25/01/2021- Action Plans submitted to HSE, showing this recommendation not being fully implemented until post Covid. Feedback from HSE January 2021 visit awaited. 19/03/2021- HSE letter confirming extension to 24/09/2021 for this notice. Red recommendations turned back to amber.
LPJ/HD/04102019/08	Oct-19	Health and Safety Executive	Improvement notice - Locations where Health Board employees and Agency workers work (Needlestick injuries) IN8	Legislative requirements	Open	N/A	Nursing (Health & Safety)	Tim Harrison	Director of Nursing, Quality and Patient Experience	JHET/HD/04102019/08_001	High	EITHER R1. Implement an effective management system to ensure all incidents where employees and others (such as Agency staff) have suffered an injury from a medical sharp are fully recorded and investigated. This system should also be used to manage any remedial actions required to ensure ongoing risks are mitigated.	May-20 Jul-20 Jan-21 Sep-21	Dec-20 Sep-21	Amber	The HSE wrote a notice of extension agreeing that the timescale of 01/05/2020 for this improvement notice is extended to 31/07/2020. 07/09/2020- HSE has granted extension to 29/01/2021. 02/11/2020- update from H&S Assurance Committee paper shows timescale of December 2020. 25/01/2021- Action Plans submitted to HSE, reporting that recommendation cannot be fully implemented until post-Covid. Feedback from HSE January 2021 visit awaited. 19/03/2021-HSE confirmed by letter an extension of 24/09/2021 against this notice. Recommendation changed to amber.
LPJ/HD/04102019/08	Oct-19	Health and Safety Executive	Improvement notice - Locations where Health Board employees and Agency workers work (Needlestick injuries) IN8	Legislative requirements	Open	N/A	Nursing (Health & Safety)	Tim Harrison	Director of Nursing, Quality and Patient Experience	JHET/HD/04102019/08_002	High	AND R2. Implement a suitable follow up monitoring system for managing employees and others (e.g. Agency workers) post injury (caused by a medical sharp) that exposed, or may have exposed, the person to a biological agent, to ensure they receive appropriate medical advice, treatment and counselling. OR Implement any other equally effective measures to remedy the said contraventions.	May-20 Jul-20 Jan-21 Sep-21	Dec-20 Sep-21	Amber	The HSE wrote a notice of extension agreeing that the timescale of 01/05/2020 for this improvement notice is extended to 31/07/2020. 07/09/2020- HSE has granted extension to 29/01/2021. 02/11/2020- update from H&S Assurance Committee paper shows timescale of December 2020. 25/01/2021- Action Plans submitted to HSE, reporting that recommendation cannot be fully implemented until post-Covid. Feedback from HSE January 2021 visit awaited. 19/03/2021-HSE confirmed by letter an extension of 24/09/2021 against this notice. Recommendation changed to amber.
JHET/HD/04102019/02	Oct-19	Health and Safety Executive	Improvement notice - Manual Handling 02-11/07/19 IN2	Legislative requirements	Open	N/A	Nursing (Health & Safety)	Tim Harrison	Director of Nursing, Quality and Patient Experience	JHET/HD/04102019/02_003	High	R3. Identify sources of information on manual handling incidents and near misses, and use these to reach a reliable estimate of occurrence and severity. This could include: a. Incidents recorded on Datix and how these are coded; b. Referrals to Occupational Health related to musculoskeletal disorders; c. Sickness absence records related to musculoskeletal disorders; d. Information from employee groups who do not have access to Datix; e. Information from employee representatives; f. Information from those providing training under the All Wales Manual Handling Training Passport.	May-20 Jul-20 Jan-21 Jun-21	Dec-20 May-21 Jun-21	Amber	The HSE wrote a notice of extension agreeing that the timescale of 01/05/2020 for this improvement notice is extended to 31/07/2020. 02/11/2020- update from H&S Assurance Committee paper-All of the actions identified in the notice schedule are in the process of being addressed by the Moving and Handling Team (M&H Team) through their Action Plan for 2020-2021. Revised timescale December 2020. 25/01/2021- Action Plans submitted to HSE showing recommendations will be fully implemented by May 2021, feedback from HSE January 2021 visit awaited. 19/03/2021- Formal HSE letter confirms extension to 25/06/2021 for this improvement notice.
JHET/HD/04102019/02	Oct-19	Health and Safety Executive	Improvement notice - Manual Handling 02-11/07/19 IN2	Legislative requirements	Open	N/A	Nursing (Health & Safety)	Tim Harrison	Director of Nursing, Quality and Patient Experience	JHET/HD/04102019/02_001	High	R1. Establish a management system to monitor and review the implementation of your Manual Handling Policy number 273. This should include but is not limited to: a. Setting standards by which to assess the performance of those with responsibilities. b. Developing systems for proactive monitoring by managers and senior managers appropriate to their roles to identify whether suitable risk controls are in place. c. Developing systems for the auditing of risk control measures by competent person(s) outside the line management chain.	May-20 Jul-20 Jan-21 Jun-21	Oct-20 Dec-20 May-21 Jun-21	Amber	The HSE wrote a notice of extension agreeing that the timescale of 01/05/2020 for this improvement notice is extended to 31/07/2020. 07/09/2020- HSE granted extension to 29/01/2021. 02/11/2020- update from H&S Assurance Committee paper-All of the actions identified in the notice schedule are in the process of being addressed by the Moving and Handling Team (M&H Team) through their Action Plan for 2020-2021. Revised timescale December 2020. 25/01/2021- Action Plans submitted to HSE showing recommendations will be fully implemented by May 2021, feedback from HSE January 2021 visit awaited. 19/03/2021- Formal HSE letter confirms extension to 25/06/2021 for this improvement notice.

JHET/HD/0410 2019/02	Oct-19	Health and Safety Executive	Improvement notice - Manual Handling 02-11/07/19 IN2	Legislative requirements	Open	N/A	Nursing (Health & Safety)	Tim Harrison	Director of Nursing, Quality and Patient Experience	JHET/HD/04102019 /02_002	High	R2. Identify the resources needed to effectively implement and sustain the systems developed in response to 1 above.	May-20 Jul-20 Jan-21 Jun-21	Oct-20 Dec-20 May-21 Jun-21	Amber	The HSE wrote a notice of extension agreeing that the timescale of 01/05/2020 for this improvement notice is extended to 31/07/2020. 07/09/2020- HSE granted extension to 29/01/2021. 02/11/2020- update from H&S Assurance Committee paper-The M&H Team are in the process of developing an SBAR to request funding for a new 0.6FTE Band 4 to assist the team in fulfilling their duties. Revised timescale December 2020. 25/01/2021- Action Plans submitted to HSE showing recommendations will be fully implemented by May 2021, feedback from HSE January 2021 visit awaited. 19/03/2021- Formal HSE letter confirms extension to 25/06/2021 for this improvement notice.
JHET/HD/0410 2019/02	Oct-19	Health and Safety Executive	Improvement notice - Manual Handling 02-11/07/19 IN2	Legislative requirements	Open	N/A	Nursing (Health & Safety)	Tim Harrison	Director of Nursing, Quality and Patient Experience	JHET/HD/04102019 /02_004	High	R4. Identify how the findings from monitoring, auditing and review will be considered and consulted on, and responsibilities allocated to ensure that suitable and timely action is taken and completed.	May-20 Jul-20 Jan-21 Jun-21	Oct-20 Dec-20 May-21 Jun-21	Amber	The HSE wrote a notice of extension agreeing that the timescale of 01/05/2020 for this improvement notice is extended to 31/07/2020. 07/09/2020- HSE granted extension to 29/01/2021. 02/11/2020- update from H&S Assurance Committee paper-All of the actions identified in the notice schedule are in the process of being addressed by the Moving and Handling Team (M&H Team) through their Action Plan for 2020-2021. Timescale December 2020. 25/01/2021- Action Plans submitted to HSE showing recommendations will be fully implemented by May 2021, feedback from HSE January 2021 visit awaited. 19/03/2021- Formal HSE letter confirms extension to 25/06/2021 for this improvement notice.
JHET/HD/0410 2019/02	Oct-19	Health and Safety Executive	Improvement notice - Manual Handling 02-11/07/19 IN2	Legislative requirements	Open	N/A	Nursing (Health & Safety)	Tim Harrison	Director of Nursing, Quality and Patient Experience	JHET/HD/04102019 /02_005	High	R5. Start to implement the system identified as far as reasonably practicable in the timescale of this Notice.	May-20 Jul-20 Jan-21 Jun-21	Oct-20 Dec-20 May-21 Jun-21	Amber	The HSE wrote a notice of extension agreeing that the timescale of 01/05/2020 for this improvement notice is extended to 31/07/2020. 07/09/2020- HSE granted extension to 29/01/2021. 02/11/2020- update from H&S Assurance Committee paper-All of the actions identified in the notice schedule are in the process of being addressed by the Moving and Handling Team (M&H Team) through their Action Plan for 2020-2021. Timescale December 2020. 25/01/2021- Action Plans submitted to HSE showing recommendations will be fully implemented by May 2021, feedback from HSE January 2021 visit awaited. 19/03/2021- Formal HSE letter confirms extension to 25/06/2021 for this improvement notice.
LPJ/HD/04102 019/07	Oct-19	Health and Safety Executive	Improvement notice - Theatres, Bronglais Hospital 02-11/07/19 IN7	Legislative requirements	Open	N/A	Nursing (Health & Safety)	Tim Harrison	Director of Nursing, Quality and Patient Experience	JHET/HD/04102019 /07_002	High	R2. Where such manual handling operations cannot be avoided you should in consultation with the Health Board's health & safety competent persons, and with their employee representatives, assess the risks and identify additional controls for all manual handling activities in theatres: You should take into consideration the following: a) Identifying all of those activities which pose a risk to employees' health and are not included in the All Wales Manual Handling Passport including: static support of patients' limbs, moving and handling patients into the prone position, repositioning patients during surgery. b) Developing systems to carry out suitable and sufficient risk assessments c) Identifying changes in processes to avoid manual handling or additional controls to reduce the risk to employees' health. d) Providing suitable and sufficient information, instruction and training to those who will be carrying out the patient handling e) Providing suitable and sufficient information, instruction and training to those who will be carrying out inanimate load risk assessments including wheeled operations. f) Developing a system to communicate the findings of the assessments and controls identified to eliminate or reduce the risk.	May-20 Jul-20 Jan-21 Jun-21 Sep-21	Jul-20 Oct-20 Dec-20 May-21 Jun-21 Sep-21	Amber	The HSE wrote a notice of extension agreeing that the timescale of 01/05/2020 for this improvement notice is extended to 31/07/2020. Delayed to October 2020. Some of the delays are due to the impact of COVID-19 and the required re-directing of resource to manage the evolving Health Board response to the situation. Others, such as the contractor compliance work, are based on a phased approach to compliance. 07/09/2020- HSE has granted extension to 29/01/2021. 02/11/2020- update from H&S Assurance Committee paper shows timescale of December 2020. 25/01/2021- Action Plans submitted to HSE, showing one action outstanding to May 2021. Feedback from HSE January 2021 visit awaited. 17/03/2021- H&S Manager confirmed HSE requested additional information that has been submitted, therefore they are hoping this improvement notice will be formally signed off by HSE shortly. 19/03/2021- Health & Safety Manager confirmed HSE confirmed they consider this recommendation to be outstanding, recommendation amended from green to red. HSE granting extension to June 2021. Formal letter from HSE should be received next week. 19/03/2021- HSE letter confirming extension to 24/09/2021 for this notice. Red recommendation turned back to amber.
MB3	Oct-19	Health and Safety Executive	Material breaches- The Management of Health and Safety at Work Regulations 1999, Regulation 3(1) - Bronglais Hospital MB3	Legislative requirements	Open	N/A	Nursing (Health & Safety)	Tim Harrison	Director of Nursing, Quality and Patient Experience	MB3	High	You should undertake a suitable and sufficient assessment for all employees (e.g.. Agency staff) required to work alone at Bronglais Hospital and make arrangements for their protection from exposure to violence where this is reasonably foreseeable.	May-20 Jul-20 Jan-21	Dec-21	Red	The HSE wrote a notice of extension agreeing that the timescale of 01/05/2020 is extended to 31/07/2020. 07/09/2020- HSE Granted extension to 29/01/2021. 02/11/2020- update from H&S Assurance Committee paper- PAMOVA training has been identified as a priority action. Training with regards to safe holding is in place but is unfortunately currently disrupted due to COVID-19 restrictions. Timescale stated as just the year 2021, therefore December 2021 assumed as implementation date. 25/01/2021- Action Plans submitted to HSE. Notice to stay as red on the tracker for now until feedback is received from HSE. 19/03/2021- Health & Safety Manager confirmed HSE will are happy for all MBs to be closed. Formal letter from HSE should be received next week. 30/03/2021-Director of Nursing, Quality and Patient Experience confirmed MB to stay open until outstanding work completed, recommendation remains red.

MB1	Oct-19	Health and Safety Executive	Material breaches- The Management of Health and Safety at Work Regulations 1999, Regulation 3(1) - Estates MB1	Legislative requirements	Open	N/A	Nursing (Health & Safety)	Tim Harrison	Director of Nursing, Quality and Patient Experience	MB1	High	You should undertake a suitable and sufficient assessment of the risks to Estates employees who are required to work alone across all UHB estates (including Secure Mental Health Units) and implement a system whereby the identified risks (that include exposure to violence where reasonably foreseeable) are minimised and managed.	May-20 Jul-20 Nov-20	Nov-20 Dec-20 N/K	Red	The HSE wrote a notice of extension agreeing that the timescale of 01/05/2020 is extended to 31/07/2020. 07/09/2020- HSE Granted extension to 27/11/2020. 02/11/2020- update from H&S Assurance Committee paper shows timescale of December 2020 (after HSE extension of November 2020, rec turned from amber to red). 25/01/2021- Action Plans submitted to HSE. Further information required - work in progress. Notice to stay as red on the tracker for now until feedback is received from HSE. 19/03/2021- Health & Safety Manager confirmed HSE will are happy for all MBs to be closed. Formal letter from HSE should be received next week. MB to stay red until formal confirmation received. 30/03/2021-Director of Nursing, Quality and Patient Experience confirmed MB to stay open until outstanding work completed, recommendation remains red.
MB7	Oct-19	Health and Safety Executive	Material breaches- The Management of Health and Safety at Work Regulations 1999, Regulation 3(1) - Glangwili Hospital A&E (inc. reception) MB7	Legislative requirements	Open	N/A	Nursing (Health & Safety)	Tim Harrison	Director of Nursing, Quality and Patient Experience	MB7	High	You should undertake a suitable and sufficient assessment for all employees and others (e.g.. Agency staff) within Glangwili Hospital A&E (inc. reception) and make arrangements for their protection from exposure to violence where this is reasonably foreseeable.	May-20 Jul-20 Jan-21	Dec-21	Red	The HSE wrote a notice of extension agreeing that the timescale of 01/05/2020 is extended to 31/07/2020. 07/09/2020- HSE Granted extension to 29/01/2021. 02/11/2020- update from H&S Assurance Committee paper-PAMOVA training has been identified as a priority action. Training with regards to safe holding is in place but is unfortunately currently disrupted due to COVID-19 restrictions. Timescale stated as just the year 2021, therefore December 2021 assumed as implementation date. 25/01/2021- Action Plans submitted to HSE. Notice to stay as red on the tracker for now until feedback is received from HSE. 19/03/2021- Health & Safety Manager confirmed HSE will are happy for all MBs to be closed. Formal letter from HSE should be received next week. MB to stay red until formal confirmation received. 30/03/2021-Director of Nursing, Quality and Patient Experience confirmed MB to stay open until outstanding work completed, recommendation remains red.
MB9	Oct-19	Health and Safety Executive	Material breaches- The Management of Health and Safety at Work Regulations 1999, Regulation 3(1) - Mental Health MB9	Legislative requirements	Open	N/A	Nursing (Health & Safety)	Tim Harrison	Director of Nursing, Quality and Patient Experience	MB9	High	You should undertake a suitable and sufficient assessment of the risks to all employees and others (e.g.. Agency staff) within the Mental Health teams involved with the transportation of patients and make arrangements for their protection from exposure to violence where this is reasonably foreseeable.	May-20 Jul-20 Jan-21	Dec-21	Red	The HSE wrote a notice of extension agreeing that the timescale of 01/05/2020 is extended to 31/07/2020. 07/09/2020- HSE Granted extension to 29/01/2021. 02/11/2020- H&S Assurance Committee paper does not make clear if this will be implemented by January 2021. Rec to remain red (behind schedule) until clarification received from H&S team. 25/01/2021- Action Plans submitted to HSE. Notice to stay as red on the tracker for now until feedback is received from HSE. 19/03/2021- Health & Safety Manager confirmed HSE will are happy for all MBs to be closed. Formal letter from HSE should be received next week. MB to stay red until formal confirmation received. 30/03/2021-Director of Nursing, Quality and Patient Experience confirmed MB to stay open until outstanding work completed, recommendation remains red.
MB4	Oct-19	Health and Safety Executive	Material breaches- The Management of Health and Safety at Work Regulations 1999, Regulation 3(1) - Prince Phillip Hospital MIU / AMAU MB4	Legislative requirements	Open	N/A	Nursing (Health & Safety)	Tim Harrison	Director of Nursing, Quality and Patient Experience	MB4	High	You should undertake a suitable and sufficient assessment for all employees and others (e.g.. Agency staff) within Prince Phillip Hospital MIU / AMAU who are required to work alone and make arrangements for their protection from exposure to violence where this is reasonably foreseeable.	May-20 Jul-20 Jan-21	Dec-21	Red	The HSE wrote a notice of extension agreeing that the timescale of 01/05/2020 is extended to 31/07/2020. 07/09/2020- HSE Granted extension to 29/01/2021. 02/11/2020- update from H&S Assurance Committee paper-PAMOVA training has been identified as a priority action. Training with regards to safe holding is in place but is unfortunately currently disrupted due to COVID-19 restrictions. Timescale stated as just the year 2021, therefore December 2021 assumed as implementation date. 25/01/2021- Action Plans submitted to HSE. Notice to stay as red on the tracker for now until feedback is received from HSE. 19/03/2021- Health & Safety Manager confirmed HSE will are happy for all MBs to be closed. Formal letter from HSE should be received next week. MB to stay red until formal confirmation received. 30/03/2021-Director of Nursing, Quality and Patient Experience confirmed
19097	Jul-20	HIW	Wards 7 & 11, WGH 04-05 Feb 20	Immediate Improvement Plan	Open	N/A	Unscheduled Care (WGH)	Janice Cole-Williams	Director of Operations	19097IA_004	High	R4. The Health Board is required to provide HIW with details of the action it will take to ensure that: Fire doors are fitted to the entrance of ward 7 in line with the requirements of the Enforcement notice issued by the Mid and West Wales Fire and Rescue Service to ensure the Health Board adequately protects patients, staff and the general public in the event of fire. We were informed that the doors to the entrance of ward 7 were not fire doors. An Enforcement Notice was issued by the Mid and West Wales Fire and Rescue Service requiring action to fit fire doors by the 30th November 2019. We were informed the doors were due to be replaced in September 2020 at the earliest as part of phase 2 of improvement work.	Aug-21	Aug-21	Amber	25/02/2021 One immediate recommendation remains at Withybush General Hospital (WGH) Ward 7, relating to fire safety doors at the entrance to ward. This has not gone beyond the timescale for completion (August 2021) which is in line with the fire safety work programme being undertaken by Estates.

