2.2 Table of Actions
Presenter: Chair

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
AC(18)247	11/12/2018	**Procurement and Disposal of IT Assets Follow-Up (Reasonable Assurance)**	To take forward concerns around the lack of an adequate asset register and to consider the issue of consolidation of independent asset registers with the main system.	HT	~~Feb~~ ~~June~~ October 2019	*Internal Audit brief agreed. Advisory project undertaken. Project reviewed the current system in place and how it operates, a review of good practice in operation at a number of other NHS Wales bodies and a proposal to take this forward.* *Internal Audit report presented to 25th June 2019 meeting.* *Finance have reviewed the recommendation and are developing a project plan to address this issue.* *Please see attached SBAR (Appendix 1).*
AC(19)46	23/04/2019	**Wales Audit Office Update Report**	To share, when available, the proposed scope for the Clinical Equipment review.	AB	~~June~~ ~~October~~ December	*The Clinical Equipment review is scheduled for quarter*

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
					2019	*3 of 2019-20. The draft scope will be shared at that time.* *Update to be provided at 19th December 2019 ARAC meeting.*
AC(19)57	**23/04/2019**	**Welsh Risk Pool Claims (Substantial Assurance)**	To share with Mr Huw Thomas any examples of good practice relating to WRP Claims from other Health Boards.	SC/JJ	~~June August October 2019~~ February 2020	*IA is currently looking to obtain the required information in order to provide an update for the June 2019 meeting.* *The information required has been determined as wider than that in the Internal Audit report across the Health Boards, so a request will need to be made to NWSSP for the wider information on good practice.* *The Director of Audit & Assurance has highlighted that NWSSP is currently looking at the wider assurances they provide, linked to*

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
						sharing good/ consistent practice where possible, and this information is being considered as part of that review. This is likely to be completed in the later quarter of the financial year. Update to be provided at 25th February 2020 ARAC meeting.
AC(19)122	**29/05/2019**	**Preparedness & Compliance with the Nurse Staffing Act (Substantial Assurance)**	To clarify, with regard to Objective 4, figures and percentages in relation to the need for temporary staff, in order to gauge potential risk;	JJ	~~June October 2019~~ February 2020	*The assurance was given based on the adequacy of the systems in place to manage the ongoing risks around this, with each of the five wards requiring the regular use of temporary staff. If further detail was required, additional work would be needed and further information requested from the wards visited. This could be done when*

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
						the further testing is undertaken. *Further testing not planned until Q3/4.* There is no further update at this point, as the additional work will not commence until Q3/4. Therefore, feedback to ARAC will not be available until the February 2020 meeting at the earliest.
AC(19)136	**25/06/2019**	**Financial Assurance Report**	• To provide an update regarding the underpayments and overpayments policy not having the anticipated effect and steps being introduced to rectify this situation.	HT	~~August~~ October 2019	*An update has been included in section 2.3.2 of the Financial Assurance report. A further update will also be presented to the next ARAC meeting. The overpayments policy is currently under review in order to strengthen the options available.* An update is included within the Finance Assurance Report

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
						presented at Item 3.1.
AC(19)138	25/06/2019	**Operating Theatres Update (response to WAO & IA reviews)**	To provide a further update, via the Table of Actions, on discussions with HR and the BGH scrub team.	JT	~~August~~ October 2019	*Implementation of the new system has been deferred pending HR issues in September 2019. Alongside this, recruitment efforts are continuing, to facilitate implementation of the system as soon as possible thereafter.* Current aim is to implement by the end of October 2019.
AC(19)145	25/06/2019	**Internal Audit Plan Progress Report**	Should there be a need to change the scheduling of reports, to highlight changes in red text and provide an explanatory note, and also to include the amount of days spent on each audit within the plan.	JJ	~~August~~ October 2019	*The inclusion of audit days in the report is currently being reviewed, and will be discussed further with the ARAC Chair in the first instance.* The Head of Internal Audit has met with the ARAC Chair to clarify requirements, and is now in discussion with the Director of Audit and Assurance regarding

