

- 6.2 Audit Tracker
  - Presenter: Joanne Wilson*
  - SBAR Audit Tracker December 2019
  - Appendix 1 - List of Reports Past Original Completion Date
  - Appendix 2 - Audit Tracker

**PWYLLGOR ARCHWILIO A SICRWYDD RISG  
AUDIT AND RISK ASSURANCE COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	19 December 2019
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	UHB Central Tracker
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Joanne Wilson, Board Secretary
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Claire Bird, 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)**

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

The University Health Board (UHB) Central Tracker is a high level log of all reports received from Internal Audit and external auditors, regulators and other bodies. These reports will generally include recommendations to address areas of improvement and/or gaps in controls. The tracker also includes the number of recommendations and records the current or reported status of these.

This report is presented to provide the Audit & Risk Assurance Committee (ARAC) with a current status report on progress on implementing the recommendations from audits and inspections, and to advise on work that has been undertaken and current monitoring arrangements.

**Cefndir / Background**

Audits 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 and reviews, both internal and external, are implemented in a timely way.

All reports and inspections which are carried out across the UHB are logged onto the UHB central tracker and progress on implementing recommendations should be monitored via the Board's committee structure.

**Asesiad / Assessment**

**UHB Central Tracker**

Below is a synopsis of activity since the last report to ARAC. Since the 89 reports open at the last ARAC meeting, a further 10 reports have been closed with 11 new reports received by the UHB, leaving 90 reports currently open, 40 of which have now passed their original completion date (please see Appendix 1 for the list of reports). At the last ARAC meeting 122 recommendations were overdue (i.e. the original implementation date had passed), which has

decreased to 104. Of the 104 recommendations that are overdue, 46 have gone beyond six months of the original completion date.

	<b>No of reports open at ARAC Oct-19</b>	<b>No of reports received since ARAC Oct-19</b>	<b>No of reports closed since ARAC Oct-19</b>	<b>No of reports open at ARAC Dec-19</b>	<b>No of reports that have passed their original implementation date</b>	<b>No of overdue recommendations i.e., Implementation date has passed</b>	<b>No of overdue recommendations beyond 6 months of original completion date</b>
HIW (Acute & Community)	6	1	0	7	3	10	2
HIW MHL D	6	0	0	6	1	30	9
HIW/CHC Contractors	3*	3	1	5*	1	4	0
WAO	12	0	0	12	10	22	18
Internal Audit	32	0	5	27	17	26	10
CHC	8	1	1	8	4	6	4
Royal Colleges	0	0	0	0	1	1	0
HSE	8	0	0	8	0	0	0
Coroner Reg 28	2	0	0	2	0	0	0
PSOW S1 6	0	0	0	0	0	0	0
PSOW S21	3	4	2	5	0	0	0
Delivery Unit (NHS)	5	0	0	5	1	2	0
HEIW	0	0	0	0	0	0	0
Fire Service	0	1	0	1	0	0	0
Peer Review	3	1	0	4	2	3	3
Other	1	0	1	0	0	0	0
<b>TOTAL</b>	<b>89</b>	<b>11</b>	<b>10</b>	<b>90</b>	<b>40</b>	<b>104</b>	<b>46</b>

*\*One HIW report relate to GP practices which is managed by the UHB. The assurance officer obtains updates via the Quality Manager for Primary Care, who manages progress of actions on behalf of primary care. The remaining HIW and CHC reports relate to inspections at a GP and dental practice, who are independent contractors, and are accountable for implementing any recommendations made by HIW. The UHB maintains oversight of these through the Primary Care Team.*

**\*\* Of the 104 overdue recommendations 6 have been highlighted on the tracker as an 'external recommendation' whereby the recommendation is outside the gift of the Health Board to currently implement, i.e. reliant on an external organisation (e.g. NWIS) to implement.**

The attached UHB Central Tracker (Appendix 2) provides the Committee with a current overview of the number of audits and reviews where there are recommendations outstanding. One report (CHC Teifi Ward, Glangwili Hospital, December 2018) is ready to be closed, pending Lead Executive approval, as all recommendations have been implemented.

The audit tracker now details the month that the last review and next review for each report will be taking place. Below is the list of reports not currently monitored by the performance review.

<b>Report</b>	<b>Lead Executive/ Director</b>	<b>Reporting Officer</b>	<b>Reason report not currently monitored through performance review</b>
HIW How are healthcare services meeting the needs of young people? Thematic Review 2019	Director of Operations	Reporting officer has not yet been determined.	Assurance officer awaiting confirmation from operational services on actions to be taken forward and what service will lead on implementation. Actions relating specifically to MH&LD are already being addressed by the service.

### **Reports Closed on the Audit Tracker since ARAC October 2019**

The following 10 reports have all recommendations implemented, or any outstanding recommendations moved to the strategic log, and have been closed on the audit tracker following approval by the relevant lead Executive/Director, with the exception of the Public Service Ombudsman for Wales reports which are closed following confirmation by the Ombudsman:

- HIW Celtic Dental Practice, Llandeilo, November 2018
- Internal Audit HDUHB 1420 Concerns Follow Up, April 2015
- Internal Audit HDUHB 1639 Wales for Africa Programme, April 2017
- Internal Audit HDUHB 1819-21 Safeguarding of Children & Vulnerable Adults, February 2019
- Internal Audit HDUHB-1819-34 National Standards for Cleaning in NHS Wales, April 2019
- Internal Audit SSU HDU 1920 07.01 Water Safety Follow-up, October 2019
- Cadog Ward, Glangwili Hospital, November 2018
- PSOW 201803042, August 2019
- PSOW 201804569, September 2019
- External Governance Review, commissioned report April 2015

## Reports Open on the Audit Tracker since ARAC October 2019

Below is a table of the reports added to the audit tracker since the ARAC October 2019 meeting:

Report name	Lead Executive/Director	Reporting Officer	Final report received at
HIW Ystwyth Ward, BGH September 2019	Director of Operations	Hospital Head of Nursing	To be received at Quality Safety & Experience Assurance Committee February 2020
HIW Llynyfran Surgery, July 2019 (NOT UHB managed)	Director of Primary, Community and Long Term Care	Quality Manager Primary Care (on behalf of practice)	To be received at Quality Safety & Experience Assurance Committee February 2020
HIW Meddygfa Emlyn Practice, August 2019 (NOT UHB managed)	Director of Primary, Community and Long Term Care	Quality Manager Primary Care (on behalf of practice)	To be received at Quality Safety & Experience Assurance Committee February 2020
HIW Bridge St Dental Practice, Haverfordwest September 2019	Director of Primary, Community and Long Term Care	Primary Care Manager – Dental (on behalf of surgery)	To be received at Quality Safety & Experience Assurance Committee February 2020
CHC Llandovery Hospital, August 2019	Director of Operations	CLN Discharge Planning	Quality Safety & Experience Assurance Committee December 2019
PSOW 201900771	Director of Operations	Directorate Nurse, Family & Child Health	Improving Experience Sub Committee
PSOW 201803707	Director of Operations	Service Delivery Manager Orthopaedics, Trauma & Plaster Services	Improving Experience Sub Committee
PSOW 201900162	Director of Primary, Community and Long Term Care	Quality Manager Primary Care (on behalf of practice)	Improving Experience Sub Committee
PSOW 201805835	Director of Operations	Acting Service Delivery Manager for Sexual Health & Gynaecology, Sexual Health	Improving Experience Sub Committee
Out of Hours Peer Review Action Plan: 21-22nd October 2019	Director of Operations	Service Delivery Manager Out of Hours and 111	Business Planning and Performance Assurance Report – December 2019
The Regulatory Reform (Fire Safety) Order 2005. Letter of Fire Safety Matters. Llys Steffan, Lampeter,	Director of Operations	Director of Estates, Facilities and Capital Management	Fire Safety Group

## Argymhelliad / Recommendation

The Committee are asked to:

- Note the tracker presented to ARAC demonstrates where progress of implementing recommendations is behind schedule, and to ask that the appropriate action is taken to address these areas.
- Note that 10 reports have been closed on the audit tracker since ARAC October 2019 and 90 reports are currently open, 40 of which have now passed their original completion date.

### **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: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Not Applicable

### **Gwybodaeth Ychwanegol:**

#### **Further Information:**

Ar sail tystiolaeth: Evidence Base:	WAO Structured Assessment 2016 & 2017 WAO Annual Audit Report 2017
Rhestr Termiau: Glossary of Terms:	HIW- Health Inspectorate Wales WAO- Wales Audit Office WRP- Welsh Risk Pool CHC- Community Health Council PSOW- Public Services Ombudsman for Wales HSE- Health and Safety Executive HEIW-Health Education and Improvement Wales

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Board Secretary
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<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	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.
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	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.
<b>Gweithlu:</b> <b>Workforce:</b>	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.
<b>Risg:</b> <b>Risk:</b>	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.
<b>Cyfreithiol:</b> <b>Legal:</b>	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.
<b>Enw Da:</b> <b>Reputational:</b>	As above.
<b>Gyfrinachedd:</b> <b>Privacy:</b>	No direct impacts from this report
<b>Cydraddoldeb:</b> <b>Equality:</b>	No direct impacts from this report

**Information on the 40 reports that have now passed their original completion dates can be found below. Further details can be found in UHB Central Tracker (Appendix 2).**

<b>Name of Report</b>	<b>Reviewing Body</b>	<b>Date of Report</b>	<b>Original Completion Date</b>	<b>No. of red recommendations (behind schedule)</b>
Hospital Inspection (Unannounced) WGH, Ward 1, 10 & 12 20-21 November 2018	Health Inspectorate Wales (HIW)	February 2019	July 2019	3 (1 rec is on the Strategic Log)
HIW Cadog Ward & Ceri Ward, Glangwili Hospital, 5-6/3/19	Health Inspectorate Wales (HIW)	June 2019	November 2019	3
HIW Sunderland Ward, South Pembrokeshire Hospital 13-14/05/19	Health Inspectorate Wales (HIW)	August 2019	October 2019	2
HIW Learning Disability Service Inspection. Bro Myrddin 02/04/19	Health Inspectorate Wales (HIW)	July 2019	November 2019	1
General Practice Follow-up Inspection (Announced) Meddygfa Minafon, Kidwelly 18/08/18 (UHB Managed practice)	Health Inspectorate Wales (HIW)	October 2018	September 2019	1
A Comparative Picture of Orthopaedic Services - Hywel Dda	Wales Audit Office	June 2015	April 2017	1
NHS Consultant Contract Follow Up	Wales Audit Office	June 2016	April 2017	2
Hospital Catering and Patient Nutrition Follow-up Review	Wales Audit Office	February 2016	December 2016	1 (outside the gift of the Health Board to currently implement)
Review of Estates	Wales Audit Office	July 2016	May 2017	2
Radiology Service	Wales Audit Office	April 2017	May 2018	1
Follow-up Outpatient Appointments: Update on Progress	Wales Audit Office	December 2017	September 2019	2 (1 rec is on the Strategic Log)
Follow-up Information Backup, Disaster Recovery and Business Continuity, and Data Quality: Update on Progress	Wales Audit Office	May 2018	March 2016	2
District Nursing: Update on Progress	Wales Audit Office	June 2018	January 2019	1 (outside the gift of the Health Board to currently implement)



Clinical coding follow-up review	Wales Audit Office	April 2019	December 2015	3
Primary care services at Hywel Dda	Wales Audit Office	November 2018	October 2019	5
Health & Safety	Internal Audit	September 2016	November 2016	2
Low Vision Service Wales - Review of New Arrangements	Internal Audit	August 2017	Not stated	1
National Standards for Cleaning in NHS Wales	Internal Audit	February 2018	June 2018	1 (outside the gift of the Health Board to currently implement)
Theatres Directorate	Internal Audit	April 2018	June 2018	2
Charitable Funds	Internal Audit	February 2019	May 2019	1
Review of Discharge Processes (Follow-up)	Internal Audit	May 2019	September 2019	1
Radiology Directorate	Internal Audit	October 2018	October 2019	1
Records Management	Internal Audit	February 2019	September 2019	2
Single Tender Actions	Internal Audit	May 2019	September 2019	1
Integrated Care Fund – Follow Up	Internal Audit	May 2019	July 2017	1
Preparedness & Compliance with the Nurse Staffing Act	Internal Audit	May 2019	August 2019	1
Health and Care Standards	Internal Audit	June 2019	October 2019	3
Budgetary Planning	Internal Audit	June 2019	August 2019	1
Annual Quality Statement	Internal Audit	August 2019	October 2019	1
Estates Follow Up (Residential Accommodation/ Fire Precautions Follow Up).	Internal Audit	April 2019	September 2019	2
Withybush General Hospital Refurbishment of Wards 9 & 10	Internal Audit	April 2019	May 2019	3
Capital Follow Up ( Bronglais Front of House)	Internal Audit	April 2019	September 2019	1
The fragility of GP Out of Hours services in Wales	Community Health Council	May 2018	December 2018	2
“What’s your NHS like for you?” Hearing from people with a learning disability	Community Health Council	May 2018	March 2019	2
Women and children’s services Visit report March 2018	Community Health Council	August 2018	April 2019	1

Reg 28 EKI	Coroner Regulation 28	May 2019	October 2019	1
Out of hours Peer review 23/08/18	Peer review	December 2018	March 2019	2
Children & Young People Diabetes MDT & Hospital measures for CYP services Peer review August 2016	Peer review	August 2016	March 2017	2

## Healthcare Inspectorate Wales (HIW)

Report Ref	Name of Report	Reviewing Body	Date of Report	Report status (open/ closed/ strategic log/ external rec)*	Executive Director	Service	Reporting Officer	Original Completion Date	Current Completion Date	Agreed arrangements for monitoring progress	Total no. of recommendations within report/Actions on action plan (IA= Immediate Assurance recs, R= Report recs):	Red (behind Schedule)	Red recs beyond 6 months of original completion date	Amber (on schedule)	Green (completed)	Additional Information
No Ref	Patient Discharge from Hospital to General Practice: Thematic Report 2017-2018	Health Inspectorate Wales (HIW)	Aug-18	Open	Director of Operations	Unscheduled Care (UHB wide)	Alison Bishop	Apr-20	Apr-20	Formal Exec Team meeting performance review (UHB wide USC)  Last reported September 2019  Next report January 2019	13	1	0	0	12	19/10/18- Director of Operations stated the report crosses both operation and primary areas, but asked that he is stated as Exec Lead. The report will be covered at Unscheduled Care Board. Action plan to follow. Awaiting confirmation of reporting officer. 13/11/18- reporting officer has drafted action plan and requested responses from colleagues by 23/11/18. 5 out of 13 recs already completed. 27/11/18- Assurance officer requested timescales be added to outstanding recommendations in action plan to track that actions are completed on schedule. 02/01/19- Service Delivery Manager,SDM confirmed 9 recs completed. The action plan will be monitored and reported through the USC Board. Assurance officer requested timescales be added to those recs not yet completed. 04/02/19- Assurance officer requested action plan with timescales included from reporting officer. 19/03/19- Reporting officer confirmed 9 recs completed with 4 recs to be implemented as follows: Rec 1 (implementation of USC Care Program) to be completed April 2020. Rec 2 (implementation of SAFER patient bundle) to be completed by April 2020. Rec 5 (Pilot being undertaken with PKB in respiratory patients) to be completed July 2019. Rec 9 (Further implementation of Mted Facility) is dependent on allocation of additional funding as part of IMTP. 18/07/19- Assurance officer emailed reporting officer for update on remaining recs by 25/07/19 for next formal Exec Team meeting. Reporting officer confirmed only outstanding recs are 5 and 9, and requested updates from Head of Improvement & Transformation and Head of Medicines Management. 24/07/19- Updates provided by Assistant Director of Informatics. Rec 5 (NHS Wales should ensure that any potential benefits identified as part of PKB pilot studies, are shared across healthcare organisations)- A pilot is fully live of PKB with respiratory patients. Patients are now receiving appointment, cancellations letters to their PKB account. The Health Board are also looking to expand the pilot to all patients within respiratory in order to provide a larger evaluation base. Rec 9 (NHS Wales needs to clarify timeframes and next steps regarding the rollout and implementation of e-discharge across all NHS Wales healthcare organisations) - The MTeD facility is available across the Health Board (and ICT support) however further implementation is subject to agreement to increase pharmacy resource. This forms part of the Health Board IMTP. 04/09/19- Discussions to take place if rec 9 is appropriate for moving to the Strategic Log. Assurance officer clarifying with reporting officers if the action assigned to rec 5 has now been fully implemented. 20/11/19- Assistant Director of Informatics confirmed rec 5 is implemented. Assurance officer emailed reporting officer requesting information for outstanding rec 9 to possibly be moved to the Strategic Log. 04/12/19- Strategic Log was not agreed to be moved by the Exec Team. CEO wanted more information and thought that MTeD was being implemented. Director of Operations to discuss with Head of Assurance and Risk to agree if this is appropriate to move to Strategic Log and bring back to the next Executive Team meeting.
18262	Hospital Inspection (Unannounced) WGH, Ward 1, 10 & 12 20-21 November 2018	Health Inspectorate Wales (HIW)	22/02/2019	Open (rec 23 Strategic log)	Director of Operations	Unscheduled Care (WGH)	Janice Cole-Williams/ Sally Farr	Jul-19	31/07/19 30/09/19 30/11/19 29/02/20	Executive Team Performance Reviews - WGH (USC)  Last reported October 2019  Next report January 2020	40 (6=IA, 34=R)	3	2	0	37	26/06/19- Update provided by service and Business Support Manager: -Rec 5 (Lift to be repaired)- further timescale slipped to 31/08/19. -Rec 23 (review potential to allocate elective admissions for joint replacements into a designated area within Ward 1)- narrative has been sent to Director of Operations on why this can't be achieved, awaiting response from Director. -Rec 33 (Rostering policy)- further timescale slipped to 30/09/19. 30/06/19- Director of Operations has been informed via email of the slippage in timescales by Business Support Manager. Two of the five recommendations are currently being reviewed to determine if they are appropriate for the Strategic Log. 06/08/19-Business Support Manager Central Operations confirmed further extension being requested for rec 33 (Rostering policy) from 30/06/19 to 30/09/19. Director of Operation has been made aware of the extensions. 11/09/19- Rec 23 (review potential to allocate elective admissions for joint replacements into a designated area within Ward 1) was approved by formal Exec Team to be moved to the Strategic Log. 11/10/19- Service Manager, Unscheduled Care confirmed 2 further recs are completed. Rec 4 and 33 are still outstanding, while rec 23 has been moved to the Strategic log. 16/10/19- Assurance officer requested update on outstanding recommendations by 24/10/19 for the next PMAF review. 28/10/19-Nurse Staffing Programme Lead confirmed rec 33 (rostering policy) will be completed by 30/11/19 as the 'Interim Guidelines to support effective rostering for Nurses and Midwives' will be approved at the W&OD Committee on 12/11/19. Rec 4 (Signage to be reviewed), the service have been in contact with the CHC who confirm there have been no formal complaints or concerns regarding the signage. They are happy to provide advice from a patient perspective if required and suggest the UHB contact the Blind Society who could come and review the signs. General Manager confirmed extension of 4 months (29/02/20) required to ensure a review takes place with the CHC and other stakeholder groups. The UHB will be largely dependent on their availability to support a review.
No Ref	How are healthcare services meeting the needs of young people? Thematic Review 2019	Health Inspectorate Wales (HIW)	29/03/2019	Open	Director of Operations	TBC	TBC	TBC	TBC	TBC	37 (actions relating to acute services have not yet been confirmed)	TBC	TBC	TBC	TBC	21/05/19- Assurance Officer has emailed published report to service and requested improvement plan to be completed for those actions within the thematic report that the UHB needs to address. 26/06/19- actions relating to CAMHS are being finalised. Assurance officer has also contacted Assistant Director (Acute services) for those recommendations relating to general admission. 26/06/19- actions relating to CAMHS received from Head of Service sCAMHS & Psychological Therapies, Assurance Officer requested Interim Head of Nursing, Mental Health & Learning Disabilities to review. 05/07/19- Assurance officer sent email chase to Interim Head of Nursing, Mental Health & Learning Disabilities to review, as well as email chaser to Assistant Director (Acute services) for those recommendations relating to general admission. 30/08/19- Interim Head of Nursing, Mental Health & Learning Disabilities has agreed to final version of actions relating to MH&LD. Other actions relating to acute services are still being finalised by the service.
18264	Cadog Ward & Ceri Ward, Glangwili Hospital, 5-6/3/19	Health Inspectorate Wales (HIW)	10/06/2019	Open	Director of Operations	Unscheduled Care (GGH)	Bethan Lewis	Nov-19	04/11/2019 TBC	Executive Team Performance Reviews - GGH (USC)  Last reported November 2019  Next report March 2020	23	3	0	0	20	02/05/19- Improvement plan and factual accuracy response submitted to HIW. Awaiting confirmation that HIW are assured by the improvement plan. 03/10/19- HIW confirmed they are assured by the improvement plan. 11/06/19- Final report published on 10/06/19. Improvement plan has recommendations with implementation dates ranging from 30/07/19 to 30/11/19. 08/08/19- Assurance officer requested update from reporting officer for confirmation that the recommendations with an implementation date of 30/07/19 have now been completed. 19/09/19- Assurance officer sent chaser email to reporting officer for update. Timescales passed have been reflected as red on the RAG status until an update is received by the service. 20/09/19- update provided by reporting officer. 4 recs are behind schedule but will be completed within the overall original completion date of the report. 26/11/19- Update provided from previous Hospital Head of Nursing who has recently changed roles in the UHB. New Head of Nursing to start 23/11/19. 3 recs have slipped from 31/10/19 to 30/11/19. 1 rec (Ensure delivery of appropriate noticeboards to Ceri Ward) has slipped from 30/07/19 to 30/11/19 due to the need to re-order the notice boards. All recs to be implemented within overall completion date of project. 03/12/19- Reporting officer confirmed rec 1 (noticeboards) has now been implemented.
19102	Sunderland Ward, South Pembrokeshire Hospital 13-14/05/19	Health Inspectorate Wales (HIW)	15/08/2019	Open	Director of Operations	Community & Primary Care (Pembrokeshire)	Sonia Hay / Ceri Griffith	Oct-19	04/10/2019 31/12/2019	Executive Team Performance Reviews - Pembrokeshire  Last reported October 2019  Next report January 2020	19 (7=IA, 12=R)	2	0	1	16	28/08/19- Reporting officer confirmed 6 recs from Immediate Assurance improvement plan completed. 1 rec 'Health Board VTE policy to be completed and distributed to all appropriate staff has a timescale of 30/09/19. 03/09/19- Assurance officer emailed reporting officer for update on completed recs by 19/09/19 for next QSEAC report. 13/09/19- update provided from service on main improvement plan. 7 recs have been completed, 4 recs are on track to be implemented by their original timescales and one rec (rec 7- audits on record keeping and feedback to team meetings) was due to be completed by end of August 2019 and will now be completed by end of September 2019. 07/10/19- Assurance officer emailed reporting officer for update that recommendations with timescales to the end of September 2019 have now all been implemented. 08/10/19- Update provided by reporting officer. From main improvement plan rec 1 (Local Project group to be established to continually review correct signage for clinical and in-patient ward areas) is on schedule to be completed by 31/10/19 and rec 5 (Training on completion of care plans to be given to identified staff) timescale has slipped from 30/09/19 to 31/10/19- training has been booked and will be provided by end of October 2019. From immediate assurance improvement plan 1 rec 'Health Board VTE policy to be completed and distributed to all appropriate staff' has slipped from 30/09/19 to 31/12/19. The UHB will be adopting the All Wales Thrombosis policy which has recently been discussed in the Thrombosis committee and the plan is for it to be released following final approval in December 2019. Director of Operations to be made aware of slippages in timescales by Head of Assurance and Risk.