20068	Dec-20	HIW	Glangwili Hospital (Towy Ward)	Improvement Plan	Open	N/A	Unscheduled Care (GGH)	Olwen Morgan	Director of Operations	20068_001	High	We recommend that an updated action plan for falls and pressure and tissue damage is submitted to HIW, within three months from the date of the quality check, so that we can assess progress made to improve and support patients' safety on the ward.	Jan-21	Jan-21 May-21	Red	22/01/2021- Update from Hospital HON- Training commenced in 27/11/2020. Suspended due to Ward COVID outbreak. 15/02/2021- Meeting with Hospital HON, Nurse Manager and Ward sister. Weekly training is held on Wednesdays where staff are encouraged to attend in order to complete the frailty teaching session, but not all staff have yet been able to complete as a result of Covid-19 pressures. 19/02/2021- Aim to complete 28/05/2021 (depending on COVID-19 restrictions). 09/03/2021- HONs is confident this will be achieved by the end of May 2021.
20068	Dec-20	HIW	Glangwili Hospital (Towy Ward)	Improvement Plan	Open	N/A	Unscheduled Care (GGH)	Olwen Morgan	Director of Operations	20068_002	High	We recommend that an updated action plan for completion of mandatory training is submitted to HIW within three months of the quality check so that we can assess progress made to improve compliance with mandatory training.	Feb-21	Feb-21 Aug-21	Red	22/01/2021- Update from Hospital HON- In-house training currently suspended due to COVID-19. 15/02/2021- Meeting with Hospital HON, Nurse Manager and Ward sister. Where possible, courses have been made available virtually for staff to attend and complete, however elements do require face to face training in areas such as fire safety and manual handling, which in the current climate is not possible. 19/02/2021- Aim to complete 27/08/2021 (depending on COVID-19 restrictions). 09/03/2021- HONs is confident this will be achieved by 27/08/2021.
20068	Dec-20	HIW	Glangwili Hospital (Towy Ward)	Improvement Plan	Open	N/A	Unscheduled Care (GGH)	Olwen Morgan	Director of Operations	20068_002	High	We recommend that an updated action plan for completion of mandatory training is submitted to HIW within three months of the quality check so that we can assess progress made to improve compliance with mandatory training.	Jan-21	Jan-21 Aug-21	Red	22/01/2021- Update from Hospital HON- Awaiting confirmation of training dates from Resus Officer and Fire Safety Officer. E-mail chaser sent 22/01/2021. 15/02/2021- Meeting with Hospital HON, Nurse Manager and Ward sister. A written document regarding cardiac arrest scenarios has been shared with staff, however as previously discussed the face to face elements of the training are currently undeliverable. 19/02/2021- Aim to complete 27/08/2021 (depending on COVID-19 restrictions). 09/03/2021- HONs is confident this will be achieved by 27/08/2021.
HDUHB1718-35	Apr-18	Internal Audit - HDUHB	Theatres Directorate	Internal Audit Report	Open	Reasonable	Scheduled Care	Stephanie Hire / Diane Knight	Director of Operations	HDUHB1718-35_001	High	R4. The practice of claiming enhanced hours for the whole period of an on-call shift should be officially reviewed, as a matter of urgency, with appropriate personnel involved in the process. Any decision made on the future payment of enhanced provision should be made in line with the Agenda For Change On-Call Agreement. The decision should be fully documented and appropriately approved for use.	Jun-18	Sep-21	Red	The recommendations cannot be addressed until grievance process is complete. Recommendation currently with Director of Operations. 02/03/2021- Director of Operations confirmed implementation of grievance outcome should be completed by end of Q2.
HDUHB_1920_40	Mar-20	Internal Audit - HDUHB	IM&T Assurance – Follow Up	Internal Audit Report	Open	Reasonable	Digital and Performance	Anthony Tracey / Sarah Brain	Director of Finance	HDUHB_1920_40_001	High	R1. The Health Board should consider a wider security awareness programme. To facilitate this the Assistant Director of Informatics should identify individuals with jurisdiction to implement the recommendation fully, drawing on their expertise and services, coordinating a programme of work to improve the security arrangements surrounding the Health Boards IT assets. The programme should include a communications plan to better publicise good practices and individuals responsibilities in relation to the physical and environmental security for IT assets such as PCs laptops and server equipment. Specialist assistance should be sought from the Health, Safety & Security team to identify site leads and empower them with the knowledge and responsibility for IT physical and environmental security self-assessment. These self assessments should be reviewed and followed up by visits from the Health, Safety & Security team at an appropriate frequency. This was queried but no clarification or additional documentation was provided. For this reason we cannot provide assurance as to whether this work has been carried out.	Feb-20	May-21	Red	03/09/2020- Recommendation to be picked during wider security work by Estates/H&S tem. H&S advisors to pick up security awareness as they go around each area and record this as part of their review process. 01/10/2020-H&S advisor to request at H&S team meeting if this recommendation can be included as part of the wider estates security work (a question include in the review to cover this off). Business Informatics Manager to chase for an update on this. 06/10/2020- Aim to close this recommendation soon, update to be made at Central Compliance & Audit Assurance Meeting on 20/10/2020. 05/11/2020- IG toolkit on track. To be lead by Estates department with supported by Information Governance Manager. In the interim physical security awareness included as part of H&S team site visits. 04/12/2020- being brought to IGSC in January 2021, will have better understanding at that point if this recommendation will be completed by May-21. 07/01/2021- Digital Business Manager confirmed initial findings to be reported to IGSC in February 2021, then submission in May 2021. 04/02/2021- Internal Audit currently reviewing this recommendation. Head of Assurance & Risk to discuss with Head of Health, Safety & Security that this is covered off. 18/03/2021- Internal Audit are currently reviewing evidence provided by the Digital Business Manager to establish if this recommendation can now be closed.

HDUHB 1819-32	Oct-19	Internal Audit - HDUHB	Radiology Directorate	Internal Audit Report	Open	Reasonable	Radiology	Amanda Evans	Director of Operations	HDUHB1819-32-002	High	R8: It should be ensured that staff work on call or overtime hours in addition to their basic hours and not instead of. The full number of basic hours should be worked prior to receiving any payments for additional hours.	Apr-19	Aug-20 Dec-21	Red	Further meetings have been held with leads from the programme management office in an effort to maintain momentum Another is scheduled to happen in August . In addition discussions in July have been held with Workforce and Organisational Development regarding the bespoke leadership training for the radiology site leads. Any changes to current staging rotas have taken into consideration new ways of working There however has been no opportunity to present developments to date or the revised staffing models to the executive team due to the response to Covid-19 . 24/08/2020- revised date of December 2021 date as this relies on a new system, substantial more staff and a whole radiology transformation. Update to be provided to ARAC in February 2021. 04/02/2021- Head of IA to check the detail of the recommendation to see if the original recommendation has been addressed. 26/02/2021- Update to ARAC Feb2021 meeting reports recommendation 8 as outstanding. This recommendation is connected to the historic arrangements for the radiography out of hours provision. 25/03/2021- Reporting officer provided a revised date of December 2021 for the new rota system to be embedded and sustainable on-call arrangements in place. A further update has been requested to ARAC for its August 2021 meeting.
HDUHB-2021-20	Nov-20	Internal Audit - HDUHB	IM&T Control and Risk Assessment	Internal Audit Report	Open	N/A	Digital and Performance	Anthony Tracey	Director of Finance	HDUHB-2021-20_004	High	R4. The organisation should maintain oversight of the extent to which IM&T satisfies obligations (regulatory, legislation, common law, contractual), internal policies, standards and professional guidelines. A register of compliance requirements for all IM&T related legislation and standards should be developed along with a process for reporting status upwards via the Digital Sub-Committee and IGSC.	Jun-21	Jun-21	Amber	15/12/2020- Scoping exercise to begin March 2021, with an aim to report in June 2021. 02/03/2021- On track, scoping exercise to begin this month (March 2021).
HDUHB-2021-20	Nov-20	Internal Audit - HDUHB	IM&T Control and Risk Assessment	Internal Audit Report	Open	N/A	Digital and Performance	Anthony Tracey	Director of Finance	HDUHB-2021-20_006	High	R6 .Schedules and results of uninterruptible power supply tests should be held and monitored by Informatics, providing assurance that power can be switched to the supply without any significant effect on business operations.	Mar-21	Mar-21 Oct-21	Red	04/02/2021- recommendations to be reviewed in follow up report to be undertaken by Internal Audit. 02/03/2021- We have monthly generator tests and our Data Centre UPS management platform alerts us to any issues. As for the rest of the estate we have 100's of UPS so we have no resources to complete this at this time. Once network upgrades are completed then we will move onto UPS but the priority at the moment has to be end of life switches. Digital Business Manager to review and provide revised timescale for completion. 05/03/2021- Digital Business Manager provided update- We have monthly generator tests and our Data Centre UPS management platform alerts us to any issues. As for the rest of the estate we have 100's of UPS so we have no resources to complete this at this time. Once network upgrades are completed then we will move onto UPS but the priority at the moment has to be end of life switches. More realistic deadline of October 2021 provided.
HDUHB-2021-20	Nov-20	Internal Audit - HDUHB	IM&T Control and Risk Assessment	Internal Audit Report	Open	N/A	Digital and Performance	Anthony Tracey	Director of Finance	HDUHB-2021-20_007	High	R7. The Health Board should develop sufficient resources in order to implement the cyber agenda.	Mar-21	Mar-21 Apr-21	Red	15/12/2020- report deadlines state: Commencement Date - March 2021 (Dependent upon a suitable candidate being appointed). Agency Staff – December 2020 (Dependent upon a suitable candidate being identified) 23/02/2021- Update reported to ARAC-The Digital Team were successful in attracting an agency staff to begin the readiness work around cyber resilience. This resource is available until 17th February 2021. Interviews are scheduled for the permanent post on the 19th February 2021, and we have a strong field of applicants. 02/03/2021- Band 7 Cyber Security Senior Specialist has been appointed, starting on 12th April. Once they start this recommendation can turn green.
HDUHB-2021-20	Nov-20	Internal Audit - HDUHB	IM&T Control and Risk Assessment	Internal Audit Report	Open	N/A	Digital and Performance	Anthony Tracey	Director of Finance	HDUHB-2021-20_010	High	R10. Once in post, the health board cyber security staff should carry out periodic testing of system security to determine adequacy of system protection.	Aug-21	Aug-21	Amber	15/12/2020- report states August 2021 deadline is dependent on a suitable candidate being appointed in March 2021. 02/03/2021- Band 7 Cyber Security Senior Specialist has been appointed, starting on 12th April. Once they start recommendation will form part of their workplan. Their first set of tasks once induction has been completed will be to implement the available solutions to enable these 6 monthly network scans. We would expect the first scans to be able to undertaken by the end of May 2021.
HDUHB-2021-22	Nov-20	Internal Audit - HDUHB	WCCIS Project (Ceredigion Locality)	Internal Audit Report	Open	Reasonable	Digital and Performance	Anthony Tracey	Director of Finance	HDUHB-2021-22_001	High	R1. The Health Board needs to complete the work needed to identify appropriate local outcome measures which can then be baselined to demonstrate the realisation of identified benefits. The project benefits register should then be reviewed to ensure that it is complete and up to date, once this is done a baseline should be taken to allow for future benefits monitoring and realisation of this project and the wider deployment of the WCCIS across the Health Board.	Jun-21	Jun-21	Amber	04/02/2021-Digital Business Manager confirmed this recommendation is on track.

SSU-HDU-2021-08	Dec-20	Internal Audit - SSU	Backlog Maintenance	Internal Audit Report	Open	Reasonable	Estates	Rob Elliott	Director of Operations	SSU-HDU-2021-08_001	High	R1. PBC's should include appropriate funding strategies and plans to manage maintenance and backlog maintenance which will arise over the life cycle of the new (or repurposed) assets.	Sep-21	Sep-21	Amber	13/01/2021- Director of Estates, Facilities and Capital Management confirmed timescale of September 2021, however this will be subject to Welsh Government feedback/approval and the UHB's ability to progress the business case. 04/03/2021- Process is in place, work will be needed as PBC programme develops. Sept-21 should be achievable however will depend on how quickly PBC progresses.
BFS/KS/SJM/0113573-KS/890/05 (supersedes EN/262/08)	Feb-20	Mid and West Wales Fire and Rescue Service	Enforcement Notice The Regulatory Reform (Fore Safety) Order 2005: Article 30 Premises: St Caradogs, Bro Cerwyn, Fishguard Road, Harverfordwest, SA61 2PG KS/890/05	Legislative requirements	Open	N/A	Estates	Rob Elliott	Director of Operations	BFS/KS/SJM/00113573_003	High	R3. Compartmentation / Dampers Reinstate the fire resistance in the following location: • The ventilation system will need to be inspected and repaired as necessary to ensure all its inherent fire safety devices are functioning in line with its design specifications and manufacturer's instructions. According to the action plan dated 02 December 2019 V2 these ongoing works are to be completed in the timescale of this Enforcement Notice	~~Oct-20~~ ~~Feb-21~~ ~~Dec-21~~ Apr-22	Dec-21 Apr-22	Amber	This work is part of the stage 2 WGH Fire Enforcement Programme. Estates colleagues are meeting with MWWFRS on 16/06/2020 to agree revised date of December 2021 (delayed by 4 months due to impact of COVID-19). Revised completion date issued on 24/08/2020 by MWWFRS of 21/12/2021. This is remedial works required to complete by February 2021 for priority works (advanced works) remaining works in Phase 1. 17/12/2020- Detailed work to review the delivery program being undertaken with a view to comply with the original date. 28/01/2021-Director of Estates, Facilities and Capital Management confirmed the enforcement notice should have been revised by MWWFRS to a timescale of April 2022 to align with the dates verbally agreed with MWWFRS and provided in the revised Letter of Fire Safety Matters received in January 2021. This recommendation is to remain red until the Enforcement Notice has been revised by the MWWFRS. 03/02/2021- MWWFRS confirmed that this enforcement notice now runs in line with the agreed completion dates of: Stage 1 Jan 2021 & Stage 2 April 2022. Recommendation turned back to amber.
BFS/KS/SJM/0114719 - KS/890/03	Feb-20	Mid and West Wales Fire and Rescue Service	Enforcement Notice The Regulatory Reform (Fire Safety) Order 2005: Article 30 Premises: Withybush General Hospital. The serving of this Notice dated 09 February 2020 and numbered KS/890/03	Legislative requirements	Open	N/A	Estates	Rob Elliott	Director of Operations	BFS/KS/SJM/00114719_03_001	High	R1. Compartmentation – All Horizontal Corridor Escape Routes To undertake whatever works are necessary to ensure that any / all breaches in fire resisting compartmentation that affect the Horizontal Escape Routes within Withybush Hospital are addressed. Fire resisting structures are to continue to slab / upper floor level / roof level and pass through any false ceiling provided.	Aug-21 Dec-21 Apr-22	Dec-21 Apr-22	Amber	This work is part of the phase 1 WGH Fire Enforcement Programme. 13/11/2020- Letter dated 05/11/2020 from MWWFRS this notice is extended to 30 April 2022 as agreed in the programme for Phase 1 Works (presented to them on the 02 October 2020). 04/03/2021-on track as per agreed programme of work.
BFS/KS/SJM/0114719 - KS/890/03	Feb-20	Mid and West Wales Fire and Rescue Service	Enforcement Notice The Regulatory Reform (Fire Safety) Order 2005: Article 30 Premises: Withybush General Hospital. The serving of this Notice dated 09 February 2020 and numbered KS/890/03	Legislative requirements	Open	N/A	Estates	Rob Elliott	Director of Operations	BFS/KS/SJM/00114719_03_002	High	R2. Compartmentation – All Vertical Breaches and / or Penetrations To undertake whatever works are necessary to ensure that any / all breaches in fire resisting compartmentation that affect the intermediate floors between levels within Withybush Hospital are addressed. Fire resisting structures are to continue to slab/ upper floor level / roof level and pass through any false ceiling provided.	Aug-21 Dec-21 Apr-22	Dec-21 Apr-22	Amber	This work is part of the phase 1 WGH Fire Enforcement Programme. 13/11/2020- Letter dated 05/11/2020 from MWWFRS this notice is extended to 30 April 2022 as agreed in the programme for Phase 1 Works (presented to them on the 02 October 2020). 04/03/2021-on track as per agreed programme of work.
BFS/KS/SJM/0114719-KS/890/04	Feb-20	Mid and West Wales Fire and Rescue Service	Enforcement Notice The Regulatory Reform (Fire Safety) Order 2005: Article 30 Premises: Withybush General Hospital. The serving of this Notice dated 09 February 2020 and numbered KS/890/04	Legislative requirements	Open	N/A	Estates	Rob Elliott	Director of Operations	BFS/KS/SJM/00114719_004	High	R1. Compartmentation – All Other Compartmented Areas. To undertake whatever works are necessary to ensure that any / all breaches in fire resisting compartmentation that affect the Wards, Theatres, Plant Rooms, Offices, Surgeries, Specialist Units and any other compartmented spaces within Withybush Hospital are addressed. Fire resisting structures are to continue to slab / upper floor level / roof level and pass through any false ceiling provided.	Apr-22 Apr-25	Dec-24 Apr-25	Amber	This work is part of the phase 2 WGH Fire Enforcement Programme. Commencement of work to take place in May 2022. This will be a large piece of work involving entering individual wards and decanting of services as required. 13/11/2020- Letter dated 05/11/2020 from MWWFRS this notice is extended to 30 April 2025 as agreed in the programme for Phase 2 Works (presented to them on the 02 October 2020). Recommendation changed back from red to amber. 04/03/2021-on track as per agreed programme of work.
BFS/KS/SJM/0107739	Aug-20	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters. The Regulatory Reform (Fire Safety) Order 2005. Glangwili General Hospital, Dolgwili Road, Carmarthen SA31 2AF	Legislative requirements	Open	N/A	Estates	Rob Elliott	Director of Operations	BFS/KS/SJM/00107739_Aug2020_001	High	R1. The areas visited in this inspection should be included into the current Compartmentation survey (areas listed at end of schedule)	Feb-21 Aug-21	Feb-21 Mar-21	Amber	17/12/2020- On track. Contractors have been procured to undertake surveys at the end of January 2021. 12/01/2021- Revised letter from MWWFRS confirms this item is to be completed in line with the agreed advanced, first and second phase works. Stage 1 / Advanced works relate to Vertical Escape routes by end August 2021. 29/01/2021- action plan provided by Assistant Head of Operational Facilities Management shows recommendation to be completed by Mar-21. 04/03/2021- Contractors have been requested to complete work, surveys will be completed by end of March 2021. 24/03/2021- Assistant Head of Operational Facilities Management believes this is complete but awaiting full confirmation on this. They may need to go back just to finish off a few areas where there was limited
BFS/KS/SJM/0107739	Aug-20	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters. The Regulatory Reform (Fire Safety) Order 2005. Glangwili General Hospital, Dolgwili Road, Carmarthen SA31 2AF	Legislative requirements	Open	N/A	Estates	Rob Elliott	Director of Operations	BFS/KS/SJM/00107739_Aug2020_001	High	R1. Ensure the holes in the ceiling within the area mentioned are repaired to reinstate the fire resistance of this room (Block 3 FF RM 36 IT Room)	Feb-21 Aug-21	Feb-21 Apr-21	Amber	17/12/2020- On track. Contractors have been engaged. 12/01/2021- Revised letter from MWWFRS confirms this item is to be completed in line with the agreed advanced, first and second phase works. Stage 1 / Advanced works relate to Vertical Escape routes by end August 2021. 29/01/2021- action plan provided by Assistant Head of Operational Facilities Management shows recommendation to be completed by Feb-21. 04/03/2021- Contractors will be completed work next week. 24/03/2021- Assistant Head of Operational Facilities Management confirmed this recommendation is still outstanding, revised timescale