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
						how to present this information.
AC(19)148	25/06/2019	**Budgetary Planning (Reasonable Assurance)**	To provide an update on the number of outstanding authorised accountability letters via the Table of Actions.	HT	~~August~~ October 2019	*A number have been signed due in July and August; one area outstanding which has now been escalated via the CEO/HTA process for conclusion.* Verbal update to be provided at 22nd October 2019 ARAC meeting.
AC(19)162	27/08/2019	**Table of Actions: AC(19)06 – Feedback from the Targeted Intervention Meeting held on 8th February 2019**	To forward plan an update on work undertaken through the Finance Committee to ensure the Health Board is in a position to understand the underlying deficit.	CM	December 2019	Forward planned for 19th December 2019 meeting.
		Table of Actions: AC(19)57 – Welsh Risk Pool Claims (Substantial Assurance)	To amend the timescale for this action.	CM	August 2019	Completed.
		Table of Actions: AC(19)136 – Financial Assurance Report	To amend the timescale for this action.	CM	August 2019	Completed.
		Table of Actions: AC(19)138 – Operating	To amend the timescale for this action.	CM	August 2019	Completed.

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
		Theatres Update (response to WAO & IA reviews)				
		Table of Actions: AC(19)148 – Budgetary Planning (Reasonable Assurance)	To rate this action Amber and to amend the timescale for this action.	CM	August 2019	Completed.
		Table of Actions: AC(19)149 – Asset Management Systems Briefing Note	To merge this action with AC(18)247.	CM	August 2019	Completed.
AC(19)167	27/08/2019	**Wales Audit Office Update Report**	To provide a further update on the proposed Quality Governance thematic review at the next meeting.	AB	October 2019	Verbal update to be provided at 22nd October 2019 ARAC meeting.
AC(19)168	27/08/2019	**WAO Structured Assessment 2017 and 2018 - Progress to Date**	• To discuss the Committee's concerns regarding R3a and 3b with Mrs Karen Miles and Dr Philip Kloer;	CB	October 2019	Email sent 12th September 2019 asking the Lead Executives to provide an update taking into account the Committee's feedback.
			• To take forward the action regarding timetabling.	JT	October 2019	This will not be straightforward to achieve; however, preliminary discussions have been held with the new Deputy Medical Director.

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
AC(19)169	27/08/2019	WAO Integrated Care Fund (ICF) Review	• To provide assurance that the governance recommendations contained within the reports are taken forward;	SJ	October 2019	Completed. RPB has put in place all recommendations and strengthened governance. Karen Miles now joining the ICF Capital group in the RPB to ensure all decisions align with UHB capital programme.
			• To highlight to Board the issues identified in both reports which need to be considered by the UHB;	JW	September 2019	Completed. Included in update report for Public Board meeting on 26th September 2019.
			• To add an update on this item to the ARAC workplan.	CM	October 2019	Completed. Forward planned for 25th February 2020 meeting.
AC(19)172	27/08/2019	Response to WAO Report: What's the hold up? Discharging Patients in Wales	• To establish why WAO's report had not focused on electronic discharge systems, particularly Medicines Transcribing and e-Discharge (MTeD);	AB	October 2019	The work that the report drew from excluded electronic discharge systems due to separate but complimentary work being undertaken by HIW at the time focusing on discharge information.
			• To provide a further update to the next meeting.	JT	October 2019	Forward planned for 22nd October 2019 meeting.

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
AC(19)173	27/08/2019	**NHS Consultant Contract Follow-up Review update**	• To provide projections of job planning processes going forward to March 2020;	PK	October 2019	Please see attached SBAR (Appendix 2).
			• To provide a further update in April 2020;	PK	April 2020	Forward planned for April 2020 meeting.
			• To highlight this topic in the ARAC update report to Board.	JW	September 2019	Completed. Included in update report for Public Board meeting on 26th September 2019.
AC(19)174	27/08/2019	**WAO Review of Operational Quality & Safety Arrangements Update**	To amend the date for Recommendation 8 to read October 2019 rather than October 2020.	MR	September 2019	Completed. Correspondence has been sent to WAO advising of change of date. WAO has agreed to change date on management response.
AC(19)175	27/08/2019	**Clinical Audit Update**	To provide an update on progress with implementation of the IT system required to participate in the National Ophthalmology Audit.	JT	October 2019	The system is part of the National Electronic Patient Record that is being procured on a 'once for Wales' basis. The National Steering Group for the Ophthalmology Electronic Patient Record is looking to be in a position to award a contract in the next month, with roll-out of the system