Report Ref	Name of Report	Reviewing Body	Date of Report	Report status (open/ closed/ strategic log/ external rec)*	Executive Director	Service	Reporting Officer	Original Completion Date	Current Completion Date	Agreed arrangements for monitoring progress	Total no. of recommendations within report/Actions on action plan (IA= Immediate Assurance recs, R= Report recs):	Red (behind Schedule)	Red recs beyond 6 months of original completion date	Amber (on schedule)	Green (completed)	Additional Information
19103	Amman Valley Hospital, Cysgod Y Cwm Ward, 20-21 May 2019 (Community)	Health Inspectorate Wales (HIW)	22/08/2019	Open	Director of Operations	Community & Primary Care (Carmarthenshire)	Lois Rees	Dec-19	N/K	Executive Team Performance Reviews - Carmarthenshire  Next report November 2019  Next report March 2020	7	1	0	0	6	22/08/19- report published. 04/10/19- Assurance officer requested update from reporting officer by 09/10/19. 07/10/19- Update provided by service. 2 recs are completed, 1 rec is on track to be completed by 31/10/19 and 4 recs are behind schedule. Rec 1 (wet room facility) service is currently chasing with Estates, no clear timescale currently known. Rec 5 (VTE assessment policy) has slipped as the assessment forms and its use is being currently reviewed and led by the Thrombosis Committee, no clear timescale currently known. Rec 6 (escalation process) has slipped from 30/09/19 to 30/11/19 whilst the escalation process is currently reviewed. Rec 7 (recruitment plans) slipped from 30/09/19 to 30/11/19 while rotational plans are being agreed with GGH. 25/11/19- Service provided update. Rec 1 (Work to be completed and signed off by Estates and Service colleagues ready for commissioned use of the room)- awaiting confirmation from Planning/Estates on when this work will take place. Original timescale of 31/12/19 will not be met. All other recommendations implemented.
19105	Ystwyth Ward, BGH 03-04 Sep19	Health Inspectorate Wales (HIW)	04/12/2019	Open	Director of Operations	Unscheduled Care (BGH)	Dawn Jones	Mar-20	Mar-20	Executive Team Performance Reviews - BGH (USC)  Last reported October 2019  Next report January 2020.	41 (1=IA, 40=R)	0	0	11	30	04/12/19- Final report published.

# HIW MHL D

Report Ref	Name of Report	Reviewing Body	Date of Report	Report status (open/ closed/ strategic log/ external rec)*	Executive Director:	Service	Reporting Officer	Original Completion Date	Current Completion Date	Agreed arrangements for monitoring progress	Total No of recommendations within report/Actions on action plan (IA= Immediate Assurance recs, R= Report recs):	Rec (behind Schedule)	Red recs beyond 6 months of original completion date	Amber (on schedule)	Green (completed)	Additional Information
18173	North Ceredigion Community Mental Health Team (Gorwellion) 20-21 Nov 2018	Health Inspectorate Wales (HIW)/ Care Inspectorate Wales (CIW)	22/02/2019	Open	Director of Operations	Mental Health & Learning Disabilities	Sara Rees/ Kay Isaacs	Mar-20	Mar-20	Executive Team Performance Reviews - MH&LD  Last reported October 2019  Next report January 2020	15	5	1	2	8	13/03/19- Assurance officer requested update on improvement plan from service. 15/03/19- Reporting officer confirmed recommendations with timescales passed (5 recs) have been completed. 21/05/19- Update from service confirmed 8 recs are complete, 2 being progressed on schedule and the following 5 recs have now slipped. Director of Operations to be informed of slippages for approval: Rec 3 'Undertake transporting service pilot consisting of two staff members utilising an existing Health Board vehicle to transport patients. This will improve the availability of appropriate transport and inform the mapping out of the current and future transport need'- timescale slipped from 30/05/19 to 31/07/19. Rec 6 'Design and Cost point of ligature action plan' initial improvement plan was noted as completed but following review by new Interim Head of Nursing the timescale has now been revised to 31/07/19. Rec 10- 'Action plan to be progressed to allow resuscitation equipment being made available, with actions being monitored via the Quality Safety governance structure', initial improvement plan was noted as completed but following review by new Interim Head of Nursing the timescale has now been revised to 31/08/19. Rec 15- 'Develop and implement supervision guidelines for directorate to include standardised supervision template, frequency and type of supervision' timescale slipped from 31/08/19 to 31/12/19. 25/06/19- Update from service confirmed 7 recs are complete, 4 being progressed on schedule and the following 4 recs have now slipped. Director of Operations to be informed of slippages to rec 3,6,10 & 15 (see above) for approval. 17/07/19- Director of Operations has approved extensions. 02/10/19- Update provided by service. 8 recs completed, 3 being progressed on schedule. 4 recs have slipped, Director of Operations to be made aware of further slippage to rec 10 (resuscitation equipment) to 31/12/19. 07/10/19- Update on clozapine clinic rec received from MH Lead Pharmacist, some actions have slipped. 28/10/19- Reporting officer confirmed rec 3 (transporting service pilot) required to be extended to 31/01/20- This action will no longer be completed via the Twilight Sanctuary. Instead there is a national agenda for this issue which is with WAG and locally the UHB have a meeting on the 08/12/19 with DPP and WAST to progress this.
190417	Cwm Seren / Low Secure Unit (LSU) and Psychiatric Intensive Care Unit (PICU), 14-16 January 2019	Health Inspectorate Wales (HIW)	17/04/2019	Open	Director of Operations	Mental Health & Learning Disabilities	Sara Rees/ Kay Isaacs	Mar-20	Mar-20	Executive Team Performance Reviews - MH&LD  Last reported October 2019  Next report January 2020	20	4	1	3	13	13/03/19- Still awaiting improvement plan from HIW. 09/04/19- HIW have confirmed they are assured by the action plan, UHB waiting for report to be published. 17/04/19- report published. 17/05/19- Update provided by service. 6 recs completed. 6 recs have timescales that have now slipped. Director of Operations to be informed of slippages for approval: Rec 1- 'applying sodium hypochlorite/moss killer in grounds' timescale slipped from 30/04/19 to 30/06/19. Rec 6- 'Review room usage and current signage' timescales slipped from 30/04/19 to 31/05/19. Rec 8- 'New lighting to be installed outside the main entrance'. Original timescale 30/04/19 slipped to 17/05/19. Rec 9- 'Glass roof cleaning works to be arranged and completed'. Original timescale 30/04/19 slipped to 17/05/19. Rec 17- 'To develop a system for identifying and recording unmet needs'- timescale revised from 30/09/19 to 31/03/19 by new Interim Head of Nursing, as a wider piece of work needs to be undertaken to review against the Mental Health measure. Rec 19- 'Meeting with Care and Treatment Plan (CTP) lead and Mental Capacity lead to discuss and agree assessment process'- timescale revised from 30/09/19 to 31/03/19 by new Interim Head of Nursing, as a wider piece of work needs to be undertaken to review against the Mental Health measure. 26/06/19- Update provided by service. Director of Operations to be informed of revised timescales for approval: Rec 3- 'Latent defect following new observation panel installation – estates department to contact contractor/manufacturer to resolve defect'- timescale currently unknown as the projects manager for the UHB is now in a formal dispute with the manufacturer. Rec 6- 'Cost any new signage required' and 'Submit request for funding to purchase required signage to MH/LD Business Performance and Planning Assurance Group (BPPAG)' - timescale slipped from 31/05/19 to 31/07/19. Rec 17- 'To develop a system for identifying and recording unmet needs'- timescale revised from 30/09/19 to 31/03/19 by new Interim Head of Nursing, as a wider piece of work needs to be undertaken to review against the Mental Health measure. Rec 19- 'Meeting with Care and Treatment Plan (CTP) lead and Mental Capacity lead to discuss and agree assessment process'- timescale revised from 30/09/19 to 31/03/19 by new Interim Head of Nursing, as a wider piece of work needs to be undertaken to review against the Mental Health measure. 17/07/19- Director of Operations has approved extensions but has queried the delay in obtaining a quote for signage. Assurance officer emailed Business Manager 18/07/19 for update on this. 04/10/19- Update provided by the service. 13 recs complete, 3 on schedule and 4 behind schedule. Director of Operations to be informed that rec 3 (observation panels) and rec 6 (new signage) timescales have slipped further and Assurance officer is currently awaiting update on service for revised timescales.
No Ref	Joint Thematic Review of Community Mental Health Teams 2017-2018	Health Inspectorate Wales (HIW)/ Care Inspectorate Wales (CIW)	07/02/2019	Open	Director of Operations	Mental Health & Learning Disabilities	Sara Rees/ Kay Isaacs	Dec-22	Dec-22	Executive Team Performance Reviews - MH&LD  Last reported October 2019  Next report January 2020	22	6	2	5	11	25/03/19- completed improvement plan returned to HIW 28/03/19, awaiting confirmation that improvement plan has been accepted. Report published prior to improvement plan being completed by UHB. 17/05/19- HIW confirmed they haven't responded to the improvement plan as yet as they are still in the process of considering all HB / national improvement plans. If they require further clarification they will be in touch. The assurance officer has requested an update from the service on the improvement plan and to be informed if any recommendations may slip (earliest timescale on the improvement plan is 30/06/19). 26/06/19- Update provided by service. The following 3 recs have timescales that have slipped. Director of Operations to be informed of revised timescales for approval: Rec 2 - 'Ensure out of hours access in the event of a crisis or serious concern is captured in the care and treatment plan (of which a copy is given to the service user)' - Timescale has slipped. Revised timescale from 30/06/19 to 30/08/19 to allow this action to be captured within the new CMHT service specification. Rec 6- 'Audit Results to be scrutinised and discretionary capital bids submitted following approval at MH/LD Business Performance and Planning Assurance Group (BPPAG)' - Timescale has slipped. Service Manager needs more time to complete this. Timescale slipped from 30/06/19 to 31/08/19. Rec 23- 'As CMHT premises do not currently have defibrillators as standard equipment, the service will consider the introduction of this equipment taking into account the additional cost and training implications with the MH/LD BPPAG ratifying the final decision as to whether this provision is introduced'. - Interim Head of Nursing reviewed and confirmed timescale needs to match the others under this recommendation, therefore timescale needs to be moved from 30/06/19 to 30/11/19. 02/10/19- Update provided by service. 10 recs are completed and 6 are on schedule. 6 recs are behind schedule but are within the overall completion date of the report. Director of Operations to be informed of the extensions required.
No Ref	How are healthcare services meeting the needs of young people? Thematic Review 2019	Health Inspectorate Wales (HIW)	29/03/2019	Open	Director of Operations	Mental Health & Learning Disabilities	Sara Rees/ Angela Lodwick	Sep-20	Sep-20	Executive Team Performance Reviews - MH&LD  Last reported October 2019  Next report January 2020	37 (19 for MH&LD)	6	5	1	12	21/05/19- Assurance Officer has emailed published report to service and requested improvement plan to be completed for those actions within the thematic report that the UHB needs to address. 26/06/19- actions relating to CAMHS are being finalised. Assurance officer has also contacted Assistant Director (Acute services) for those recommendations relating to general admission. 26/06/19- actions relating to CAMHS received from Head of Service sCAMHS & Psychological Therapies, Assurance Officer requested Interim Head of Nursing, Mental Health & Learning Disabilities to review. 05/07/19- Assurance officer sent email chase to Interim Head of Nursing, Mental Health & Learning Disabilities to review, as well as email chaser to Assistant Director (Acute services) for those recommendations relating to general admission. 30/08/19- Interim Head of Nursing, Mental Health & Learning Disabilities has agreed to final version of actions relating to MH&LD. Other actions relating to acute services are still being finalised by the service. 02/10/19- Update provided by service. 12 recs completed, 1 rec on schedule to be completed by Sept 2020. 6 recs have timescales that have slipped but are within the overall completion date of the report. Director of Operations to be informed of the extensions required.

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19008	NHS Learning Disability Service Inspection. Bro Myrddin 02 April 2019	Health Inspectorate Wales (HIW)	03/07/2019	Open	Director of Operations	Mental Health & Learning Disabilities	Sara Rees/ Melanie Evans	Nov-19	04/14/2019 TBC	Executive Team Performance Reviews - MH&LD  Last reported October 2019  Next report January 2020	16	1	0	1	14	26/06/2019- report due to published by HIW on 03/07/19. Assurance officer has requested update on recommendations from Head of Learning Disabilities and Older Adult Mental Health. 04/07/19- Chaser email sent to Head of Learning Disabilities and Older Adult Mental Health for update on recommendations. 05/07/19- Assurance officer requested update on outstanding recommendations from Head of Learning Disabilities and Older Adult Mental Health. 01/08/19- Update provided by service. 12 recs completed. 3 recs on track for completion dates of 30/11/19. Rec 13 (Directorate Support Manager to provide dedicated administrative support to rationalise the patient record files) has now passed the original completion date of 30/06/19. Work is underway to rationalise the paper records but not complete. Team Manager has had a lengthy period of leave which has extended initial plans to complete. Extension requested to 31/08/19. Assurance officer to request Director of Operations to approve extension. 22/08/19- Director of Operations made aware of extension. 02/10/19- Update provided by service. 14 recs completed, 1 rec (audit and governance arrangements are fully embedded) on track to be completed by 30/11/19. 1 rec (patient records) delayed due to staff sickness in admin team and will be completed by 30/10/19 (first extension from 30/06/19 to 31/08/19). Director of Operations to be informed of further extension.
19009	St Caradog Ward & St Non Ward, Canolfan Bro Cerwyn WGH 10-12 June 2019	Health Inspectorate Wales (HIW)	13/09/2019	Open	Director of Operations	Mental Health & Learning Disabilities	Melanie Evans/ Kay Isaacs	Jul-20	Jul-20	Executive Team Performance Reviews - MH&LD  Last reported October 2019  Next report January 2020	22	8	0	1	13	03/09/19- requested update on recs with timescales now passed by 19/09/19 for next QSEAC report (assuming the final report will be published by this date). 13/09/19- Report published. No update provided from service as of 19/09/19, those timescales passed have been reflected as red on the RAG status until an update is received by the service. 02/10/19- Update provided by service. 11 recs are completed, 2 have timescales that have slipped. 7 recs are on schedule or service have agreed to obtain clarification before 10/10/19 for next performance review. 10/10/19- 13 recs completed and 1 rec id on schedule. 8 recs are behind schedule or an update has not been provided by the service therefore the recommendation has been assumed as behind schedule until an update is received.

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## HIW/CHC CONTRACTORS

Report Ref	Name of Report	Reviewing Body	Date of Report	Open / Closed	Executive Lead	Service	Reporting Officer	Original Completion Date	Current Completion Date	Agreed action/ arrangements for future reporting: (eg 6 monthly at Q&S, develop combined Service Action Plan, etc)	Total No of recommendations within report/Actions on action plan (IA= Immediate Assurance recs, R= Report recs):	Red (behind Schedule)	Red recs beyond 6 months or original completion date	Amber (on schedule)	Green (completed)	Additional Comments
GPs	Meddygfa Minafon, Kidwelly 18/08/18 (UHB Managed practice)	Health Inspectorate Wales (HIW)	19/10/2018	Open	Director of Primary, Community and Long Term Care	Primary Care, Pharmacy (community), LTC & LVWS	Sonia Luke	Sep-19	04/09/2019 TBC	Executive Team Performance Reviews - Primary Care, Pharmacy (community), LTC & LVWS  Last reported November 2019  Next report February 2020	15 (IA=4,R=11)	1	0	0	14	27/07/18- response to Immediate improvement plan returned to HIW. Awaiting final report and main improvement plan. UHB managed practice. 20/09/18- Main improvement plan accepted by HIW, includes 11 recommendations. 19/10/18- Final report published. 09/11/18 - Lead Officer confirmed that all IA Recs completed with 8 completed and 3 underway by completion date of September 2019. 12/03/19- Primary Care officer confirmed he has chased for an update on the improvement plan. 25/04/19- Assurance officer requested update on recommendations by 08/05/19 for the next PMAF review in May 2019. 30/04/19- update provided by Primary Care Officer on behalf of practice- Rec 1 (look into extending and refurbishing the waiting area) has timescales slipped from 30/06/19 to 30/09/19. Rec 7 (a programme of audit is introduced) is on track to be completed by 30/09/19. 09/05/19- Director of Primary Care, Community and Long Term Care informed of slippage of rec 1 timescale by Assurance Officer. 10/07/19- requested update from reporting officer by 25/07/19 for next PMAF review. 12/07/19- Primary Care officer reported that he has received confirmation from the Practice Manager that all actions are to be completed by 30/09/2019. 04/10/19- emailed Quality Manager Primary Care for confirmation if final 2 recs have now been completed. 18/10/19- emailed reporting officer for update by 04/11/19 for next performance review. 07/11/19- Update provided by Primary Care officer, rec 7 (Once audits have been carried out the practice will reflect and adapt services in response to the findings) completed. Only outstanding rec is rec 1 (The health board must ensure that the privacy and dignity of patients is upheld at all times by ensuring that personal and private patient information is not discussed where others can overhear). Estates have been out and proposed plan put this is above and beyond what Estates would deal with so a Project Feasibility Report required with a view to going out to tender.
GPs	Brynreg GP Practice, Ammanford Aug 2018	Community Health Council (CHC)	01/08/2018	Open	Director of Primary, Community and Long Term Care	Primary Care, Pharmacy (community), LTC & LVWS	Sonia Luke	Dec-19	Mar-20	Executive Team Performance Reviews - Primary Care, Pharmacy (community), LTC & LVWS  Last reported November 2019  Next report February 2020	11	3	0	0	8	03/01/19- Assurance officer emailed Quality Manager Primary Care for update on action plan, awaiting response. 31/01/19- Assurance officer spoke to Quality Manager Primary Care requesting copy of action plan. 18/03/19- action plan received. 8 recs completed and 3 in progress. Quality Manager Primary Care going back to practice to request timescale for rec 8 (Practice requesting grant support to change seating arrangements to suit all needs) and rec 11 (Introduction of Patient Participation Group being progressed) as timescales are not clear. 20/03/19- Quality Manager Primary Care confirmed contact made with practice and is awaiting response as practice manager is currently on leave. 08/09/19-Quality Manager Primary Care currently on leave, clarification of timescales to be confirmed on her return. 15/04/19- Update from Quality Manager Primary Care. Rec 1 (decision on telephone system providers) to be completed by April 2019. Rec 8 (request grant support to change our seating arrangements) practice manager is the process of obtaining quotes for the work to be done. Rec 11 (Practice should consider introducing a Patient Participation Group)- Practice Manager is leaving the practice in October 2019 and it is likely that this task will be passed on to his replacement to organise. 25/04/19- Assurance officer requested update on recommendations by 08/05/19 for the next PMAF review in May 2019. 08/05/19- Update provided from Primary Care Officer- Practice manager confirmed rec 1 and rec 8 will be completed by 31/07/19. 10/07/19- requested update from reporting officer by 25/07/19 for next PMAF review. 24/07/19- Update provided Primary Care Officer- Practice manager confirmed rec 1 (telephone booking) will now be completed by 30/07/19- Rec 1 (Telephone booking)- As the practice are developing Tegfan Centre they are trying to liaise with IT team to establish a system that is fit for purpose and compatible for both the practice and the centre but so far have not had much success. They have now decided on their phone system and have given their notice in for the previous phone line provider so a new system will be in place within 3 months. Timescale extended to 31/10/19. Rec 8 (request grant support to change our seating arrangements) - have not had success in obtaining quotes but the assistance practice manager will make this a priority and will hopefully be in within the next few months. Timescale 30/09/19. Rec 11 (Practice should consider introducing a Patient Participation Group)- This task will be given to the new practice manager of Brynreg. But as a part of developing Tegfan, the practice will be discussing with the public and giving them the opportunity to say what they would like to see in the new centre. Timescale 31/12/19. 18/10/19- emailed reporting officer for update by 04/11/19 for next performance review. 31/10/19- Primary Care Officer forwarded update from practice. 3 recs (telephone booking arrangements, seating arrangements and nroducing a Patient Participation Group) outstanding and are due to be completed by 31/03/20.
GPs	Llynyfran Surgery, July 2019	Health Inspectorate Wales (HIW)	01/11/2019	Open	Director of Primary, Community and Long Term Care	Primary Care, Pharmacy (community), LTC & LVWS	Sonia Luke	Mar-20	Mar-20	Executive Team Performance Reviews - Primary Care, Pharmacy (community), LTC & LVWS  Last reported November 2019  Next report February 2020	21	0	0	9	12	12/11/19- Assurance officer received copy of final report from Primary Care Officer. 21 recs included, 12 of which have been completed. 9 recs on schedule with varying timescales up to March 2020.
GPs	Meddygfa Emlyn Practice, August 2019	Community Health Council (CHC)	01/08/2019	Open	Director of Primary, Community and Long Term Care	Primary Care, Pharmacy (community), LTC & LVWS	Sonia Luke	N/A	N/A	Executive Team Performance Reviews - Primary Care, Pharmacy (community), LTC & LVWS  Last reported November 2019  Next report February 2020	10	0	0	0	10	26/11/19- Assurance officer received copy of HDCHC's report following their visit to Meddygfa Emlyn. Assurance officer emailed reporting officer for confirmation that all recs now completed before report will be closed on the tracker.
<b>Dental</b>																
Dental	Bridge St Dental Practice, Haverfordwest 06/09/19	Health Inspectorate Wales (HIW)	09/12/2019	Open	Director of Primary, Community and Long Term Care	Primary Care, Pharmacy (community), LTC & LVWS	Sophia Todaro	Apr-20	Apr-20	Executive Team Performance Reviews - Primary Care, Pharmacy (community), LTC & LVWS  Last reported November 2019  Next report February 2020	15	0	0	3	12	31/10/19 - Reporting officer confirmed this practice had an inspection on 06/12/19 and report due to be published 09/12/19. No communication has been received from HIW regarding this inspection to date. 09/12/19- Report published. 12 recs completed. 3 recs with varying timescales from December 2019 to April 2020.