BFS/KS/SJM/0 0107739	Aug-20	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters. The Regulatory Reform (Fire Safety) Order 2005. Glangwili General Hospital, Dolgwili Road, Carmarthen SA31 2AF	Legislative requirements	Open	N/A	Estates	Rob Elliott	Director of Operations	BFS/KS/SJM/001077 39_Aug2020_002	High	R2. Ensure that the means of escape is kept free from fire and smoke for a minimum period of 30 minutes by ensuring that: Padlocks / slide bolts should be removed from gates that are part of exit from Blocks 18B & A	Feb-21 Aug-21	Feb-21 Mar-21	Amber	17/12/2020- Being delivered, on track for Feb-21. 12/01/2021- Revised letter from MWWFRS confirms this item is to be completed in line with the agreed advanced, first and second phase works. Stage 1 / Advanced works relate to Vertical Escape routes by end August 2021. 29/01/2021- action plan provided by Assistant Head of Operational Facilities Management shows recommendation to be completed by Mar-21. 04/03/2021- Quote received and orders placed- will be completed by end of March 2021.
BFS/KS/SJM/0 0107739	Aug-20	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters. The Regulatory Reform (Fire Safety) Order 2005. Glangwili General Hospital, Dolgwili Road, Carmarthen SA31 2AF	Legislative requirements	Open	N/A	Estates	Rob Elliott	Director of Operations	BFS/KS/SJM/001077 39_Aug2020_002	High	R2. Ensure that the means of escape is kept free from fire and smoke for a minimum period of 30 minutes by ensuring that: All Redlam panic bolts fitted to exits should have the hammer fitted in case of emergency on inspection these were missing within Block 4 FF, SF, TF	Feb-21 Aug-21	Feb-21 Mar-21	Amber	17/12/2020- Being delivered, on track for Feb-21. 12/01/2021- Revised letter from MWWFRS confirms this item is to be completed in line with the agreed advanced, first and second phase works. Stage 1 / Advanced works relate to Vertical Escape routes by end August 2021. 29/01/2021- action plan provided by Assistant Head of Operational Facilities Management shows recommendation to be completed by Mar-21. 04/03/2021- on track for end of March 2021.
BFS/KS/SJM/0 0107739	Aug-20	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters. The Regulatory Reform (Fire Safety) Order 2005. Glangwili General Hospital, Dolgwili Road, Carmarthen SA31 2AF	Legislative requirements	Open	N/A	Estates	Rob Elliott	Director of Operations	BFS/KS/SJM/001077 39_Aug2020_002	High	R2. Ensure that the means of escape is kept free from fire and smoke for a minimum period of 30 minutes by ensuring that: Ensure that the hold open device and door both work as one unit, within Ceri ward the sub compartment doors by rm s 11 & 20 had to be pushed further passed its 1st held open position to attach to the magnetic hold open device, meaning that in position 1 if the alarm activates this door will not close automatically	Feb-21 Aug-21	Feb-21 Mar-21	Amber	17/12/2020- Being delivered, on track for Feb-21. 12/01/2021- Revised letter from MWWFRS confirms this item is to be completed in line with the agreed advanced, first and second phase works. Stage 1 / Advanced works relate to Vertical Escape routes by end August 2021. 29/01/2021- action plan provided by Assistant Head of Operational Facilities Management shows recommendation to be completed by Mar-21. 04/03/2021- on track for end of March 2021.
BFS/KS/SJM/0 0107739	Aug-20	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters. The Regulatory Reform (Fire Safety) Order 2005. Glangwili General Hospital, Dolgwili Road, Carmarthen SA31 2AF	Legislative requirements	Open	N/A	Estates	Rob Elliott	Director of Operations	BFS/KS/SJM/001077 39_Aug2020_006	High	R6. Provide a device complying with BS 5839 part 1 and linked to the existing fire alarm system in the following locations: 1. Add a Manual call point in Block 24 Rm 18 by final exit. 2. Move Manual call point in corridor within Block 28 as it is hidden by a held open door. 3. Extend the detection to cover Rm 48 Block 4 TF as it is now a Hazard room. As mentioned in the previous EN letter a number of Detector heads were seen to be outdated, this was also noted within the risk assessments, the fire detection needs to be updated in accordance with BS 5839 part 1. This was noted in: Block 1, Block 3, Block 18 a,b,d. The changes should be carried out and commissioned by a competent person	Feb-21 Aug-21	Feb-21 Mar-21	Amber	17/12/2020- Being delivered, on track for Feb-21. 12/01/2021- Revised letter from MWWFRS confirms this item is to be completed in line with the agreed advanced, first and second phase works. Stage 1 / Advanced works relate to Vertical Escape routes by end August 2021. 29/01/2021- action plan provided by Assistant Head of Operational Facilities Management shows recommendation to be completed by Mar-21. 04/03/2021-only block 4 left to complete, will be completed by end of March 2021.
BFS/KS/SJM/0 0107739	Aug-20	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters. The Regulatory Reform (Fire Safety) Order 2005. Glangwili General Hospital, Dolgwili Road, Carmarthen SA31 2AF	Legislative requirements	Open	N/A	Estates	Rob Elliott	Director of Operations	BFS/KS/SJM/001077 39_Aug2020_007	High	R7. Manage all waste on site responsibly. Block 18B the storage of bins is in an area that is not enclosed or at a safe distance from the building. The bins can remain in the area as long as a locked structure is erected around them. If not carefully managed and controlled, rubbish stacked in a haphazard fashion in unsightly piles outside premises can lead to more rubbish being dumped or fly tipped. Graffiti, vandalism and arson may then follow in quick succession. When there is no segregated bin storage, wheeled bins should be chained together and to an immobile object, such as a metal stake, at least 10 metres away from any building.	Feb-21 Aug-21	Feb-21 Mar-21	Amber	17/12/2020- Being delivered, on track for Feb-21. 12/01/2021- Revised letter from MWWFRS confirms this item is to be completed in line with the agreed advanced, first and second phase works. Stage 1 / Advanced works relate to Vertical Escape routes by end August 2021. 29/01/2021- action plan provided by Assistant Head of Operational Facilities Management shows recommendation to be completed by Mar-21. 04/03/2021- quote has been received and order placed, will be completed by end of March 2021.
BFS/KS/SJM/0 0107739	Aug-20	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters. The Regulatory Reform (Fire Safety) Order 2005. Glangwili General Hospital, Dolgwili Road, Carmarthen SA31 2AF	Legislative requirements	Open	N/A	Estates	Rob Elliott	Director of Operations	BFS/KS/SJM/001077 39_Aug2020_008	High	R8. Medical Gas Cylinders must be stored in appropriate racks within marked locations throughout the hospital site.	Feb-21 Aug-21	Feb-21 Mar-21	Amber	17/12/2020- Being delivered, on track for Feb-21. 12/01/2021- Revised letter from MWWFRS confirms this item is to be completed in line with the agreed advanced, first and second phase works. Stage 1 / Advanced works relate to Vertical Escape routes by end August 2021. 29/01/2021- action plan provided by Assistant Head of Operational Facilities Management shows recommendation to be completed by Feb-21. 04/03/2021- Assistant Head of Operational Facilities Management will check and inform Assurance and Risk Officer. 24/03/2021- Assistant Head of Operational Facilities Management confirmed this majority of recommendation progressed, to be fully

BFS/KS/SJM/00107739	Aug-20	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters. The Regulatory Reform (Fire Safety) Order 2005. Glangwili General Hospital, Dolgwili Road, Carmarthen SA31 2AF	Legislative requirements	Open	N/A	Estates	Rob Elliott	Director of Operations	BFS/KS/SJM/00107739_Aug2020_009	High	R9. Reduce the quantity of combustible materials: 1. There are files stored in close proximity to the Electrical intake within RM 34 Block 1 SF either remove these items to another area or construct a fire resisting structure to protect these combustible items in the event of a fire. 2. Reduce the number of boxes stored in RM 42 Block 1 SF as at the time of the inspection they were stored to the ceiling close to the light fitting. 3. Staff room in Block 4 GF had a considerable amount of storage, IT server room Block 18D and 18b also had unnecessary storage.	Feb-21 Aug-21	Feb-21 Mar-21 Apr-21	Amber	17/12/2020- Being delivered, on track for Feb 21. 29/01/2021- action plan provided by Assistant Head of Operational Facilities Management shows recommendation to be completed by Feb-21. 04/03/2021- Assistant Head of Operational Facilities Management confirmed slight delay, will be fully completed by March 2021. 04/03/2021- Assistant Head of Operational Facilities Management confirmed Rm 42 needs to be checked and confirmed. Revised timescale April 2021 entered on tracker.
BFS/KBJ/SJM/00113573	Dec-19	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters. The Regulatory Reform (Fire Safety) Order 2005. Letter of Fire Safety Matters. St Nons (Secure EMI unit)/ St Brynach's (Day Hospital) / Bro Cerwyn (Offices)	Legislative requirements	Open	N/A	Estates	Rob Elliott	Director of Operations	BFS/KBJ/SJM/00113573_001	High	R.1. St Nons. Ensure that door sets than can resist fire and smoke for 30 minutes are provided in the following locations: Throughout Units, many doors were defective, these were on escape routes. The terms door set refers to the complete element as used in practice: -: The door leaf or leaves. -: The frame in which the door is hung. -: Hardware essential to the functioning of the door set, 3 x hinges. -: Intumescent seals and smoke sealing devices/Self closure. -: Self-closers to be fitted to all doors and not compromise strips and seals of fire doors.	Mar-20 Dec-21 Apr-22	Dec-21 Apr-22	Amber	All works to be completed by December 2021 (delayed from August 2021 due to COVID-19). Survey will be completed by July 2020 which will establish the extent of the work to be undertaken. This work is part of the stage 2 WGH Fire Enforcement Programme and will take to December 2021 to be fully completed. Letter dated 24/08/2020 from MWWFRS granted extension to coincide with the timescale the stage 2 works (phase 1) revised to Dec 2021 agreed within the outcome of the meeting on the 06 June 2020 and again agreed as in meeting on the 20 August 2020. This work to be completed as part of Phase 1. 17/12/2020- Compartmentation survey has been completed. 12/01/2021- Revised letter from MWWFRS confirmed this item is to be completed in line with the agreed advanced, first and second phase works: Stage 2 / Phase 1 works relate to all remaining escape routes at WGH and all remaining work at St Caradogs, St Nons to be completed by end April 2022. 04/03/2021- on track.
BFS/KBJ/SJM/00113573	Dec-19	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters. The Regulatory Reform (Fire Safety) Order 2005. Letter of Fire Safety Matters. St Nons (Secure EMI unit)/ St Brynach's (Day Hospital) / Bro Cerwyn (Offices)	Legislative requirements	Open	N/A	Estates	Rob Elliott	Director of Operations	BFS/KBJ/SJM/00113573_002	High	R2. St Nons. Reinstate the fire resistance in the following location(s): Compartmentation issues throughout unit, due to Dampers showing fault on system.	Mar-20 Dec-21 Apr-22	Dec-21 Apr-22	Amber	All works to be completed by December 2021 (delayed from August 2021 due to COVID-19). Survey will be completed by July 2020 which will establish the extent of the work to be undertaken. This work is part of the stage 2 WGH Fire Enforcement Programme and will take to December 2021 to be fully completed. Letter dated 24/08/2020 from MWWFRS granted extension to coincide with the timescale the stage 2 works (phase 1) revised to Dec 2021 agreed within the outcome of the meeting on the 06 June 2020 and again agreed as in meeting on the 20 August 2020. This work to be completed as part of Phase 1. 17/12/2020- Compartmentation survey has been completed. 12/01/2021- Revised letter from MWWFRS confirmed this item is to be completed in line with the agreed advanced, first and second phase works: Stage 2 / Phase 1 works relate to all remaining escape routes at WGH and all remaining work at St Caradogs, St Nons to be completed by end April 2022.
BFS/KS/SJM/00175424/00175421/00175428/00175426/00175425	Jan-20	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters. The Regulatory Reform (Fire Safety) Order 2005. Withybush General Hospital, Kensington, St Thomas, etc.	Legislative requirements	Open	N/A	Estates	Rob Elliott	Director of Operations	BFS.KS/SJM/00175424/00175421/00175428/00175426/00175425_001	High	R1. Compartment •A Compartmentation survey of all the listed blocks above including floor to roof (Loft separation between stairwell and accommodation / office areas) must be carried out to ensure that fire and smoke cannot pass. • All Loft hatches are to be fire resisting to a minimum of 30 minutes. • Data cables, pipes and ducting need to be fire stopped, noted within St Thomas block but to include any other area not noted within all other blocks.	Jul-20 Dec-21 Apr-22	Dec-21 Apr-22	Amber	All works to be completed by December 2021 (delayed from August 2021 due to COVID-19). Survey will be completed by July 2020 which will establish the extent of the work to be undertaken. This work is part of the stage 2 WGH Fire Enforcement Programme and will take to December 2021 to be fully completed. Letter dated 24/08/2020 from MWWFRS granted extension to coincide with the timescale the stage 2 works (phase 1) revised to Dec 2021 agreed within the outcome of the meeting on the 06 June 2020 and again agreed as in meeting on the 20 August 2020. This work to be completed as part of Phase 1. 17/12/2020- Compartmentation survey has been completed. 12/01/2021- Revised letter from MWWFRS confirmed this item is to be completed in line with the agreed first phase works: Stage 2 / Phase 1 works relate to all remaining escape routes at WGH and all remaining work at St Caradogs, St Nons to be completed by end April 2022.

BFS/KS/SJM/00175424/00175421/00175428/00175426/00175425	Jan-20	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters. The Regulatory Reform (Fire Safety) Order 2005. Withybush General Hospital, Kensington, St Thomas, etc.	Legislative requirements	Open	N/A	Estates	Rob Elliott	Director of Operations	BFS.KS/SJM/00175424/00175421/00175428/00175426/00175425_002	High	R2. Fire Resisting Corridors Ensure that the means of escape is kept free from fire and smoke for a period of 30 minutes by ensuring that: • Bedroom / flat doors, Kitchen, cleaners and Laundry room doors, are all to be a minimum fire resistance of FD30s with a self-closer. (Pembroke county, Springfield, St Thomas, Kensington blocks) these doors should not be wedged open and any intumescent smoke seals that is damaged (Painted over) or missing should be replaced. At the time of the inspection I noted a number of doors being held open with wedges, the use of these Wedges holding doors open in all Blocks should be prohibited as it could promote the spread of fire, if doors are required to be left open then they will have to be self-closing 30-minute fire door linked in to the fire detection system. • Excessive gaps in fire doors should be repaired or the door needs to be replaced so the gap is a max 3mm (Within All Blocks). • Transom lights above doors should be replaced, they should be constructed to provide 30 minutes fire resistance to the means of escape, these were mainly noted within the Pembroke county, St Thomas, Kensington blocks but if they are present within any other block within the means of escape these need to also be addressed. • Lobby doors need to be replaced in both first floor RH offices within the Springfield and Kensington blocks.	Jul-20 Dec-21 Apr-22	Dec-21 Apr-22	Amber	All works to be completed by December 2021 (delayed from August 2021 due to COVID-19). Survey will be completed by July 2020 which will establish the extent of the work to be undertaken. This work is part of the stage 2 WGH Fire Enforcement Programme and will take to December 2021 to be fully completed. Letter dated 24/08/2020 from MWWFRS granted extension to coincide with the timescale the stage 2 works (phase 1) revised to Dec 2021 agreed within the outcome of the meeting on the 06 June 2020 and again agreed as in meeting on the 20 August 2020. This work to be completed as part of Phase 1. 12/01/2021- Revised letter from MWWFRS confirmed this item is to be completed in line with the agreed first phase works: Stage 2 / Phase 1 works relate to all remaining escape routes at WGH and all remaining work at St Caradogs, St Nons to be completed by end April 2022.
BFS/KS/SJM/00175424/00175421/00175428/00175426/00175425	Jan-20	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters. The Regulatory Reform (Fire Safety) Order 2005. Withybush General Hospital, Kensington, St Thomas, etc.	Legislative requirements	Open	N/A	Estates	Rob Elliott	Director of Operations	BFS.KS/SJM/00175424/00175421/00175428/00175426/00175425_003	High	R3. Improve Fire Detection System The detection within the means of escape from the flats and bedrooms should be changed from heat detection to smoke detection to allow the maximum amount of time between detection alert and escape. It was noted that there was heat detection in the bedrooms and entrance halls into the flats and within the lounge areas where smoke detection would be the preferred safer option, it was explained to me that this was due to the residents being able to smoke within the premises before the smoking ban to reduce the false alarm calls. • It was noted that there was a detector being covered at time of inspection within the kitchen of the Pembroke county block (First floor flat F block). You must ensure that this practice is not repeated, information must be given to the occupants explaining the severity of this action. • Due to the Server within the Means of escape an additional detector within the area of the device is required (due to the lintel between the detector and the server) noted within the Pembroke county and St Thomas block (but this should include all blocks if server is on escape route in the same way). The changes should be carried out and commissioned by a competent person.	Jul-20 Dec-21 Apr-22	Dec-21 Apr-22	Amber	All works to be completed by December 2021 (delayed from August 2021 due to COVID-19). Survey will be completed by July 2020 which will establish the extent of the work to be undertaken. This work is part of the stage 2 WGH Fire Enforcement Programme and will take to December 2021 to be fully completed. Letter dated 24/08/2020 from MWWFRS granted extension to coincide with the timescale the stage 2 works (phase 1) revised to Dec 2021 agreed within the outcome of the meeting on the 06 June 2020 and again agreed as in meeting on the 20 August 2020. 12/01/2021- Revised letter from MWWFRS confirmed this item is to be completed in line with the agreed first phase works: Stage 2 / Phase 1 works relate to all remaining escape routes at WGH and all remaining work at St Caradogs, St Nons to be completed by end April 2022.
KS/890/07	Nov-20	Mid and West Wales Fire and Rescue Service	Enforcement Notice The Regulatory Reform (Fire Safety) Order 2005: Article 30 Premises: West Wales General Hospital, Glangwili, Dolgwili Road, Carmarthen, Carmarthenshire, SA31 2AF KS/890/07	Legislative requirements	Open	N/A	Estates	Rob Elliott	Director of Operations	KS/890/07_01	High	R1. Compartmentation – All Vertical Escape Routes. (Agreed Advanced works). To undertake whatever works are necessary to ensure that any/all breaches in fire resisting compartmentation that affect the Vertical Escape Routes within Glangwili General Hospital are addressed as agreed in the programme for Advanced works (presented to us on the 02 October 2020). Fire resisting structures are to continue to slab/upper floor level/roof level and pass through any false ceiling provided.	Oct-20 Feb-21 Aug-21	Aug-21	Amber	13/11/2020- Letter dated 05/11/2020 from MWWFRS confirming enforcement notice KS/890/06 is withdrawn and replaced by KS/890/07, KS/890/08, KS/890/09 dated 04/11/2020. KS/890/07 to be completed by 31/08/2021 as agreed in the programme for Advanced Works (presented to them on the 02 October 2020). Original completion dates shown on tracker taken from original KS/890/06 enforcement notice. 17/12/2020- on track for Aug-21 completion. 04/03/2021- still on track for August 2021, figure has been submitted to WG for advanced work for GGH, expect quick turnaround response in next couple of weeks.
KS/890/08	Nov-20	Mid and West Wales Fire and Rescue Service	Enforcement Notice The Regulatory Reform (Fire Safety) Order 2005: Article 30 Premises: West Wales General Hospital, Glangwili, Dolgwili Road, Carmarthen, Carmarthenshire, SA31 2AF KS/890/08	Legislative requirements	Open	N/A	Estates	Rob Elliott	Director of Operations	KS/890/08_01	High	R1.Compartmentation – All Horizontal Corridor Escape Routes (Agreed Phase 1 Works). To undertake whatever works are necessary to ensure that any/all breaches in fire resisting compartmentation that affect the Horizontal Escape Routes within Glangwili General Hospital are addressed as agreed in the programme for Phase 1 Works (presented to us on the 02 October 2020). Fire resisting structures are to continue to slab/upper floor level/roof level and pass through any false ceiling provided.	Oct-20 Feb-21 Jul-22	Jul-22	Amber	13/11/2020- Letter dated 05/11/2020 from MWWFRS confirming enforcement notice KS/890/06 is withdrawn and replaced by KS/890/07, KS/890/08, KS/890/09 dated 04/11/2020. KS/890/08 to be completed by 31/07/2022 as agreed in the programme for Advanced Works (presented to them on the 02 October 2020). Original completion dates shown on tracker taken from original KS/890/06 enforcement notice. 17/12/2020- on track for July 2022 completion. 04/03/2021- on track.

KS/890/08	Nov-20	Mid and West Wales Fire and Rescue Service	Enforcement Notice The Regulatory Reform (Fire Safety) Order 2005: Article 30 Premises: West Wales General Hospital, Glangwili, Dolgwili Road, Carmarthen, Carmarthenshire, SA31 2AF KS/890/08	Legislative requirements	Open	N/A	Estates	Rob Elliott	Director of Operations	KS/890/08_02	High	R2.Compartmentation – All Vertical Breaches and / or Penetrations. To undertake whatever works are necessary to ensure that any/all breaches in fire resisting compartmentation that affect the intermediate floors between levels within Glangwili Hospital are addressed as agreed in the programme for Phase 1 Works (presented to us on the 2nd Oct 2020). Fire resisting structures are to continue to slab/ upper floor level/roof level and pass through any false ceiling provided.	Oct-20 Feb-21 Jul-22	Jul-22	Amber	13/11/2020- Letter dated 05/11/2020 from MWWFRS confirming enforcement notice KS/890/06 is withdrawn and replaced by KS/890/07, KS/890/08, KS/890/09 dated 04/11/2020. KS/890/08 to be completed by 31/07/2022 as agreed in the programme for Advanced Works (presented to them on the 02 October 2020). Original completion dates shown on tracker taken from original KS/890/06 enforcement notice. 17/12/2020- on track for July 2022 completion. 04/03/2021- on track.
KS/890/09	Nov-20	Mid and West Wales Fire and Rescue Service	Enforcement Notice The Regulatory Reform (Fire Safety) Order 2005: Article 30 Premises: West Wales General Hospital, Glangwili, Dolgwili Road, Carmarthen, Carmarthenshire, SA31 2AF KS/890/09	Legislative requirements	Open	N/A	Estates	Rob Elliott	Director of Operations	KS/890/09_01	High	Item Number 1 - Compartmentation. (Agreed Phase 2 works). To undertake whatever works are necessary to ensure that any/all breaches in fire resisting compartmentation that affect the Wards, Theatres, Plant Rooms, Offices, Surgeries, Specialist Units and any other compartmented spaces within Glangwili General Hospital are addressed as agreed in the programme for Phase 2 works (presented to us on the 02 October 2020). Fire resisting structures are to continue to slab/upper floor level/roof level and pass through any false ceiling provided.	Oct-20 Feb-21 Aug-24	Aug-24	Amber	13/11/2020- Letter dated 05/11/2020 from MWWFRS confirming enforcement notice KS/890/06 is withdrawn and replaced by KS/890/07, KS/890/08, KS/890/09 dated 04/11/2020. KS/890/09 to be completed by 31/08/2024 as agreed in the programme for Advanced Works (presented to them on the 02 October 2020). Original completion dates shown on tracker taken from original KS/890/06 enforcement notice. 17/12/2020- Director of Estates, Facilities and Capital Management confirmed 'All Vertical Escape Routes' included in the notice (schedule section) in error. 04/03/2021-On track.