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
						to Hywel Dda & Swansea Bay by Q.4 of this year, with the Cataract Module to be either the 2nd or 3rd module to go live on the system. It was agreed that Glaucoma was initially the priority. Once implemented, the audit participation will be in place.
AC(19)182	27/08/2019	**WAST Handover of Care at Emergency Departments Follow-up: Health Board Related Recommendations**	To share the formal Health Board response to the WAST Audit Committee with ARAC.	JT	October 2019	Please see attached letter (Appendix 3).
AC(19)183	27/08/2019	**Scrutiny of Outstanding Improvement Plans: WAO Review of Estates 2016**	To prepare a further report for the next meeting, which addresses the comments and concerns outlined and which includes an update to the original management response, from the 2016 WAO review.	JT/RE	October 2019	Forward planned for 22nd October 2019 meeting.
AC(19)184	27/08/2019	**Scrutiny of Outstanding Improvement Plans: Internal Audit Health & Safety 2016**	To prepare a further update for the next meeting, including a detailed plan outlining the approach being taken to address the outstanding	JT/TH	October 2019	Forward planned for 22nd October 2019 meeting.

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
			recommendations, with timescales.			
AC(19)186	27/08/2019	Audit Tracker	• To provide an update on issues around the HIW Inspection of Greville Court Learning Disabilities report;	CB	October 2019	This report was closed following review by the Lead Executive.
			• To provide an update on issues around the WAO Follow-up Information Backup, Disaster Recovery and Business Continuity, and Data Quality: Update on Progress report;	CB	October 2019	Forward planned for 22nd October 2019 meeting.
			• To provide an update on issues around the External Governance Review.	CB	October 2019	There are 3 recommendations outstanding from the original 58. Two of these have been moved to the strategic log and one is outstanding (4.7 lessons learnt). An update on this recommendation will be received at the next Executive Team meeting in October 2019.
AC(19)187	27/08/2019	Counter Fraud Update	To provide an update on the overpayment of salary meeting.	ME	October 2019	An update is included within the Counter Fraud Update

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
						presented at Item 7.1.

PWYLLGOR ARCHWILIO A SICRWYDD RISG
AUDIT AND RISK ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 October 2019
TEITL YR ADRODDIAD: TITLE OF REPORT:	Health Board Asset Registers
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Rhian Davies, Assistant Director of Finance (Corporate Finance) / Eldeg Rosser, Senior Business Partner (Major Projects and Planning)

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report has been prepared to provide the Audit & Risk Assurance Committee (ARAC) with assurance that the issue raised in the Table of Actions AC (18) 247, regarding concerns around the lack of an adequate asset register and the requirement to consider the consolidation of independent asset registers, is being addressed.

Cefndir / Background

The original Internal Audit Report on Procurement and Disposal of IT Assets Follow-Up (Reasonable Assurance) was presented to ARAC in December 2018. In February 2019, the Director of Planning, Performance and Commissioning along with the Assistant Director of Informatics, attended ARAC to provide clarity and further information on progress against the recommendations of the audit.

Further discussions in ARAC around this audit report have led to the current outstanding action AC(18)247:-

"To take forward concerns around the lack of an adequate asset register and to consider the issue of consolidation of independent asset registers with the main system"

In order to address this action the following work has been undertaken:

- Identification of key asset registers held
- Review of information held and reason for the existence of the register
- Identification of current systems being used
- Evaluation of suitability of the current systems to meet departmental, organisational and statutory requirements

Asesiad / Assessment
The Health Board currently holds several different types of registers, which include details about its assets. The various registers and information on them are held to meet different statutory and organisational requirements. The review undertaken is outlined in Appendix 1 of this report. The table reflects that there is no one "main system" in existence, and that the level of detail and information required to be held on each system/database is very different. An assessment of the market suggests that there are currently no products available that will meet the requirements of all areas within the Health Board, which would enable consolidation of all registers into one overarching system.
Argymhelliad / Recommendation The Audit & Risk Assurance Committee is requested: • To note the different registers that are held; • To acknowledge the need to keep these registers as separate entities, in order to deliver against departmental, organisational and statutory requirements.