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WAO

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684A2014	A Comparative Picture of Orthopaedic Services - Hywel Dda	Wales Audit Office	Jun-15	Open	Director of Operations	Scheduled Care	Lydia Davies	Apr-17	2021/22	Executive Team Performance Reviews - Planned Care  Last reported October 2019  Next report February 2020	4 recs (16 sub recs)	1	1	0	15	Reviewed as part of WAO Structured Assessment 2017. The Health Board has undergone a significant change to its management structure. The General Manager, Scheduled Care was formally appointed in April 2016, with Service Delivery Managers in post between October and December 2017. To oversee transformation requirements within the Board as required in response to WAO and HIW reports, as well as others, a Director of Transformation and subsequent team have also been created with appointees still to commence. Consequently the response to this Review has been updated in accordance with identified work streams and the Orthopaedics Transformation Project Initiation Document. Much of the initial work undertaken to address the recommendations is being reviewed under the new management regime to ensure on-going improvement. 04/06/18- Service Manager (Scheduled Care) confirmed via phone that the update on this currently going through Scheduled Care governance process, and will then be reported to new operational QSE SC meeting in July 2018. Service Manager to share information with assurance officer once signed off at Scheduled Care governance meeting. 22/08/18- assurance officer emailed Service Manager (Scheduled Care) for update on outstanding recommendations and to confirm that this will be monitored at the Operational Services Quality, Safety & Experience Sub Committee. 22/08/18-Service Manager (Scheduled Care) confirmed report being reviewed on 24/08/18, and will update the assurance officer after the review. 06/09/18- Service Manager (Scheduled Care) update, remaining issues relate to Ref10 (rate of cancelled operations). New timescale 2021/2022. Linked to Clinical Services Strategy. Reconfiguration of services which is tied to TCS. 27/09/18- Director of Operations informed of suggestion for outstanding recommendation to be moved to the strategic log, awaiting response. ARAC 21/08/18 minutes- Orthopaedics Follow-up review will commence in the New Year. 24/10/18- Update from GM (Scheduled Care) following meeting with Director of Operations and Service Manager (Scheduled Care). Rec10 (rate of cancelled operations) to remain open. Linked to Clinical Services Strategy. 10/01/19- Assurance officer requested to be informed of any updates prior to next PMAF review on 30/01/19. 04/04/19- Assurance officer requested update from service prior to next PMAF review on 08/05/19. 11/04/19- No further update provided by the service- Rec 10 (rate of cancelled operations) linked to reconfiguration of services which is tied to TCS. 13/06/19- Assurance officer asked Service Manager (Scheduled Care) for any update on remaining risk by 18/06/19. 18/06/19- Service Manager (Scheduled Care) provided update for rec 10- There is a Transformation work stream being pursued linking / reviewing Orthopaedic service provision on all UHB sites. An implementation plan in is development as part of the 2019/20 PID / Transformation process for interim change ahead of Clinical Services Strategy. 23/09/19- Assurance officer emailed Service Manager (Scheduled Care) for any update to the outstanding recommendation by 02/10/19 for the next PMAF review. 02/10/19- Service Manager (Scheduled Care) confirmed there is a new WAO Comparative Review of Orthopaedic Services review underway which will revisit the actions from this 2015 review. This is expected to report late 2019/early 2020.
380A2016	NHS Consultant Contract Follow Up	Wales Audit Office	Jun-16	Open	Medical Director	Medical	Helen Williams	Apr-17	04/11/2019 Mar- 20	Formal Exec Team meeting performance review (Medical Directorate)  Last reported November 2019  Next report February 2020	24	2	2	0	22	ARAC 17/04/18 update- 3 recs are still being implemented. ARAC requesting update in 6 months (October 2018) to confirm SAS job planning completion and consultant job planning update within their quarter (rec. no.16). 25/04/18- Updated action plan and proforma received. 2 outstanding recs to be completed by December 2018. 1 outstanding rec has no specific date at present at it relates to future redesign of services and the need for job plans to be updated and agreed to reflect new service models. ARAC 25/10/18 update- 3 recs remain outstanding. Rec 1&2 (annual job plans) with end date of 31/03/19 (timescale has slipped several times). Rec 16 (following public consultation, consultant job plans should be updated and agreed to reflect new service models.) has no specific deadline. In future, the redesign of services will consider the job planning process as integral. 28/01/19- Assurance officer emailed reporting officer for update on recommendations by 04/02/19 for reporting to the next Formal ET meeting. 06/02/19- Reporting officer confirmed Rec 16 (consultant job plans should be updated and agreed to reflect new service models) completed. Outstanding rec 1 & 2 (accurate job plan reviewed annually) to be completed by 31/03/19. 12/04/19- Assurance officer requested confirmation from reporting officer that the two outstanding recommendations have now been completed. 16/04/19- reporting officer confirmed rec 1 & 2 have been completed. Assurance officer emailed Medical Director for confirmation that he is happy for this report to be closed. 09/05/19- Assurance officer requested clarification from Medical Director that he is happy for report to be closed. 30/05/19- Medical Director and reporting officer requesting report to remain open with rec 1 & 2 having an extension to November 2019 to get those outstanding job plans where there are no extenuating circumstances reported completed. 27/08/19 ARAC meeting- ARAC agreed to March 2020 for job planning completeness. 21/10/19- assurance officer emailed reporting officer for update by 01/11/19. 30/10/19- Reporting officer provided update- The number of Consultants and SAS doctor job plans is rising and in total, there are job plans in place for 86% of Consultants and SAS doctors. There is still work required to ensure that job plan reviews are completed fully within required timescales and the current percentage of those recorded as being up to date is 52%. Until the job plans are signed off they are not considered valid and therefore are not included in statistical reporting. Furthermore, a delay in sign off will affect any changes which need to be made with regards to pay. This part of the process is currently being looked at with a view to making it more efficient. The job planning quality review survey has now closed and results have been collated. The survey information was discussed at a meeting which took place on the 08/10/19 and relevant actions which stem from the findings of the report have been agreed.
651A2015	Hospital Catering and Patient Nutrition Follow-up Review	Wales Audit Office	Feb-16	Open (external rec 4b)	Director of Nursing, Quality & Patient Experience	Nursing	Sharon Daniel	Dec-16	N/K	Formal Exec Team meeting performance review (Nursing, Quality & Patient Experience Directorate)  Last reported October 2019  Next report January 2020	17	1	1	0	16	13/11/18- Nutrition and Hydration Task Group report to the Operational Quality Safety Experience Assurance Sub Committee confirmed 2 recs outstanding: R1c- a paper is due to be tabled at the Patient Experience sub-committee setting out the work being undertaken in relation to patient experience and audit along with recommendations for further developments to ensure robustness and adequate reach of activities. It is expected that this will provide the required evidence to meet this recommendation. R4b- Compliance will be partly determined by the pace of the AW work and then a UHB decision on whether to buy the system from the framework. Operational QSE 24/01/19 progress update - R1c- a paper was presented to the Improving Patient Experience Sub Committee meeting on 28 /11/2018 focusing on patient experience and audit activity in relation to catering and nutrition, and a proposed action plan was supported. The monitoring of the action plan will be agreed at January's NHTG meeting. R4b- pending All Wales IT Catering system being procured centrally and is being considered by the Head of Estates and Facilities. 13/03/19- Assurance officer requested update on remaining recs by 25/03/19. 28/03/19- Assurance officer sent chaser email, reporting officer on leave until 04/04/19. 09/04/19- Director of Nursing, Quality & Patient Experience confirmed rec1c completed and suggested rec 4b may be appropriate for the Strategic Log. 08/05/19- Head of Assurance and Risk emailed reporting officer to confirm recommendation 4b does not fit the strategic log, however this recommendation is waiting for an external organisation to do something for the UHB to implement this recommendation. The assurance officer will be look at the recs that are outstanding on the tracker where the UHB are reliant on external organisations in June/July 2019 and how this is managed/shown on the tracker going forward. 17/07/19- Assurance officer requested to receive any update, if applicable, from the reporting officer by 25/07/19 for next PMAF review. 19/08/19- Director of Nursing, Quality & Patient Experience confirmed with Head of Assurance and Risk at meeting that she will check with Director of Operations regarding a business plan for the catering information system which is being put together between catering managers and Director of Estates, Facilities and Capital Management. 15/10/19- Director of Nursing, Quality & Patient Experience confirmed outstanding recommendation is being discussed with execs.



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385A2016	Review of Estates	Wales Audit Office	Jul-16	Open	Director of Operations	Estates	Rob Elliott	May-17	04/09/2019 May-20	Executive Team Performance Reviews - Facilities  Last reported September 2019  Next report March 2020	8	2	2	0	6	18/09/18- CEIMT paper- R6 (KPIs)- The revised HTM Gap Analysis Paper is currently with the Director of Operations. Discussions are taking place to move from RAM4000 to RAM5000 due to its better functionality, however other estates-friendly systems are currently being looked at. Implementation of new system to be in place by April 2019. R8- staff/skill mix)- workforce succession planning, Workforce succession plans are being considered now as part of the IMTP process. This is expected to be finalised within the next 3-4 weeks as part of the Facilities check and challenge process. This is linked to the GAP Analysis Paper on HTM PPMs currently being considered by the Executive Team. Recommendation to be reviewed in 6 months. 27/09/18- Director of Operations agreed to extensions. 24/01/19- Assurance officer met with Estates colleagues- Rec 6 (KPI) requires extension to September 2019 to allow staff training of new system to take place. Rec 8 (staff/skill mix) Estate Operational Maintenance Workforce Modernisation and Succession Plan Update' paper is currently being drafted for IMTP. Assurance officer to discuss remaining recommendations with Director of Operations. 12/03/19- Director of Operations agreed extension to September 2019 for rec 6 (KPIs) but has concerns regarding the implementation of rec 8 (staff/skill mix). 10/04/19-Head of Facilities Information & Capital Management confirmed that Director of Estates, Facilities and Capital Management has had recent discussions with Director of Operations. Service is relooking at recommendation. 02/05/19-Head of Facilities Information & Capital Management meeting with Director of Estates, Facilities and Capital Management to discuss workforce succession planning. RAM4000 upgrade needs approval for funding and was not prioritised at equipment group. 04/06/19 -Head of Facilities Information & Capital Management confirmed a draft succession planning action plan has been written and requires to be signed off Director of Estates, Facilities and Capital Management before being sent out for comment. Following comments being incorporated into the report this will be shared with Director of Operations who will decide next steps (e.g. paper to be discussed at Operations Business meeting. 04/07/19- Head of Facilities Information & Capital Management informed assurance officer that she is hoping to confirm the purchase of a new system to enable KPIs to be developed, however funding has still not yet been agreed for RAM4000 upgrade (rec 6 KPIs). For rec 8 (staff/skill mix) the draft succession planning report is still out for comment and will then be sent to Director of Operations to consider. 08/08/19- Update on outstanding recommendations is being reported to ARAC August 2019 meeting. 27/08/19 ARAC meeting- an update was provided to ARAC on the two outstanding recommendations. ARAC requested further assurance at the next meeting in October 2019. 23/09/19- rec 8 - a Workforce Modernisation and Succession Plan Update paper was submitted to the Workforce & OD sub-committee on 06/09/19, however further work is needed and the Director of Director of Workforce & OD will be contacting the Director of Estates, Facilities and Capital Management to undertake further work. Recommendation is scheduled to be completed by March 2020. 22/10/19 ARAC update- Rec 6 (den the range of performance management KPI) aiming to be operational by May 2020. Rec 8 (fully funded plans for workforce and training)- Subject to support all recommendations to be delivered by April 2020.
175A2017	Radiology Service	Wales Audit Office	Apr-17	Open	Director of Operations	Radiology	Amanda Evans	Mar-18	N/K	Executive Team Performance Reviews - Radiology  Last reported November 2019  Next report March 2020	11	1	1	0	10	Acute QSESC 14/03/18- 4 recs outstanding (Two of the outstanding actions linked to implementation of RADIS which NWIS are unable to support implementation of until July 2018). 31/07/18- Update being reported to ARAC August 2018 meeting. 5 recs currently outstanding (R4- the quality of referrals, R6- increase appraisal rates for non-clinical radiology staff, R7- increase mandatory training rates, R8- establish a baseline level of demand, R11- Strengthen performance management) completion date for overall action plan is November 2019 as 2 recs dependant on NWIS (improving referrals and baseline level of demand). 21/08/18 ARAC update- Push back on RADIS implementation slot due to staff sickness to be highlighted to Board. Head of Radiology working on mandatory training and appraisal rates. 19/12/18- Update provided from reporting officer. Rec 7 and 8 remains outstanding. Rec 7 (Over the next year, increase mandatory training rates for all radiology staff to at least 85%) has revised completion date of February 2019 and Rec 8 (establish a baseline level of demand for the service so that the Health Board is in a position to better understand and quantify the challenges it faces) - Single Radis due to be implemented April 2019. 31/01/19- reporting officer confirmed rec 7- Mandatory training rates continue to improve but still fall short of 85%. Reporting officer to undertake risk assessment to include specific actions to address shortfall and increase mandatory training rates within the next 6 months (July 2019). Rec 8 (Radis) still on track to be implemented by April 2019, however this is out of the control of this service and is dependent on NWIS implementing the system. 13/02/19- Director of Operations reluctant to agree the extension of Mandatory training recommendation to July 2019 without seeing a plan of how achieving 85% training rate will be delivered in the next 6 months. Head of Radiology to provide training plan for achieving this to Director of Operations. 12/03/19- Director of Operations noted actions taken to increase training rates (currently at 80%) but wants to see improvement. 28/05/19- Head of Radiology confirmed Rec8 is now complete. Rec 7 (Mandatory training rates continue to improve but still fall short of 85%) is now unlikely to be implemented by July 2019 as Consultant Radiologists are now coming under the Head of Radiology and this is impacting on the % numbers (currently now 69.55%). Risk assessment has been undertaken (no. 694). Head of Radiology to speak to the Clinical Director of Radiology Dr Khan who line manages the Consultant Radiologists to ensure this is picked up and provide assurance officer with a revised timescale which will then need to be agreed by the Director of Operations. 15/07/19- Assurance officer requested reporting officer to look at what the mandatory training % would be if staff members currently off sick were removed, to see if this will reach the 85% figure. 15/08/19- completion date for outstanding rec (mandatory training) remains unknown. Due to high levels of sickness staff, those staff remaining don't have the capacity to complete mandatory training. 13/11/19- Responsible officer provided update on outstanding rec- Currently at 80% (report pulled this week). Having difficulty achieving 85% due to availability of Face to face sessions A lot of staff on 10 out of 12 completed, the 2 that are outstanding require face to face sessions.
238A2017-18	Follow-up Outpatient Appointments: Update on Progress	Wales Audit Office	Dec-17	Open (rec 9 Strategic log)	Director of Operations	Scheduled Care	Keith Jones	Sep-19	TBC	Executive Team Performance Reviews - Planned Care  Last reported October 2019  Next report February 2020	10	2	2	0	8	ARAC 09/01/18 discussion- As this is a follow up this will be monitored by QSEAC, and not passed to subcommittees. 2 new recommendations following Update on Progress report. 9 recommendations outstanding to be completed by Sept 19. 04/06/18- Service Manager (Scheduled Care) confirmed she is chasing reporting officer for confirmation on who is leading on this report going forward. Directorate linking with the transformation team to provide updates. 25/07/18- Update being reported to the next QSEAC meeting in August 2018. 10/08/18- WAO provided All Wales summary draft report to Director of Operations for information. The report is currently being cleared through national contacts, which includes Steve Moore as the Lead CEO for Planned Care. 15/08/18- Service Manager (Scheduled Care) confirmed Assistant Director, Acute Services is now the responsible officer for this piece of work. 22/08/18- Assurance officer emailed new reporting officer requesting update on implementation of recommendations. 23/08/18- Update being reported to the next QSEAC meeting in October 2018. 18/10/18- assurance officer requested reporting officer to provide clarification on no. of recommendations outstanding following paper to QSEAC. 10/01/19- Assurance officer requested update prior to next PMAF review on 30/01/19. 02/04/19- Assurance officer met with reporting officer. Rec 6 (robust quality controlled systems to be developed across the process for usage of outcome forms to ensure reduce errors) to be checked with Head of Improvement and Transformation that this is complete. Assurance officer emailed Head of Improvement and Transformation requesting confirmation. Rec 9 (to ensure that the Health Board delivers against its improvement and modernisation outcomes) is still within the design phase as part of the TCS strategy. 03/04/19- Head of Improvement and Transformation confirmed Rec 6 (Robust quality controlled systems to be developed across the process for the usage of outcome forms to ensure reduce errors) is in progress with a meeting arranged to develop an action plan specifically around the outcome forms. Assurance officer requested realistic timescale for completion. 05/04/19- Head of Improvement and Transformation out of office until end of April 2019 due to unforeseen circumstances. Assurance officer to contact Head of Improvement and Transformation for timescale in May 2019. 02/05/19- Assurance officer requested further information on rec 9 from reporting officer so it was requested to Exec Team for approval to the Strategic Log. 07/05/19- Assurance officer requested realistic timescale for rec 6 from reporting officer. 12/06/19- Agreed to formal Exec Team 10/06/19 to move rec 9 to the Strategic Log. Rec 6 remains outstanding- situation was reviewed via the Outpatient Improvement Group with agreement confirmed for outpatient nursing staff to formally review and monitor completion of outcomes of each clinic. Compliance will be monitored through the group. Reporting officer will confirm with colleagues for revised date and inform assurance officer shortly. 30/07/19- Chaser email sent to reporting officer for timescale to rec 6. 15/08/19- Assurance officer emailed reporting officer's PA requesting meeting with reporting officer to obtain updates, no response received. 25/09/19- Assurance officer emailed reporting officer for any update to the recommendations by 02/10/19 for the next PMAF review. No update received as of 03/10/19.