Reference Number	Date of report	Report issued by	Report Title	Type of Plan	Status of report	Assurance Rating	Service / Directorate	Responsible Officer	Director	Recommendation Reference	Priority Level	Recommendation	Original Completion Date	Revised Completion Date	Status (Red- behind schedule, Amber- on schedule, Green- complete)	Progress update/ Reason overdue
No ref	Mar-18	Audit Wales	Follow-up Information Backup, Disaster Recovery and Business Continuity, and Data Quality: Update on Progress	Improvement Plan	Open	N/A	Digital and Performance	Anthony Tracey	Director of Finance	WAO_InfoBackUp_006	Not stated	Disaster Recovery & Business Continuity. R8. Design and implement a schedule of regular back-up media and disaster recovery testing to provide assurance that applications and data can be successfully restored in the time required after the loss of a system.	N/K	Mar-21 Apr-21	Red	Currently undertaken at local level but not national. Processes are in place and asset group is back up and running following COVID-19. Business Continuity plans are also in place. 07/01/2021- Digital Business Manager update- work is no taking place nationally (NWIS) with a cloud based approach. Should be on track for the March 2021 date. 04/02/2021- Audit Wales reviewed recommendation and commented: 'if evidence of local arrangements in place can be provided, then Audit Wales will be happy for this recommendation to be closed'. Digital Business Manager to review and provide evidence if available. 02/03/2021- The implementation of the Health Board's new backup environment is going well and 40% of data and workloads has been migrated. We aim to complete this by the end of March and will provide necessary documentation by the end of April 2021.
175A2019-20	Apr-19	Audit Wales	Clinical coding follow-up review	Improvement Plan	Open	N/A	Digital and Performance	Anthony Tracey / Gareth Beynon	Director of Finance	WAO_ClinicalCoding_001b	Not stated	R1. Improve the management of medical records to ensure that the quality of, and access to, medical records effectively supports the clinical coding process. This should include: b) removing the use of temporary records, including poly-pockets and ensure files are merged into the master patient record.	Sep-19	Oct-20 Dec-20 Apr-21	Red	An action plan has been developed via the Health Records Group. The Health Records Group has agreed to focus on the correct Tracking of Patient Records, with Temporary notes and poly-pockets looking to be addressed following this work. Progress has been delayed (3-4 months) due to the COVID pandemic, with a newly revised completion date of October 2020. 22/10/2020 - update provided to ARAC: The Health Records Group has agreed to focus on the correct Tracking of Patient Records, with Temporary notes and poly-pockets looking to be addressed following this work Progress has been delayed significantly due to the COVID pandemic (6-9 months). The Health Records Group have only recently began to meet since the pandemic (September 2020). Monthly meetings have now been arranged to progress the work at pace. Newly revised completion date of April 2021. 07/01/2021 Digital Business Manager update- hopeful for group to meet in February/March 2021, this has been delays due to Covid. 04/02/2021- Audit Wales reviewed recommendation and commented: ' this can be closed if the Health Board policy states not to use temporary records, or if it includes the criteria for when temporary records can be used. Please can we have a copy of the policy and the section that refers to this- the recommendation can then be closed'. Digital Business Manager to review and provide evidence if available. 24/03/2021- SOP to be written to cover this recommendation and will be reported to IGSC in April 2021.
175A2019-20	Apr-19	Audit Wales	Clinical coding follow-up review	Improvement Plan	Open	N/A	Digital and Performance	Anthony Tracey / Gareth Beynon	Director of Finance	WAO_ClinicalCoding_001e	Not stated	R1. Improve the management of medical records to ensure that the quality of, and access to, medical records effectively supports the clinical coding process. This should include: e) improving compliance with the medical records tracker tool within the Myrddin Patient Administration System.	Aug-20	Dec-20 Jun-21	Red	22/10/2020 - update provided to ARAC as follows: An action plan has been developed via the Health Records Group. The Tracking of Records will be the focus of the Health Records Group for the next 6 months with a review at the end of this period along with lessons learned. The work plan suggests a number of phases to the work, ensuring that there are feedback loops and reviews. Timescale – 16 months, based around 4 x 4 month PDSA cycles. The first PDSA cycle was undertaken and lessons learned have been feed into the next PDSA cycle, which unfortunately was paused due to the COVID outbreak. Progress has been delayed significantly due to the COVID pandemic (6-9 months). The audits are now programmed to begin November 2020. 03/12/2020- Informatics Business Manager confirmed revised timescale of June 2021. 07/01/2021 Digital Business Manager update- hopeful for group to meet in February/March 2021, this has been delayed due to Covid. 04/02/2021- Audit Wales reviewed recommendation and commented: ' Recommendation was directed towards all staff not just coding staff- there is a policy for tracking records. Raising awareness with all staff that access records. If audit has started and is showing improvement this recommendation can be closed. '. Digital Business Manager to review and provide evidence if available. 02/03/2021- No audits are taking place at the moment, a meeting of the Health Records Group will be scheduled for March/April (Group haven't been meeting due to Covid) to agree and implement the audit work.
No Ref	Jan-20	CHC	Eye Care Services in Wales Follow Up	Improvement Plan	Open	N/A	Scheduled Care	Carly Buckingham	Director of Operations	EyeCareServices001	N/A	R1. The Welsh Government and the NHS in Wales needs to do more to reduce the current backlog of people waiting for appointments	Mar-21	Mar-21	Amber	By the middle of quarter 2 (August 2020) will have better idea of the waiting lists due to COVID and will review this recommendation at this time to establish if March 2021 deadline is still feasible. 26/11/2020- Update from SDM- No change since last update. We are continuing with the community schemes in relation to glaucoma and cataracts, and a consultant is reviewing these patients to ensure that anyone with an urgent condition is offered a hospital appointment. We are exploring digital opportunities with our community optometrist practices for AMD referrals. We will have a better idea of timescales for implementation by January 2021. 26/03/2021- Updates have been requested from the reporting officer however due to operational pressures and annual leave no update has been received as of 26/03/2021.
No Ref	Jan-20	CHC	Eye Care Services in Wales Follow Up	Improvement Plan	Open	N/A	Scheduled Care	Carly Buckingham	Director of Operations	EyeCareServices002	N/A	R2. The Welsh Government and the NHS in Wales needs to make sure longer term plans are capable of providing an equitable service that meets the increasing demand for eye care services across Wales	Mar-21	Mar-21	Amber	See update in recommendation 1- due to current COVID situation only those with greatest risk of sight loss now been given priority on the pathway. Recommendation to be reviewed in August 2020 to establish if March 2021 deadline is still feasible. 26/11/2020- Update from SDM- Continue to work with community optometrist practices to explore the opportunities for multi disc team working in community settings, for example the digital work mentioned above is a current project we are scoping. 26/03/2021- Updates have been requested from the reporting officer however due to operational pressures and annual leave no update has been received as of 26/03/2021.

No ref	Jul-17	Delivery Unit	All Wales Review of the Quality of Care and Treatment Planning in Adult Mental Health and Learning Disability Services July 2017	Improvement Plan	Open	N/A	Mental Health & Learning Disabilities	Sara Rees / Mel Evans	Director of Operations	AWR_QCTP_002	N/A	R2. A bespoke training programme to support the improvement of CTPs should be introduced to ensure that mental health and learning disability staff are, and remain, skilled in formulating CTPs and in enhancing the involvement and experience of service users in the process.	Mar-23	Mar-23	Amber	02/10/2020 Requested update - delayed due to COVID-19, first task and finish group of four due to take place early November, membership includes HB staff, 3rd sector and carer rep, it is anticipated that draft training package will be ready early in 2021. 10/12/20 Task and finish group has started and agreement over how the training should be delivered has been reached – continued sessions to take place in January 2021 with implementation to begin in an estimated timeframe of April. The training will be delivered by carers to enhance the impact and importance of crisis planning and support to carers re: risk assessment and joint planning of CTP. 19/02/2021 No progress no change to previous comment .
No ref	Mar-19	Delivery Unit	All Wales Assurance Review of Primary Care Child and Adolescent Mental Health Services - The Review of Under 18s March 2019 LPMHSS	Improvement Plan	Open	N/A	Mental Health & Learning Disabilities	Angela Lodwick / Sarah Burgess	Director of Operations	AWAR_PCCAMHS_005	N/A	R5. The HB should undertake an engagement exercise with GPs to improve liaison and a shared understanding of CAMHS pathways.	Nov-19	Dec-20 Jun-21	Red	01/05/2020 Assurance and Risk Officer met with Director and Interim Deputy. Date extended due to Covid 19, further email to Angela Lodwick , this will not be achieved quickly due to COVID and also 50% absence in Primary care . No update August 2020. 02/10/2020 Requested update - We are waiting for documents to be translated, once this is done, training can be arranged via MST, work in progress, significant changes in the team, in the process of recruiting new team manager. Covid-19 pandemic has impacted on the completion date due to being unable to visit GP surgeries, as such we are unlikely to meet the December 2020 deadline. 16/12/2020 C19 Pandemic and second wave has resulted in this being delayed. Documents not yet translated, Primary MH Lead has left post and new Lead commences in Feb 2021 . Training for GP's will be delivered via MS Teams advise this change to 6 months to enable above. 19/02/2021. No progress since last update. 22/03/2021 Primary Mental Health Lead appointed and work plan will be to progress training sessions with GP s provide the written criteria in English and welsh and close this action by June 2021 .
No ref	May-19	Delivery Unit	All Wales Cardiology to Cardiac Surgery Transfer Point Assurance Review	Improvement Plan	Open	N/A	Unscheduled Care (GGH)	Paul Smith	Director of Operations	DelUnitCardio002	N/A	R2:Ensure that all administrative record keeping – both electronic and within the medical records – are maintained to the highest of standards.	Aug-19	Oct-20 Dec-20 Aug-21	Red	Unable to progress due to COVID priorities reviewed date for completion is now September 2020. 02/10/2020- reporting officer confirmed It has not been possible to complete the planned monthly audits of outcomes forms at Cardiology Clinics as face to face Clinics have been suspended over the summer months due to COVID. Currently in the process of re-starting clinics now and will look to achieve monthly audits of outcome forms over the next few months. This will then allow us to present a % compliance. New timescale of December 2020. 29/01/2021- Update requested from reporting officer on 22/01/2021, update not yet received. 20/03/2021- reporting officer update- Pandemic pressures and more recently the Welsh Government priority to achieve a 35% reduction in the follow-up waiting list has compromised capacity to complete this audit. With increasing numbers of face to face clinics reinstated in coming months, plan to undertake this audit in August 2021.
No ref	May-19	Delivery Unit	All Wales Cardiology to Cardiac Surgery Transfer Point Assurance Review	Improvement Plan	Open	N/A	Unscheduled Care (GGH)	Paul Smith	Director of Operations	DelUnitCardio003	N/A	R3b: In advance of any national guidance or clinical agreement, establish regionally (between HDUHB and ABMUHB): b. clinical agreement that all referrals sent to tertiary service clearly include the clinically determined PSD and current adjusted PSD, including a standardised referral form which is consistent across HDUHB.	Dec-19	Dec-20 May-21	Red	Unable to progress due to COVID priorities reviewed date for completion is now December 2020. 29/01/2021- Update requested from reporting officer on 22/01/2021, update not yet received. 20/03/2021- Update from reporting officer- Pandemic pressures and more recently the Welsh Government priority to achieve a 35% reduction in the follow-up waiting list has compromised capacity to complete this audit. Plan to re-audit this compliance over the next few weeks.
No ref	May-19	Delivery Unit	All Wales Cardiology to Cardiac Surgery Transfer Point Assurance Review	Improvement Plan	Open	N/A	Unscheduled Care (GGH)	Paul Smith	Director of Operations	DelUnitCardio003	N/A	R3f.In advance of any national guidance or clinical agreement, establish regionally (between HDUHB and ABMUHB): f. a move towards the electronic referral of patients between Cardiology and Cardiac Surgery, based on the above work.	May-19	Dec-20 Jun-21	Red	Unable to progress due to COVID review date December 2020. 29/01/2021- Update requested from reporting officer on 22/01/2021, update not yet received. 20/03/2021- Update from reporting officer- Pandemic pressures and more recently the Welsh Government priority to achieve a 35% reduction in the follow-up waiting list has compromised capacity to complete this audit. Clinical Lead/SDM plan to review the possibility of developing a more reliable SharePoint system to support referrals and discuss this with SBUHB counterparts with respect to have we might progress this.
No ref	Sep-19	Delivery Unit	All Wales Review of progress towards delivery of Eye Care Measures	Improvement Plan	Open	N/A	Scheduled Care	Carly Buckingham	Director of Operations	DelUnit-EyeCare_002	N/A	R2. The Health Board should collate a single medium/long-term ophthalmic plan incorporating costing of all service developments required to deliver sustainable ophthalmic services covering all sub-specialities, supported by appropriate monitoring structures.	Nov-19	Jun-20 Aug-20 Oct-20 Mar-26	Red	IMTP has been submitted but due to COVID there are alternative plans for the service being developed. Royal College of Ophthalmologists and Welsh Government (WG) guidelines on delivery of eye services is being received on an all most weekly basis due to the COVID. WG has provided guidance on an increased community Ophthalmology pathway, however but our Consultants are not in agreement with the guidance. Service Delivery Manager meeting with Director of Operations for Exec Team steer on potential to not accept the WG guidance. New timescale of June 2020 to review position of developing plans during COVID. 16/07/2020- New timescales of August 2020. 24/08/2020 update- still in Q2 Covid-19 recovery, to be looked at in Q3 (September 2020). 26/11/2020- Update from SDM- We are currently reviewing the previous IMTP submission with our Finance Business Partners to review the considerations required following Covid-19. Timescale still currently unknown. 26/03/2021- Director of Secondary Care confirmed this is part of the development of a regional collaboration for eye care services under the ARCH programme which is a 5+ years programme of work. Revised timescale of March 2026. The outstanding recommendations from this report will be reported to the Exec team to request that they be moved to the Strategic Log as these are part of a long term service programme with ARCH.
No ref	Sep-19	Delivery Unit	All Wales Review of progress towards delivery of Eye Care Measures	Improvement Plan	Open	N/A	Scheduled Care	Carly Buckingham	Director of Operations	DelUnit-EyeCare_004	N/A	R4. Identify sustainable monies to support permanent solutions for meeting ophthalmic demand to enable the developments supported by the Sustainability Fund to continue beyond April 2020.	Mar-20	Jul-20 Aug-20 Oct-20 Mar-26	Red	IMTP submitted but no feedback provided as yet. New timescale July 2020 to review the requirements of this action. 16/07/2020- New timescale of August 2020 24/08/2020 update- No response to IMTP and no confirmation from Finance/Exec Team on funding. 26/11/2020- Update from SDM- We are currently reviewing the previous IMTP submission with our Finance Business Partners to review the considerations required following Covid-19. Timescale still currently unknown. 26/03/2021- Director of Secondary Care confirmed this is part of the development of a regional collaboration for eye care services under the ARCH programme which is a 5+ years programme of work. Revised timescale of March 2026. The outstanding recommendations from this report will be reported to the Exec team to request that they be moved to the Strategic Log as these are part of a long term service programme with ARCH.

No ref	Sep-19	Delivery Unit	All Wales Review of progress towards delivery of Eye Care Measures	Improvement Plan	Open	N/A	Scheduled Care	Carly Buckingham	Director of Operations	DelUnit-EyeCare_006	N/A	R6. Implement its solutions to ophthalmology recruitment challenges, including treatment capacity urgently.	Mar-20	Jun-20 Aug-20 Oct-20 Mar-26	Red	Same recruitment challenges exist. 2 recruitment campaigns has been unsuccessful and third recruitment round pulled due to COVID. Currently exploring options with Swansea Bay UHB to design a regional ophthalmology model for South West Wales. Clinicians have been requested to provide their option appraisals by the end of May 2020. 16/07/2020- update from service. ARCH workshop to explore Regional options for Ophthalmology taking place 27th July 2020. 24/08/2020- ARCH workshop took place in July 2020 and agreed to explore regional glaucoma consultant role. Rec to be reviewed October 2020 to establish if recruitment has been successful. 26/11/2020- Update from SDM- It is expected that a vision paper for the South West Wales Regional Eye Service will be presented at the next ARCH meeting on the 03/12/2020. Once agreement reached on this vision, it will be presented to both Health Board Executive Teams. Revised timescale of March 2021 provided. 26/03/2021- Director of Secondary Care confirmed this is part of the development of a regional collaboration for eye care services under the ARCH programme which is a 5+ years programme of work. Revised timescale of March 2026. The outstanding recommendations from this report will be reported to the Exec team to request that they be moved to the Strategic Log as these are part of a long term service programme with ARCH.
No ref	Sep-19	Delivery Unit	All Wales Review of progress towards delivery of Eye Care Measures	Improvement Plan	Open	N/A	Scheduled Care	Carly Buckingham	Director of Operations	DelUnit-EyeCare_007	N/A	R7. As part of the medium-long term plan development, the cataract service options require appraisal prior to the commencement of the next planning cycle, supported by a clear, time-bound delivery plan.	Mar-20	Jul-20 Sept-20 Mar-26	Red	Due to COVID situation the cataract service has currently ceased. 16/07/2020- Service is starting to review Urgent Cataract patients. New timescale of September 2020. Routine Cataracts will not commence during Q.2. 25/08/2020 update- urgent Cataract operations taking place in Werndale. Plans commencing to outsource from mid sept 2020. 26/11/2020- Update from SDM- Our outsourcing has recommenced at Werndale on a much smaller scale previously delivered due to both Covid-19 restrictions and the private provider supporting NHS activity. The upscaling of this will be reviewed in January 2021. 26/03/2021- Director of Secondary Care confirmed this is part of the development of a regional collaboration for eye care services under the ARCH programme which is a 5+ years programme of work. Revised timescale of March 2026. The outstanding recommendations from this report will be reported to the Exec team to request that they be moved to the Strategic Log as these are part of a long term service programme with ARCH.
18264	Jun-19	HIW	HIW Cadog Ward & Ceri Ward, Glangwili Hospital, 5-6/3/19	Improvement Plan	Open	N/A	Unscheduled Care (GGH)	Olwen Morgan	Director of Operations	Cadog_014	N/A	R14:The health board must ensure that oxygen is accurately prescribed and a record of administration maintained on the All Wales Drugs Chart.	Oct-19	Dec-20 Jun-21	Red	Senior Nurse currently working alongside Senior Nurse for Medicines Management to devise training package. Will form part of wider HB approach to addressing training needs for all practitioners in relation to oxygen administration. Suspended due to Covid-19 pandemic. To rearrange for October 2020. 22/01/2021- Hospital HON confirmed she will check with clinical Directors that this was discussed with medical staff and will check training status. 19/02/2021- Hospital HON confirmed she will discuss with Dr. Ward to undertake audit of O2 prescribing. 26/03/2021- update from Consultant Respiratory -'the project should be complete within the next 2 months. Hopefully sooner. It may take a bit longer to organise an educational session, so a rough timescale of 2-3 months'. Revised timescale of June 2021.
19127	Jan-20	HIW	Glangwili Hospital (Maternity), 7-9 October 2019	Improvement Plan	Open	N/A	Women and Children's Services	Julie Jenkins	Director of Operations	19127_003	N/A	The health board must ensure that: Signage at the hospital is reviewed to ensure that it is easy for patients to locate all of the maternity wards Notice boards containing information about staff on duty are updated at every shift change Notice boards are reviewed to provide health promotion information Information throughout the unit is made available bilingually.	Mar-20	Dec-20 Apr-21 Aug -21	Red	Letters available bilingually. Notice boards have been updated however further update will be following COVID 19 pandemic. To be reviewed Dec 2020. 27/07/2020 requested update, chased and meeting to update organised 6/08/2020. Update received-Signage completed, letters completed. On hold due to Covid 19 as staff relocated, full implementation to be reviewed possible Dec 2020. 18/09/2020 Request for update issued: Response received HoM Actions partially completed clinic letters completed. Further review of bilingual requirements to be completed. 20/11/2020 issued for update: Delayed due to Covid until new unit is completed and re-alignment of service signage for all maternity Services. 26/01/2021 Delays on Phase 2 work, due to the impact of Covid new date proposed August 2021. 02/03/2021 Claire checked with Rob Elliott date confirmed Aug-21 correct.
19258	Jul-20	HIW	PACU and Cilgerran Wards, Glangwili General Hospital	Improvement Plan	Open	N/A	Women and Children's Services	Paula Evans	Director of Operations	19258_009	N/A	R9: The health board must ensure the following: Consider the provision of additional storage space	Mar-21	Mar-21	Amber	18/09/2020 Request for update issued: 25/09/2020 Response received: Draft design completed and will be discussed in the Task and Finish Group. 20/11/2020 issued for update: Service response: Met with Capital Estates Manager waiting for costs to consider how to finance this work.. 03/02/2021 Planning for new storage area being led by Tracey Bucknell.
19258	Jul-20	HIW	PACU and Cilgerran Wards, Glangwili General Hospital	Improvement Plan	Open	N/A	Women and Children's Services	Paula Evans	Director of Operations	19258_015	N/A	R15: The health board must ensure that required staff are provided with up-to-date level two fire safety training.	Aug-21	Aug-21	Amber	18/09/2020 Request for update issued: Response: All fire training is completed via ELearning on ESR. 20/11/2020 issued for update: Service response: Due to Covid restrictions and social distancing the fire officer has agreed that fire safety training level 2 is to be completed via ELearning on ESR. 03/02/2021 DSN to check and establish any gaps in the training within the areas.
19259	Jul-20	HIW	Puffin Unit / PACU, Withybush General Hospital	Improvement Plan	Open	N/A	Women and Children's Services	Paula Evans	Director of Operations	19259_002	N/A	R2: The health board must ensure that the paediatric sepsis pathway/guideline is developed and implemented as a priority and all staff are provided with relevant training.	Nov-20	Nov-20 Jan-21 Apr-21	Red	18/09/2020 Request for update issued: 25/09/2020Response received Work is ongoing and will be ratified in Oct 2020. 20/11/2020 issued for update: Service response: In the October documentation group the sepsis pathway was agreed in principle with minor changes – this will go through global consultation in Dec for final approval. 03/02/2021 – Awaiting next document group for approval – delayed due to lack of medical approval at meeting . Requested new date when action will be completed. 10/02/21 DSN working group involving other HB's in process of standardising SEPSIS pathway. Due to be completed April 2021.
N/A	Nov-20	HIW	National Review of Maternity Services - Phase 1	National Review	Open	N/A	Women and Children's Services	Julie Jenkins	Director of Nursing, Quality and Patient Experience	NRMS_004	N/A	Improve the ability of birth partners or family members, to be able to support women, in line with a woman's wishes	TBC	TBC	Amber	15/03/2021 - this recommendation while raised in the initial report has not been included in the required template for completion by HIW (see p25 of original report) 19/03/2021 report included as part of normal scheduled request for updates.
N/A	Nov-20	HIW	National Review of Maternity Services - Phase 1	National Review	Open	N/A	Women and Children's Services / Public Health	Julie Jenkins	Director of Nursing, Quality and Patient Experience	NRMS_006	N/A	Consider the introduction of smoking cessation leads	Mar-22	Mar-22	Amber	15/03/2021 - draft responses provided. 19/03/2021 report included as part of normal scheduled request for updates.