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. 5.25 The Committee may also request or commission special investigations to be undertaken by Internal Audit, directors or managers to provide specific assurance on any areas of concern that come to its attention.
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):	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners. 5. Deliver, as a minimum requirement, outcome and delivery framework work targets and specifically eliminate the need for unnecessary travel & waiting

	times, as well as return the organisation to a sound financial footing over the lifetime of this plan
Amcanion Llesiant BIP: UHB Well-being Objectives: [Hyperlink to HDdUHB Well-being Statement](#)	Improve efficiency and quality of services through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Not Applicable

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Ariannol / Gwerth am Arian: **Financial / Service:**	Not Applicable
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Not Applicable
Gweithlu: **Workforce:**	Not Applicable
Risg: **Risk:**	Risk of not keeping separate registers is highlighted within the report
Cyfreithiol: **Legal:**	Not Applicable
Enw Da: **Reputational:**	Not Applicable
Gyfrinachedd: **Privacy:**	Not Applicable
Cydraddoldeb: **Equality:**	Not Applicable

						APPENDIX 1
Register	Reason	Detail held in the system	Statutory or Mandatory Requirement	Items	Current System	Suitability for Use
Estates Pre Planned Maintenance (PPM)	System is used to organise repairs and maintenance of physical and estates and engineering assets. The system provides operatives with information on the planned maintenance tasks that require completion.	Planned preventative schedules are kept on the system for individual larger items of plant and equipment. Planned preventative schedules are kept for smaller items these are collectively grouped by department i.e. medical gas outlet points.	The system ensures that statutory and mandatory work is being completed in the necessary time frames and enables the HB to evidence it is meeting its statutory obligations.	Air handling units, Medical gas central plant, main switchboards	RAM 4000	Out of service in April 2020 for the Estates Modules covered in previous report and separate agenda item
Portable appliance equipment (PAT)	Statutory requirement to keep a register of all portable appliance equipment e.g. toasters, kettles, heaters.	Inventory held with Norwood, our contractor, on their portal. HB have access to this information. HB maintain PAT register of newly acquired equipment in conjunction with Norwood	Statutory requirement to hold a register and ensure testing undertaken at the defined frequency	All items of portable appliance equipment	Norwood	Fit for purpose
Clinical Engineering	RAM 5000 medical equipment maintenance software has been	• Full Medical Equipment Asset register. • Full asset details can be viewed,	Statutory	Holds details of all Medical Equipment	RAM 5000	Recently acquired and fit for purpose

	specifically designed to track all of the medical equipment within the UHB, as well as to manage and report on all associated planned and un-planned maintenance, both historical and current.	maintained or updated through a single input screen. • Single source of work order history. • Full audit trail of PPM and asset movements. • Work orders can be directly generated from work requests. • Colour coding enables job prioritisation • Schedules automatically generated maintenance tasks and outputs. • Colour-coded calendar to highlight status at each stage of the process. • Manage external contract works with information relating to contractors, start dates and contracts. • Colour coded records define current, completed and overdue jobs. • User-definable work analysis fields include job type, priority, and defect codes. • Attach documents, PDF's, pictures, hyperlinks • Secure audit trail. • Monitor and manage all stock items. • Use 'Stock Browser' to identify items quickly. • Access supplier prices and contact details, item location, catalogue		assets regardless of value.		

			number and balance.				
			• Single repository for all work order information associated with contracts.				
			• Record assets covered under the service contract, contract start and end date.				
			• Track work types covered by the contract and all work history.				
			• More than 100 standard reports including equipment performance, labour utilisation, maintenance efficiency and PPM schedules.				
			• Flexibility to create customised reports				
ICT	System to automatically record software in use across the organisation.	• Name, Provider, Version, Devices Installed	N/A	Installed software	KACE 1000	Currently being migrated from KACE 1000 to Microsoft System Centre Configuration Manager.	
		• Full asset information of device which includes physical details, networking, software and security	N/A	PC's and Laptops			
	System used to manually record ICT assets across the organisation	• Token serial number, user, date of expiry	N/A	Secur-ID Tokens,		Currently being reviewed as part of wider Service Desk improvement project.	
		• Serial Number, Asset ID, Assigned to, Department, Site.	N/A	USB Memory Keys, Printers, Scanners &			