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No ref	Follow-up Information Backup, Disaster Recovery and Business Continuity, and Data Quality: Update on Progress	Wales Audit Office	Mar-18	Open	Director of Planning, Performance & Commissioning	Informatics	Anthony Tracey	Mar-16	Mar-21	Formal Exec Team meeting performance review (Planning, Performance & Commissioning)  Last reported October 2019  Next report January 2020	11 (9 previous recs, 2 new recs)	2	2	0	9	15/04/19- Interim Informatics Business Manager provided update. 6 of the 7 recs are to be completed by end of June 2019. For rec 11 (Introduce continual monitoring of the Solarwinds software to identify network issues before they become critical) - the UHB is awaiting confirmation of two Cyber posts from Welsh Gov to provide resource. Timescale unknown. 07/05/19- Director of Planning, Performance & Commissioning informed of slippages in timescales. 04/06/19- Rec 3,4,5,8 & 12 still under development and due to be completed by June 2019. Interim Informatics Business Manager to check if rec 5 (Information Assurance Strategy) is completed. Timescale for rec 11 still unknown. 20/06/19- Assistant Director of Informatics provided updates which were also shared with Director of Planning, Performance & Commissioning. Rec 3,4,5,8 (DRBC Report)- A new date for the fail over is due to be finalised with NWIS and each of the service areas, however the anticipated date is September 2019. Rec 5 (Data Quality) As a result of additional requested changes to the strategy, the paper was not presented at the May 2019 IGSC. The finalised strategy will be presented at the 15/07/19 meeting for approval. Rec 11 (new recs from follow up report) - The UHB has formally requested an update from Welsh Government to the availability of funding as outlined in the management response. To date no response has been received. If funding is not made available, the ICT Team will be required to divert resources from other projects to ensure this recommendation is completed. Rec 12- All staff have been trained (07/06/19), and following completion, the daily rota will be implemented in time for the completion date of 30/06/19. 04/07/19- Interim Informatics Business Manager confirmed rec 12 is complete. 09/07/19- Assurance officer emailed Business Manager for confirmation if rec 5 (Data Quality) has now been completed. No response received as of 29/07/19. 06/08/19- Assurance officer met with Business Manager who agreed to obtain confirmation if rec 5 (Data Quality) is now complete. 03/09/19- Interim Informatics Business Manager provided update. 8 recs complete and 3 recs are outstanding (rec 3, 5 & 8 relating to Disaster Recovery and Business Planning. Interim Informatics Business Manager agreed to speak to Head of ICT for further information on outstanding recs and a revised completion date. 02/10/19- Interim Informatics Business Manager confirmed he is meeting with Head of ICT and Assistant Director of Informatics this afternoon and will inform assurance officer of updates after this meeting. 22/10/19- Update reported to ARAC- 2 recs from Disaster Recovery & Business Continuity section of the report are outstanding: Rec 5 (Develop and document an ICT Disaster Recovery plan for all systems for which the Health Board has disaster recovery responsibility) has a revised date march 2020 - this is linked to the Information Asset Owners work. The ICT work has been completed. Rec 8 (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). the recommended "whole system" test has not been completed as the current backup system does not have the functionality to mirror the infrastructure to allow a full test to be completed. The Health Board's current backup solution (Asigra) is out of support in March 2021, so the ICT Team will be undertaking procurement of a backup solution during early 2020/21, and as part of this will be requesting the functionality to mirror the production (live) environments into a test facility to demonstrate and provide assurances that the failover will work on a "whole system" approach. Revised timescale of 31/03/21.
603A2018-19	District Nursing: Update on Progress	Wales Audit Office	Jun-18	Open (external rec 6)	Director of Operations	Community & Primary Care (Ceredigion)	Tracey Evans/ Ceri Griffiths	Jan-19	Dec-20	Executive Team Performance Reviews - Ceredigion  Last reported October 2019  Next report January 2020	4	1	1	0	3	Follow up report to 614A2014 Review of District Nursing Services. ARAC update 19/06/18- 3 recs remain outstanding from previous WAO report . Follow up report also includes 1 new rec (R9: specification for district nursing services is regularly updated and changes to referral criteria are reflected in updates to the referral form) which has a completion date of January 2019. 16/08/18- Update to be provided to QSEAC following report being presented to ARAC 19/06/18 meeting. 10/01/19- Update provided from Community & Primary Care Nurse Manager. From previous WAO report: Rec3- The UHB has developed and rolled out a DN Referral form to try and capture referrals into the service. Once this is embedded into practice an audit tool to monitor key themes of any inappropriate referrals will be developed. Timescale April 2019. Rec6- The Health Board should use the all-Wales dependency tool when it becomes available to monitor and review the casemix between teams compared with team resources. This National work is ongoing and likely to 2020. Rec7- develop a comprehensive approach of reporting the quality and safety and overall performance of the district nursing service to the Board at least annually. Draft annual report complete and sent for comments. Completion aimed for February 2019. New rec 9- Ensure that the specification for district nursing services is regularly updated and that any changes to referral criteria are reflected in updates to the referral form. Draft service specification has been completed and sent for comments. Completion aimed for Feb 2019. 11/01/19- Assurance officer sent update to Director of Operations to confirm agreement of extensions. 13/02/19- Director of Operations agreed to extensions but would have liked more notice that there was a problem with delivering within agreed date. Assurance officer advised lead officers. 25/03/19- Reporting officer provided update. Rec 7 and rec 9 completed. Rec 3 (Regularly audit compliance with the criteria and checklist of information) is on track to be completed by the revised timescale of 30/04/19 and the Rec 6 (all-Wales dependency tool) is national work that is ongoing to 2020. 25/04/19- emailed reporting officer for confirmation rec 3 still on track to be completed by 30/04/19. Reporting officer confirmed it is on track and will inform the assurance officer once this is completed. 13/06/19- Assurance officer emailed reporting officer for confirmation rec 3 has been completed. 14/06/19- Head of Community Nursing (Ceredigion) confirmed rec 3 is complete. Only outstanding recommendation is rec 6 (all-Wales dependency tool) which is national work that is ongoing to 2020. 17/10/19- assurance officer emailed reporting officer for any update on rec 6 by 24/10/19. 24/10/19- Reporting officer confirmed the previous Project Lead resigned following a 6 week induction period which has had a knock on effect on next stages within the programme. A new project lead has been appointed however there has been a delay and lack of constructive progress in this project to date.
946A2018-19	Primary care services at Hywel Dda	Wales Audit Office	Nov-18	Open	Director of Primary, Community and Long Term Care	Primary Care, Pharmacy (community), LTC & LVWS	Rhian Bond	Oct-19	04/10/2019 31/05/2020	Executive Team Performance Reviews - MH&LD  Last reported October 2019  Next report January 2020	14	5	2	0	9	08/05/19- Update provided. 3 recs are behind schedule: Rec 3a (Calculate a baseline position for its current investment and resource use in primary and community care) slipped from April 2019 to May 2019, once 2018/19 accounts have been audited and finalised. Rec 3b- (Review and report its investment in primary and community care) slipped from April 2019 to May 2020. The shift will be reported in the primary care annual report which can't be undertaken until the 2019/20 annual accounts have been audited next year. Rec 7a- (Work with the clusters to agree a specific framework for evaluating new ways of working) slipped from April 2019 to June 2019. 09/05/19- Director of Primary Care, Community and Long Term Care informed of slippage of recs by assurance officer. 13/06/19- Assurance officer emailed Head of Financial Planning to confirm if rec 3a has now been completed. 10/07/19- Assurance officer emailed reporting officer for update on recommendations. 23/07/19- Reporting officer confirmed Rec 6a is complete. Awaiting confirmation if rec 3a and Rec 7a are complete as timescales have now passed. Rec 3b and 7c are on track. No further update on Rec 5b & 7b, awaiting All Wales toolkit. 29/07/19- Head of Financial Planning confirmed he has discussed rec 3a (Calculate a baseline position for its current investment and resource use in primary and community care) with the primary care finance lead and it has now been referred to the All Wales Technical finance Group for discussion. 03/09/19- Assistant Director of Primary Care confirmed rec R6a and R7a now complete. 21/10/19- emailed Head of Financial Planning for update on Rec3a and 3b by 04/11/19. 30/10/19- emailed Assistant Director of Primary Care for confirmation early next week that recs to be completed by end of October 2019 have been implemented. 07/11/19- Update provided by reporting officer. 5 recs remain outstanding. Rec 3a (Calculate a baseline position for its current investment and resource use in primary and community care) and rec 5b (Revisit its primary care workforce plans to ensure they take account of the issues arising from the Transforming Clinical Services programme) is currently outside the gift of the UHB to implement. Rec 7b (Subject to positive evaluation, begin to fund new models from mainstream funding rather than the Primary Care Development Fund) is part of the Transforming Communities workstream which is ongoing. Rec 3b (Review and report, at least annually, its investment in primary and community care, to assess progress since the baseline position and to monitor) to be completed when the 2019/20 annual accounts have been audited. 31/05/20 date provided. Rec 7c (Public engagement plan regarding access to all primary care services to be developed and implemented)- draft plan is in plan and links to transforming Communities so finalised plan likely to be in place by March 2020.

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1033A2019-20	Structured Assessment 2018	Wales Audit Office	Jan-19	Open	Board Secretary	Governance	Board Secretary	Mar-20	Mar-20	Audit and Risk Assurance Committee (bi-monthly)	5	1	0	0	4	19/02/19- Management response provided. Rec 4 and 5 completed. Rec 2 (effectiveness of committees) to be completed by April 2019, Rec 1 (Board effectiveness) and rec 3 (Operational meetings) to be completed by September 2019. 23/04/19 ARAC update- Rec 2 is now completed. Rec 1 (Board effectiveness) is still on track to be completed by September 2019. Rec 3a (streamline operational meetings) - the review of the Performance Management Assurance Framework is unlikely to be completed by June 2019 and a revised timescale will be agreed following a workshop arranged by the Chief Executive Officer in May 2019 to determine the organisational goals. 25/06/19 ARAC update- Rec 2, 4 & 5 completed. Rec 1 on track for September 2019 and rec 3 (specifically section 3a streamline operational meetings) is behind schedule. An Executive workshop took place in May19 however Director of Planning, Performance and Commissioning will be meeting the Chief Executive on 25/06/19 to discuss the enhancement of the PMAF. 27/08/19 ARAC update- Rec 1 to be completed by 30/09/19, rec 3a to be completed by March 2020 and 3b to be completed 30/09/19. 22/10/19 ARAC update- Rec 1 & 3b are completed. Rec 3a (action 1 & 2) to be completed by March 2020. Action 2 is on schedule for its original March 2020 timescale but action 1 has slipped from the June 2019 original timescale. Actions still to be implemented fall under the remit of the Director of Planning, Performance & Commissioning.
175A2019-20	Clinical coding follow-up review	Wales Audit Office	Apr-19	Open	Director of Planning, Performance & Commissioning/ Director of Operations	Informatics	Anthony Tracey/ Gareth Beynon	Dec-15	Mar-21	Formal Exec Team meeting performance review (Planning, Performance & Commissioning)  Last reported October 2019  Next report January 2020	4	4	4	0	0	15/04/19- Of the 15 recommendations from the original 2014 report (under 4 overarching recommendations), 4 had been implemented, 6 were in progress and 5 were overdue. Report to be reported to ARAC April 2019 meeting. 01/05/19- ARAC requested 6 monthly updates on progress of actions and future plans. Tracker to be updated once timescales are confirmed. Assurance officer to update tracker once ARAC minutes are received. 23/05/19- Assurance officer emailed reporting officer for timescales against the outstanding recommendations within the follow up report. 13/06/19- Reporting officer shared action with timescales that was reported to formal Exec Team and BPPAC. Timescales for several actions are unclear as some are required to be incorporated into the wider action plan for Health Records (to be agreed by September 2019). The Director of Planning, Performance and Commissioning will oversee the implementation of recommendations contained within the WAO review; however the Director of Operations will retain Executive Accountability for Medical Records. 27/06/19 BPPAC- at the meeting it was agreed that a cohesive action plan including timescales to be presented to the BPPAC 29/10/19 meeting. The audit tracker will be updated following the paper to the meeting. 22/10/19 ARAC update- Rec 1, actions b,d & e (Improve the management of medical records) has revised timescale of March 2021. Rec 2, section c (ensuring all staff receive consistent feedback on issues raised through validation and audit from all sites). is in progress but revised timescale not provided. Rec 3, section a (providing training for board members to raise their awareness of clinical coding)- is in progress but revised timescale not provided. Rec 4, section b (reinforcing the importance of completing timely discharge summaries) has a revised timescale of March 2020. 08/11/19- Update from reporting officer provided further update on the following: Rec 2, section c- The Clinical Coding Supervisors will be undertaking regular audits of individuals coders work from December 2019 onwards. This will be on a rotational basis. Rec 3, section a- The Board Secretary has confirmed the next available Board OD session is February 2020, and clinical coding has been included upon the Agenda.
xx2019-20	Review of operational quality and safety arrangements	Wales Audit Office	Jun-19	Open	Director of Operations/ Director of Nursing, Quality & Patient Experience	Quality & Safety	Sian Passey	Apr-20	Apr-20	Formal Exec Team meeting performance review (Nursing, Quality & Patient Experience Directorate)  Last reported April 2019  Next report November 2019	8	0	0	5	3	17/06/19- Final version of report received and management response being prepared. Director of Nursing, Quality and Patient Experience will be attending ARAC on 28/06/19 to provide an unapproved initial response to the findings. The draft management response will then be reported to QSEAC on 01/08/19. 17/07/19- Assurance officer emailed Director of Nursing, Quality & Patient Experience for confirmation if management response has been drafted ready for QSEAC. 27/08/19 ARAC paper- Management response submitted. Rec 2, 5 and 8 to be completed by October 2019 (original timescale for rec 8 incorrectly stated as Oct 2020), recs 1, 3, 4, 6 & 7 to be completed by April 2020. 08/10/19- TeamCentral updates on 15/09/19 showing rec 2 and rec 8 are completed and have been approved by the Exec Lead. Rec 5a (The terms of reference for both the Improving Experience sub-committee and Effective Clinical Practice sub-committee have been reviewed) is currently with Director of Nursing, Quality & Patient Experience approval. Rec to show as red RAG status on TeamCentral until this is approved. 15/10/19-Director of Nursing, Quality & Patient Experience approved rec 5. Rec 2, 5 and 8 are complete. All other recs are to be completed by April 2020.

**\*Key**

Open- recommendations to be implemented

Closed- all recommendation implemented and report closed following approval by the relevant Executive Director

Strategic log- a recommendation requiring a long term/strategic solution to be addressed as part of a long term strategy e.g. Capital prioritisation plan, Digital Strategy, Ward refurbishment programme, etc.

External rec- a recommendation that is outside the gift of the Health Board to currently implement, i.e. reliant on an external organisation (e.g. NWIS) to implement.

# INTERNAL AUDIT

Report Ref	Name of Report	Assurance rating	Reviewing Body	Date of Report	Report status (open/closed/strategic log/external rec)*	Executive Director	Service	Reporting Officer	Original Completion Date	Current Completion Date	Agreed action/arrangements for future reporting	Total No of recommendations within report	Recs (behind schedule)	Red recs beyond 6 months of original completion date	Amber (on schedule)	Green (completed)	Additional Information
HDUHB 1617-08	Health & Safety	Reasonable	Internal Audit	Sep-16	Open	Director of Operations	Estates	Rob Elliott / Tim Harrison	Nov-16	Mar-20	Executive Team Performance Reviews - Facilities  Last reported September 2019  Next report March 2020	7	2	2	0	5	14/03/18- Reporting officer provided update. Recs 3 and 4 are due to be complete by May18 and Jul18 respectively. 25/06/18- Assurance officer emailed reporting officer requesting update on implementation of the recs by 20/07/18 for ARAC August 2018 meeting. 20/07/18- Update from reporting officer confirmed Rec 3 has been completed (Control of Substances Hazardous to Health (COSHH) Policy approved May 2018). Rec 1, 4 and 5 have not progressed. A paper to support staffing resource has been produced for Director of Operations to consider w/b 23/07/18. If supported this will enable some of the outstanding actions to be progressed. 29/08/18- 4 recs (1,4,5& 6) currently remain outstanding. A paper is going to the Exec team for discussion. Assurance officer has requested reporting officer to provide update following paper going to Exec team. 29/08/18- Assurance officer emailed reporting officer (Director of Operations cc'd) requesting update on implementation of recommendations. 13/09/18- Assurance officer met with Estates Colleagues- Rec 1 (Governance) and 7 (Training) have been completed. 5 recs remain outstanding (2/3/4/5 & 6) and cannot be achieved within current staffing resource. H&S team requested recommendation is reviewed in 12 months as they will be in better position in terms of staffing resources to establish when this action can be completed. 28/09/18- Director of Operations agreed to recommendations being reviewed in 12 months. 24/01/19- Assurance officer met with Estates colleagues who are currently updating the management responses. Progress has been made on recs 2,3 and 4. Recs 5 and 6 cannot be achieved at present within current staffing resources. 13/02/19- Director of Operations has requested a brief from the reporting officer as soon as possible. 14/03/19- Assurance officer sent chaser email to reporting officer requesting to send brief to Director of Operations. 22/03/19- Head of Health, Safety & Security provided update to Director of Estates, Facilities and Capital Management on implementation of recommendations. 5 recommendations remain outstanding with no clear timescale. 08/08/19- Update on outstanding recommendations is being reported to ARAC August 2019 meeting. 27/08/19 ARAC meeting- an update was provided to ARAC confirming that recs 4 & 5 remain outstanding. ARAC has requested an updated management response be brought to the next meeting in October 2019. 22/10/19 ARAC update- paper reported confirmed rec 4 (A systematic approach to inspections and risk assessments should be established, which would provide a more proactive approach to identifying potential areas of risk within the Health Board) & 5 (A structured approach to the review of risk assessments should be adopted). Where risk assessments are undertaken by the Health & Safety department, a log of all actions should be maintained and regularly reviewed to ensure actions are completed/checked-up, as appropriate. Individual departments undertaking risk assessments should be reminded of the correct process) will be fully addressed by March 2020.
HDUHB 1636	Low Vision Service Wales - Review of New Arrangements	Reasonable	Internal Audit	Aug-17	Open (external rec 2,5 & 6)	Director of Primary, Community & Long Term Care	Primary Care, Pharmacy (community), LTC & LVWS	Donna Martin	Not stated	TBC once Ministerial Direction published.	Executive Team Performance Reviews - Primary Care, Pharmacy (community), LTC & LVWS  Last reported August 2019  Next report November 2019	6	1	0	3	2	01/02/18- Update provided by Reporting Officer. Most of the recs are expected to be covered off by the creation of new Ministerial Directions which is currently with the Welsh Government legal branch. Date for the next draft for comment has yet been announced. 22/06/18- Assurance officer emailed reporting officers requesting update on completion of recommendations by 20/07/18 for ARAC August 2018 meeting. 04/07/17- Reporting officer confirmed revised Ministerial Directions have not yet been received from WG, therefore 5 recommendations remain outstanding. 13/09/18- Director of Primary Care, Community and Long Term Care reiterated this report is dependent on a WG resolution. 07/05/19- Assurance officer requested confirmation from Director of Primary Care, Community and Long Term Care that the UHB is still awaiting WG guidance to complete recommendations. 28/05/19- emailed reporting officer for update on recommendations and if the Ministerial Direction has been received. 30/05/19- Reporting officer confirmed the new draft of the Ministerial Direction in relation to LVSW has not yet been shared by WG. 11/07/19- Assurance officer emailed reporting officer requesting all recommendations in the report to be reviewed to check if any of within the gift of the service to currently complete. 12/07/19- Update provided by reporting officer. Rec 1 & 4 are complete. Rec 3 (The MOU requires reviewing and updating)- Entire Clinical lead role and employment to be reviewed in Sept 19 as part of all of role may be tuped across to HEIW. Rec 2,5 & 6 are awaiting the new Ministerial Direction from WG before these can be completed. 13/08/19- Assurance officer emailed reporting officer asking if any risk assessments have been undertaken for the recommendations outstanding and if any action can be undertaken to mitigate the risk prior to the new Ministerial Direction being received. 18/09/19- reporting officer provided update to Head of Internal Audit. 08/10/19- Assurance officer emailed Head of Internal Audit for confirmation if report can be closed or if further work on the recommendations needs to be undertaken. 20/11/19- Discussions taking place by Head of Assurance & Risk and reporting officer to determine if this report can be closed.
HDUHB-1718-34	National Standards for Cleaning in NHS Wales	Reasonable	Internal Audit	Feb-18	Open (external rec 4)	Director of Operations	Estates	Rob Elliott	Jun-18	N/K	Executive Team Performance Reviews - Facilities  Last reported September 2019  Next report March 2020	4	1	1	0	3	20/07/18- Reporting officer confirmed Rec 3 has been completed while Rec 4 has an extended completion date of October 2018. Rec 4 update is as follows: Actions have been implemented to ensure appropriate attendance of all parties when Audits are undertaken. Cover arrangements are also in place. The introduction of the updated MICAD software is being facilitated by Shared Services who have recently indicated that this roll-out will not be undertaken until after Summer 2018. It is currently anticipated that this will be implemented in Sept/October 2018. 29/08/18- Assurance officer emailed reporting officer (Director of Operations cc'd) requesting update on outstanding rec. 06/09/18- Assurance officer meeting with estates colleagues next week to discuss outstanding recommendation (credits for cleaning). 18/09/18 CEIMT paper- Rec4- It was noted at the meeting that the planned implementation of the new version of MICAD software which would allow the functional area to be modified has been delayed again; this implementation includes the whole of England and Wales. December is now being discussed as the start but this has yet to be officially confirmed plus there would be staff training thereafter. In light of this it's proposed that the deadline be moved to April 2019. 28/09/18- Director of Operations agreed to extension. 11/01/19- Follow up audit currently taking place, however this does not supersede this report which will remain open until the final recommendation (Rec 4- Inconsistent Practices-credits for cleaning) is implemented. 24/01/19- Assurance officer met with Estates colleagues - Rec 4 is beyond the control of the Estates department. Last update received from Shared services provided April 2019 as implementation date for C4C upgrade, therefore currently on track but this has been delayed several times in the past year therefore further delay could be possible. 04/03/19-Head of Facilities Information & Capital Management reported no update received from shared services. 10/04/19- Head of Facilities Information & Capital Management confirmed no update from shared services. Internal Audit follow up report currently being finalised. 02/05/19- Head of Facilities Information & Capital Management confirmed no update from shared services. Director of Operations informed of delay on 30/04/19. Internal Audit follow up report does not review the outstanding recommendation 4 therefore this report is to remain open. Welsh Government have yet to make a decision regarding the C4C upgrade and other sites are looking at alternatives. 04/06/19- Head of Facilities Information & Capital Management confirmed no update from shared services. 04/07/19- Head of Facilities Information & Capital Management confirmed no update from shared services and is outside the gift of the UHB. 06/08/19- Head of Facilities Information & Capital Management confirmed no update from shared services and is outside the gift of the UHB. 02/11/19 & 06/11/19- Head of Facilities Information & Capital Management confirmed no update from shared services and is outside the gift of the UHB.
HDUHB1718-35	Theatres Directorate	Reasonable	Internal Audit	Apr-18	Open	Director of Operations	Scheduled Care	Stephanie Hire /Diane Knight	Jun-18	Dec-19	Executive Team Performance Reviews - Planned Care  Last reported October 2019  Next report February 2020	10	2	2	0	8	ARAC 17/04/18- 4 recs outstanding to be implemented by June 2018. 23/05/18- Service Manager (scheduled care) confirmed action plan is on target for completion. 21/06/18- Assurance officer emailed Director of Operations requesting dates in management response be reviewed following ARAC meeting on 30/05/18 and requesting update be sent to Chief Internal Auditor by 31/07/18 ready for ARAC August 2018 meeting. Assurance officer to update audit tracker following ARAC August 2018 meeting. 21/08/18 ARAC meeting- revised management response provided. R3 (e-roster) and R10 (rest days' issues) remain outstanding. Actions being led by Service Delivery Manager Diane Knight and working group established to address issues and new site manager appointed. Complex issues involved including staff grievances. ARAC requesting progress in February 2019. 24/10/18- Update from GM (Scheduled Care) following meeting with Director of Operations and Service Manager (Scheduled Care). R3 (e-roster) and R10 (rest days' issues) remain outstanding- Exec Team have approved an option to put in place a rostered team in Theatres out of hours. Meeting held 23/10/18 with team to feedback. An implementation plan is being worked up which aims to address the removal of compensatory rest at BGH Theatre and thereby enable implementation of the E roster. 11/01/19- Head of Nursing Scheduled Care confirmed R3 (e-roster) and R10 (rest days' issues) remain outstanding due to delay in Exec sign off of the Organisational Change Policy (OCP). Formal consultation to commence on 16/01/19. This will be a full 90 day process to achieve a change in Terms and Conditions so the completion date has been pushed back to April 2019. 15/01/19- Assurance officer emailed Director of Operations for agreement of extension. 07/02/19- Director of Operations agreed to extensions citing these are tied up in HR issues so unavoidable. 19/02/19 ARAC- paper states 3 recs outstanding. Rec 3 (Evidence to support call-out hours claimed) has completion date of June 2019. Rec 4 (Operating Department Practitioner overnight on call shifts not being compliant with Agenda for Change on-call agreement at Glangwili Hospital) has completion date of September 2019, and rec 10 (Compensatory rest arrangements in Bronglais Hospital not managed in compliance with the Agenda for Change on-call agreement) has completion date of 31/04/19 subject to continued staff support for OCP process. 11/04/19- Rec 3 and 4 are on track to be completed by the revised dates of June 2019 and September 2019 respectively. Rec 10 delayed due to completion of the OCP process, now to be completed by end of June 2019. Director of Operations to be informed of delay by assurance office. 30/04/19- Director of Operations agreed to extension of rec 10 to 30/06/19. 06/06/19- Head of Assurance and Risk met with Director of Operations and Service Delivery Manager. Rec 3 has now been completed. Rec 4 (Operating Department Practitioner overnight on call shifts not being compliant with Agenda for Change on-call agreement at Glangwili Hospital) to be completed by 31/12/19 and rec 10 (Compensatory rest arrangements in Bronglais Hospital not managed in compliance with the Agenda for Change on-call agreement) to be completed by 30/06/19. 18/07/19- Reporting officer confirmed rec 10 has not been achieved, and currently she is uncertain as to when this will be met. The reporting officer recommended a revised timescale of 30/10/19 and advised that the Director of Operations is aware of the position and the background behind it, as she met with him w/b 08/07/19. 23/09/19- Assurance officer emailed reporting officer for any update to the recommendations by 02/10/19 for the next PMAF review. No update received as of 03/10/19.