N/A	Nov-20	HIW	National Review of Maternity Services - Phase 1	National Review	Open	N/A	Women and Children's Services / Public Health	Julie Jenkins	Director of Nursing, Quality and Patient Experience	NRMS_007	N/A	Consider working with Public Health Wales to further promote healthier living and lifestyles	Feb-22	Feb-22	Amber	15/03/2021 - draft responses provided. 19/03/2021 report included as part of normal scheduled request for updates.
N/A	Nov-20	HIW	National Review of Maternity Services - Phase 1	National Review	Open	N/A	Women and Children's Services	Julie Jenkins	Director of Nursing, Quality and Patient Experience	NRMS_011	N/A	Ensure that staff are able to access bereavement training in a timely manner.	Apr-21	Apr-21	Amber	15/03/2021 - draft responses provided. 18/03/2021 - approved for HIW submission 19/03/2021 report included as part of normal scheduled request for updates.
N/A	Nov-20	HIW	National Review of Maternity Services - Phase 1	National Review	Open	N/A	Women and Children's Services	Julie Jenkins	Director of Nursing, Quality and Patient Experience	NRMS_017	N/A	Ensure that a clutter free and safe environment is maintained across units	Jul-21	Jul-21	Amber	15/03/2021 - draft responses provided. 18/03/2021 - approved for HIW submission 19/03/2021 report included as part of normal scheduled request for updates.
N/A	Nov-20	HIW	National Review of Maternity Services - Phase 1	National Review	Open	N/A	Women and Children's Services	Julie Jenkins	Director of Nursing, Quality and Patient Experience	NRMS_026	N/A	Consider the implementation of a live PSAG display feed, to enhance patient handover	TBC	TBC	Amber	15/03/2021 - this recommendation while raised in the initial report has not been included in the required template for completion by HIW (see p43 of original report) 19/03/2021 report included as part of normal scheduled request for updates.
N/A	Nov-20	HIW	National Review of Maternity Services - Phase 1	National Review	Open	N/A	Women and Children's Services	Julie Jenkins	Director of Nursing, Quality and Patient Experience	NRMS_028	N/A	Consider the implementation of champion midwives to support further innovation and research	Jun-21	Jun-21	Amber	15/03/2021 - draft responses provided. 18/03/2021 - approved for HIW submission 19/03/2021 report included as part of normal scheduled request for updates.
N/A	Nov-20	HIW	National Review of Maternity Services - Phase 1	National Review	Open	N/A	Women and Children's Services	Julie Jenkins	Director of Nursing, Quality and Patient Experience	NRMS_029	N/A	Consider the introduction of live stream CTG monitoring in all units.	Jul-21	Jul-21	Amber	15/03/2021 - draft responses provided. 18/03/2021 - approved for HIW submission 19/03/2021 report included as part of normal scheduled request for updates.
190417	Aug-17	HIW MHLD	Cwm Seren / Low Secure Unit (LSU) and Psychiatric Intensive Care Unit (PICU), 14-16 January 2019	Improvement Plan	Open	N/A	Mental Health & Learning Disabilities	Sara Rees / Kay Isaacs	Director of Operations	190417_003	N/A	The health board must ensure that the new observation panels on each room can be used by staff	Jun-19	Jan-21 Mar-21	Red	02/10/2020 Requested update - 14/10/2020 Update received from Rob, Nevin. Julian Wheeler Jones has been dealing with this work with the contractor , one unit modified which has resolved the previous issues we had with these units. The main contractor is now in discussion with the manufacturer on a plan of action for us to return 6 units at a time, as it involves 17 units in total. Discussed with the senior nursing team on the ward, to plan the least amount of disruption to the service and without compromising safety. We are in the planning stage with the contractor and manufacturer at the moment. Date to be provided once known. Continue to chase this outstanding issue. 09/12/2020 further Email to JWJ and RE. 10/12/2020 update received: The planned work will be undertaken in three phases of work and will be complete by no later than 31st March 2021. The ward management team have signed-off the proposal and the contractor has made the necessary arrangements with the specialist supplier and health board. 19/02/2021 Confirmed due to be completed by the end March 2021. Work is underway on first set of 9 panels removed for repair. Julian Wheeler Jones is in contact with supplier and manufacturers 24/03/2021 Confirmed last 8 units awaited and should be with us by this week, planned installation organised.
190417	Aug-17	HIW MHLD	Cwm Seren / Low Secure Unit (LSU) and Psychiatric Intensive Care Unit (PICU), 14-16 January 2019	Improvement Plan	Open	N/A	Mental Health & Learning Disabilities	Sara Rees / Kay Isaacs	Director of Operations	190417_010	N/A	The health board must repair or replace the damaged flooring within the whole unit as this causes a risk to patient safety	Dec-20	Dec-20 Mar-21	Red	Clarification provided by Maggie Annison- PICU flooring already completed. LSU flooring funding approved. Site operational teams to implement flooring works to Step Down corridor, Section 136 room and 3 bedrooms by end of year. 04/12/2020 update requested, 14/12/2020 Maggie Annison confirmed LSU flooring funding approved. Site operational teams to implement flooring works to Step Down corridor, Section 136 room and 3 bedrooms by end of year. 29/12/2020 Site Estates Manager confirmed a new multi quote exercise is required as the previous quote is no longer valid. Mid Feb 2021. 18/02/2021 Discussed with Nevin LSU flooring is underway and will be completed no later than end of March 2021.
No ref	Feb-19	HIW MHLD	Joint Thematic Review of Community Mental Health Teams 2017-2018	Improvement Plan	Open	N/A	Mental Health & Learning Disabilities	Sara Rees / Kay Isaacs	Director of Operations	JTR_021	N/A	Health boards and local authorities need to work together to improve joint processes for driving the improvement of services. This includes the need for greater alignment of processes within CMHTs including integrated records and data collection	Dec-22	Dec-22	Amber	01/05/2020 Long term action linked to the Transforming Mental Health program. No update August 2020. 02/10/2020 Requested update - Complete, care partner is the MH documentation which is used by relevant local authority staff for statutory CTP patients, the migration to WPAS is in progress, it is in the transition phase. 4/12/2020 update requested, response received: WPAS migration has been completed however some issues between the interfaces of the systems are being ironed out. 19/02/2021 This recommendation is partially completed by the HB. The HB has agreed with the Delivery Unit to deliver a presentation on any outstanding actions. Outlining the thematic actions that are considered unachievable. (Outside of gift of the HB).
No ref	Mar-19	HIW MHLD	How are healthcare services meeting the needs of young people? Thematic Review 2019	Improvement Plan	Open	N/A	Mental Health & Learning Disabilities	Sara Rees / Angela Lodwick	Director of Operations	Theme_YMH_21	N/A	Welsh Government and health boards must ensure there are clear transition pathways and policies in place for each service area. Where possible, there should be consistency in approaches to transition in line with national guidelines.	Dec-19	Dec-20 Mar-21 Sept -21	Red	HDUHB will ensure there is an up to date Transition Policy in place for transition from S-CAMHS to AMHS. 02/10/2020 Requested update - Transition post, recruitment successful, commenced in post October 2020, currently undertaking 3 month induction, will attend WCDG as part of the induction. New completion date March 2021. 16/12/2020 HOS confirmed COVID 19 impacting on availability of Transition Lead to complete actions due to having to work clinically. Realistically this will not be achieved by March 2021 due to C19 impact and advise a revised target of September 2021 as we don't know how long c19 restrictions will impact or when staff will be vaccinated. The Primary MH Lead has left her post and we have advertised and recruited a new b7 who starts Feb 2021 but will need an induction as coming from England and the Transition Lead has to work clinically now due to c19 as staff levels are low and we've had to prioritise essential services. 19/02/2021. No progress since last update. 22/03/2021 Head of Service has confirmed Transition Lead moving back into post April 2021 and work plan will be prioritised and the Transition Policy will be reviewed and updated and signed off at written control group – on track for Sept .

No ref	Mar-19	HIW MHLD	How are healthcare services meeting the needs of young people? Thematic Review 2019	Improvement Plan	Open	N/A	Mental Health & Learning Disabilities	Sara Rees / Angela Lodwick	Director of Operations	Theme_YMH_21	N/A	Welsh Government and health boards must ensure there are clear transition pathways and policies in place for each service area. Where possible, there should be consistency in approaches to transition in line with national guidelines.	Dec-19	Dec 20 March 21 Sept -21	Red	16/12/2020 HOS confirmed COVID 19 impacting on availability of Transition Lead to complete actions due to having to work clinically Realistically this will not be achieved by March 2021 due to C19 impact and advise a revised target of September 2021 as we don't know how long c19 restrictions will impact or when staff will be vaccinated. The Primary MH Lead has left her post and we have advertised and recruited a new b7 who starts Feb 2021 but will need an induction as coming from England. The Transition Lead has to work clinically now due to c19 as staff levels are low and we've had to prioritise essential services 19/02/2021. No progress since last update. 22/03/2021 Head of Service has confirmed the Transition Policy will be reviewed and updated and signed off at written control group – on track for Sept .
No ref	Mar-19	HIW MHLD	How are healthcare services meeting the needs of young people? Thematic Review 2019	Improvement Plan	Open	N/A	Mental Health & Learning Disabilities	Sara Rees / Angela Lodwick	Director of Operations	Theme_YMH_21	N/A	Welsh Government and health boards must ensure there are clear transition pathways and policies in place for each service area. Where possible, there should be consistency in approaches to transition in line with national guidelines.	Dec-19	Dec 20 March 21 Sept -21	Red	16/12/2020 HOS confirmed COVID 19 impacting on availability of Transition Lead to complete actions due to having to work clinically Realistically this will not be achieved by March 2021 due to C19 impact and advise a revised target of September 2021 as we don't know how long c19 restrictions will impact or when staff will be vaccinated. The Primary MH Lead has left her post and we have advertised and recruited a new b7 who starts Feb 2021 but will need an induction as coming from England. The Transition Lead has to work clinically now due to c19 as staff levels are low and we've had to prioritise essential services . 19/02/2021. No progress since last update. 22/03/2021 Head of Service has confirmed Transition Lead moving back into post April 2021 and work plan will be prioritised . Transition Policy will be reviewed and updated and signed off at written control group – on track for sept and Transition Lead will arrange 2 x workshops for above to engage adult staff.
No ref	Mar-19	HIW MHLD	How are healthcare services meeting the needs of young people? Thematic Review 2019	Improvement Plan	Open	N/A	Mental Health & Learning Disabilities	Sara Rees / Angela Lodwick	Director of Operations	Theme_YMH_22	N/A	Health boards must ensure there are robust systems to monitor transition policies and pathways across healthcare services to ensure approaches are effective.	Aug-19	Dec 20 March 21 Sept -21	Red	16/12/2020 HOS confirmed COVID 19 impacting on availability of Transition Lead to complete actions due to having to work clinically Realistically this will not be achieved by March 2021 due to C19 impact and advise a revised target of September 2021 as we don't know how long c19 restrictions will impact or when staff will be vaccinated. The Primary MH Lead has left her post and we have advertised and recruited a new b7 who starts Feb 2021 but will need an induction as coming from England The Transition Lead has to work clinically now due to c19 as staff levels are low and we've had to prioritise essential services 19/02/2021. No progress since last update. 22/03/2021 Head of Service has confirmed that Head SCAMHS will set up a Transition steering group May 21.
No ref	Mar-19	HIW MHLD	How are healthcare services meeting the needs of young people? Thematic Review 2019	Improvement Plan	Open	N/A	Mental Health & Learning Disabilities	Sara Rees / Angela Lodwick	Director of Operations	Theme_YMH_22	N/A	Health boards must ensure there are robust systems to monitor transition policies and pathways across healthcare services to ensure approaches are effective.	Aug-19	Dec 20 March 21 Sept -21	Red	16/12/2020 HOS confirmed COVID 19 impacting on availability of Transition Lead to complete actions due to having to work clinically . Realistically this will not be achieved by March 2021 due to C19 impact and advise a revised target of September 2021 as we don't know how long c19 restrictions will impact or when staff will be vaccinated. The Primary MH Lead has left her post and we have advertised and recruited a new b7 who starts Feb 2021 but will need an induction as coming from England. The Transition Lead has to work clinically now due to c19 as staff levels are low and we've had to prioritise essential services . 19/02/2021. No progress since last update. 22/03/2021 Head of Service confirmed that the Head SCAMHS will set up a Transition steering group May 21.
No ref	Mar-19	HIW MHLD	How are healthcare services meeting the needs of young people? Thematic Review 2019	Improvement Plan	Open	N/A	Mental Health & Learning Disabilities	Sara Rees / Angela Lodwick	Director of Operations	Theme_YMH_26	N/A	Health boards must ensure young people are involved in the planning and transition process and are provided with adequate support to enable them to adjust.	Sep-19	Dec 20 June 21 Sept- 21	Red	16/12/2020 HOS confirmed COVID 19 impacting on availability of Transition Lead to complete actions due to having to work clinically Realistically this will not be achieved by March 2021 due to C19 impact and advise a revised target of September 2021 as we don't know how long c19 restrictions will impact or when staff will be vaccinated . The Primary MH Lead has left her post and we have advertised and recruited a new b7 who starts Feb 2021 but will need an induction as coming from England. The Transition Lead has to work clinically now due to c19 as staff levels are low and we've had to prioritise essential services. 19/02/2021. No progress since last update. 22/03/2021 Transition Lead moving back into post April 2021 and work plan will be prioritised
No ref	Mar-19	HIW MHLD	How are healthcare services meeting the needs of young people? Thematic Review 2019	Improvement Plan	Open	N/A	Mental Health & Learning Disabilities	Sara Rees / Angela Lodwick	Director of Operations	Theme_YMH_27	N/A	Health boards must ensure there is sufficient time to allow for effective transition and planning starts as early as possible.	Sep-19	Dec 20 June 21 Sept-21	Red	16/12/2020 Time frame realistic and dependant on all above actions being implemented. 19/02/2021. No progress since last update. 22/03/2021 Transition Lead moving back into post April 2021 and work plan will be prioritised
No ref	Mar-19	HIW MHLD	How are healthcare services meeting the needs of young people? Thematic Review 2019	Improvement Plan	Open	N/A	Mental Health & Learning Disabilities	Sara Rees / Angela Lodwick	Director of Operations	Theme_YMH_32	N/A	Welsh Government and health boards need to review the differences between service models and thresholds between child and adult healthcare services and consider how young people can continue to receive holistic care and support into adulthood.	Sep-19	Mar 21 Sept 21	Red	Delayed due to Covid 19 recruitment priority. Relies on a new Transitional Lead post. No update August 2020. 02/10/2020 Requested update - Change completion date to Sept 2021 due to training pack needing to be developed by the transition worker and training set up on MST. 16/12/2020 Time frame realistic and dependant on all above actions being implemented. 19/02/2021. No progress since last update. 22/03/2021 Head of Service confirmed Training sessions will be organised.
No ref	Mar-19	HIW MHLD	How are healthcare services meeting the needs of young people? Thematic Review 2019	Improvement Plan	Open	N/A	Women and Children's Services	SDM W&C Tracey Bucknell	Director of Operations	Theme_YMH_29	N/A	Welsh Government and health boards need to ensure there are appropriate transition pathways and support for young people with complex health needs and life-limiting conditions.	Sep-19	Feb-22	Red	4/12/2020 Senior Nurse Community Children's Services a request has been submitted to ROALD DAHL charity to fund a Transitional Epilepsy Specialist Nurse. Email received from the charity on the 25/11/2020 stating that they are inundated and that they will provide an outcome asap. 27/01/2021 Charity has notified the Service that they were unsuccessful in their bid for funding, feedback has been requested. Directorate to develop and submit a Business Case to support a new post. 15/03/2021 Currently under review costing being identified at Service Level.
No ref	Mar-19	HIW MHLD	How are healthcare services meeting the needs of young people? Thematic Review 2019	Improvement Plan	Open	N/A	Women and Children's Services	SDM W&C Tracey Bucknell	Director of Operations	Theme_YMH_30	N/A	Health boards must ensure there are consistent and robust systems identify young people who will need to transition and support for attending appointments in adult services.	Sep-19	Feb-22	Red	4/12/2020 Senior Nurse Community Children's Services a request has been submitted to ROALD DHAL charity to fund a Transitional Epilepsy Specialist Nurse. Email received from the charity on the 25/11/2020 stating that they are inundated and that they will provide an outcome asap. 27/01/2021 Charity has notified the Service that they were unsuccessful in their bid for funding, feedback has been requested. Directorate to develop and submit a Business Case to support a new post. 15/03/2021 Currently under review costing being identified at Service Level.