				Monitors		
		• Manufacturer, Type of Asset, Model Number, Serial Number, User, Department, Site, Asset ID	N/A	Docking stations, VC equipment		
ICT	System to automatically record Infrastructure assets across the organisation	• Full asset information of device which includes physical details, networking, software and security.	N/A	Servers.	SCCM	Fit for purpose.
ICT	System to automatically record Infrastructure assets across the organisation	• Name, IP Address, MAC Address, Service Tag, Device Type, Manufacturer, Operating System, Location, Service Details.	N/A	Switches	Solarwinds	Fit for purpose
ICT	System used to manage smart devices across the Health Board (Android, Apple and Windows phones and tablets)	• User, Phone Number, Model, Manufacturer, Platform, Last Check-In.	N/A	Apple iPhones and iPADs, Android based phones and tablets and Windows based phones.	MobileIron	Suitable for use however will be migrated to Intune as part of Office 365 migration.
Fixed Asset Accounting	To prepare fixed assets notes to the account and ensure correct accounting for capital assets owned by the Health Board	• Asset category • Site • Purchase price • Gross book value • In year depreciation • Accumulated depreciation • Net book value • Make & model if applicable	Production of notes to the annual accounts and associated notes is a statutory requirement	Holds details of capital assets valued at more than £5k including land, building, dwellings, assets in the course of	RAM 4000	Fit for purpose is in use across NHS Wales with regular user group meetings held as part of the Capital

				construction, all equipment, vehicles and grouped IT assets.		Technical Accounting Group to review developments and upgrade

PWYLLGOR ARCHWILIO A SICRWYDD RISG
AUDIT AND RISK ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	22 October 2019
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	NHS Consultant Contract Follow-up Review update
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Dr Philip Kloer, Medical Director & Director of Clinical Strategy
SWYDDOG ADRODD: **REPORTING OFFICER:**	Helen Williams, Directorate Support and Revalidation Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This paper presents an update following the University Health Board (UHB) Management Response to the Wales Audit Office (WAO) NHS Consultant Contract follow-up review (2015). This report is provided for information purposes.

Cefndir / Background

Job planning is a mandatory process, which was emphasised as part of the amended Consultant Contract (2003) and more recently as part of the Specialty and Associate Specialist (SAS) Doctor Charter (2016). Job plans help to ensure that there is a clear consensus between Consultants, SAS Doctors and the Health Board as to what work is being done, where and when it will be undertaken, the number of hours/sessions that the individual is required to work, what work is expected of the individual and the resources required. Effective job planning results in alignment of individual's work, departmental objectives and strategic objectives resulting in a much more cost effective delivery of healthcare.

In 2010, the Auditor General for Wales reviewed the job planning processes of all health bodies across Wales (with the exception of Powys Teaching Health Board and the Welsh Ambulance Services NHS Trust). The review looked at how well Health Boards were using the job planning process to realise the wider benefits of the contract. The report Pay Modernisation: NHS Consultant Contract, Hywel Dda Health Board was issued in February 2011. The report detailed six main recommendations that were identified by the review.

The 2010 review led to the publication of the Consultant Contract in Wales: Progress with Securing the Intended Benefits report, which was issued in February 2013. This report summarised the information gathered on a local level. The report states that the main conclusion from the review was that the intended benefits of the consultant contract amendments were not being realised due to ineffective job planning. The report outlined further recommendations for consideration and accordingly, the Welsh Government, NHS Wales Employers and BMA Cymru, worked collaboratively to produce updated job planning guidance for Health Boards in 2014.