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HDUHB1819-17	Charitable Funds	Substantial	Internal Audit	Feb-19	Open	Director of Finance	Finance	Fiona Powell/Jennifer Thomas	May-19	04/07/19 09/08/19 31/10/19 30/11/19 31/01/20	Formal Exec Team meeting performance review (Finance Directorate)  Last reported November 2019  Next report February 2020	3	1	0	0	2	08/04/19- Assistant Director of Finance (Finance Systems and Statutory Reporting) confirmed she is obtaining updates from reporting officer. 11/04/19- Assistant Director of Finance (Finance Systems and Statutory Reporting) confirmed Rec 1 and 2 are complete. Rec 3 (The expenditure authorisation list on the intranet site should be changed to the most up to date version available) is on track to be completed by May 2019. 24/05/19- Rec 1 (Legacy Register) with Finance Directorate to approve rec through TeamCentral system. TeamCentral system issues currently being resolved with assistance from the Internal Audit team. Rec 2 (Expenditure Authorisation List)- to be completed by original timescale of 31/05/19. Rec 3 (Financial Procedures)- currently under review, revised date of 31/05/19. 08/06/19- Rec 1 has been completed. Assurance officer to meet with Director of Finance to assist in closing the rec on TeamCentral. Rec 2 timescale has been revised to 07/06/19. Rec 3 timescale has been revised to 30/06/19. 17/06/19- Rec 3 timescale further extended to 30/06/19 07/08/19- Rec 2 has a revised timescale of 09/08/19 and rec 3 has now passed its revised timescale of 30/06/19. 26/09/19- Rec 3 has a revised timescale to 31/10/19, the revised Charitable funds policy will be included in the October Finance Committee. 08/10/19- Rec 1 & 2 complete and approved on TeamCentral. Rec 3 timescale slipped from 30/09/19 to 31/10/19. 15/10/19- TeamCentral updated. Rec 3 timescale slipped to 30/11/19, policy will be presented to Finance Committee in November. 05/12/19- TeamCentral provided 05/12/19- timescale revised from 30/11/19 to 31/01/20. A draft policy has been written but requires further input from the Charitable Funds Committee Strategy meeting taking place on the 16th December. The policy will be revised following that meeting and will be expected to go to the January 2020 Finance Committee.
HDUHB-1819-25	Review of Discharge Processes (Follow-up)	Reasonable	Internal Audit	May-19	Open	Director of Operations	Unscheduled Care	Carol Cotterell/Alison Bishop	Sep-19	Dec-19	Formal Exec Team meeting performance review (UHB wide USC)  Last reported September 2019  Next report December 2019	2	1	0	0	1	This report supersedes HDUHB1718-12 Review of Discharge Processes. Rec 2 completed and rec 1 to be implemented by September 2019. This report, having previously received a Limited Assurance rating, had been rated as Reasonable Assurance, reflecting the progress made. ARAC 29/05/19- Rec 1 is impacted/affected by Local Authority partners and therefore the timescale of September 2019 is somewhat optimistic. The recommendation would need to be considered by the Lead Director and if the timescales were not achieved these would be subject to scrutiny through the Executive Performance Reviews and ARAC. 08/08/19- RAG status updated to reflect TeamCentral. Recs remain red until the Director of Operations has approved the recommendations as closed through the system. 09/10/19- Rec 2 approved as implemented by Director of Operations on TeamCentral. 28/10/19- Rec 1 (Management should ensure the current draft Complex Discharge Standards are formally approved and communicated to staff) timescale has slipped from 30/09/19 to 31/12/19. This has been under review by WG Delivery Unit who have reprofiled and named as 'Discharge 2 Recover and Assess' (D2RA) pathways. The delay has been related to final DU sign off and the UHB pulling together a local pathway / standards for this Health Board's approval. The pathways have been sent to Pembrokeshire and Ceredigion who will need to discuss the pathway with their Local Authority colleagues to agree reasonable social care standards relating to the D2RA pathways. These will then need to be signed off at USC Programme / Acute Flow priority work stream. Reporting officer is meeting with Director of Operations on 29/10/19 to discuss.
HDUHB-1819-29	PC and Laptop Security (Follow-Up)	Limited	Internal Audit	Feb-19	Open	Director of Planning, Performance & Commissioning	Planning, Performance & Commissioning (Informatics)	Tim Harrison/Rob Elliot/Anthony Tracey	Feb-20	Feb-20	Formal Exec Team meeting performance review (Planning, Performance & Commissioning)  Last reported October 2019  Next report January 2020	4	0	0	1	3	Supersedes Internal Audit HDUHB 1718-32 PC / Laptop Security Arrangements. ARAC 23/04/19- Management response resubmitted: Rec 1 (Physical security awareness programme) - Work on the scoping has begun w/c 01/04/19- completion date of recommendation is 28/02/20. Rec 2 (South Pembrokeshire Hospital)- completion date of 30/06/19. Rec 3 (Bro Cerwyn)- completion date of 31/05/19. Rec 4 (Amman Valley Hospital)- completion date 31/05/19. 28/06/19- Assurance officer emailed Assistant Director of Informatics for confirmation if rec 3 and 4 have been completed. 04/07/19- Interim Informatics Business Manager confirmed he will check if rec 2,3 & 4 are now complete. 09/07/19- Assurance officer emailed Business Manager for confirmation if recs have now been completed. No response received as of 29/07/19. 06/08/19- Assurance officer met with Business Manager who agreed to obtain confirmation if rec 2,3 & 4 are now complete. 30/08/19- Interim Informatics Business Manager confirmed rec 2,3 & 4 are completed. Rec 1 (Physical security awareness programme) to be completed by 28/02/20. 10/10/19- Outstanding rec marked as red in error, corrected to amber. The outstanding rec 1 is in respect of wider security awareness programme to include a better communication plan and incorporating the individual responsibilities for looking after their ICT equipment. This recommendation has a completion date of 28/02/20 and work is on schedule. The ICT team will be undertaking a comms exercise in the coming months with global emails, and posters in ever ward and staff area emphasising the need to secure devices, lock laptops,etc. The ICT team will also be working with the Security Lead of the Health Board to ensure that if any training is given that it incorporates the responsibility of staff towards ICT equipment. 03/12/19- Interim Informatics Business Manager confirmed rec 1 is on schedule for February 2020.
HDUHB1819-32	Radiology Directorate	Reasonable	Internal Audit	Oct-18	Open	Director of Operations	Radiology	Amanda Evans	Oct-19	04/09/2019 TBC	Executive Team Performance Reviews - Radiology  Last reported November 2019  Next report March 2020	8	3	2	0	5	17/10/18- report includes 8 recommendations: 1 rec to be completed by October 2018, 2 recs by November 2018 and 4 recs by March 2019. Rec 3 (Payroll On Call Arrangements/Agreements) has implementation (where required) by September 2019. ARAC 11/12/18 - updated management response received. Rec 1 & 5 completed. Remaining 6 recs to be completed by April 2019. It was agreed at ARAC there should be a further update on progress at the April 2019 meeting, with the reporting officer invited to attend. 31/01/18- reporting officer advised for Rec 2 (Income Ante natal scan photos), due to discrepancies in the procedure not fully appreciated when the management response was initially completed, there is further work involved in completing this recommendation than first anticipated and it was reported to ARAC in December 2018 with a revised timescale of April 2019 (initial timescale was November 2018). 13/02/19- Director of Operations agreed to extension of Rec 2 (Income Ante natal scan photos) to April 2019, however lead officer advised no further extension will be agreed. 23/04/19 ARAC update: ARAC made aware of outstanding recommendations and realistic timescales for completion. It was agreed that there should be a further update to ARAC in October 2019 to assess progress. If this is satisfactory, no further review will be required; if not, a further update will be required at ARAC. 23/04/19- Update from Teamcentral following ARAC shows Rec 1, 4,5,6 & 7 completed. Rec2 (Income Ante natal scan photos) to be implemented by 31/05/19. Rec 3 (Payroll On Call Arrangements/Agreements) has implementation (where required) by 30/09/19. Rec 8 (excessive on call hours) to be completed by revised date of 16/10/19. 28/05/19- Head of Radiology confirmed remaining recs are on track following revised timescales agreed at ARAC in April 2019. 20/09/19- 6 of the 7 red recommendations have been implemented by the service, however the recommendations are reported as red until the Director of Operations has approved the recommendations as closed through the TeamCentral system. The Head of Assurance & Risk will be assisting the Director of Operations in early October to complete this. 08/09/19- Director of Operations has approved 4 recommendations on TeamCentral. ARAC 22/10/19 update- Rec 3 and 8 outstanding. Despite the extended timeframes, significant progress has been made to addressing the recommendations made. It was acknowledged by ARAC that delays have occurred during this process, however it was necessary to ensure that all staff had an opportunity to comment. 13/11/19- Rec 3 (On call arrangements/agreements) timescale revised from 30/09/19 to 12/12/19. The process of reviewing the agreements has commenced and an agreement for change agreed. However there remains difficulties with agreeing an approach for all sites and discussions continue. Rec 4 (Compulsory unpaid breaks are not being taken), Director of Operations rejected recommendation as completed on TeamCentral because he didn't feel the answer provided through TeamCentral answered the issue. Rec 8 (Excessive On Call Hours) first revised date of 16/10/19 has now passed. Despite several meetings with staff on all sites ,issues obtaining a consensus , staff vacancies and the fragility of the service has delayed the organisational change process. Further updates to be provided at the next ARAC in December.
HDUHB1819-33	Records Management	Limited	Internal Audit	Feb-19	Open	Director of Operations	Records management	Sian-Marie James	Sep-19	04/09/2019 Mar-20 TBC	Executive Team Performance Reviews - Health records  Last reported September 2019  Next report March 2020	9	1	0	0	8	05/03/19-Health Records Manager provided update. Rec 2 (Information Asset Owners questionnaire to be circulated), Rec 5 (Access to Health Records Policy to be reviewed and updated), Rec 7 (possibility of introducing joint IG/Health Records training sessions), Rec 8 (review the Health Records Management Policy and Health Records Committee terms of reference) and Rec 9 (ensure that the Health Records Committee regularly meet as per the frequency detailed in their terms of reference) have timescales that have slipped to March 2019. All other recs (1,3,4 and 6) are currently within original completion dates. 16/04/19- updates provided by reporting officers: -Rec 2 (Information Asset Owners questionnaire to be circulated)- The distribution of the questionnaire has been slightly delayed whilst a site visit was completed to Worcestershire NHS Trust and a review undertaken of their offsite scanning solution. It was agreed by the Deputy Director of Operations that following the visit an additional report should be presented to the Executive time identifying both the immediate actions required to deal with the current storage arrangements and long term actions for implementing a scanned patient record. As part of the paper it will be acknowledged that the IAO's will be required to answer several questions before scanning arrangements can be progressed. The paper will be finalised in May 2019. -Rec 3, 4, 6 & 8 are complete. -Rec 5 (Access to Health Records Policy to be reviewed and updated) timescale slipped until end of April 2019. -Rec 7 (possibility of introducing joint IG/Health Records training sessions) has revised timescale of May 2019. -Rec 9 (ensure that the Health Records Committee regularly meet as per the frequency detailed in their terms of reference) has revised timescale of June 2019. 30/04/19- Paper going to June BPPAC (and Executive Team prior to this) setting out the records management plan with realistic timescales. Audit tracker to be updated following BPPAC paper. BPPAC 27/06/19 update- Rec 5,8 & 9 are complete. Rec 1 is to be completed by Sept 2019. Rec 2,3,4,6 & 7 have timescales that slipped as these elements will be included in a wider action plan for Health Records to be agreed by September 2019. 16/08/19- Update provided by reporting officer. Rec 1,3,4,5,6,8 & 9 are complete. Assurance officer responded requesting the reporting officer to coordinate updates on rec 1, 2 and 7. ARAC 22/10/19 update- 7 recs are completed with the following 2 behind schedule: Rec 1 (management should ensure the Corporate Records Management Strategy and Policy are submitted to the Business Planning & Performance Assurance Committee for approval) has slipped from September 2019 to December 2019. Rec 2 (section a- Paper Health Records Inventory Form is completed, regularly reviewed and forwarded to the Head of Health Records as set out in the Health Records Management Policy) has slipped to March 2020. 02/12/19- Rec 2 complete. Rec 1 is only outstanding recommendation which sits with Head of Corporate Office. Assurance officer emailed Head of Corporate Office 09/12/19 for update on rec 1 which should have been completed September 2019.

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HDUHB1819-27	IM&T Directorate	Reasonable	Internal Audit	Nov-18	Open	Director of Planning, Performance & Commissioning	Planning, Performance & Commissioning (Informatics)	Anthony Tracey	Mar-22	Mar-22	Formal Exec Team meeting performance review (Planning, Performance & Commissioning)  Last reported October 2019  Next report January 2020	8	0	0	1	7	15/04/19- update provided by Interim Informatics Business Manager. Rec 1 and 2 on track to be completed by May 2019. Rec 3 to 7 (formal communication to be provided to all staff / managers detailing their responsibilities to ensure that due process is adhered to on call) have now been completed. Rec 8 (WOD advice for compulsory breaks) is on track for March 2022 part of switchboard modernisation plan. ARAC 23/04/19- Rec 8 (WOD advice for compulsory breaks) was reported as accepted and revised management response presented with a timescale of 31/03/22. 04/06/19- Interim Informatics Business Manager confirmed he will check if rec 1 and 2 have been completed. Rec 8 has been highlighted by Exec Team to be progressed, proposals are being drafted for consideration by the Board. 20/06/19- Update from Assistant Director of Informatics which has also been shared with Director of Planning, Performance & Commissioning. Rec 1 (Stores asset register) complete. A further module of KACE has been purchased and implemented. Further internal ICT audits are planned for August, and October to ensure all staff are complying with the agreed internal process. Rec 2 (Stores Key Code Changes) to be completed by 30/06/19. There is a 1 month delay to the project. The completed audit of all communications rooms will be completed by June 2019. The result of the review will establish a replacement programme of equipment, and provide a review of the room's infrastructure, with detailed pictures. Where non-ICT equipment is being stored in the comms rooms (i.e. chairs / decorations) the site management team will be tasked to remove these items. 09/07/19- Assurance officer emailed Business Manager for confirmation if recs have now been completed. No response received as of 29/07/19. 06/08/19- Assurance officer met with Business Manager who agreed to check for confirmation if rec 2 is complete. 30/08/19- Interim Informatics Business Manager confirmed rec 2 is complete. Rec 8 (WOD advice for compulsory breaks) to be completed by March 2022 as part of switchboard modernisation plan. 10/10/19- Outstanding rec 8 (WOD advice for compulsory breaks) completion date of March 2022. Awaiting confirmation from Hotel Services to start training porters to meet EWTD lunch breaks on short term basis until switchboard modernisation is complete. The switchboard staff have all been informed of the way forward and a training plan has been designed by the switchboard supervisors ready to be delivered to the porters. The switchboard supervisors will be delivering the training. 03/12/19- Interim Informatics Business Manager confirmed rec 8 is on schedule for March 2022, currently working on OCP.
HDUHB-1819-05	Single Tender Actions	Reasonable	Internal Audit	Mar-19	Open	Director of Finance	Finance	Director of Finance/ Head of Procurement	Sep-19	30/09/19 31/10/19 N/K	Formal Exec Team meeting performance review (Finance Directorate)  Last reported November 2019  Next report February 2020	5	1	0	0	4	28/03/19- Rec 1, 2 and 4 completed. Rec 3 (STAs awaiting approval) to be completed immediately by Head of Procurement. Rec 5 (System for approval of STAs) to be completed by September 2019 by Director of Finance. 03/05/19- Rec 3 has been submitted to Director of Finance via teamcentral for approval. 24/05/19- TeamCentral system shows that rec 1 to 4 are with Director of Finance to approve recommendations through TeamCentral system. TeamCentral system issues currently being resolved with assistance from the Internal Audit team. 12/06/19- Rec 1, 2, 3 & 4 completed. Assurance officer to meet with Director of Finance to assist in closing the rec on TeamCentral. Rec 5 to be implemented by Sept 2019. 13/06/19- Director of Finance approved closure of rec 1 to 4 on TeamCentral. 26/09/19- Rec 5 (System for approval of STAs) timescale has been extended on TeamCentral from 30/09/19 to 31/10/19. 21/10/19- Assurance officer emailed reporting officer requesting TeamCentral be updated by 01/11/19 in time for next Exec Team meeting.
HDUHB-1819-11	Integrated Care Fund – Follow Up	Reasonable	Internal Audit	May-19	Open	Director of Operations	Community & Primary Care (Carmarthenshire hire)	Peter Skitt/ Martyn Palfreman	Jul-17	01/07/2019 TBC	Formal Exec Team meeting performance review- Carmarthenshire  Last reported September 2019  Next report November 2020	2	1	1	0	1	20/05/19- Rec 9 and 14 from previous HDUHB 1617-28 Intermediate Care Fund (ICF) have been assessed as not addressed. Two new recs have been produced to cover the outstanding issues as follows: Rec 1 - "We would recommend that assessment is undertaken to establish the requirements for finance representative attendance at all ICF panels" - to be completed by July 2019. Rec 2 - "Management must ensure that quarterly ICF reports are submitted to Welsh Government no later than the designated submission dates set out in the Written Agreement" to be completed by July 2019. 18/06/19- minutes from ARAC 29/05/19 shows terminology has changed from 'Intermediate Care Fund' to 'Integrated Care Fund'. 24/06/19- County Director & Commissioner Carmarthenshire (Interim) confirmed rec 1 is complete. 25/06/19- Assurance officer emailed Director of Primary Care, Community and Long Term Care to obtain update on rec 2. 27/06/19- Assurance officer emailed Head of Regional Collaboration (Carmarthenshire County Council) to confirm if rec 2 is completed. 19/07/19- Head of Regional Collaboration (Carmarthenshire County Council) confirmed the revised Agreement is still being drafted and it is expected to be completed by mid August 2019, thereafter they will be working closely with RPB colleagues to ensure deadlines are met internally and that they are therefore able to submit quarterly reports on time. 13/08/19- Assurance officer emailed Head of Regional Collaboration requesting to update TeamCentral. 05/09/19- County Director Ceredigion confirmed rec 1 is completed on TeamCentral, rec to remain as red RAG status until Director of Operations has approved its closure through the TeamCentral system. 08/10/19- Director of Operations approved closure of rec 1 on TeamCentral. 06/11/19- Assurance officer emailed Head of Regional Collaboration (Carmarthenshire County Council) for confirmation that rec 2 is now completed. 25/11/19- Regional Programme and Change Manager Co-ordination confirmed for rec 2 (Management must ensure that quarterly ICF reports are submitted to Welsh Government no later than the designated submission dates set out in the Written Agreement) there are currently issues with Pembrokeshire submitting on time due to issues with retirement and reorganisation.
HDUHB-1819-24	Preparedness & Compliance with the Nurse Staffing Act	Substantial	Internal Audit	May-19	Open	Director of Nursing, Quality and Patient Experience	Nursing	Chris Hayes	Aug-19	Dec-19	Formal Exec Team meeting performance review (Nursing, Quality & Patient Experience Directorate)  Last reported October 2019  Next report January 2020	1	1	1	0	0	20/06/19- report has one recommendation (Management must ensure that nurse staffing level information is visibly displayed and made available for all patients and visitors) to be completed by 31/08/19. A re-audit will be scheduled for late 2019. 17/07/19- Assurance officer requested to receive an update from the reporting officer by 25/07/19 for next PMAF review. Reporting officer confirmed that the action in b) was taken and so this action point is completed. Action point a) is well on track for completion by end of August 2019. 29/08/19- reporting officer confirmed there has been a short delay with the release of the Patient Information from WG and so there will be a short delay to printing and distributing into the UHB, estimated revised date of 11/10/19. 24/09/19- assurance officer emailed reporting officer requesting to update TeamCentral. 22/10/19- Reporting officer updated TeamCentral. Rec has slipped from 31/08/19 to 31/12/19 due to delay in receiving supply of printed Patient Information Leaflets from printers and identifying appropriately sized leaflet holders / poster display casing. Orders for these products all now in progress - anticipated that all products should be made available to operational teams during November / early December 2019.
HDUHB-1819-35	Review of PADR Process	Limited	Internal Audit	May-19	Open	Director of Workforce & OD	Workforce & OD	Christine Davies/ Robert Blake	Mar-20	Mar-20	Formal Exec Team meeting performance review (Workforce and OD Directorate)  Last reported September 2019  Next report December 2019	3	1	0	2	0	20/06/19- Report has 3 recommendations. Rec 1 (SMART Objectives) to be completed by 30/11/19, rec 2 (PADR Training) to be completed by March 2020 and rec 3 (PADR Compliance Figures) to be completed by 31/07/19. Follow up audit will take place during early 2020. 22/07/19- Reporting officers updating TeamCentral. Rec 1 and 2 on track to be completed by the original timescales set. Rec 3 has a revised completion date of 01/10/19. The PADR guidance documents now include how to upload the correct information into ESR to ensure accuracy. The two bespoke training sessions on performance management have also included a session with ESR team to complete 121 training on uploading the information. The training and guidance documents will be reviewed to assess impact and then any further progression agreed. 31/07/19- Director of Workforce & OD confirmed for rec 3 the reporting officer still needs to enact his part of quarterly sampling, however the Director will also introduce it with study leave applications so it can be tackled in 2 ways. 27/09/19- Rec 3 has been updated on TeamCentral showing rec 3 (PADR Compliance Figures) timescale has slipped from 01/10/19 to 31/12/19.
HDUHB-1819-04	Health and Care Standards	Reasonable	Internal Audit	Jun-19	Open	Director of Nursing, Quality and Patient Experience	Nursing	Cathie Steele	Oct-19	Jan-20	Formal Exec Team meeting performance review (Nursing, Quality & Patient Experience Directorate)  Last reported October 2019  Next report January 2020	3	3	0	0	0	ARAC 25/06/19- Report includes 3 recommendations: Rec 1 - (Assurance and Scrutiny Matrix fully completed on a timely basis.) to be completed by October 2019. Rec 2 - (assurance and scrutiny matrix is completed in line with an agreed time scale, so relevant information can be utilised for year-end reporting) to be completed by October 2019. Rec 3 - (Mapped Reporting of Standards) to be completed by October 2019. 17/07/19- Assurance officer requested to receive any update, if applicable, from the reporting officer by 25/07/19 for next PMAF review. 18/07/19- Reporting officer confirmed the recs are on track for the completion dates with a paper going to QQSEC in October 2019. 14/10/19- Assurance officer emailed reporting officer requesting TeamCentral be updated at the end of October 2019 as all recs should be completed by this date. 22/11/19- TeamCentral updated. All 3 recs require an extension to 14/01/20. A paper and project plan is under development and will be presented to the next QQSESC (January 2020)The self assessment for 2019/20 is expected to be completed by April 2020.
HDUHB 1819-12	Savings Planning & CIP	Reasonable	Internal Audit	Jun-19	Open	Director of Finance	Finance	Andrew Carruthers	Mar-20	Mar-20	Formal Exec Team meeting performance review (Finance Directorate)  Last reported November 2019  Next report February 2020	3	0	0	1	2	ARAC 25/06/19- Report includes 3 recommendations: Rec 1 - (CIP Management Training) to be completed by March 2020. Rec 2 - (CIP Scheme Delivery Plans) to be completed by September 2019. Rec 3 - (PID's/EQA's) to be completed by June 2019. 17/07/19- Reporting officer revised timescale for rec 3 from 30/06/19 to 06/09/19. This action remains ongoing to ensure that we have PIDS and Quality Impact Assessments in place. There are 24 savings schemes over the value of 200,000. PIDS have been received for 21 of those schemes and Quality Impact Assessments received for 14 schemes. In some cases this is because some needed to be returned as they were not completed to a standard that would enable them to be approved. A training session has been held by the Director of Nursing on completion of the Quality Impact Assessments in particular. There should be PIDS and QIA's in place for all these schemes by September 2019. 26/09/19- Assurance officer emailed reporting officer to offer assistance with updating the TeamCentral system if required. 21/10/19- Assurance officer emailed reporting officer requesting TeamCentral be updated by 01/11/19 in time for next Exec Team meeting. 05/11/19- Reporting officer confirmed rec 2 is completed on TeamCentral system, rec 1 on track to be completed by 31/03/20 and rec 3 is to be completed in the next couple of days. Assurance officer emailed Director of Finance requesting him to approve rec 2 as completed on TeamCentral system. 11/11/19- Rec 2 and rec 3 approved by Director of Finance on TeamCentral system as implemented.