No ref	Mar-19	HIW MHLD	How are healthcare services meeting the needs of young people? Thematic Review 2019	Improvement Plan	Open	N/A	Operations Directorate	Andrew Carruthers	Director of Operations	Theme_YMH_31	N/A	Health boards must ensure that adult services make every effort to engage with young people and communicate with other involved agencies, to ensure they can successfully transition.	Sep-19	Dec-20 Jun-21	Red	14/09/2020 - chaser e-mail sent to Mandy Rayani for updates in time for HIW update deadline of 9th October. Awaiting clarification if Director of Operations will lead on this recommendation. 02/03/2021-Update from Director of Operations- Improvement plan from assessment addresses the recommendation. Improvement plan going to QSEAC in June 2021, recommendation can therefore be closed in June 2021. 05/03/2021- Director of Operations confirmed this recommendation will be closed once the improvement plan goes to QSEAC in June 2021 as the assessment has been undertaken.
HDUHB1718-35	Apr-18	Internal Audit - HDUHB	Theatres Directorate	Internal Audit Report	Open	Reasonable	Scheduled Care	Stephanie Hire / Diane Knight	Director of Operations	HDUHB1718-35_002	Medium	R10. The practice of providing unnecessary 'rest days' to staff at BGH should be promptly reviewed. Any future agreement on rest time, following a period of on-call, should be in line with the A4C NHS terms and conditions of service.	Nov-17	Sep-21	Red	The recommendations cannot be addressed until grievance process is complete. Recommendation currently with Director of Operations. 02/03/2021- Director of Operations confirmed implementation of grievance outcome should be completed by end of Q2.
HDUHB-1920-10	Jun-20	Internal Audit - HDUHB	Business Continuity	Internal Audit Report	Open	Reasonable	Public Health	Sam Hussell	Director of Public Health	HDUHB-1920-10_001	Medium	R1. The Director of Public Health should review training processes currently in operation within the Health Board and ensure this is accurately reflected in the Business Continuity Planning Policy.	Nov-20	Nov -20 Jun- 21	Red	Final version received at August 2020 ARAC. 27/11/2020 emailed requesting update 10/12/2020 Business Continuity Officer updated: The delay is due to Covid19, unable to give a predicted date as to when this will be completed. 05/02/2021 issued for update- Requested to check with Audit to see if the recommendation can be closed. Response received from audit all recommendations still require completion. Emailed CC - no response. 22/03/2021 Response received. Business Continuity Planning Policy reviewed and has been discussed the recommendations, added to, and updated the Policy. Policy to go to the People, Planning & Performance Assurance Committee. Awaiting Head of service to provide new date June 21.
HDUHB-1920-10	Jun-20	Internal Audit - HDUHB	Business Continuity	Internal Audit Report	Open	Reasonable	Public Health	Sam Hussell	Director of Public Health	HDUHB-1920-10_002	Medium	R2: Management should ensure the Business Continuity Planning Policy is reviewed and updated to reflect current processes and procedures before being submitted for approval at the People, Planning & Performance Assurance Committee	Nov-20	Jun-21	Red	Final version received at August 2020 ARAC. 27/11/2020 emailed requesting update 10/12/2020 Business Continuity Officer updated: The delay is due to Covid19, unable to give a predicted date as to when this will be completed. 05/02/2021 issued for update- Requested to check with Audit to see if the recommendation can be closed. Response received from audit all recommendations still require completion. Emailed CC - no response. 22/03/2021 Response received. Business Continuity Planning Policy reviewed and has been discussed the recommendations, added to, and updated the Policy. Policy to go to the People, Planning & Performance Assurance Committee. Awaiting Head of service to provide new date, June 21.
HDUHB-1920-10	Jun-20	Internal Audit - HDUHB	Business Continuity	Internal Audit Report	Open	Reasonable	Public Health	Sam Hussell	Director of Public Health	HDUHB-1920-10_006	Medium	R6: The Emergency Planning Team should review the feasibility of uploading and maintaining all business continuity plans on the intranet. Where changes are identified, this should be reflected in the Business Continuity Planning Policy, otherwise all directorate, service and department plans should be shared online.	Nov-20	Nov -20 Jun- 21	Red	Draft Internal Audit reported to ARAC April 2020 with no management response included. Final version received at August ARAC. 27/11/2020emailed requesting update Response received 10/12/2020 Business Continuity Officer confirmed : The delay is due to Covid19, unable to give a predicted date as to when this will be completed as this recommendation is reliant on IT assistance 05/02/2021 issued for update- Requested to check with Audit to see if the recommendation can be closed. Response received from audit all recommendations still require completion. Emailed CC - no response. 22/03/2021 Response received. Business Continuity Planning Policy reviewed and has been discussed the recommendations, added to, and updated the Policy. Policy to go to the People, Planning & Performance Assurance Committee. Awaiting Head of service to provide new date, June 21
HDUHB 1920-20	Feb-20	Internal Audit - HDUHB	Cyber Security (Stratia Report)	Internal Audit Report	Open	Reasonable	Digital and Performance	Paul Solloway/ Anthony Tracey	Director of Finance	HDUHB 1920-20_001	Medium	R1. A cyber security role for the Health Board should be properly defined and operating appropriately so to enable the Health Board ICT department to fully use the security products available to them.	Sep-20	Sep-20 Dec-20 Mar-21 Apr-21	Red	01/10/2020- job advertisement was unsuccessful. Job description being revised to a higher band in the hope it will attract suitable applicants. In the interim the service is looking to use current resources and possible contractors to start with work before person is in post, which is looking like January 2020 at the earliest. Revised timescale of March 2021 provided. 05/11/2020- awaiting of outcome of rebanding job description, issue across Wales with finding suitable candidates. 04/12/2020- Rebanding has been agreed and on Trac system, waiting for sign off then will be readvertised. 07/01/2020- Digital Business Manager confirmed Job out for advert with deadline of next week, hopeful to get Band 7 in place. Recruitment has been an issue for all Health Boards. 04/02/2021- Digital Business Manager confirmed applicant shortlisting has taken place and interviews are to be scheduled. If successful in recruiting it is hopeful the person will be in post by June 2021. If successful candidate it not found they will be looking to request a current member of staff to undertake training to achieve the desired skillset required. 02/03/2021- Band 7 Cyber Security Senior Specialist has been appointed, starting on 12th April. Once they start this recommendation can turn green.
HDUHB-1920-04	Jun-20	Internal Audit - HDUHB	Health & Safety	Internal Audit Report	Open	Reasonable	Nursing (Health & Safety)	Tim Harrison	Director of Nursing, Quality and Patient Experience	HDUHB-1920-04_003	Medium	R3: Management should liaise with directorates and services to ensure that arrangement currently in place meet the requirements set out in the Health & Safety Policy.	Aug-20	Oct-20 Sep-21	Red	The dept. H&S Co-ordinator/Champion role has not been implemented to date due to the work undertaken for the H&S team with the HB response and management of COVID-19 pandemic. The H&S Training programme that has been established will be utilised to provide training to these staff. The Pilot course is being held on the 16th & 23rd October 2020. 23/10/2020- requested update from reporting officer that recs 2, 3 and 4 have now been implemented. Awaiting response. 26/01/2021- Internal Audit are planning scope of next Health & Safety IA report with H&S team, to be reported to ARAC in April 2021 (if it does not make February 2021 agenda). 25/03/2021- draft report to ARAC shows this recommendation as partially completed. Establishment of Departmental Health and Safety Champions/Co-ordinators has not been completed due to our departmental contribution to COVID-19 commitments. However, H&S Induction Training for Managers has progressed with approximately 150 staff completing the course since October 2020. Departmental Audits commenced in March 2020 with a planned annual programme in place. This recommendation will be completed as part of improvements to departmental management and ownership of health and safety by September 2021.

HDUHB_1920_40	Mar-20	Internal Audit - HDUHB	IM&T Assurance – Follow Up	Internal Audit Report	Open	Reasonable	Digital and Performance	Anthony Tracey / Sarah Brain	Director of Finance	HDUHB_1920_40_003	Medium	R3. WOD advice should be sought on the matter of compulsory breaks to ensure the European Working Time Directive is appropriately adhered to.	May-19	May-21	Red	04/12/2020- Delays in software solution therefore looking at shift patterns and other ways of working. 07/01/2021- Digital Business Manager confirmed newly developed shift patterns are going through checks and then will go through consultation with staff across the 3 sites. Should be on track for July 2021 date. 04/02/2021- Digital Business Manager confirmed currently working with staff to change rota, issue with night/weekend lone working which has been exacerbated by covid issues, social distancing requirements,etc. 8 new bank staff are to be trained and will be included in the new rota. 02/03/2021- there is currently still lone working on evenings and weekends. New rota being looked at in consultation with staff. Consulting with staff now on change in working practice, advise to be sought from HR if any contract changes required. This has been delayed by Covid, and OCP work is re-starting but now has target date of July 2021. 18/03/2021- There is currently still lone working on evenings and weekends. There has been a recent push by the Assistant Director of Digital Services to implement the new switchboard system across the 3 counties by May 2021, which will enable switchboards to switch to different sites. The new system will resolve this recommendation and negate the need for an OCP to be undertaken with staff.
HDUHB 2021-08	Oct-20	Internal Audit - HDUHB	Partnership Governance (Integrated Care Fund)	Internal Audit Report	Open	Limited	Primary Care, Pharmacy (community), LTC & LVWS	Anna Bird	Director of Primary, Community and Long Term Care	HDUHB 2021-08_008	Medium	R8. Management should ensure a consistent approach across the Hywel Dda region with the attendance of a finance representative at ICF Panel meetings.	Nov-20	Feb-21 May-21	Red	ARAC October 2020- agreed that report will be highlighted to Integrated Executive Group (which reports to the RPB) for discussion to agree how the recommendations within the report will be addressed. 13/01/2021-Head of Regional Collaboration confirmed this is to be actioned. Revised timescale February 2021. 03/03/21 DOPCCLTC advised that further discussions needed to take place with the DOF to ensure consistent finance representation at ICF panels.
HDUHB1819-33	Feb-19	Internal Audit - HDUHB	Records Management	Internal Audit Report	Open	Limited	Digital and Performance	Patrycja Duszynska	Director of Finance	HDUHB1819-33_001	Medium	R1. Management should ensure the Corporate Records Management Strategy and Policy are submitted to the Business Planning & Performance Assurance Committee for approval.	Sep-19	Sept-20 Jan-21 Mar-21 Apr-21	Red	Apr 20 ARAC update: Due to COVID outbreak, the work associated with many of the recommendations has been delayed by at least 3-4 months. A revised policy was due to be considered at the March 2020 IGSC, however this was postponed due to current outbreak. A meeting had been scheduled with the Information Governance Team to progress this work, but due to the pandemic, two meetings have been cancelled. An extension until September 2020 would be appreciated to allow time agree an approach and action the work required. 01/10/2020- Informatics Business Manager to check with Head of Information Governance that she is now the responsible officer for implementing this recommendation. Revised date to be sought. 22/10/2020 - Update provided to October ARAC: A revised policy will be considered at IGSC in January 2021 following clarification of roles and responsibilities. 29/10/2020- recommendation owner changed from Head of Corporate Office to Head of Information Governance. 08/12/2020- Health Records Manager- Corporate Records Management Strategy and Policy will be reviewed for consideration by IGSC in March 2021, prior to submission to PPPAC. 04/02/2021- Structured review of Records Management to be included in 2021/22 IA plan. 15/03/2021- Head of Information Governance confirmed this policy will be taken to IGSC in April 2021.
HDUHB-2021-20	Nov-20	Internal Audit - HDUHB	IM&T Control and Risk Assessment	Internal Audit Report	Open	N/A	Digital and Performance	Anthony Tracey	Director of Finance	HDUHB-2021-20_001	Medium	R1. The digital maturity measurement methodology should be further developed to give a more rounded view of the organisations capabilities.	Dec-21	Dec-21	Amber	15/12/2020-Commission independent review by December 2021.
HDUHB-2021-20	Nov-20	Internal Audit - HDUHB	IM&T Control and Risk Assessment	Internal Audit Report	Open	N/A	Digital and Performance	Anthony Tracey	Director of Finance	HDUHB-2021-20_002	Low	R2. The organisation should develop a communication plan covering the required messages, target audiences, communication mechanisms/channels and schedules. Departmental leads or champions should be identified and included in the communication of the strategy, acting as a point of contact they will aid ownership of the strategy.	Mar-21	Mar-21 Apr-21	Red	02/03/2021- There is overarching plan on what communication channels will be used, Digital Business Manager to share with Assurance & Risk Officer. Digital champions across the UHB that meet quarterly. Any comms, new developments etc. go to that group to disseminate to their teams. Also digital partners in the hospital sits and Digital Senior teams established corporately. Once Assurance & Risk Officer received documents this recommendation may be able to close. 05/03/2021- Digital comms documentation will be reported to IGSC on 13/04/2021 for approval. Once this is reported Internal Audit have confirmed they will be happy for the recommendation to be closed.
HDUHB-2021-20	Nov-20	Internal Audit - HDUHB	IM&T Control and Risk Assessment	Internal Audit Report	Open	N/A	Digital and Performance	Anthony Tracey	Director of Finance	HDUHB-2021-20_003	Medium	R3. Terms of reference should be updated in order to assign the responsibility of monitoring the Digital related internal and external audit reports and findings.	May-21	May-21	Amber	15/12/2020- May 2021 deadline is reflective of the current review period. At their September 2020 meeting IGSC approved their new Terms of Reference and agreed that a further review would be undertaken in 6 months.
HDUHB-2021-20	Nov-20	Internal Audit - HDUHB	IM&T Control and Risk Assessment	Internal Audit Report	Open	N/A	Digital and Performance	Anthony Tracey	Director of Finance	HDUHB-2021-20_005	Low	R5. Consideration should be given to providing reports to the Digital sub-committee identifying risks that are not scored to escalation level due to low likelihood, however contain a severe worst case scenario. In doing so, the Digital sub-committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.	Dec-20	Dec-20 Feb-21 May-21	Red	07/01/2021- Digital Business Manager update- Digital Agile Working Group due to meet bi-monthly, any projects in the interim will be reported to that group. Assistant Director of Digital Services looking at structure for reporting going forward, this has been delayed due to prioritising other work as a result of Covid-19. Revised date of February 2021. 02/03/2021-02/03/2021- Now called Digital Agile Working Group which is meeting on 05/03/2021, Digital Business Manager to send TORs to Assurance & Risk Officer and check work plan to see if this recommendation can then be closed. 05/03/2021- Digital Business Manager confirmed the risks will not be going to the Agile Business Group, but another operational group is due to be set up shortly and this will report to the Finance Committee. Revised timescale of May 2021 provided.
HDUHB-2021-20	Nov-20	Internal Audit - HDUHB	IM&T Control and Risk Assessment	Internal Audit Report	Open	N/A	Digital and Performance	Anthony Tracey	Director of Finance	HDUHB-2021-20_008	Medium	R8. The Health Board should consider leveraging the national cyber security training, either for all staff or targeted groups.	Feb-21	Feb-21 Oct-21	Red	15/12/2020- report states 'Communication / Implementation Options to be considered at the November 2020 IGSC Meeting with a rollout plan and phased improvement targets to be agreed'. Assurance and risk officer to clarify timescale with reporting officer. 07/01/2021- Digital Business Manager update- IGSC Jan 2021 meeting cancelled due to large number of apologies, now meeting taking place in early February 2021. 02/03/2021- On ESR but not mandatory. The mandatory training group has not met, when they next do will request this is included as mandatory, Digital Business Manager to check and provide approximate date for completion. 05/03/2021- Update from Digital Business Manager- this has been discussed, but can only be made mandatory in the Health Board if it is an All Wales Mandatory requirement. Currently looking at buying additional licensing to make it available to all staff in the Health Board and promoting the completion of it through a communications plan. Revised timescale of October 2021 provided.

HDUHB-2021-20	Nov-20	Internal Audit - HDUHB	IM&T Control and Risk Assessment	Internal Audit Report	Open	N/A	Digital and Performance	Anthony Tracey	Director of Finance	HDUHB-2021-20_009	Medium	R9. The Health Board CAB Terms of Reference should be reviewed to ensure they reflect current practices.	Nov-20	Oct-20 Mar-21	Red	07/01/2021- Digital Business Manager to check if this is completed. 02/03/2021- Revised Change Advisory Board TORs will be available by the 12th March.
HDUHB-2021-20	Nov-20	Internal Audit - HDUHB	IM&T Control and Risk Assessment	Internal Audit Report	Open	N/A	Digital and Performance	Anthony Tracey	Director of Finance	HDUHB-2021-20_011	Medium	R11. The incident management process should be strengthened by updating the Health Board IT Incident Management Procedure document to reflect current practices.	Dec-20 Feb-21	Dec-20 Feb-21 Mar-21	Red	07/01/2021- Digital Business Manager confirmed procedure will be looked at but this has been delayed due to Covid. New date of Feb-21 provided, training and awareness should be undertaken by then. 02/03/2021- Revised Incident Management Procedure will be available by the 12th March.
HDUHB-2021-20	Nov-20	Internal Audit - HDUHB	IM&T Control and Risk Assessment	Internal Audit Report	Open	N/A	Digital and Performance	Anthony Tracey	Director of Finance	HDUHB-2021-20_012	Medium	R12. Consideration should be given to allocating budget on need to ensure that the trajectory for strategy delivery is maintained.	Mar-21	Mar-21	Amber	15/12/2020- report states deadline 'As part of budget setting round for 2021/2022'. Assurance and risk officer to clarify timescale with reporting officer. 07/01/2021- Digital Business Manager confirmed timescale of March-21. 02/03/2021- Assistant Director of Digital Services in conversation with Director of Finance regarding the budget. Digital Business Manager to check for update. 05/03/2021- This is currently taking place and will be ready for the new financial year.
HDUHB-2021-20	Nov-20	Internal Audit - HDUHB	IM&T Control and Risk Assessment	Internal Audit Report	Open	N/A	Digital and Performance	Anthony Tracey	Director of Finance	HDUHB-2021-20_013	Medium	R13. The department should regularly seek out opportunities for knowledge sharing, succession planning, staff backup, cross-training and job rotation initiatives to minimise reliance on individuals performing critical job functions.	Sep-21	Sep-21	Amber	
SSU_HDU_1920_01.02	Feb-21	Internal Audit - SSU	Estates Assurance Follow Up	Internal Audit Report	Open	Substantial	Estates	Rob Elliott / Simon Chiffi / Heather Williams / Paul Evans	Director of Operations	SSU_HDU_1920_01.02_001	Low	R11. Reporting on DCP [Maintenance] should be reviewed and strengthened to align with DCP [Design] reporting (from Financial Safeguarding (Maintenance Team) report).	Feb-21	Apr-21	Amber	23/02/2021 This recommendation has previously been reported as actioned under previous report SSU_HDU_1920_01.01, but newly issued follow up report states the following: Partially implemented. Review of latest CMF report noted that the details of contractors had yet to be included. Management advised that this recommendation had not been prioritised due to Covid demands on the team; and noted that there had been a limited use of contractors on site, rather the in-house team, during the height of the Covid pandemic. Management confirmed that: a) The report format will be updated with immediate effect [February 2021] and b) formal reporting will be effective from April 2021 onwards. 04/03/2021- on track for April 2021 date, formal reporting will be in place for new financial year.
SSU-HDU-1920-02	Jun-20	Internal Audit - SSU	Glangwili Hospital Women & Children's Development Phase 2	Internal Audit Report	Open	Reasonable	Strategic Development and Operational Planning	Paul Williams (Planning)	Director of Finance	SSU-HDU-1920-02_010	Medium	R10: Noting that limited action can be taken at this project, management should include commercially assessed delay damages within future contracts in accordance with national framework guidance	At future projects	Mar-21	Amber	16/09/2020- Assistant Major Capital Development Manager update- We currently have two projects in the pipeline: Cross Hands Health and Wellbeing Centre which is at OBC Stage, and fire improvement works at Withybush General Hospital which is currently at SOC Stage. Consultants and SCP Teams have historically supplied Activity Schedules at OBC and FBC Stages, so this action relates to Stage 4 (Construction) activities. We will obtain clarification of NWSSP-SES expectations in respect of Stage 4 Activity Schedules for the project that advances quickest (this should be fire improvement works in Withybush which is due to finish March 2021). 04/02/2021- Reporting officer currently in discussions with Director of Estates, Facilities and Capital Management for follow through to sign off. 05/03/2021- Update from Planning Project Manager- Delayed damages on future projects will be based on advised received by Shared Services on a scheme by scheme basis.
SSU Capital Governance	Dec-20	Internal Audit - SSU	Capital Governance Arrangements	Internal Audit Report	Open	Advisory	Strategic Development and Operational Planning	Paul Williams (Planning)	Director of Finance	SSU Capital Governance_005	N/A - Advisory Review	R5. There is an opportunity to standardise and define expected UHB governance arrangements within procedures, including for example, standardised terms of reference for Project Boards/ Groups etc.	May-21	May-21	Amber	04/02/2021- Planning Project Manager discussing recommendations with Head of Capital Planning and will inform Assurance & Risk Officer of updates/timescales in due course. 04/03/2021- On track.
SSU Capital Governance	Dec-20	Internal Audit - SSU	Capital Governance Arrangements	Internal Audit Report	Open	Advisory	Strategic Development and Operational Planning	Paul Williams (Planning)	Director of Finance	SSU Capital Governance_007	N/A - Advisory Review	R7. The UHB will continue to ensure that appropriate in house specialist expertise is maintained ensuring external consultant teams are appropriately monitored and where necessary challenged on projects of significant value within NHS Wales.	Mar-21	Mar-21	Amber	04/02/2021- Planning Project Manager discussing recommendations with Head of Capital Planning and will inform Assurance & Risk Officer of updates/timescales in due course. 08/02/2021- Planning Project Manager confirmed this recommendation is in progress. 04/03/2021- Planning Project Manager to contact Internal Audit for input on implementing this recommendation.
SSU Capital Governance	Dec-20	Internal Audit - SSU	Capital Governance Arrangements	Internal Audit Report	Open	Advisory	Strategic Development and Operational Planning	Paul Williams (Planning)	Director of Finance	SSU Capital Governance_008	N/A - Advisory Review	R8. The UHB's established capital governance and control arrangements will be reviewed and enhanced, together with its existing procedural documentation, to comprehensively document the control framework.	May-21	May-21	Amber	04/02/2021- Planning Project Manager discussing recommendations with Head of Capital Planning and will inform Assurance & Risk Officer of updates/timescales in due course. 08/02/2021- Planning Project Manager confirmed this recommendation is in progress. 04/03/2021- On track.
HDUHB-2021-15	Aug-20	Internal Audit - SSU	Standards of Behaviour	Internal Audit Report	Open	Reasonable	Governance	Alison Gittins	Board Secretary	HDUHB-2021-15_002	Medium	Management should ensure that the staff declaration of interest register is updated to include all individuals with 'Nil Returns' for completeness and ease of reference.	May-21	May-21	Amber	09/10/2020 - Confirmation that a new process for the submission of Declaration of Interest forms is in progress via ESR, with communication to be sent over October / November to staff to raise awareness of this process. A register of Declaration of interests will be presented to ARAC based on this information in May 2021.
SSU-HDU-2021-08	Dec-20	Internal Audit - SSU	Backlog Maintenance	Internal Audit Report	Open	Reasonable	Estates	Rob Elliott	Director of Operations	SSU-HDU-2021-08_002	Medium	R2. The PBCs and as they progress to Outline and Full business case stages will need to determine the in-house Estates staff requirements, and how these will be satisfied given current pressures.	Feb-21	Feb-21	Amber	13/01/2021- Director of Estates, Facilities and Capital Management confirmed timescale of February 2021. 04/03/2021- Director of Estates, Facilities and Capital Management confirmed once WG endorse the UHB will then determine the Estate staff requirements. PBC isn't through scrutiny process yet. This recommendation is linked to the approval of the PBCs which hasn't yet taken place. Assurance & Risk Officer to discuss with Internal Audit.
SSU-HDU-2021-08	Dec-20	Internal Audit - SSU	Backlog Maintenance	Internal Audit Report	Open	Reasonable	Estates	Rob Elliott	Director of Operations	SSU-HDU-2021-08_003	Medium	R3. Call-off business cases (from the "Business Continuity/Major Infrastructure - Programme Business Case") will be co-ordinated with and discretely provide for Urgent but un-related works arising subsequently in the same time frame.	Sep-21	Sep-21	Amber	13/01/2021- Director of Estates, Facilities and Capital Management confirmed timescale of September 2021. 04/03/2021- Process is in place, work will be needed as PBC programme develops. Sept-21 should be achievable however will depend on how quickly PBC progresses.