The NHS Consultant Contract: Follow-up of Previous Audit Recommendations Hywel Dda University Health Board review was undertaken between August and December 2015 and the

report was issued in June 2016. The Auditor General called for this follow up review, to find out whether or not the Health Board has fully implemented the audit recommendations for strengthening the job planning process, to achieve the potential benefits of the amended consultant contract in Wales. The six main recommendations that were set out in the Health Board's 2011 report were reviewed along with the 12 national recommendations that were outlined in the 2013 report.

Of the six local recommendations set out in the Health Board's report from 2011, one recommendation (17%) had been fully achieved, two recommendations (33%) were ongoing but yet to be completed and the report also found that for three further recommendations (50%), insufficient or no progress had been made.

Of those 12 national recommendations from 2013, seven recommendations (58%) had yet to be completed fully but were ongoing, however, insufficient or no progress had been made in relation to the remaining 5 recommendations (42%).

Following receipt of the 2016 audit report, the Health Board were required to provide a management response, detailing the actions planned going forward, relating to recommendations 1 – 24. This action plan is monitored regularly and updates are reported to the local Audit, Risk and Assurance Committee.

Asesiad / Assessment

It is still hoped that the target of 100% of both Consultant and SAS job plans up to date by the end of March 2020 will be met. The number of Consultant job plans in place remains at the target of 100% and the rate of up to date job plans is 57%. Whilst the latter figure seems relatively low, an approximate 35% of further job plans have been drafted and are awaiting sign off, which would increase the figure to around 92%. Extenuating circumstances such as long term sickness, maternity leave and sabbatical account for approximately 1% of job plan review meetings not going ahead within the required timescales.

The number of SAS doctor job plans in place has decreased by 10% due to the intake of new doctors in August 2019 and so the directorates have been requested to prioritise planning reviews for this cohort of new starters. Currently, 42% of SAS doctors are working to an up to date job plan and a further 22% have job plans which need to be reviewed. There is no recorded job plan for a further 36% of SAS doctors; however, there are job plans in progress on the online system for approximately 20% of SAS doctors, bringing the total job plans to 84%. As with the Consultants, extenuating circumstances account for approximately 1% of those job plan reviews undertaken outside the required timescales.

In total, there are job plans in place for 86% of Consultants and SAS doctors with 52% of these job plans having been reviewed within the required timescale and are therefore up to date.

The job plans are now being created relatively quickly; however, the Medical Director and Director of Operations have requested that job plan review meetings with clinicians be prioritised to ensure that job plans are finalised and signed off within reasonable timescales. Until the job plans are signed off they are not considered valid and therefore will not be included in statistical reporting and 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 Medical Directorate and Medical Staffing departments have allocated additional time to support Service Delivery Managers and have been visiting UHB sites on a weekly basis to help

put job plans together and support the use of the e-job plan system. Excellent progress is being made with Anaesthetics, Sexual Health, Trauma & Orthopaedics, Paediatrics, Obstetrics & Gynaecology and Mental Health & Learning Disabilities, Ophthalmology and Urology and those managers who have attended one of the sessions have found them to be useful because they focus the time on the task in hand. In total, 25 sessions have been confirmed to go ahead across all four hospital sites until the end of March 2020 and invitations to attend will be extended to clinicians also (please see Annexe 1 for further information).

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 8th October 2019 and relevant actions which stem from the findings of the report have been agreed. The Medical Director and Director of Operations will communicate the following:

- the need for all job plans to reflect both national and local guidance;
- that there should be an up to date job plan in place for all Consultants and SAS doctors by the end of March 2020;
- that the Medical Workforce is one of the Health Board's biggest expenditure and we need to ensure that job planning is undertaken consistently and efficiently;
- that all job plan information needs to be uploaded on to the electronic job planning system, and that this will be the mandatory format for job planning going forward;
- that support and guidance can be accessed through contacting the Medical Directorate office and Medical Staffing;
- that an escalation process will be followed in the event of job plan reviews not being undertaken within the required timescales.

The Internal Audit of the job planning process is ongoing and it is anticipated that the audit will provide further insight into areas for possible improvement.