Report Ref	Name of Report	Assurance rating	Reviewing Body	Date of Report	Report status (open/closed/strategic log/external rec)*	Executive Director	Service	Reporting Officer	Original Completion Date	Current Completion Date	Agreed action/arrangements for future reporting	Total No of recommendations within report	Red (behind schedule)	Red recs beyond 6 months of original completion date	Amber (on schedule)	Green (completed)	Additional Information
HDUHB 1819-13a	Budgetary Planning	Reasonable	Internal Audit	Jun-19	Open	Director of Finance	Finance	Rhian Davies	Aug-19	N/K	Formal Exec Team meeting performance review (Finance Directorate)  Last reported November 2019  Next report February 2020	2	1	0	0	1	ARAC 25/06/19- Report includes 2 recommendations: Rec 1 - (Financial Procedure) to be completed by August 2019. Rec 2- (Budget Accountability Letters) to be completed by June 2019. 26/09/19- rec 1 is complete on TeamCentral. Rec 2 is behind schedule and was due to be completed by 30/06/19. Assurance officer emailed reporting officer to offer assistance with updating the TeamCentral system if required. 21/10/19- Assurance officer emailed reporting officer requesting TeamCentral be updated by 01/11/19 in time for next Exec Team meeting. No response received.
HDUHB-1920-15	Annual Quality Statement	Reasonable	Internal Audit	Aug-19	Open	Director of Nursing, Quality and Patient Experience	Quality	Sian Passey	Oct-19	Nov-19	Formal Exec Team meeting performance review (Nursing, Quality & Patient Experience Directorate)  Last reported April 2019  Next report October 2019	4	1	0	0	3	06/07/19- Report includes 4 recommendations all with a timescale of 31/10/19. 15/10/19- 3 recs approved on TeamCentral by Director of Nursing, Quality and Patient Experience as implemented. Rec 1 (Lack of AQS Welsh Version) is to be implemented by 31/10/19. 29/10/19- Reminder email sent to reporting officer requesting remaining rec be updated on TeamCentral at the end of the month. 06/11/19- Update provided through TeamCentral for outstanding rec (Lack of AQS Welsh Version)- E-mail correspondence on 31/10/19 to advise that the AQS was translated back in June, however, there have since been some changes made to the document. The document is being worked on and should be finalised early November. Revised completion date of 30/11/19 provided.
HDUHB-1920-34	Environmental Sustainability Report	Reasonable	Internal Audit	Aug-19	Open	Director of Operations	Estates	Terri Shaw	Mar-20	Mar-20	Executive Team Performance Reviews - Facilities  Last reported September 2019  Next report March 2020	5	0	0	5	0	13/08/19- Report includes 5 recommendations all with a timescale of 31/03/20. 06/11/19- Head of Facilities Information & Capital Management confirmed all recommendations on track to be implemented by March 2020. 03/12/19- Head of Facilities Information & Capital Management confirmed she had been informed that all recommendations on track to be implemented by March 2020.
HDUHB-1920-25	Estates Directorate Governance Review	Limited	Internal Audit	Oct-19	Open	Director of Operations	Estates	Rob Elliot	Oct-20	Oct-20	Executive Team Performance Reviews - Facilities  Last reported N/A  Next report March 2020	7	0	0	5	2	09/10/19- 2 recs (rec 1&2) have been completed and the remaining 5 recs to be completed with varying timescales from January 2020 to October 2020.
HDUHB-1920-05	Welsh Language Standards Implementation	Reasonable	Internal Audit	Oct-19	Open	Director of Partnerships and Corporate Services	Partnerships and Corporate Services	Enfys Williams	Oct-20	Oct-20	Formal Exec Team meeting performance review (Partnerships and Corporate Services)  Last reported July 2019  Next report December 2019	4	1	0	3	0	09/10/19 - Rec 1 (staff training) to be completed by 31/10/20 (subject to national project group delivery), rec 2 (Progress Reporting) to be completed by 31/12/19, rec 3 (key performance indicators) to be completed by 31/10/19 and rec 4 to be completed by 31/12/19. 31/10/19- Assurance officer emailed reporting officer requesting confirmation that rec 3 has been implemented. 20/11/19- Reporting officer confirmed that rec 3 (Key Performance Indicators) is behind schedule as the last Improving Experience Sub-Committee was cancelled therefore the Welsh Language update (including compliance against the Welsh Language Standards) has yet to be reported. The date of the next Improving Experience Sub-Committee has not yet been provided.
SSU_HDU_1819_01	Estates Follow Up (Residential Accommodation/ Backlog Maintenance/ Fire Precautions Follow Up).	Reasonable	Internal Audit SSU	Apr-19	Open	Director of Operations	Estates	Rob Elliot/ Paul Williams/ Huw Thomas	Sep-19	Jan-20	Executive Team Performance Reviews - Facilities  Last reported September 2019  Next report March 2020	8	1	0	0	0	09/04/19- Supersedes Fire Precautions Follow Up SSU_HDU_1718_11, and Estates Follow Up (Residential Accommodation and Backlog Maintenance) SSU_HDU 1718- 07. All recs will be displayed as red RAG status as the original dates from the previous reports are still outstanding. 19/09/19- Assurance officer and Head of Assurance and risk met with Head of Facilities Information & Capital Management and Director of Estates, Facilities and Capital Management. Rec 7 (Fire Precautions Follow up- Fire zones) has been completed but rec 5 (risk assessments) is being progressed but remains outstanding. Rec 5 (Residential Accommodation) is completed but the assurance officer is awaiting confirmation, rec 10 sits within Finance. 23/09/19- Audit Manager confirmed that all 3 recommendations from the Backlog Maintenance report are now implemented. Assurance officer emailed Head of Facilities Information & Capital Management for confirmation of revised timescale for rec 5 (risk assessments). 02/10/19- Head of Facilities Information & Capital Management is awaiting timescale from the Fire Officer for rec 5 (risk assessments). 15/10/19-Head of Facilities Information & Capital Management confirmed that the Head of Fire Safety Management has advised that subject to staff returning from extended sick leave he anticipates completing this exercise by end of January 2020. 31/10/19- Assurance officer emailed Director of Finance for approval of rec 10 (Management will consider the viability of accommodation both with and without SIFT monies) to have extended timescale to March 2020. Outstanding recommendations are rec 5 (risk assessments) from Fire Precautions Follow Up report to be completed by January 2020 subject to staff returning from extended sick, and rec 10 (Sift monies) from Residential Accommodation report to be completed by end of January 2020. 03/12/19- Head of Facilities Information & Capital Management confirmed as far as she is aware rec 5 (risk assessments) is on track to be implemented by January 2020. The next Governance meeting is taking place later this month and she will provide an update to the assurance officer following this meeting.
SSU HDU 1819 02	Withybush General Hospital Refurbishment of Wards 9 & 10	Reasonable	Internal Audit SSU	Apr-19	Open	Director of Planning, Performance & Commissioning	Planning, Performance & Commissioning (Informatics)	Andrew Burns/ Paul Williams	May-19	June-19 Sept-19 Dec-19	Formal Exec Team meeting performance review (Planning, Performance & Commissioning)  Last reported October 2019  Next report January 2020	10	1	0	0	9	26/07/19-Assurance officer met with Project Manager for update. Rec 2, 5 & 6 complete. Rec 1,7 & 9 outstanding. Due to the redeployment of planning resource from W9 and 10 to major Trauma, whilst the remaining recommendations are all in hand, they are yet to be formally signed off for closure. 07/08/19- Project Manager confirmed the next project group meeting on 20/08/19 where the remaining recommendations will be discussed. 21/08/19- Assurance officer emailed reporting officer for confirmation if remaining outstanding recs are now completed following the project group meeting. 29/08/19- Rec 1 (Terms of Reference) and 7 (Project Progress Meetings) are to be incorporated into the project governance document and will be presented to the next project group meeting in September 2019 (date TBC) for sign off. Rec 9 (Electronic file storage location) to be completed by 30/09/19. 02/10/19- Project manager confirmed project board will take place next week where rec 1 & 7 should be confirmed as completed. Rec 9 (Electronic file storage location) is currently being explored with the Assistant Director of Informatics with the possibility of using Sharepoint. Timescale revised to 31/12/19 however project manager is hopeful this will be implemented prior to this date. 05/11/19- Rec 1 and 7 have been implemented following being approved at the Project Board meeting on 22/10/19. Rec 9 is in respect of a shared file for project members to access project docs- Health Planning Manager has approached IT who are exploring options such as Sharepoint. Timescale extended to 31/12/19. 03/12/19- Project Manager confirmed she will obtain update if rec 9 is on track for 31/12/19 and will inform assurance officer.

Report Ref	Name of Report	Assurance rating	Reviewing Body	Date of Report	Report status (open/closed/strategic log/external rec)*	Executive Director	Service	Reporting Officer	Original Completion Date	Current Completion Date	Agreed action/arrangements for future reporting	Total No of recommendations within report	Red (behind schedule)	Red recs beyond 6 months of original completion date	Amber (on schedule)	Green (completed)	Additional Information
SSU_HDU_18 19_04	Data Centre Project	Reasonable	Internal Audit SSU	Apr-19	Open	Director of Planning, Performance & Commissioning	Planning, Performance & Commissioning (Informatics)	Anthony Tracey	Mar-20	Mar-20	Formal Exec Team meeting performance review (Planning, Performance & Commissioning)  Last reported October 2019  Next report January 2020	8	0	0	1	7	09/04/19- Rec 2, 4, 5, 6 & 7 are complete. The following 3 recs require implementation: Rec 1: At the WGH solution, a business case should be prepared (Timescale not clear- Assurance officer to clarify timescale with Interim Informatics Business Manager). Rec 3: Lessons learnt in respect of items omitted from the specification for the GGH solution should be given due consideration at the WGH solution. Timescale August 2019. Rec 8: The remaining two outstanding actions identified at the action log will be prioritised for completion. Timescale May 2019. 10/04/19- Assurance officer met with new Interim Informatics Business Manager, who will check with Assistant Director of Informatics for confirmation of timescale of recommendation 1. 15/04/19- Interim Informatics Business Manager confirmed recommendation 1 (At the WGH solution, a business case should be prepared) is to be implemented by part of 2019/2020 discretionary capital. 04/06/19- Interim Informatics Business Manager confirmed he will check with Assistant Director of Informatics if rec 8 has been completed. 20/06/19- Update from Assistant Director of Informatics copied to Director of Planning, Performance & Commissioning. Rec 8 (Progress Monitoring) has a one month delay from May 2019 to June 2019, due to unforeseen technical difficulties regarding the biometric entry system. The supplier has guaranteed that this will be resolved by 30/06/19. Rec1 to be completed by March 2020 and rec 3 to be completed in August 2019. 04/07/19- Interim Informatics Business Manager confirmed rec 8 has been further delays due to sorting contractor issues, but will be completed by 31/07/19. 06/08/19- Assurance officer met with Business Manager who confirmed rec 8 is completed. 30/08/19- Interim Informatics Business Manager provided an update on rec 3 (lessons learnt document)- The draft copy was completed in August with the sign off to be done by the end of September to inform procurement of the new data centre to be installed now in PPH and not WGH. Timescale revised to 30/09/19. 02/10/19- Interim Informatics Business Manager confirmed rec 3 has now been completed and will check progress of rec 1 (business case) with Assistant Director of Informatics. 10/10/19- Outstanding rec 1 (business case document) has a completion date of March 2020. The business case document was completed at the start of the project, this should relate to a change in the document, to reflect the relocating the proposed Data Centre from WGH to PPH. The ICT team are progressing with the purchase of the model based on the previous tender.
SSU_HDU_18 19_11	Cardigan Integrated Care Centre	Reasonable	Internal Audit SSU	Apr-19	Open	Director of Planning, Performance & Commissioning	Planning, Performance & Commissioning (Informatics)	Peter Skitt	Jun-20	Jun-20	Formal Exec Team meeting performance review (Planning, Performance & Commissioning)  Last reported October 2019  Next report January 2020	11	0	0	3	8	09/04/19- Supersedes SSU HDD 03 report. Rec 5 (The project governance framework will be updated to reflect changes in assignment of key roles. Appointment confirmation certificates will be included within the document) and Rec 7 (An overarching management control plan will be prepared, to programme key Health Board tasks and outputs, including those assigned to sub-groups/workstreams) from previous report remain outstanding. 11 additional recommendations are included in the new report. Assurance officer to clarify with Project Manager, Planning, of timescale for post completion of project. 10/04/19- Project Manager, Planning, agreed to check timescale for recommendations 8-10 re. Post completion deadline date. 14/05/19- Project Manager, Planning confirmed project due to be completed December 2019 therefore post completion timescale (rec 8-10) is set to June 2020, and will request this be included under APB at next project meeting w/b 20/05/19. 04/06/19- Project Manager has chased for update- recs 1-7 have a completion date of May 2019 and will therefore be reported as behind schedule. 05/06/19- Estates confirmed rec 4 & 5 completed. Assurance officer awaiting update from County Director Ceredigion to confirm if recs 1,2,3,6 & 7 are now completed as these have passed their implementation dates. 25/06/19- Assurance officer sent email chaser to County Director Ceredigion to confirm if recs 1,2,3,6 & 7 are now completed as these have passed their implementation dates. 04/07/19- Planning Manager to check with planning officer for update on outstanding recs. 26/07/19-Assurance officer met with Project Manager for update. Rec 1,3,6 & 7 complete. Rec 2-Project Director to request the SRO (Director of Operations) to attend future project group meetings from August 2019 onwards. Rec 8-10 to be completed at post completion of project (June 2020). 06/08/19- Project Manager confirmed rec 2 has been completed. Rec 8-10 to be completed at post completion of project (June 2020). 10/10/19- The three outstanding recommendations are all in respect of Post Project Evaluation (PPE) stage- completion date is June 2020.
SSU_HDA_18 19_01	Capital Follow Up (W&C Phase 2, and Bronglais Front of House)	Reasonable	Internal Audit SSU	Apr-19	Open	Director of Planning, Performance & Commissioning	Planning, Performance & Commissioning (Informatics)	Peter Skitt	Sep-19	Jun-20	Formal Exec Team meeting performance review (Planning, Performance & Commissioning)  Last reported October 2019  Next report January 2020	1	1	0	0	1	09/04/19- report is follow up and supersedes the following reports: SSU_HDDA_1718_02 Glangwili Hospital Women & Children's Development Phase 2. 1 Rec (The cost per meter squared of the target cost adjusted for abnormal will be provided for scrutiny) to be completed by April 2019. SSU_HDU_17/18_04 Digital Health Strategy. No recommendations outstanding. SSU HDU 1718 01 Capital Follow up -Neonatal Phase 1- No recommendations outstanding. SSU HDU 1718 01 Capital Follow up -Bronglais Front of House - 1 rec outstanding (planned post project evaluation (PPE) exercise) is now anticipated during 2019/20. Assurance officer to gain clarity on timescale. 02/05/19- Head of Facilities Information & Capital Management confirmed outstanding rec for Bronglais Front of House (planned post project evaluation (PPE) exercise) will be completed by September 2019. 10/05/19- Assurance officer emailed Head of Service Modernisation for update confirmation if rec from Women & Children's Development Phase 2 is now complete. 16/05/19- Senior Business Partner confirmed outstanding rec from Women & Children's Development Phase 2 is complete. 06/08/19- Head of Facilities Information & Capital Management confirmed remaining rec is on track for Sept 2019. 04/09/19- Assurance officer informed Director of Planning, Performance & Commissioning and County Director Ceredigion that the report now sits with planning as all recommendations relating to Facilities have been completed. 02/10/19- Rec from Glangwili Hospital Women & Children's Development Phase 2 report is completed. Rec from Bronglais Front of House (planned post project evaluation (PPE) exercise) is outstanding. As completion of the project was delayed, the PPE implementation date was impacted which has caused the red RAG status. Initially the project was due to complete earlier in the year so the original timescale given for the PPE was September 2019, this is now likely to be June 2020.
SSU HDU 1920 07	Water Safety – Additional Sampling	Limited	Internal Audit SSU	Oct-19	Open	Director of Operations	Estates	Rob Elliot	Mar-20	Mar-20	Executive Team Performance Reviews - Facilities  Last reported - new, not yet reported  Next report March 2020	11	0	0	11	0	11/10/19- 7 recs to be implemented by December 2019, 1 by January 2020 and 3 by March 2020.

**\*Key**

Open- recommendations to be implemented

Closed- all recommendation implemented and report closed following approval by the relevant Executive Director

Strategic log- a recommendation requiring a long term/strategic solution to be addressed as part of a long term strategy e.g. Capital prioritisation plan, Digital Strategy, Ward refurbishment programme, etc.