SSU-HDU-2021-08	Dec-20	Internal Audit - SSU	Backlog Maintenance	Internal Audit Report	Open	Reasonable	Estates	Rob Elliott	Director of Operations	SSU-HDU-2021-08_004	Low	R4. Call-off business cases (from the "Business Continuity/Major Infrastructure - Programme Business Case") will be co-ordinated with and discretely provide for Co-located issues (known, or discovered following invasive works).	Sep-21	Sep-21	Amber	13/01/2021- Director of Estates, Facilities and Capital Management confirmed timescale of September 2021. 04/03/2021- Process is in place, work will be needed as PBC programme develops. Sept-21 should be achievable however will depend on how quickly PBC progresses.
SSU-HDU-2021-08	Dec-20	Internal Audit - SSU	Backlog Maintenance	Internal Audit Report	Open	Reasonable	Estates	Rob Elliott	Director of Operations	SSU-HDU-2021-08_005	Medium	R5. Management should provide assessment of the likely non-acute backlog requirements (financial and labour resource).	May-21	May-21	Amber	13/01/2021-Head of Property Performance is writing a paper for the next CEIM&T Committee on how this will be managed going forward. 04/03/2021- On track- report will be going to CEIM&T in May 2021.
SSU-HDU-2021-08	Dec-20	Internal Audit - SSU	Backlog Maintenance	Internal Audit Report	Open	Reasonable	Estates	Rob Elliott	Director of Operations	SSU-HDU-2021-08_006	Medium	R6. Management will conclude the current exercise of reviewing the true clinical risk, and optimum funding allocation.	Mar-21	Mar-21	Amber	04/03/2021- another workshop set by Assistant Director of Strategic Planning scheduled for 15/04/2021. Planning Project Manager to obtain update from Assistant Director of Strategic Planning.
SSU-HDU-2021-08	Dec-20	Internal Audit - SSU	Backlog Maintenance	Internal Audit Report	Open	Reasonable	Estates	Rob Elliott	Director of Operations	SSU-HDU-2021-08_007	Medium	R7. Variance reporting summaries should be provided to relevant committees, to include at minimum, an annual summary of schemes planned (funded) v schemes delivered.	May-21	May-21	Amber	04/03/2021- On track for May, report to be written.
SSU-HDU-2021-08	Dec-20	Internal Audit - SSU	Backlog Maintenance	Internal Audit Report	Open	Reasonable	Estates	Rob Elliott	Director of Operations	SSU-HDU-2021-08_008	Medium	R8. Management should report the relation between urgent statutory works, and risk profiled backlog.	May-21	May-21	Amber	04/03/2021- On track for May, joint report to be written by Head of Property Performance and Assistant Head of Operational Facilities Management.
SSU-HDU-2021-08	Dec-20	Internal Audit - SSU	Backlog Maintenance	Internal Audit Report	Open	Reasonable	Estates	Rob Elliott	Director of Operations	SSU-HDU-2021-08_009	Medium	R9. Management should confirm an appropriate range of reporting, notably in relation to causality and drivers of backlog.	Oct-21	Oct-21	Amber	04/03/2021- October 2021 should be achievable.
SSU-HDU-2021-08	Dec-20	Internal Audit - SSU	Backlog Maintenance	Internal Audit Report	Open	Reasonable	Estates	Rob Elliott	Director of Operations	SSU-HDU-2021-08_010	Medium	R10. Management should consider the type and coding of data loaded to the CAFM system to ensure the ability to produce required reports e.g. labour resource, and backlog origin.	Dec-20 Dec-20 Oct-21	Dec-20 Oct-21	Red	13/01/2021- Assistant Head of Operational Facilities Management believes the timescale of December 2020 noted in the report is incorrect and will be clarifying this with the Internal Audit team. 04/03/2021- timescale should be October 2021, CAFM doesn't go live until April 2021, only then recommendation can be progressed. Assistant Head of Operational Facilities Management having another conversation with Internal Audit and feedback to Assurance & Risk Officer. 18/03/2021-Assistant Head of Operational Facilities Management confirmed Internal Audit will not revise date on report, therefore this recommendation remains red. December 2020 timescale was included in the report in error, the correct timescale for this recommendation is October 2021.
HDUHB-2021-28	Jan-21	Internal Audit - SSU	Quality and Safety Governance	Internal Audit Report	Open	Reasonable	Nursing	Sian Passey / Cathie Steele	Director of Nursing, Quality and Patient Experience	HDUHB-2021-28_001	Medium	R1. Management should ensure current and draft Quality and Safety Governance Group terms of reference for directorates are consistent in their approach and reflect the organisation's agreed quality and safety governance arrangements.	Apr-21	Apr-21	Amber	08/03/2021- Reporting officer confirmed recommendations are on track for April 2021.
HDUHB-2021-28	Jan-21	Internal Audit - SSU	Quality and Safety Governance	Internal Audit Report	Open	Reasonable	Nursing	Sian Passey / Cathie Steele	Director of Nursing, Quality and Patient Experience	HDUHB-2021-28_002	Medium	R2. Management should ensure risk registers are a standing item on directorate and service Quality and Safety Governance Group agendas.	Apr-21	Apr-21	Amber	08/03/2021- Reporting officer confirmed recommendations are on track for April 2021.
HDUHB-2021-28	Jan-21	Internal Audit - SSU	Quality and Safety Governance	Internal Audit Report	Open	Reasonable	Nursing	Sian Passey / Cathie Steele	Director of Nursing, Quality and Patient Experience	HDUHB-2021-28_003	Medium	R3. Management should implement the good practice demonstrated by the Scheduled Care directorate by ensuring the progress and actions of specialty and department risks are captured and regularly reported to the Quality and Safety Governance Groups.	Apr-21	Apr-21	Amber	08/03/2021- Reporting officer confirmed recommendations are on track for April 2021.
HDUHB-2021-30	Jan-21	Internal Audit - SSU	Quality Review of Consultant Job Plans (Advisory Review)	Internal Audit Report	Open	Advisory	Medical	John Evans / Helen Williams	Medical Director & Director of Clinical Strategy	HDUHB-2021-30_001	N/A	We would recommend that the Health Board determines an approach to develop personal and service outcomes as part of the Job Planning process building on the good practice seen within one directorate. This approach could be implemented with an incremental rollout of the process on a prioritised basis across specialities with an approach tailored to meet specific service requirements. The approach should be developed in line with the expectation of professional bodies (e.g. General Medical Council, British Medical Association and the Local Negotiation Committee).	Not stated in report	Not stated in report	Amber	
HDUHB-2021-30	Jan-21	Internal Audit - SSU	Quality Review of Consultant Job Plans (Advisory Review)	Internal Audit Report	Open	Advisory	Medical	John Evans / Helen Williams	Medical Director & Director of Clinical Strategy	HDUHB-2021-30_002	N/A	In addition, we would recommend that the 'Consultant Job Planning Toolkit' document is update to reflect any changes in approach to outcomes development.	Not stated in report	Not stated in report	Amber	
HDUHB-2021-30	Jan-21	Internal Audit - SSU	Quality Review of Consultant Job Plans (Advisory Review)	Internal Audit Report	Open	Advisory	Medical	John Evans / Helen Williams	Medical Director & Director of Clinical Strategy	HDUHB-2021-30_003	N/A	The previous Internal Audit report (HDUHB-1920-29) highlighted that the Clinical Director had not signed-off job plans in line with the Health Board's 'Consultant Job Planning Toolkit'. Since the issuing of this report it was agreed that job plans could be signed-off by the lead Consultant and/or the Service Delivery Manager rather than the Clinical Director. We would therefore advise that the 'Toolkit' be updated to reflect this change in process.	Not stated in report	Not stated in report	Amber	

HDUHB-2021-30	Jan-21	Internal Audit - SSU	Quality Review of Consultant Job Plans (Advisory Review)	Internal Audit Report	Open	Advisory	Medical	John Evans / Helen Williams	Medical Director & Director of Clinical Strategy	HDUHB-2021-30_004	N/A	All Consultant job plans are required to be completed on the Allocate system. We would advise that the 'Consultant Job Planning Toolkit' be reviewed to reflect the use of the Allocate system.	Not stated in report	Not stated in report	Amber	
HDUHB-2021-26	Feb-21	Internal Audit - SSU	Closure of Actions	Internal Audit Report	Open	Reasonable	Nursing	Louise O'Connor / Sian Passey / Cathie Steele	Director of Nursing, Quality and Patient Experience	HDUHB-2021-26_001	Medium	R1. Management should review the current practice to establish whether complaint cases recorded on the Learning From Events Report requires the physical sign-off by Case Managers and relevant Governance Leads.	Apr-21	Apr-21	Amber	23/03/2021- Reporting officer confirmed recommendation is on track for April 2021- this will form part of the revised Datix system roll out and new complaints process implementation.
SSU_HDA_1920_01.1	Feb-21	Internal Audit - SSU	Capital Assurance- Follow Up	Internal Audit Report	Open	Reasonable	Strategic Development and Operational Planning	Paul Williams / Rob Elliott / Anthony Tracey / Julian Wheeler-Jones / Eldeg Rosser	Director of Finance	SSU_HDA_1920_01.1_001	Medium	R1. Cardigan Integrated Care Centre (original R1): Clarification should be provided to differentiate between the Project Group quorum, members and attendees.	May-19	Jul-21	Red	23/02/2021 - as per this new follow up report (follow up of SSU_HDA_1920_01.2), recommendation outstanding as follows: Management advised that due to the impact of Covid on the availability of service leads this has not yet been undertaken. It is anticipated the PPE will be undertaken during the summer. This recommendation was previously considered as actioned per updates received from the service (SSU_HDA_1920_01.2_001). Recommendation has been re-opened as part of this more recent follow up review, and noted that the recommendation owner is now Head of Capital Planning and not Project Director as per previous report. 04/03/2021- on track for July 2021 date.
SSU_HDA_1920_01.1	Feb-21	Internal Audit - SSU	Capital Assurance- Follow Up	Internal Audit Report	Open	Reasonable	Strategic Development and Operational Planning	Paul Williams / Rob Elliott / Anthony Tracey / Julian Wheeler-Jones / Eldeg Rosser	Director of Finance	SSU_HDA_1920_01.1_002	Medium	R4: Bronglais Front of House: The planned post project evaluation (PPE) exercise for the Bronglais Front of House development will consider the issues raised in the prior Bronglais audit reports as follows: An evaluation of the adequacy of design solution for the development; Confirmation (or otherwise) that the original business case assumptions remain valid, or implications will be assessed; and performance against the targets of the business case will be assessed.	Sep-19	Mar-21 Sept-21	Red	23/02/2021 - as per this new follow up report follow up of SSU_HDA_1920_01.2), recommendation outstanding as follows: The Project Director will lead the completion of the PPE by March 2021. The recommendation was previously considered to be outstanding from the previous follow up report. 04/03/2021- more realistic date of September 2021 provided, this work has been delayed due to other work prioritised due to Covid-19.
SSU_HDU_1920_01.02	Feb-21	Internal Audit - SSU	Estates Assurance Follow Up	Internal Audit Report	Open	Substantial	Estates	Rob Elliott / Simon Chiffi / Heather Williams / Paul Evans	Director of Operations	SSU_HDU_1920_01.02_002	Low	R14. In the interim period, management should review the spreadsheet recording system so that clear timing of completion is accurately measured. (from Financial Safeguarding (Maintenance Team) report).	Dec-19	Apr-21	Red	23/02/2021 New follow up report states that this recommendation is outstanding, whereas previously reported as actioned under previous report SSU_HDU_1920_01.01. Detail from this new follow up report as follows: Review of the spreadsheets maintained noted that reference is not made to the initial job number recorded or the date of close out of the work. Management advised that the agreed update to the spreadsheet had been overlooked as the team's focus had been addressing the high and medium rated recommendations included in the report. The spreadsheet will be updated to run concurrently when the new CAFM system goes 'live' on 1 April 2021. 04/03/2021- on track for April 2021.
SSU_HDU_1920_01.02	Feb-21	Internal Audit - SSU	Estates Assurance Follow Up	Internal Audit Report	Open	Substantial	Estates	Rob Elliott / Simon Chiffi / Heather Williams / Paul Evans	Director of Operations	SSU_HDU_1920_01.02_003	Medium	R6: A robust, and consistent, site access control system should be implemented across all sites that ensures: Daily sign in / out of ALL contractors Uniquely identifiable badges issued and recorded on the sign in/out register Robust process for management of contractors out of hours A sign in/out system should be in place at each community site, using measures appropriate to the site, with ALL contractors required to action daily. (from Control of Contractors report).	Sep-20	May-21	Red	23/02/2021 This recommendation has previously been reported as actioned under previous report SSU_HDU_1920_01.01, but newly issued follow up report states the following: Partially implemented Management provided a copy of the Contractor Attendance Register which is in operation at each of the UHB's acute sites. The attendance register is referenced as a control procedure to ensure that all contractors employed by the UHB are fully aware of the safety protocols adopted by the Estates department. There is the expectation that contractors address the key questions included in the attendance register before proceeding with any work activity and before a contractor's badge can be issued. The procedure for managing contractors out of hours is documented in the Control of Contractor policy i.e. contact with the on-call engineer upon arrival and departure from site. Whilst management acknowledge the process is managed, they accept there is currently no central recording of this information [noting that it13% of the contractor call-outs in the past three months had been out of hours. With regard to the management of contractors at community sites, management advised that training sessions have been provided to community managers / responsible officers regarding expectations for when a contractor is on site. It is noted that Covid restrictions has impacted the completion of these training sessions. Noting the action management has taken to date to address the agreed recommendation, the priority rating has been reassessed as medium. 04/03/2021- on track for May 2021.
SSU_HDU_1920_01.02	Feb-21	Internal Audit - SSU	Estates Assurance Follow Up	Internal Audit Report	Open	Substantial	Estates	Rob Elliott / Simon Chiffi / Heather Williams / Paul Evans	Director of Operations	SSU_HDU_1920_01.02_005	Medium	R10: Management will consider the viability of accommodation both with and without SIFT monies. (from Residential Accommodation report).	Jun-19	Mar-21	Red	23/02/2021 - progress update in Feb-21: Outstanding. At the time of issuing this report, supporting information had not been received from the UHB. Therefore, in the absence of information to provide assurances that this recommendation had been addressed, it remains outstanding. 04/03/2021-Audit & Risk Officer to check if update has been obtained from Director of Operations. 05/03/2021- Director of Operations to have conversation with Medical Director to resolve this issue.
No ref	Aug-19	Peer Review	Glangwili Neonatal Unit Peer Review Report	Peer Review Report	Open	N/A	Women and Children's Services	Paula Evans	Director of Operations	PeerReview-GGH003	N/A	R6. Training and education Only 55% of nurses are Qualified in Specialty (QIS). 6 out of the 7 consultants and 87% of nursing staff are NLS compliant.	Dec-23	Dec-23	Amber	Long term action.27/07/2020 requested update, chased and meeting to update organised 6/08/2020. 18/09/2020 Request for update issued: 25/09/2020 Update provided recruitment of new staff ongoing, one existing staff member completed QIS. 20/11/2020 issued for update: Service response 02/12/2020 Service Response: Recruitment remains a challenge. On-going campaigns are being added to social media. Senior Nurses will be attending RCN virtual job fair in January 2021. 04/02/21 Senior nurse and unit manager attended RCN virtual job fair- no applications for vacancies yet. Recruitment continues to be a challenge but 1 QIS appointed and 1 paediatric nurse. Successful recruitment of 2 newly qualified nurses via adult streamlining, due to start in March 2021. 2 nurses have completed part 1 of neonatal training.