On 23rd September 2019, a meeting took place between representatives from Hywel Dda, Swansea Bay, Betsi Cadwaladr and Cwm Taf Morgannwg University Health Boards to discuss the job planning process and it was agreed that a formal forum will be convened twice a year to discuss the process and to share ideas and good practice. Each UHB is using the same electronic system for job planning and Hywel Dda now needs to look at making the system the compulsory format for job planning, which will mirror the process adopted by our neighbouring Health Boards.

Argymhelliad / Recommendation

The Audit and Risk Assurance Committee is asked to
- Note the progress made with regards Consultant & SAS Doctor Job Planning;
- Note the efforts made with regards the online e-job planning software, Allocate.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference Cyfeirnod Cylch Gorchwyl y Pwyllgor	4.1 The purpose of the Audit & Risk Assurance Committee is to advise and assure the Board and the Accountable Officer on whether effective arrangements are in place, through the design and operation of the UHB's system of assurance, to support them in their decision taking and in discharging their accountabilities for securing the achievement of the UHB's objectives,

	in accordance with the standards of good governance determined for the NHS in Wales. 4.2 The Committee independently monitors, reviews and reports to the Board on the processes of governance, and where appropriate, facilitates and supports, through its independence, the attainment of effective processes. 4.3 Where appropriate, the Committee will advise the Board and the Accountable Officer on where, and how, its system of assurance may be strengthened and developed further.
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):	2.1 Managing Risk and Promoting Health and Safety 3.1 Safe and Clinically Effective Care
Amcanion Strategol y BIP: UHB Strategic Objectives:	2. Living and working well 4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners. 5. Deliver, as a minimum requirement, outcome and delivery framework work targets and specifically eliminate the need for unnecessary travel & waiting times, as well as return the organisation to a sound financial footing over the lifetime of this plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve efficiency and quality of services through collaboration with people, communities and partners Develop a sustainable skilled workforce

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	- Pay and Modernisation: *NHS Consultant Contract, Hywel Dda Health Board* Welsh Audit Office: 2011 - *Consultant Contract in Wales: Progress with Securing Benefits* Welsh Audit Office:2013 - *NHS Consultant Contract: Follow-up of Previous Audit Recommendations Hywel Dda University Health Board* Welsh Audit Office: 2016 - *UHB Management Response to the WAO Consultant Contract follow-up review (2015)*
Rhestr Termau: Glossary of Terms:	UHB – University Health Board WAO – Welsh Audit Office NHS – National Health Service DCC – Direct Clinical Care SPA – Supporting Professional Activities LNC – Local Negotiating Committee WAG – Welsh Assembly Government

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to Audit and Risk Assurance Committee:	LNC E-Job Planning Implementation Group Senior Clinical leads Executive Directors

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	The Invest to Save proposal was approved by Executive Team in August 2017 and implementation of the e-job planning system is expected to deliver savings as described in the original submission.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Good job plans are expected to deliver improvements in quality and patient care.
Gweithlu: **Workforce:**	As the Toolkit has been discussed extensively with the LNC it is not expected that the consultant workforce will be impacted adversely although individual consultants may raise issues at their job plan meetings.
Risg: **Risk:**	A risk register will be compiled as part of the project management of the implementation of the project.
Cyfreithiol: **Legal:**	Legal challenges are not anticipated.
Enw Da: **Reputational:**	Not expected.
Gyfrinachedd: **Privacy:**	Information governance protocols will be adhered to and the software complies with all relevant protocols.
Cydraddoldeb: **Equality:**	Undertaking job planning utilising the guidelines and an electronic system will ensure a greater degree of consistency.

E-Job Planning Workshops/Drop in Sessions   (Annexe 1)

PPH –10am-1pm – Computer Suite, Library, PPH
Tuesday October 22nd 2019
Tuesday November 19th 2019
Tuesday December 17th 2019
Tuesday January 28TH 2019
Tuesday February 18th 2019
Tuesday March 17th 2019

Withybush –10am-1pm, Computer Suite, Withybush
Wednesday September 18th 2019
Wednesday November 6th 2019
Wednesday December 4th 2019
Monday 6th January 11:30-14:30
Tuesday 4th February 2019
Wednesday March 4th 2019