External rec- a recommendation that is outside the gift of the Health Board to currently implement, i.e. reliant on an external organisation (e.g. NWIS) to implement.



## Community Health Council (CHC)

Report Ref	Name of Report	Reviewing Body	Date of Report	Report status (open/ closed/ strategic log/ external rec)*	Executive Director:	Service	Reporting Officer	Committee & Date Final Report received at	Committee & Date Action Plan approved	Original Completion Date	Current Completion Date	Agreed arrangements for monitoring progress	Total No of recommendations within report/Actions on action plan	Red (behind schedule)	Red recs beyond 6 months of original completion date	Amber (on schedule)	Green (completed)	Additional Information
No Ref	The fragility of GP Out of Hours services in Wales	Hywel Dda Community Health Council	May-18	Open	Director of Operations	Central operations (Out of hours)	Nick Davies	QSEAC August 2018	QSEAC August 2018	Dec-18	Sept-18 July-19 Sep-19  N/K	Executive Team Performance Reviews - Out of hours  Last reported November 2019  Next report February 2020	6	2	2	0	4	13/05/19- Reporting officer provided timescale of 31/07/19 for rec 3 and 5 given the complexity and need for paper to be presented to Exec Team. Rec 6 has revised timescale of 30/09/19. Initial meeting to discuss with Director of Primary Care, Community and Long Term Care scheduled for 26/05/19. 30/9/19 timescale provided to give a 3 month window for incorporating the changes, with confirmation to be sought at that session. Revised timescale of 30/09/19 to be agreed with Director of Operations. 16/07/19- Reporting officer confirmed rec 3 & 5 currently on track for 31/07/19. Rec 6 - dates for meeting with GPs now 5 & 9 Sept 2019, invites being sent w/b 15/07/19 (dates delayed by annual leave of 3 key members). Implementation now likely by winter at earliest. Dates will partly depend on the meetings and their outcomes. 17/07/19- Director of Operations not happy to agree extensions. 22/08/19-Director of Operations met with Head of Assurance and Risk and has agreed the extensions and is aware of the issues. 21/10/19- Assurance officer emailed reporting officer for any further updates by 04/11/19. Rec 5 to be completed by 31/10/19, for rec 3 the timescale for completion is unknown. Rec 6 completed. 08/11/19- Reporting officer provided update. Rec 3 (Draft payment proposal to remunerate GPs that provide additional cover, to be discussed and agreed)- The service is now subject to a project by the transformation team and has received ET priority status. The inaugural meeting has been held and a schedule of work is being developed but timescales have yet to be set. Remuneration will form part of this proposal. For rec 5 (Develop a memorandum of understanding which GPs will be asked to agree to as part of efforts to increase service resilience)- The Memorandum of Understanding (MOUU) that was being prepared has been scrapped due to complications around GP employment status. This is currently being looked at from a legal perspective. There is a BMA challenge around the employment status of a GP which could potentially result in the UHB becoming open to other annual leave liabilities. The Corporate team have taken advice and the MOU will be redrafted into a service specification once these challenges have been resolved. Timescale unknown. 20/11/19- Performance review took place. It was agreed that reporting officer would write to CHC to propose closing of this action plan as situation has changed and outstanding recommendations are no longer helpful to the organisation. Assurance officer email reporting officer 26/11/19 offering support with letter.
No Ref	"What's your NHS like for you?" Hearing from people with a learning disability	Hywel Dda Community Health Council	May-18	Open	Director of Operations	Unscheduled Care	Carol Cotterell	QSEAC August 2018	QSEAC August 2018	Mar-19	Apr-20	Formal Exec Team meeting performance review (UHB wide USC)  Last reported September 2019  Next report January 2020	9	1	1	0	8	27/07/18- Report sent to Interim Head of Nursing, Mental Health & Learning Disabilities, cc:Head Of Learning Disabilities and Older Adult Mental Health, and Interim Director of Mental Health and Learning Disabilities, requesting response to the report findings and completed action plan to be returned to assurance office by 03/08/18. 02/08/18- report sent to Assistant Director Operational Nursing & Quality Acute Services requesting response to the report findings and completed action plan. The recommendations within the report relating to how people with a learning disability access/ experience a range of services across the Health Board. Assistant Director confirmed the draft action will be taken to the Learning Disabilities Liaison Group meeting for acute hospitals on 15/08/18. 03/09/18- Action plan received from reporting officer. 13/11/18 - Lead Officer confirmed Recs 1-3 have been completed. Work is in progress to implement the remaining 6 recommendations within agreed timescales. 14/03/19- Assurance officer emailed reporting officer for update on implementation of improvement plan. 28/03/19- chaser email sent. 01/04/19- Update provided by reporting officer. Rec 5 (standards of practice for annual health checks including training programmes for GPs) is dependent on All Wales Working Group developing standards of practice, timescale of April 2020 provided. Rec 6 (Development of Easy Read information leaflets on bereavement for people with a Learning Disability) outstanding with timescale slipped to December 2019 due to staff resource. Director of Operations informed of slippage in timescales. 29/04/19- Director of Operations expects rec 6 to be completed sooner than December 2019. Reporting officer informed and new amended timescale requested by assurance officer. 01/05/09- Reporting officer confirmed she is exploring if anyone is available to take on the initiative which includes sourcing specialist visual aids, and will inform the assurance officer of progress. 10/05/19- Assurance officer emailed for update on person taking on initiative and revised timescale for rec 6, information requested by 17/05/19 for next QSEAC report. 14/05/19- Revised timescale of 30/09/19 provided for rec 6. 17/07/19- Director of Operations agreed to extension of 30/09/19 for rec 6. Assurance officer informed reporting officer to let her know if rec is completed in advance of this date. Reporting officer confirmed the leaflet is being progressed and the LD Team are currently sourcing appropriate Symbols. They are hoping to meet the September deadline. Assurance officer requested reporting officer to inform her if the action is completed before the end of September so this can be reflected on the audit tracker. 01/11/19- Reporting officer confirmed rec 6 has been completed. Outstanding rec is rec 5 (standards of practice for annual health checks including training programmes for GPs) which is dependent on All Wales Working Group developing standards of practice, which has a timescale of April 2020.
No Ref	Women and children's services Visit report March 2018	Hywel Dda Community Health Council	Aug-18	Open	Director of Operations	Women and Children's services	Keith Jones/ Julie Jenkins	QSEAC December 2018	QSEAC December 2018	Apr-19	TBC	Executive Team Performance Reviews - Women and Children  Last reported October 2019  Next report February 2020	5	1	1	0	4	22/11/18- reporting officer confirmed recs 1 to 4 completed. Rec 5 (resolve the current temporary reduced hours arrangements in PACU) , is being actioned through a Task and Finish Group who are currently exploring alternative models of care, with a completion date of 04/04/19. 05/12/18- Assurance officer requested update on implementation of final rec 7 for PMAF review. 10/12/18- Reporting officer confirmed PACU opening hours are due to be considered by the Board in January 2019 therefore rec 5 is on track for final resolution by April 2019. 05/03/19- Assurance officer emailed reporting officer for confirmation we are still on track for April 2019 completion date of final recommendation. 02/04/19- Assurance officer met with reporting officer. Paper to be presented to July 2019 Board which will include PACU opening hours. Currently PACU opening hours are still temporary and will require formal consultation. Reporting officer requested if report can be closed as PACU recommendation (rec 5) is underway. 07/05/19- Director of Operations advised that he thinks the PACU recommendation needs to stay open as its still in progress and can probably be closed once consultation is underway. Assurance officer requested realistic timescale from reporting officer for PACU consultation (rec 5). 12/06/19- update from reporting officer- There is meeting scheduled between HB Engagement Team & the CHC on 18/06/19 to discuss the nature of and process by which engagement and consultation will progress in the event of a Board decision to either formalise the current PACU operating hours of 10am to 6pm or alternatively pursue a different model. Until this process is worked through, the service cannot offer a definitive timescale. The original intention to take proposals to the July 2019 Board is now subject to revision as this will not be possible due to the requirements of any resultant engagement / consultation process. Reporting officer to provide further update once consultation process has been agreed. 15/08/19- Assurance officer emailed reporting officer's PA requesting meeting with reporting officer to obtain updates, no response received. 25/09/19- Assurance officer emailed reporting officer for any update to the recommendations by 02/10/19 for the next PMAF review. No update received as of 03/10/19. 16/10/19- Assurance officer emailed Director of Operations for confirmation if final rec (PACU) can be closed as the UHB is doing everything possible with PACU in WGH and this can be evidenced. Director of Operations has requested this remain open until the paper coming forward soon containing permanent plans.

Report Ref	Name of Report	Reviewing Body	Date of Report	Report status (open/ closed/ strategic log/ external rec)*	Executive Director:	Service	Reporting Officer	Committee & Date Final Report received at	Committee & Date Action Plan approved	Original Completion Date	Current Completion Date	Agreed arrangements for monitoring progress	Total No of recommendations within report/Actions on action plan	Red (behind schedule)	Red recs beyond 6 months of original completion date	Amber (on schedule)	Green (completed)	Additional Information
No Ref	Phlebotomy Clinic, Prince Philip Hospital & the Antioch Centre, Llanelli, November 2018	Hywel Dda Community Health Council	Nov-18	Open	Director of Operations	Pathology	Ann Mann	QSEAC June 2019	QSEAC June 2019	May-20	May-20	Executive Team Performance Reviews - Pathology  Last reported November 2020  Next report March 2020	10	1	0	1	8	15/05/19- Rec 9 has been completed. All other recs have timescales ranging from 26/07/19 to 31/05/20. 02/09/19- Assurance officer emailed reporting officer for update on implementation of recommendations by 19/09/19 for next PMAF review. 20/09/19- Update provided by service. Due to recent staff sickness 6 recs have gone behind schedule and will now all be completed by 31/10/19. 3 recs are complete and 1 rec is due to be completed by the original timescale of 31/05/20. 05/11/19- Assurance officer emailed reporting officer requesting update by 21/11/19 in time for the next performance review. 07/11/19- Update provided from service. 7 recs are completed. Rec 3 (the Health Board should ensure that they open the clinic at the advertised times) is on track to be completed by 31/12/19 pending CHC approval. Awaiting approval from service that rec 2 (Audit to be taken by anticoagulant Nurse specialist to ensure that all new patients on warfarin are being counselled) is completed and rec 5 (To review the signage to improve display) has slipped from 31/08/19 to 31/12/19. Assurance officer has emailed reporting officer for clarification on reason for delay with Estates. 25/11/19- Update provided from reporting officer. Rec 3 (the Health Board should ensure that they open the clinic at the advertised times) is on track to be completed by 31/12/19 pending CHC approval. Rec 5 (To review the signage to improve display) has slipped from 31/08/19 to 31/12/19. Reporting officer has liaised with estates and a process has been put in place to improve display of Ticket Allocation System. Materials have been ordered and awaiting delivery.
No Ref	Teifi Ward, Glangwili Hospital, December 2018	Hywel Dda Community Health Council	Dec-18	Open	Director of Operations	Unscheduled Care (GGH)	Bethan Lewis	QSEAC August 2019	QSEAC August 2019	Sep-19	Feb-20	Executive Team Performance Reviews - GGH (USC)  Last reported November 2019  Next report March 2020	18	0	0	0	18	13/06/19- Report received late into assurance office. Assurance officer has emailed Director of Nursing, Quality and Patient Experience to ask if she wants the assurance office to co-ordinate the action plan responses on her behalf. 19/06/19- Letter and action plan sent to CHC. 10 recs are to be completed by 31/08/19 and 8 recs to be completed by 30/09/19. 20/09/19- Assurance officer liaised with reporting officer regarding update for next PMAF review. Reporting officer confirmed an update would be provided by 23/09/19. 23/09/19- no update provided by reporting officer, 10 recs with a completion date of 31/08/19 have been moved to red RAG status until an update is provided. 24/09/19- update provided by service. 7 recs completed, 1 rec is on schedule and 10 recs behind schedule. Of the 10 recs behind schedule, 7 will be completed by end of October 2019, 1 by the end of November 2019 and 2 by the end of February 2020 due to delays with awaiting costs from Estates. Head of Assurance and Risk to discuss slippage in timescales with Director of Operations at their next meeting in early October. 26/11/19- Update provided from previous Hospital Head of Nursing who has recently changed roles in the UHB. New Head of Nursing to start 23/11/19. All actions implemented including the commencement of refurbishment work. Report to be closed following approval by Director of Operations.
No Ref	Bronglais Hospital, Dyfi ward and Clinical Decisions Unit, 21 November 2018 and 24 January 2019	Hywel Dda Community Health Council	Feb-19	Open	Director of Operations	Unscheduled Care (BGH)	Dawn Jones	QSEAC August 2019	QSEAC August 2019	Mar-20	04/03/2020 Apr-20	Executive Team Performance Reviews - BGH (USC)  Last reported October 2019  Next report January 2020.	13	1	0	1	11	13/06/19- Report received late into assurance office. Assurance officer has emailed Director of Nursing, Quality and Patient Experience to ask if she wants the assurance office to co-ordinate the action plan responses on her behalf. 21/06/19 - Draft action plan has been reviewed by Director of Nursing, Quality and Patient Experience and has gone back to reporting officer for further review. 16/07/19- Response sent to CHC. 5 recs completed with 8 to be implemented by various timescales ranging from 31/07/19 to 19/03/20. 06/08/19- Assurance officer requested update on the implementation of actions by 09/08/19 for next performance review. 08/08/19- Update provided by reporting officer. Rec 2 (Minor works form submitted to create extra storage within ward area) is behind schedule due to a more urgent estates issues, extension requested from 24/07/19 to 30/09/19. Director of Operations to approve extension. Rec 5,6,7, & 9 are on track for their scheduled timescales and the remaining recs have been completed. 15/08/19- Reporting officer confirmed outstanding action for Dyfi ward should be completed by Estates by 31/08/19. 16/10/19- emailed reporting officer for update on recommendations by 24/10/19. 28/10/19- Update provided from reporting officer. 11 recs complete, 1 on track to be completed by implementation date of 19/03/20 and 1 rec (rec 5- Ongoing work on Meurig ward to establish a quiet room for hospital use) is delayed due to change of service provision for chemotherapy. Assurance officer has emailed reporting officer requesting revised completion date. 29/10/19- Hospital Head of Nursing confirmed the enabling work will commence in April 2020 but had no further information to provide.
No Ref	Accident and Emergency Department Wyllybush Hospital 22 July 2019	Hywel Dda Community Health Council	Jul-19	Open	Director of Operations	Unscheduled Care (WGH)	Janice Cole-Williams/ Sally Farr			Dec-19	Dec-19	Executive Team Performance Reviews - WGH (JSC)  Last reported August 2019  Next report October 2019	19	0	0	19	0	08/10/19- action plan sent to CHC containing 19 recs with timescales ranging from 31/10/19 to 31/12/19. 16/10/19- Assurance officer emailed reporting officer for any update on recs that are completed in advance of their timescales by 24/10/19 for next PMAF review. 06/12/19- Assurance officer requested update from reporting officer as majority timescales have now passed.
No Ref	Llandovery Hospital	Hywel Dda Community Health Council	Nov-19	Open	Director of Operations	Community & Primary Care (Carmarthenshire)	Lois Rees			Mar-20	Mar-20	Executive Team Performance Reviews - Carmarthenshire  Last reported N/A  Next report	10	0	0	9	1	31/10/19- action plan response submitted to CHC, awaiting final report. 13/11/19- Final report received and shared with service. 1 rec completed and the other 9 recs have timescales ranging from 31/12/19 to 31/03/20. 25/11/19- email sent to reporting officer requesting to be informed of any known slippages to any of the recommendations that are to be completed between 31/12/19 to 31/03/20.

**\*Key**

Open- recommendations to be implemented

Closed- all recommendation implemented and report closed following approval by the relevant Executive Director

Strategic log- a recommendation requiring a long term/strategic solution to be addressed as part of a long term strategy e.g. Capital prioritisation plan, Digital Strategy, Ward refurbishment programme, etc.

External rec- a recommendation that is outside the gift of the Health Board to currently implement, i.e. reliant on an external organisation (e.g. NWIS) to implement.

## CORONER REGULATION 28

Report Ref	Name of Report	Reviewing Body	Date of Report	Report status (open/ closed/ strategic log/ external rec)*	Executive Lead	Service	Reporting Officer	Original Completion Date	Current Completion Date	Agreed action/ arrangements for future reporting	Total no. of recommendations within report/Actions on action plan:	Red (behind schedule)	Red recs beyond 6 months of original completion date	Amber (on schedule)	Green (completed)	Additional Comments
Reg 28 GJT	Regulation 28 inquest touching the death of Gerwyn Thomas	HM Coroner for Pembrokeshire and Carmarthenshire	06/11/2018	Open	Director of Operations	Therapies	Karen Thomas	Dec-19	Dec-19	Executive Team Performance Reviews - Therapies  Last reported October 2019  Next report January 2020	3	0	0	2	1	24/01/19 Assurance office made aware of report on 24/01/19. Coroners report received by HB on 06/11/18. CEO letter sent 21/12/18 responding to concerns. Closed. 24/06/19- report re-opened as action plan still being implemented. Rec 3 completed. Rec 1 to be completed by July 2019 and rec 2 to be completed by December 2019. 12/08/19- Assurance officer emailed Hospital Head of Nursing GGH and Joint Head of Dietetics for confirmation which service is leading on this action plan for reporting purposes. 27/09/19- Chaser email sent to Hospital Head of Nursing GGH and Joint Head of Dietetics. Personal Assistant to Chair of OQSESC confirmed updated action plan will be reported to the next meeting on 12/11/19. 04/10/19- chase email sent to Joint Head of Dietetics for updated action plan and email sent to Redress and Legal Services Manager for confirmation of who is leading on this action plan. 10/10/19- Joint Head of Dietetics provided updated action plan. Rec 3 completed. Assurance officer responded requesting timescales and what actions under rec 1 & 2 that have been fully completed to be clarified. 22/10/19- Joint Head of Dietetics confirmed rec 1 & 2 to be implemented by end of December 2019. Assurance officer emailed Joint Head of Dietetics to receive confirmation by 06/01/19 that rec 1 & 2 are implemented, for inclusion in the next PMAF report.
Reg 28 EKI	Regulation 28 inquest touching the death of Emily Katherine Inglis	HM Coroner for Pembrokeshire and Carmarthenshire	30/05/2019	Open	Director of Operations	Mental Health & Learning Disabilities	Sara Rees	Oct-19	01/10/2019 TBC	Executive Team Performance Reviews - MH&LD  Last reported October 2019  Next report January 2020	2	1	0	0	1	31/05/19- Coroners report received requesting details of action taken or proposed to be taken, setting out the timetable for action, by 25/07/19. 29/07/19- Assurance officer requested copy of response to Coroner, received 31/07/19. 12/08/19- Assurance officer emailed reporting officer requesting copy of improvement plan. 26/09/19- Chaser email sent to reporting officer for copy of action plan. 02/10/19- Service confirmed actions have been complete and response sent to coroner. 04/10/19- Assurance officer emailed Redress and Legal Services Manager for clarify if response is expected from the coroner to the UHB. 04/10/19- Interim Head of Nursing, Mental Health & Learning Disabilities confirmed all actions complete, assurance officer awaiting signed off copy of action plan before forwarding to Director of Operations to approve closure. 14/10/19- Action plan shared with assurance officer but dates back to 2017, assurance officer has requested clarity on implementation of record-keeping recommendation specified by the Coroner. The first recommendation by the Coroner (overarching risk assessment/management plan) has been implemented.

### \*Key

Open- recommendations to be implemented

Closed- all recommendation implemented and report closed following approval by the relevant Executive Director

Strategic log- a recommendation requiring a long term/strategic solution to be addressed as part of a long term strategy e.g. Capital prioritisation plan, Digital Strategy, Ward refurbishment programme, etc.

External rec- a recommendation that is outside the gift of the Health Board to currently implement, i.e. reliant on an external organisation (e.g. NWIS) to implement.

**PSOW**

PSOW No.	Datix No.	Reviewing Body	Initial contact date from PSOW	Date of Report	Report status (open/closed/strategic log/external rec)*	Lead Executive	Service	Reporting Officer	Agreed action/ arrangements for future reporting	Original Completion Date	Current Completion Date	Total No of recommendations within report/Actions on action plan:	Red (behind schedule)	Red recs beyond 6 months of original completion date	Amber (on schedule)	Green (completed)	Additional Comments
201807678	11231	Public Services Ombudsman (Wales)		03/07/2019	Open	Director of Operations	Unscheduled Care (WGH)	Janice Cole-Williams/ Carol Thomas	Executive Team Performance Reviews - WGH (USC)  Last reported October 2019  Next report January 2020	03/01/2020	03/01/2020	4	0	0	1	3	03/07/19- Letter from Ombudsman stipulates 2 recs to be completed by 05/08/19 and a further 2 to be completed by 03/01/20. 02/08/19- Update from Ombudsman Liaison Manager. Apology letter and payment evidence submitted 31/07/19. 3/10/19- Rec requiring report from Independent expert completed. 1 final recommendation is to be completed by 03/01/20. 24/10/19-Ombudsman Liaison Manager confirmed outstanding rec (to review and implement the recommendations of the independent expert) are to be implemented by the legal team and is progressing well and within deadline of 03/01/20.
201900771	10373	Public Services Ombudsman (Wales)		08/11/2019	Open	Director of Operations	Women and Children's services	Paula Evans	Executive Team Performance Reviews - Women and Children  Last reported October 2019  Next report February 2020	08/02/2020	08/02/2020	4	0	0	4	0	13/11/19- 2 recs to be completed by 08/12/19 and 2 recs to be completed by 08/02/20.
201803707	7626	Public Services Ombudsman (Wales)		14/11/2019	Open	Director of Operations	Scheduled Care	Lydia Davies/ David Hawkins	Improving Experience Sub Committee/ Executive Team Performance Reviews - Planned Care  Last reported October 2019  Next report February 2020	14/02/2020	14/02/2020	4	0	0	2	2	18/11/19- Report received from Ombudsman. Recommendation C (Confirm to the Ombudsman that the incident concerning the cavilon spray has been reported to the Medicines and Healthcare products Regulatory Agency via the Yellow Card Scheme) has already been submitted and the Ombudsman has acknowledged that this recommendation is complete. 2 further recs are to be completed by 14/12/19 and 1 to be completed by 12/02/20. 25/11/19- 1 further rec completed.
201900162 (Cross Hands Surgery)	13632	Public Services Ombudsman (Wales)		14/11/2019	Open	Director of Primary, Community and Long Term Care	Primary Care, Pharmacy (community), LTC & LVWS	Sonia Luke	Executive Team Performance Reviews - Primary Care, Pharmacy (community), LTC & LVWS  Last reported November 2019  Next report February 2020	Date not provided by Ombudsman	Date not provided by Ombudsman	3	0	0	3	0	05/12/19- This is a GP which is independent and therefore responsible for implementing its recommendation with support from the UHB. Deadlines for the 3 recs are not stated in the report.
201805835	8015	Public Services Ombudsman (Wales)		04/12/2019	Open	Director of Operations	Women and Children's services	Lisa Humphrey	Executive Team Performance Reviews - Women and Children  Last reported October 2019  Next report February 2020	04/03/2020	04/03/2020	3	0	0	3	0	05/12/19- Rec a (apology) and b (share report with staff) to be completed by 04/01/20 and rec c (improvements in policy where patients first language is not English) to be completed by 04/03/20.