No ref	Nov-19	Peer Review	Out of Hours Peer Review 21-22nd October 2019	Peer Review Report	Open	N/A	Out of Hours	David Richards	Director of Operations	PeerReview-OOH001	N/A	R1. Enhanced Clinical Leadership and Support Address border free working 24/7 and produce SOPs for this purpose, which all clinicians and operational staff need to adhere to.	Dec-19	Dec-21	Red	This was being addressed by the TCS work group- now postponed by COVID – restart details have been requested. Some improvements in shift fill have been observed and the move to increased telephone advice consultations are supporting cross- border issues, but this is seen as a temporary measure and sustainable solution is still required. OOH SDM to check with Director of Operations if we are in a position to close this recommendation. 20/11/2020- Awaiting confirmation from Deputy Director of Operations if he is in agreement for this recommendation to be closed. 09/02/2021- update from new SDM- We have improved boarder free working amongst the clinicians and this has reduced the need to have an enhanced clinical leadership on shift in the short to medium term. No response received from Deputy Director of Operations since email sent on 20/11/2020 and follow up email on 08/01/2021. 25/03/2021- Deputy Director of Operations advised he is currently not in a position to provide assurance the December 2021 deadline will be met. Deputy Director of Operations confirmed he will arrange to have an in depth conversation with the new SDM to establish if these dates are still realistic in light of Covid.
No ref	Nov-19	Peer Review	Out of Hours Peer Review 21-22nd October 2019	Peer Review Report	Open	N/A	Out of Hours	David Richards	Director of Operations	PeerReview-OOH003	N/A	R3. Multi-Disciplinary Workforce Physician Associates to also be considered as part of the longer term strategy.	Mar-20	Dec-21	Red	09/02/2021- update from new SDM- After assessment physician associates are not for immediate deployment in Out of Hours but will be considered as part of the longer term Multi-disciplinary team. 25/03/2021- Deputy Director of Operations advised he is currently not in a position to provide assurance the December 2021 deadline will be met. Deputy Director of Operations confirmed he will arrange to have an in depth conversation with the new SDM to establish if these dates are still realistic in light of Covid.
No ref	Nov-19	Peer Review	Out of Hours Peer Review 21-22nd October 2019	Peer Review Report	Open	N/A	Out of Hours	David Richards	Director of Operations	PeerReview-OOH006	N/A	R6. Wider Workforce Planning The clinical competencies framework need to be considered for supporting ACP's, UCP, HCSW etc. and should now drive the future workforce planning	Dec-19	Dec-21	Red	Initial meetings with Assistant Directors of Nursing have taken place and frameworks will be assessed within the nursing directorate. Senior Workforce Development Manager is assisting in mapping out workforce requirements as a part of TCS agenda, delayed significantly by COVID. Approximate revised date of December 2021 but could be delayed further depending on COVID. 09/02/2021- New SDM now in place to drive this work forward. 25/03/2021- Deputy Director of Operations advised he is currently not in a position to provide assurance the December 2021 deadline will be met. Deputy Director of Operations confirmed he will arrange to have an in depth conversation with the new SDM to establish if these dates are still realistic in light of Covid.
No ref	Nov-19	Peer Review	Out of Hours Peer Review 21-22nd October 2019	Peer Review Report	Open	N/A	Out of Hours	David Richards	Director of Operations	PeerReview-OOH014	N/A	R14. Specific Operational Issues Executive members to meet staff and clinical leads in OOHs on a quarterly basis and be clear about expectations and behaviours aligned to Health Board values	Jan-20	Mar-20 Oct-20 Dec-21	Red	Partially complete- Meeting took place with Assistant Director of Organisation Development on 26/02/20 to discuss staff behaviour. Actions resulting from this meeting, including an additional UHB Values session with staff has been delayed due to COVID-19. Approximate revised date of December 2021 but could be delayed further depending on COVID. 09/02/2021- recommendation still delayed due to Covid, however in the meantime any significant issues are reported to the Director of Operations. 25/03/2021- Deputy Director of Operations advised he is currently not in a position to provide assurance the December 2021 deadline will be met. Deputy Director of Operations confirmed he will arrange to have an in depth conversation with the new SDM to establish if these dates are still realistic in light of Covid.
201905316	Mar-20	Public Service Ombudsman (Wales)	10076	Ombudsman Report	Open	N/A	Scheduled Care	Lydia Davies	Director of Operations	201905316_004	N/A	R4. If any failings in the care and treatment provided to Mrs B are identified by the expert, the Health Board will provide within 1 month of the receipt of the expert clinical report: • A written apology for any failings identified by the expert. • Any reimbursement of private consultation fees recommended by the expert.	Aug-20 Sep-20	Aug-20 Sep-20 N/K	Red	05/03/2021- Ombudsman Liaison Manager confirmed the action 'Any reimbursement of private consultation fees recommended by the expert' is still outstanding- We recognise that these fees need to be reimbursed but as this now become a claim, they will be paid as part of the final settling up when the claim has been resolved. Timescale currently unknown. This recommendation was previously noted as green in error. 24/03/2021- Assurance & Risk Office requested the Ombudsman Liaison Manager to obtain a revised timescale from the service, as requested by the Director of Operations, no response as of 26/03/2021.
201905316	Mar-20	Public Service Ombudsman (Wales)	10076	Ombudsman Report	Open	N/A	Scheduled Care	Lydia Davies	Director of Operations	201905316_005	N/A	R5. The Health Board will implement any future care and treatment recommendations made by the expert in line with the timescales recommended by them.	Oct-20	Oct-20 N/K	Red	05/03/2021- Ombudsman Liaison Manager confirmed this recommendation is still outstanding Timescale currently unknown. The patient is having a further clinical review and his future care will result from this. This recommendation was previously noted as green in error. 24/03/2021- Assurance & Risk Office requested the Ombudsman Liaison Manager to obtain a revised timescale from the service, as requested by the Director of Operations, no response as of 26/03/2021.
201905316	Mar-20	Public Service Ombudsman (Wales)	10076	Ombudsman Report	Open	N/A	Scheduled Care	Lydia Davies	Director of Operations	201905316_007	N/A	R7. Within 3 months, the Health Board will review their Putting Things Right policy and process for investigating concerns and produce a revised handbook for relevant staff. This will be supported by a skills-based training programme to ensure improved quality of investigation outcomes and responses as well as timeliness for replies.	Oct-20	Oct-20 Apr-21	Red	18/11/2020- Policy currently with Assistant Director (Legal and Patient Support) for review, Ombudsman Liaison Manager will chase to confirm if she is happy for this to be submitted. Timescale unknown. 15/03/2021- Ombudsman Liaison Manager confirmed the training is due to take place sometime in April 2021 but does not have an exact date as yet. This training will be delivered by one of the Ombudsman's staff. Recommendation previously noted as green in error. 24/03/2021- Assurance & Risk Office requested the Ombudsman Liaison Manager to obtain a revised timescale from the service, as requested by the Director of Operations, no response as of 26/03/2021.
201905316	05/03/2020	Public Service Ombudsman (Wales)	10076	Ombudsman Report	Open	N/A	Scheduled Care	Lydia Davies	Director of Operations	201905316_006	N/A	R6. Within 1 month of the receipt of the expert report, the Health Board will implement any improvements in practice recommended by the expert.	Oct-20	Oct-20 Apr-21	Red	18/11/2020- Ombudsman Liaison Manager confirmed the complainant and patient are seeking another clinical review, (following receipt of the expert's report). The case has transferred to redress and the payment of expenses comes under this process. We have requested receipts for the private consultations as part of our Reg 26 letter (action 6). These receipts have not been received but will be accounted for as part of the final settlement. Timescale currently unknown. 26/01/2021-Ombudsman Liaison Manager update- Awaiting evidence of organisational improvements from service leads. Though they have been made aware of the necessity to submit I cannot give you a timescale. Ombudsman is aware. 15/03/2021- update from Ombudsman Liaison Manager. Trauma and Orthopaedics were in discussions last autumn (2020) on this matter and unfortunately I let the momentum fade on this one. There are two lesson's to be learnt here: 1) The management of patients under pooling and the difficulties of consent. This is an active issue that is taking longer to fulfil. 2) The learning from our clinical response to abductor failure. Trauma & Orthopaedics colleague will be presenting on this matter on 15/04/2021 and Ombudsman Liaison Manager will be sending evidence of this with attendees to the Ombudsman as fulfilling the compliance. 24/03/2021- Assurance & Risk Office requested the Ombudsman Liaison Manager confirm if the revised timescale of April 2021 against this recommendation is correct.

201905316	05/03/2020	Public Service Ombudsman (Wales)	10076	Ombudsman Report	Open	N/A	Scheduled Care	Lydia Davies	Director of Operations	201905316_008	N/A	R8. The Health Board will submit evidence of completion of all these measures to the Ombudsman.	Oct-20	Oct-20 N/K	Red	18/11/2020- Timescale currently unknown. 26/01/2021-Ombudsman Liaison Manager update- Awaiting evidence of organisational improvements from service leads. Though they have been made aware of the necessity to submit I cannot give you a timescale. Ombudsman is aware. 15/03/2021- this recommendation cannot be turned to green until all other recommendations are implemented. 22/03/2021- Requested clarity on timescale, Ombudsman Liaison Manager responded -I can't speculate how quickly 17006 will be complete as this will depend on the resolution of the claim. I don't think the end of August would be realistic but will at least attempt to get the clinical changes introduced by then. 24/03/2021- Assurance & Risk Office requested the Ombudsman Liaison Manager to obtain a revised timescale from the service, as requested by the Director of Operations, no response as of 26/03/2021.
201902057	Oct-20	Public Service Ombudsman (Wales)	12035	Ombudsman Report	Open	N/A	Unscheduled Care (BGH)	Lydia Davies / Dawn Jones	Director of Operations	201902057_005	N/A	Within six months of the date of this report the Health Board should share this report with all the senior Orthopaedic Doctors involved in Ms A's case for them to reflect on the findings as part of their supervision, and provide evidence that they have undertaken a reasonable level of reflection with particular reference to the relevant themes set out in the analysis section of the report	Apr-21	Apr-21	Amber	26/01/2021- Ombudsman Liaison Manager confirmed recommendation is on track for April 2021 timescale.
201902057	Oct-20	Public Service Ombudsman (Wales)	12035	Ombudsman Report	Open	N/A	Unscheduled Care (BGH)	Lydia Davies / Dawn Jones	Director of Operations	201902057_006	N/A	Within six months of the date of this report the Health Board should share this report with the Radiology staff members involved in Ms A's case for them to reflect on the relevant findings, set out in the analysis section of the report, as part of their supervision, and provide evidence that they have undertaken a reasonable level of reflection along with, where appropriate, further learning and development activities	Apr-21	Apr-21	Amber	26/01/2021- Ombudsman Liaison Manager confirmed recommendation is on track for April 2021 timescale.
201902057	Oct-20	Public Service Ombudsman (Wales)	12035	Ombudsman Report	Open	N/A	Unscheduled Care (BGH)	Lydia Davies / Dawn Jones	Director of Operations	201902057_007	N/A	Within six months of the date of this report the Health Board should issue guidance on the importance of ensuring that patients are fully informed of, and involved in, decisions about their care and outline what steps should be taken in the event that a patient's ability to engage is compromised, or fluctuating, and ensure that it is shared with all staff who were involved in Ms A's care.	Apr-21	Apr-21	Amber	26/01/2021- Ombudsman Liaison Manager confirmed recommendation is on track for April 2021 timescale.
201902057	Oct-20	Public Service Ombudsman (Wales)	12035	Ombudsman Report	Open	N/A	Unscheduled Care (BGH)	Lydia Davies / Dawn Jones	Director of Operations	201902057_008	N/A	Within six months of the date of this report the Health Board should amend its discharge planning documentation to include a section for recording what ongoing management and post-discharge information has been discussed with and provided to the patient and remind relevant staff of the importance of completing this documentation fully	Apr-21	Apr-21	Amber	26/01/2021- Ombudsman Liaison Manager confirmed recommendation is on track for April 2021 timescale.
201902057	Oct-20	Public Service Ombudsman (Wales)	12035	Ombudsman Report	Open	N/A	Unscheduled Care (BGH)	Lydia Davies / Dawn Jones	Director of Operations	201902057_009	N/A	Within six months of the date of this report the Health Board should review its discharge planning process and take action to improve provision of a joined-up service, including clarifying who should be responsible for ensuring that care recommended by the Reablement Service is confirmed and will be in place when the patient is actually discharged.	Apr-21	Apr-21	Amber	26/01/2021- Ombudsman Liaison Manager confirmed recommendation is on track for April 2021 timescale.
201905620	Nov-20	Public Service Ombudsman (Wales)	8391	Ombudsman Report	Open	N/A	Scheduled Care	Caroline Lewis	Director of Operations	201905620_007	N/A	R7. Within six months of this report the Health Board should provide training to all relevant staff, including all complaints handlers, on how to identify a Subject Access Request and what to do when one is received.	May-21	May-21	Amber	05/03/2021-Ombudsman Liaison Manager confirmed on track to be completed by May 2021.
201905578	Nov-20	Public Service Ombudsman (Wales)	201905578 (13932)	Ombudsman Report	Open	N/A	Mental Health & Learning Disabilities	Neil Mason	Director of Operations	201905578_002	N/A	The Health Board prepares guidance for families on the different, but overlapping, purposes of the MCA and the MHA and when it would be appropriate for an IMCA to be present during an assessment.	Feb-21	Feb-21 Mar-21	Red	09/12/2020 Ombudsman Liaison Manager confirmed that Neil Mason is guiding the progress on this recommendation. 26/01/2021- Ombudsman Liaison Manager confirmed recommendation on track for February 2021. 05/03/2021- Ombudsman Liaison Manager confirmed evidence submitted, Ombs happy but wish them to be 'tweaked' and resubmitted by 22/03/2021. We are confident to do that.
201905578	Nov-20	Public Service Ombudsman (Wales)	201905578 (13932)	Ombudsman Report	Open	N/A	Mental Health & Learning Disabilities	Neil Mason	Director of Operations	201905578_003	N/A	The Health Board introduces a mechanism whereby if a family member is unhappy about a decision for admission under the MHA (even if agreed by the nearest relative) there is an option for a broader family group meeting to be held where there is time to do so.	Feb-21	Feb-21 Mar-21	Red	09/12/2020 Ombudsman Liaison Manager has confirmed that Neil Mason is guiding the progress on this recommendation. 26/01/2021- Ombudsman Liaison Manager confirmed recommendation on track for February 2021. 05/03/2021- Ombudsman Liaison Manager confirmed evidence submitted, Ombs happy but wish them to be 'tweaked' and resubmitted by 22/03/2021. We are confident to do that.
201907601	Jan-21	Public Service Ombudsman (Wales)	14444	Ombudsman Report	Open	N/A	Women and Children's Services	Paula Evans	Director of Operations	201907601_003	N/A	The Health Board should undertake a review of its arrangements to ensure that when an MCUG is needed, the staff undertaking it have enough experience to make it likely here will be a successful outcome, whether this be through making formal arrangements with another Health Board or through offering training to its own staff, and confirm to Ms X the outcome of this review.	Jul-21	Jul-21	Amber	05/03/2021- Ombudsman Liaison Manager confirmed recommendation on track for July 2021.

202000482	Jan-21	Public Service Ombudsman (Wales)	16667	Ombudsman Report	Open	N/A	Mental Health & Learning Disabilities	Kay Isaacs	Director of Operations	202000482_002	N/A	The Health Board reviews to what degree a first mental health screening and risk assessment takes place with a patient not known to the CMHT.	Jul-21	Jul-21	Amber	05/03/2021- Ombudsman Liaison Manager confirmed recommendation is on track for July 2021.
202000482	Jan-21	Public Service Ombudsman (Wales)	16667	Ombudsman Report	Open	N/A	Mental Health & Learning Disabilities	Kay Isaacs	Director of Operations	202000482_003	N/A	The Health Board reviews the process of support and clinical supervision by senior clinical staff at the CMHT, particularly in decisions to involve outside agencies (such as the police).	Jul-21	Jul-21	Amber	05/03/2021- Ombudsman Liaison Manager confirmed recommendation is on track for July 2021.
202000482	Jan-21	Public Service Ombudsman (Wales)	16667	Ombudsman Report	Open	N/A	Mental Health & Learning Disabilities	Kay Isaacs	Director of Operations	202000482_004	N/A	The Health Board is invited to remind members of CMHT staff to communicate to the patient the outcome of any assessment, even when this includes closing the referral without accepting the patient for services.	Jul-21	Jul-21	Amber	05/03/2021- Ombudsman Liaison Manager confirmed recommendation is on track for July 2021.
202000482	Jan-21	Public Service Ombudsman (Wales)	16667	Ombudsman Report	Open	N/A	Mental Health & Learning Disabilities	Kay Isaacs	Director of Operations	202000482_005	N/A	The Health Board is invited to reflect on its process for complying with SARs when the requestor is already involved with its Complaints Department.	Jul-21	Jul-21	Amber	05/03/2021- Ombudsman Liaison Manager confirmed recommendation is on track for July 2021.
201907230 / 202000466	Feb-21	Public Service Ombudsman (Wales)	201907230 / 202000466	Ombudsman Report	Open	N/A	Unscheduled Care (WGH)	Bethan Andrews	Director of Operations	201907230/202000466_001	N/A	The Health Board should send a written apology to Mrs M which acknowledges the failing identified in this report	Apr-21	Apr-21	Amber	05/03/2021- Ombudsman Liaison Manager confirmed he is confident that recommendation will be completed in the next couple of weeks.
201907230 / 202000466	Feb-21	Public Service Ombudsman (Wales)	201907230 / 202000466	Ombudsman Report	Open	N/A	Unscheduled Care (WGH)	Bethan Andrews	Director of Operations	201907230/202000466_002	N/A	The Health Board should review the transfer of radiological images and reports between the 3 hospitals to ensure images and reports performed at one site are available to doctors at another	Apr-21	Apr-21	Amber	05/03/2021- Ombudsman Liaison Manager confirmed he is confident that recommendation will be completed in the next couple of weeks.
201907230 / 202000466	Feb-21	Public Service Ombudsman (Wales)	201907230 / 202000466	Ombudsman Report	Open	N/A	Unscheduled Care (WGH)	Bethan Andrews	Director of Operations	201907230/202000466_003	N/A	The Health Board should share the final report with relevant staff and confirms to the Ombudsman that the report has been used for critical reflection	Apr-21	Apr-21	Amber	05/03/2021- Ombudsman Liaison Manager confirmed he is confident that recommendation will be completed in the next couple of weeks.

Reports Closed on the Audit Tracker since ARAC February 2021

Report name	Lead Executive/Director
Audit Wales: Review of Estates	Director of Operations
Audit Wales: A Comparative Picture of Orthopaedic Services - Hywel Dda	Director of Operations
Audit Wales: Follow-up Outpatient Appointments: Update on Progress	Director of Operations
Audit Wales: Primary care services at Hywel Dda	Director of Primary, Community and Long Term Care
Audit Wales: Implementing the Well-being of Future Generations Act- Hywel Dda Health Board	Director of Public Health
Community Health Council: Accident and Emergency Department Withybush Hospital 22 July 2019	Director of Operations
Community Health Council (Contractors): Brynteg GP Practice, Ammanford Aug 2018	Director of Primary, Community and Long Term Care
Community Health Council (Contractors): Neyland Surgery, September 2019	Director of Primary, Community and Long Term Care
Delivery Unit: National report- The Quality of Care and Treatment Planning - Assurance Review of Adult MH&LD Services	Director of Operations
Health and Safety Executive: Improvement notice - Accident and Emergency Department, Withybush Hospital 02-11/07/19 IN3	Director of Nursing, Quality and Patient Experience
Health and Safety Executive: Improvement notice - Laundry at Glangwili Hospital 02-11/07/19 IN5	Director of Nursing, Quality and Patient Experience
Health and Safety Executive: Improvement notice - Violence and Aggression 02-11/07/19 IN1	Director of Nursing, Quality and Patient Experience
Health and Safety Executive: Improvement notice - Withybush Hospital 02-11/07/19 IN4	Director of Nursing, Quality and Patient Experience
HIW (MHLD): HIW & CIW: Joint Community Mental Health Team Inspection (Announced) Llanelli Community Mental Health Team, 03 and 04 December 2019.	Director of Operations
HIW (MHLD): Bryngolau Ward, Prince Philip Hospital	Director of Operations
HIW (MHLD): Enlli Ward, Bronglais General Hospital	Director of Operations
Internal Audit: Agility to Flex Workforce to Covid Planning	Director of Workforce & OD
Internal Audit: Environmental Sustainability Reporting	Director of Operations
Internal Audit: Medical Devices	Director of Operations
Internal Audit: Integrated Care Fund – Follow Up	Director of Operations
Internal Audit: Mortality Rates	Medical Director & Director of Clinical Strategy
Internal Audit: Nursing Medication Administration & Errors	Director of Nursing, Quality and Patient Experience
Internal Audit: Review of PADR Process (Follow Up)	Director of Workforce & OD
Internal Audit: Variable Pay	Director of Workforce & OD
Internal Audit: Welsh Risk Pool Claims	Director of Nursing, Quality and Patient Experience
Internal Audit: Additional Learning Needs and Education Tribunal (Wales) Act 2018	Director of Therapies and Health Sciences
Internal Audit: Capital Assurance- Follow Up	Director of Finance

Internal Audit: Charitable Funds	Director of Nursing, Quality and Patient Experience
Internal Audit: Effectiveness of IT deployment in relation to Covid-19	Director of Finance
Internal Audit: Estates Assurance Follow Up	Director of Operations
Internal Audit: Water Safety Follow-Up - Withybush General Hospital	Director of Operations
Internal Audit: Research & Development Department Governance Review – Follow Up	Medical Director & Director of Clinical Strategy
Internal Audit: Health and Care Standards	Director of Nursing, Quality and Patient Experience
Mid and West Wales Fire and Rescue Service: Enforcement Notice - The Regulatory Reform (Fire Safety) Order 2005: Article 30 Premises: Withybush General Hospital. (KS/890/02)	Director of Operations
Public Service Ombudsman (Wales): 9998	Director of Operations
Public Service Ombudsman (Wales): 12393	Director of Operations

Reports Opened on the Audit Tracker since ARAC February 2021

Report name	Lead Executive/Director	Final report received at
HIW: National Review of Maternity Services – Phase 1	Director of Nursing, Quality and Patient Experience	To be received at QSEAC April 2021
HIW: Mass Vaccination Centre	Director of Public Health	To be received at QSEAC April 2021
HIW (MHLD): Enlli Ward, Bronglais General Hospital	Director of Operations	To be received at QSEAC April 2021
Internal Audit: Effectiveness of IT deployment in relation to Covid-19	Director of Finance	Audit and Risk Assurance Committee February 2021
Internal Audit: Quality and Safety Governance	Director of Nursing, Quality and Patient Experience	Audit and Risk Assurance Committee February 2021
Internal Audit: Quality Review of Consultant Job Plans (Advisory Review)	Medical Director & Director of Clinical Strategy	Audit and Risk Assurance Committee February 2021
Internal Audit: Health and Care Standards	Director of Nursing, Quality and Patient Experience	Audit and Risk Assurance Committee February 2021
Internal Audit: Closure of Actions	Director of Nursing, Quality and Patient Experience	Audit and Risk Assurance Committee February 2021
Internal Audit: Contracting (Follow Up)	Director of Nursing, Quality and Patient Experience	Audit and Risk Assurance Committee February 2021
Internal Audit: Capital Assurance-Follow Up	Director of Finance	Audit and Risk Assurance Committee February 2021
Internal Audit: Estates Assurance Follow Up	Director of Operations	Audit and Risk Assurance Committee February 2021
RCPCH: National Diabetes Quality Programme (NDQP)	Director of Operations	To be confirmed with the service.
Public Service Ombudsman (Wales): 14444	Director of Operations	Directorate Quality, Safety and Experience meetings
Public Service Ombudsman (Wales): 16667	Director of Operations	Directorate Quality, Safety and Experience meetings
Public Service Ombudsman (Wales): April-21	Director of Operations	Directorate Quality, Safety and Experience meetings
Public Service Ombudsman (Wales): 202003187	Director of Operations	Directorate Quality, Safety and Experience meetings

Public Service Ombudsman (Wales): 12941	Director of Operations	Directorate Quality, Safety and Experience meetings
Public Service Ombudsman (Wales): 12393	Director of Operations	Directorate Quality, Safety and Experience meetings