GGH –9am-12noon, Computer Suite, Medical Education Centre, Glangwili
Wednesday September 11th 2019
Friday October 18th 2019
Friday November 15th 2019
Friday December 13th 2019
Friday January 17th 2019
Friday February 14th 2019
Friday March 13th 2019

BGH – 10am-1pm, Computer Suite, Management Offices, Bronglais
Wednesday 25th September 2019
Wednesday November 27th 2019
Thursday December 19th 2019
Monday January 30th 2020
Monday February 24th 2020
Monday March 30th 2020

Private and Confidential

Lee Brooks
Director of Operations
WAST
Ty Elwy, Unit 7
St Asaph Business Park
St Asaph
LL17 0LJ

Dear Lee

I am writing to you in response to the attached audit report that was considered by the Health Board Audit & Risk Assurance Committee on the 27th August 2019. As you will be aware this review had been conducted by the Internal Audit service for WAST, and is not a Health Board specific report. Despite this there are a number of recommendations that are relevant to the Health Board and in this regard we developed our own action plan. Taking the recommendations in turn:-

Recommendation 1 – Complete - we have processes in place to recognise hydration and nutrition as well as pressure area care for delayed patients, we are also updating our handover policy to incorporate this.

Recommendation 2/3 – Ongoing - We continue to monitor the conveyance rate monthly as part of our Unscheduled Care metrics. Conveyance rates have improved and actions are in place to ensure further improvement Alternative pathways across all 4 counties being updated prior to winter 2019/20. Consistent pathways will be developed wherever possible. Further initiatives in relation to falls are being considered nationally by WAST as part of the healthier Wales initiatives.

Recommendation 4 -   This was a recommendation for WAST but we are considering a HALO role for GGH and WGH for this winter in collaboration with our local Head of Operations.

Recommendation 5 – Complete – we have strong local support from WAST at all of our business meetings – unscheduled care, transformation, paediatrics etc. Also as part of the

Swyddfeydd Corfforaethol, Adeilad Ystwyth, Hafan Derwen, Parc Dewi Sant, Heol Ffynnon Job, Caerfyrddin, Sir Gaerfyrddin, SA31 3BB

Corporate Offices, Ystwyth Building, Hafan Derwen, St Davids Park, Job's Well Road, Carmarthen, Carmarthenshire, SA31 3BB

Cadeirydd /Chair
Mrs Maria Battle

Prif Weithredwr/Chief Executive
Mr Steve Moore

Bwrdd Iechyd Prifysgol Hywel Dda yw enw gweithredol Bwrdd Iechyd Lleol Prifysgol Hywel Dda
Hywel Dda University Health Board is the operational name of Hywel Dda University Local Health Board

Mae Bwrdd Iechyd Prifysgol Hywel Dda yn amgylchedd di-fwg   Hywel Dda University Health Board operates a smoke free environment

monthly corporate performance reporting, WAST provides a report on red calls and ambulance handover within 15 minutes. WAST also attend the Chief Executive's performance assurance monthly meeting when requested with health board operational colleagues.
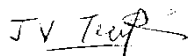
Recommendation 6 – Complete – Our handover performance generally compares well against other Health Boards. We also visited Cwm Taf and are aware of their processes. This is not possible to be replicated in our hospitals due to space issues but we prioritise handover regularly utilising all available space in our emergency departments.

Recommendation 7 – Not applicable to Hywel Dda.

Recommendation 8 – Complete - The Health Board has a policy in relation to the offload of ambulances; Policy number 445 Emergency Department – Ambulance Offload Policy (incorporating NHS Wales Ambulance Available Protocol), this specifically documents the procedure for ambulance arrivals including the notification on the HAS screen.

I hope that this update is useful but we will continue to work with you and the local WAST team to improve our handover arrangements. In terms of moving forward it would be helpful to receive more formal requests if we are required to provide a management response for a report that is not commissioned by us. In this instance it was raised informally by Richard Lee at the All Wales Chief Operating Officers meeting (which I chair) but was never requested formally hence why it may appear that we had not responded. I can assure you that this matter has been considered by our audit committee now on two occasions and that handover of ambulances in a timely fashion is a key priority of the Health Board

Yours sincerely

Joe Teape
Director of Operations/Deputy Chief Executive