# HSE

Report Ref	Name of Report	Reviewing Body	Date of Report	Open / Closed	Executive Lead	Service	Reporting Officer	Original Completion Date	Current Completion Date	Agreed arrangements for monitoring progress	Total No of recommendations within report	Red (behind schedule)	Red recs beyond 6 months of original completion date	Amber (on schedule)	Green (completed)	Additional Information
JHET/HD/04102019/01	Improvement notice - Violence and Aggression 02-11/07/19	Health & Safety Executive	04/10/2019	Open	Director of Operations	Health & Safety	Tim Harrison	May-20	May-20	Executive Team Performance Reviews - Facilities  Last reported September 2019  Next report March 2020	5	0	0	5	0	09/10/19- 5 measures need to be to be undertaken by 01/05/20.
JHET/HD/04102019/02	Improvement notice - Manual Handling 02-11/07/19	Health & Safety Executive	04/10/2019	Open	Director of Operations	Health & Safety	Tim Harrison	May-20	May-20	Executive Team Performance Reviews - Facilities  Last reported September 2019  Next report March 2020	5	0	0	5	0	09/10/19- 5 measures need to be to be undertaken by 01/05/20.
JHET/HD/04102019/03	Improvement notice - Accident and Emergency Department, Withybush Hospital 02-11/07/19	Health & Safety Executive	04/10/2019	Open	Director of Operations	Health & Safety	Tim Harrison	May-20	May-20	Executive Team Performance Reviews - Facilities  Last reported September 2019  Next report March 2020	2	0	0	2	0	09/10/19- 2 measures to be undertaken (assess the risk for violence and agreesions of the A&E department, and Identify and prioritise the measures you need to take as a result of the risk assessment in order to comply with health and safety law) by 01/05/20.
JHET/HD/04102019/04	Improvement notice - Withybush Hospital 02-11/07/19	Health & Safety Executive	04/10/2019	Open	Director of Operations	Health & Safety	Tim Harrison	May-20	May-20	Executive Team Performance Reviews - Facilities  Last reported September 2019  Next report March 2020	2	0	0	2	0	09/10/19- 5 measures need to be to be undertaken by 01/05/2020.
JHET/HD/04102019/05	Improvement notice - Laundry at Glangwili Hospital 02-11/07/19	Health & Safety Executive	04/10/2019	Open	Director of Operations	Health & Safety	Tim Harrison	May-20	May-20	Executive Team Performance Reviews - Facilities  Last reported September 2019  Next report March 2020	4	0	0	4	0	09/10/19- 4 measures need to be to be undertaken by 01/05/2020.
JHET/HD/04102019/06	Improvement notice - Incidents 02-11/07/19	Health & Safety Executive	04/10/2019	Open	Director of Operations	Health & Safety	Tim Harrison	May-20	May-20	Executive Team Performance Reviews - Facilities  Last reported September 2019  Next report March 2020	5	0	0	5	0	09/10/19- 5 measures need to be to be undertaken by 01/05/2020.
JHET/HD/04102019/07	Improvement notice - Theatres, Bronglais Hospital 02-11/07/19	Health & Safety Executive	04/10/2019	Open	Director of Operations	Health & Safety	Tim Harrison	May-20	May-20	Executive Team Performance Reviews - Facilities  Last reported September 2019  Next report March 2020	3	0	0	3	0	09/10/19- 3 measures need to be to be undertaken by 01/05/2020.

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JHET/HD/04102019/08	Improvement notice - Accident and Emergency Department, Withybush Hospital 02-11/07/19	Health & Safety Executive	04/10/2019	Open	Director of Operations	Health & Safety	Tim Harrison	May-20	May-20	Executive Team Performance Reviews - Facilities  Last reported September 2019  Next report March 2020	2	0	0	2	0	09/10/19- 2 measures need to be undertaken by 01/05/2020.



# DELIVERY UNIT (NHS)

Report Ref	Name of Report	Reviewing Body	Date of Report	Report status (open/ closed/ strategic log/ external rec)*	Executive Lead:	Service	Reporting Officer:	Original Completion Date	Current Completion Date	Agreed arrangements for monitoring progress: (eg 6 monthly at Acute QSEAC)	Total No of recommendations within report:	Red (behind schedule)	Red recs beyond 6 months of original completion date	Amber (on schedule)	Green (completed)	Additional Information
No Ref	All Wales Review of the Quality of Care and Treatment Planning in Adult Mental Health and Learning Disability Services - Hywel Dda University Health Board	Delivery Unit	Jul-17	Open	Director of Operations	Mental Health and Learning Disabilities	Sara Rees/ Mel Evans	Mar-23	Mar-23	Executive Team Performance Reviews - MH&LD  Last reported October 2019  Next report January 2020	5	0	0	3	2	QSEAC 16/01/18- minutes state action plan is out for comment and will be considered by the Mental Health Act Scrutiny Group on 01/05/18, followed by a Health and Social Care Workshop on the 04/05/18. Head of Learning Disabilities and Older Adult Mental Health to share action plan with Assurance Officer following workshop in May. 05/09/18- Service Manager, Learning Disabilities provided assurance officer with the draft action plan following hosting of the workshop with local authorities and third sector colleagues on 04/05/18. The service manager will be shortly meeting with the Head of Learning Disabilities and Older Adult Mental Health and Interim Director Mental Health and Learning Disabilities to confirm responsible officers and timescales for actions. 18/10/18- Assurance officer emailed reporting officers for responsible officers and timescales. 21/11/18- This action plan will incorporate recommendations from the National report- The Quality of Care and Treatment Planning - Assurance Review of Adult Mental Health & Learning Disability Services. The action plan will be tabled at the MHLQ Sub Committee in January 2019. The action plan will also be taken to the MH Scrutiny Group. 17/01/19- Assurance officer requested service to confirm when action plan will be finalised, as the action plan being reported to the January MHLQ QSE Sub Committee does not include timescales or responsible officers. 28/01/19- Interim Director, MHLQ confirmed she will chase service for action plan to have responsible officers and timescales included. 08/02/19- action plan received, Head of service confirmed several timescales to be confirmed. Assurance officer to meet with service shortly to confirm action plan timescales. 21/02/19- Assurance officer met with reporting officer. Rec 1 (improve integration across Health and Social care in Learning Disability services) related to TCS, discussions to take place if appropriate for moving to the Strategic log. Rec 2 (bespoke training programme to support improvement of CTPs. CTPs related to transforming Mental Health agenda and national report. Completion date March 2023. Rec 3 (systematically applied process for determining relevant patient status in LD services) is complete. Service Manager has developed criteria in partnership with CTLD Managers and implemented within each area in LD services. Rec 4 (improve auditing of CTP compliance) is complete- audit tools are in place and ongoing audit of compliance is underway. Rec 5 (improvements required in recording MDT involvement in care and treatment planning/streamline IT systems used to record assessments). IT system being implemented by WCCIS, unclear on timescale for this. 25/03/19- Service Manager Learning Disabilities confirmed Interim Head of Nursing for Mental Health and Learning Disabilities is the reporting officer for this report. 16/05/19- Rec 1 (improve integration across Health and Social care in Learning Disability services) given timescale of March 2023 by new Interim Head of Nursing for Mental Health and Learning Disabilities. Work is currently underway through the MH scrutiny group for the MH training to be aligned to the MH measure. CRP guidance will be developed to align with this training. 21/06/19- Assurance officer requested update from Head of Learning Disabilities and Older Adult Mental Health. 04/10/19- Assurance officer emailed Head Of Learning Disabilities and Older Adult Mental Health for update on implementation of recommendations by 10/10/19.
	National report- The Quality of Care and Treatment Planning - Assurance Review of Adult Mental Health & Learning Disability Services	Delivery Unit	Jul-18	Open	Director of Operations	Mental Health and Learning Disabilities	Sara Rees/ Mel Evans	Mar-23	Mar-23	Executive Team Performance Reviews - MH&LD  Last reported October 2019  Next report January 2020	3 (1 rec for Welsh Government, 2 recs for UHB)	0	0	2	0	21/11/18- The outcomes of this national report are to be incorporated into the UHB action plan following the All Wales Review of the Quality of Care and Treatment Planning in Adult Mental Health and Learning Disability Services (please see above). The action plan will be tabled at the MHLQ QSE Sub Committee in January 2019. The action plan will also be taken to the MH Scrutiny Group. The action plan will be monitored and updates on recommendations will be displayed through the All Wales Review report above. 13/08/19- the recommendations have been reviewed by the assurance office and it has been decided to track 2 of the 3 recommendations (rec 2 and 3) within the report that are for the UHB to implement (and no longer monitored though the All Wales Review report above). Assurance officer to inform service and obtain updates in time for the next performance review. Rec1 is to be implemented by Welsh Government and therefore will not be tracked. 02/10/19- service confirmed rec 2 ('train a trainer' programme) to be finalised and up and running by April 2020. The service believes rec 3 is wider than the service to implement and should sit with the Director of Operations. Head of Assurance and Risk to discuss at next meeting with Director of Operations.
	Review of the Impact of Long Waits for Planned Care on Patients	Delivery Unit	Nov-18	Open	Director of Operations	Scheduled Care	Stephanie Hire	May-20	May-20	Improving Experience Sub Committee/ Executive Team Performance Reviews - Planned Care  Last reported October 2019  Next report February 2020	10	1	0	3	6	04/02/19- report dated November 2018 but was sent to the UHB until 01/02/19. Action plan response to be submitted to QSEAC April 2019. 26/04/19- SBAR reported to QSEAC 04/04/19. The Committee considered the report and supported the establishment of a Project Group to progress the development of an implementation plan for consideration by the Committee in August and October 2019. Assurance officer emailed reporting officer requesting copy of improvement plan. Reporting officer confirmed she will need discuss with the Director of Operations and will inform the assurance officer once discussions have taken place. 18/06/19- Service Manager (Scheduled Care) update- The action plan is still in development and is receiving input from both Director of Operations and Assistant Director, Acute Services, in terms of aligning with Quality Improvement Outpatient Strategy. However it is important to recognise that the impact on Long Waits has been reduced / improved within the UHB due to the achievement of zero 36 week breaches in 2018/19. 26/07/19- Action plan being reported to QSEAC on 01/08/19. Action plan shows rec 1,3,6,7,8 & 10 are complete. Rec 2 (mortality review process) has a timescale of 31/08/19, rec 9 (improved management of patient expectations) has a timescale of 31/03/20 and rec 4 & 5 have a timescale of May 2020. 23/09/19- Assurance officer emailed Service Manager (Scheduled Care) for any update to the recommendations by 02/10/19 for the next PMAF review. 02/10/19- Service Manager (Scheduled Care) confirmed rec 2 (mortality review process) has been delayed and the timescale has slipped from 31/08/19 to 31/10/2019. All other recommendations are on track.
	All Wales Cardiology to Cardiac Surgery Transfer Point Assurance Review	Delivery Unit	May-19	Open	Director of Operations	Cardiology	Paul Smith	Dec-19	Dec-19	Executive Team Performance Reviews - Cardiology  Last reported November 2019  Next report March 2020	3	0	0	2	1	11/06/19- Reporting officer confirmed he has not received any feedback as yet from the DU since their visit at the beginning of May 2019 05/07/19- Reporting officer confirmed still nothing received from DU. 12/08/19- Discussed with Head of Assurance and risk, as no response from DU yet this needs to be 'draft' and not reported to ARAC as nothing to report. 14/08/19- Final draft report received from DU. 3 recs within report. Reporting officer has confirmed he will send through the response/ improvement plan to the assurance officer. 20/08/19- Action plan received from reporting officer, assurance officer currently confirming timescales within action plan from reporting officer. 23/08/19- Clarification provided from reporting officer. Rec 2 (record keeping) is complete. Rec 1 & rec 3 have actions to be implemented by 31/12/19.
	All Wales Assurance Review of Primary Care Child and Adolescent Mental Health Services - The Review of Under 18s LPMHSS	Delivery Unit	Mar-19	Open	Director of Operations	Mental Health and Learning Disabilities	Angela Lodwick/ Sarah Burgess	Nov-19	Nov-19 Mar-20	Executive Team Performance Reviews - MH&LD  Last reported October 2019  Next report January 2020	5	1	0	2	2	24/04/19- Confirmed to Phill Chick, Assistant Director – Mental Health Delivery Unit that there is no factual accuracy comments. Service are currently drawing up the improvement plan. 01/05/19- Final version of report received from DU. 14/05/19- Assurance officer emailed Service Manager for update if improvement plan has been written. 22/05/19- Draft action plan currently being reviewed by service with a view to finalising by 31/05/19. 26/06/19- Finalised action plan received from service. Rec 2,3 & 4 to be completed by 31/08/19 and rec 1 & 5 to be completed by 30/11/19. 02/10/19- Update provided by service. 2 recs are completed, 2 recs are on track for the 30/11/19. 1 rec (develop a strategic approach to ensure that all under 18 LPMHSS has access to suitable environments and mobile communications in order to carry out its functions effectively and in a peripatetic manner) has slipped timescale of 30/11/19 to 31/03/20 due to lack of staffing capacity, review of current environments is currently taking place. Director of Operations to be informed of extension.
	All Wales Review of progress towards delivery of Eye Care Measures	Delivery Unit	Sep-19	Open	Director of Operations	Scheduled Care	Carly Buckingham	N/K	N/K	Improving Experience Sub Committee/ Executive Team Performance Reviews - Planned Care	8	N/K	0	N/K	N/K	04/11/19- Assurance officer emailed reporting officer for copy of action plan as soon as possible.

**\*Key**

Open- recommendations to be implemented

Closed- all recommendation implemented and report closed following approval by the relevant Executive Director

Strategic log- a recommendation requiring a long term/strategic solution to be addressed as part of a long term strategy e.g. Capital prioritisation plan, Digital Strategy, Ward refurbishment programme, etc.

External rec- a recommendation that is outside the gift of the Health Board to currently implement, i.e. reliant on an external organisation (e.g. NWIS) to implement.

## MID AND WEST WALES FIRE AND RESCUE SERVICE

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JRE/00163163	The Regulatory Reform (Fire Safety) Order 2005. Letter of Fire Safety Matters. Llys Steffan, Lampeter, Ceredigion, SA48 7BJ	Mid and West Wales Fire and Rescue Service	14/10/2019	Open	Director of Operations	Estates	Rob Elliot	Dec-19	Dec-19	Executive Team Performance Reviews - Facilities  Last reported - new, not yet reported  Next report March 2020	2	0	0	0	2	14/10/19- letter received from fire service with 2 items requiring action as soon as possible. If the matters are not addressed the fire service may service an enforcement notice. 05/11/19- Assurance officer emailed reporting officer for confirmation if a response has been made to the Mid and West Wales Fire and Rescue Service to confirm the actions are complete, or if an action plan has been produced. 05/11/19- Reporting officer confirmed recommendations have been implemented. Report to be formally closed by Director of Operations.

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## PEER REVIEWS

Report Ref	Name of Report	Reviewing Body	Date of Report	Report status (open/ closed/ strategic log/ external rec)*	Executive Director:	Service	Reporting Officer:	Original Completion Date	Current Completion Date	Agreed arrangements for monitoring progress: (eg 6 monthly at Acute QSEAC)	Total No of recommendations within report/Actions on action plan:	Red (behind schedule)	Red recs beyond 6 months of original completion date	Amber (on schedule)	Green (completed)	Additional Information
No Ref	Out of hours Peer review 23/08/18	Peer Review	Dec-18	Open	Director of Operations	Central operations (Out of hours)	Nick Davies	Mar-19	01/09/2019 N/K	Executive Team Performance Reviews - Out of hours  Last reported November 2019  Next report February 2020	9	2	2	0	7	13/05/19- Reporting officer confirmed rec 2 is complete and Rec 5 has a completion date of 30/09/19. Revised timescale of 30/09/19 to be agreed with Director of Operations. 16/07/19- Reporting officer confirmed rec 5 (Maximise the attractiveness of the Urgent Primary Care/OOHs service with a workforce blue print that encourages and enables career progression) - service changes to be governed by TCS and PPH agendas. Timescales remain fluid unfortunately. 17/07/19- Director of Operations not happy to agree extensions. 22/08/19-Director of Operations met with Head of Assurance and Risk. Agreed to keep report open until update on action plan is reported to BPPAC in October 2019. 13/09/19- Reporting officer reviewed and confirmed that rec 2 and 5 are outstanding both of which should be completed by 30/09/19. 17/10/19- Assurance officer spoke with reporting officer. Rec 2 to be completed by 31/10/19 but the timescale for rec 5 is currently unknown- Review of provision and finance of service is currently taking place which will produce the workforce blue print required for a sustainable service. A further peer review report is expected to be received soon. 8/11/19- Reporting officer provided update. Rec 2 (Continue to endorse flexible work patterns for OOHs GPs including remote working and the continued use of salaried GPs)- 08/11/19- The Memorandum of Understanding (MOU) that was being prepared has been scrapped due to complications around GP employment status. This is currently being looked at from a legal perspective. There is a BMA challenge around the employment status of a GP which could potentially result in the UHB becoming open to other annual leave liabilities. The Corporate team have taken advice and the MOU will be redrafted into a service specification once these challenges have been resolved. Timescale unknown. Rec 5 (Maximise the attractiveness of the Urgent Primary Care/OOHs service with a workforce blue print that encourages and enables career progression)- The service is now subject to a project by the transformation team and has received ET priority status. The inaugural meeting has been held and a schedule of work is being developed but timescales have yet to be set. The workforce blue print will form part of this proposal. 20/11/19- Performance review took place. Follow on peer review currently taking place, once report and actions agreed this report will be closed (following assurance from reporting officer that all aspects have been covered by the new peer review) the action plan will be requested to be approved to close by Director of Operations.
No Ref	Children & Young People Diabetes MDT & Hospital measures for CYP services Peer review August 2016	Children and Young People's Wales Diabetes Network	Nov-16	Open	Director of Operations	Women and Children's services	Keith Jones	Mar-16	N/K	Executive Team Performance Reviews - Women and Children  Last reported October 2019  Next report February 2020	2	1	1	0	1	15/01/19- This 2016 peer review report supersedes the 2014 National Diabetes Paediatric Peer Review. 2 actions remain outstanding- lack of Paediatric Dietetic capacity (not yet recruited) and absence of a 24 hour on-call advice system (this is being addressed across the Network at an all Wales level). 2019 peer review to take place. 05/03/19- Assurance officer emailed reporting officer for update on 2 outstanding recommendations. 02/04/19- Assurance officer met with reporting officer. Peer review visit took place in the last couple of weeks. No immediate concerns raised. Outcome of new peer review will be received in the next couple of weeks to determine recommendations required by the service. 12/06/19- reporting officer confirmed the report from the peer review visit will be received imminently. 30/07/19- Chaser email sent to reporting officer for copy of new peer review. 15/08/19- Assurance officer emailed reporting officer's PA requesting meeting with reporting officer to obtain updates, no response received. 25/09/19- Assurance officer emailed reporting officer for any update to the recommendations by 02/10/19 for the next PMAF review. No update received as of 03/10/19. 10/10/19- Update provided by Service Delivery Manager. 1 rec outstanding regarding the Absence of a 24 hour on-call advice system. This is being progressed with All Wales discussions continuing. Timescale currently unknown. 22/11/19- Assurance officer to review what recommendations are still outstanding and inform Board Secretary.
No Ref	Glangwili Neonatal Unit Peer Review Report	Wales Neonatal Network	Aug-19	Open	Director of Operations	Women and Children's services	Keith Jones	Dec-23	Dec-23	Executive Team Performance Reviews - Women and Children  Last reported October 2019  Next report February 2020	11	0	0	11	0	27/09/19-Medical Director emailed final report to Assistant Director Acute Services, requesting action plan to be developed by 17/10/19. 17/10/19- Action plan received from reporting officer.11 recs with timescales ranging from October 2019 to December 2023.
No Ref	Out of Hours Peer Review Action Plan: 21-22nd October 2019	Peer Review	Nov-19	Open	Director of Operations	Central operations (Out of hours)	Nick Davies	Dec-20	Dec-20	Executive Team Performance Reviews - Out of hours  Last reported November 2019  Next report February 2020	14	0	0	14	0	29/11/19- Reporting officer provided assurance officer with follow up letter and action plan. Action plan includes 14 recommendations with varying timescales to December 2020. The action plan has been developed as a draft by the peer review panel for the UHBs urgent primary care (OOH) teams to develop further and/or incorporate into wider service delivery plans.

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