

6.3

Audit Tracker

Presenter: Joanne Wilson

SBAR Audit Tracker ARAC October 2019

Appendix 1 - List of Reports Past Original Completion Date

Appendix 2 - Audit Tracker

Appendix 3 - Strategic Log

**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:	UHB Central Tracker
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Joanne Wilson, Board Secretary
SWYDDOG ADRODD: REPORTING OFFICER:	Claire Bird, Assurance 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 80 reports open at the last ARAC meeting, a further 12 reports have been closed with 21 new reports received by the UHB, leaving 89 reports currently open, 36 of which have now passed their original completion date (please see Appendix 1 for the list of reports). At the last ARAC meeting 116 recommendations were overdue (i.e. the original implementation date had passed), which has increased to 122. Of the 122 recommendations that are overdue, 57 have gone beyond six

months of the original completion date.

	No of reports open at ARAC August 19	No of reports received since ARAC August 19	No of reports closed since ARAC August 19	No of reports open at ARAC October 19	No of reports that have passed their original implementation date	No of overdue recommendations i.e., implementation date has passed	No of overdue recommendations beyond 6 months of original completion date
HIW (Acute & Community)	5	3	2	6	1	11	1
HIW MHL D	6	1	1	6	0	23	8
HIW/CHC Contractors	4*	0	1	3*	1	2	2
WAO	12	0	0	12	9	20	18
Internal Audit	35	4	7	32	18	37	18
CHC	7	1	0	8	4	22	7
Royal Colleges	0	0	0	0	0	0	0
HSE	0	8	0	8	0	0	0
Coroner Reg 28	2	0	0	2	0	0	0
PSOW S16	0	0	0	0	0	0	0
PSOW S21	2	2	1	3	0	0	0
Delivery Unit (NHS)	4	1	0	5	0	2	0
HEIW	0	0	0	0	0	0	0
Peer Review	2	1	0	3	2	4	2
Other	1	0	0	1	1	1	1
TOTAL	80	21	12	89	36	122	57

**One HIW reports 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 122 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 Cadog Ward, Glangwili Hospital, November 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

Report	Lead Executive/ Director	Reporting Officer	Reason report not currently monitored through performance review
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 August 2019

The following 11 reports have all recommendations implemented 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 Unannounced Hospital Follow-up inspection: Surgical Inspection (Trauma and Orthopaedic care) BGH - Pre-operative assessment clinic, Ceredig Ward (Trauma), Day Surgery Unit (DSU), 11 Sept 2018
- HIW Radiology (X-ray) Department/BGH 20-21/11/18
- HIW Greville Court Learning Disabilities - 14 Jul 16
- HIW Meddygfa'r Sarn, Pontyates, 05/09/18 (UHB Managed practice)
- Internal Audit HDUHB 1428 Review of Clinical Audit Follow up, April 2015
- Internal Audit HDUHB 1718-20 Governance in Primary Care Clusters, May 2018
- Internal Audit HDUHB 1819-20 Management of Controlled Drugs, April 2019
- Internal Audit HDUHB 1819-22 Concerns, October 2018
- Internal Audit HDUHB 1819-37 Procurement and Disposal of IT Assets (Follow-Up), November 2018
- Internal Audit SSU_HDDA_1819_03 Primary & Community Care Pipeline Projects Aberaeron Integrated Care Centre, April 2019
- PSOW 201800718, June 2019

Internal Audit confirmed that the HDUHB-1920-11 A Regional Collaboration for Health (ARCH) report has no recommendations for the UHB to implement and as a result the report has been closed on the audit tracker.

Reports Open on the Audit Tracker since ARAC August 2019

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

Report name	Lead Executive/Director	Reporting Officer	Final report received at:
HIW How are healthcare services meeting the needs of young people? Thematic Review 2019	Director of Operations	MH&LD related actions- Head of Service SCAMHS & Psychological Therapies Other actions- to be confirmed	Quality Safety & Experience Assurance Committee June 2019
HIW Sunderland Ward, South Pembrokeshire Hospital May 2019	Director of Operations	Head of Community Nursing (Pembrokeshire)	Quality Safety & Experience Assurance Committee October 2019
HIW Amman Valley Hospital, Cysgod Y Cwm Ward, May 2019	Director of Operations	Clinical Nurse Specialist Discharge Planning and CHC	To be received at Quality Safety & Experience Assurance Committee December 2019
HIW St Caradog Ward & St Non Ward, Canolfan Bro Cerwyn WGH June 2019	Director of Operations	Head of Learning Disabilities and Older Adult Mental Health/ Interim Head of Adult Services MH&LD	Quality Safety & Experience Assurance Committee October 2019
CHC Accident and Emergency Department Withybush Hospital July 2019	Director of Operations	General Manager, Withybush General Hospital	To be received at Quality Safety & Experience Assurance Committee December 2019
Internal Audit HDUHB-1920-05 Welsh Language Standards Implementation	Director of Partnerships and Corporate Services	Welsh Language Service Manager	Audit and Risk Assurance Committee October 2019
Internal Audit HDUHB-1920-25 Estates Directorate Governance Review	Director of Operations	Director of Estates, Facilities & Capital Management	Audit and Risk Assurance Committee October 2019
Internal Audit Specialist Services Unit SSU HDU 1920 07 Water Safety – Additional Sampling	Director of Operations	Director of Estates, Facilities & Capital Management	Audit and Risk Assurance Committee October 2019
Internal Audit Specialist Services Unit SSU HDU 1920 07.01 Water Safety Follow-up	Director of Operations	Director of Estates, Facilities & Capital Management	Audit and Risk Assurance Committee October 2019
PSOW 201803042	Director of Operations	Hospital Head of Nursing GGH/ Head of Radiology	Improving Experience Sub Committee

PSOW 201804569	Director of Operations	Service Delivery Manager Orthopaedics, Trauma & Plaster Services.	Improving Experience Sub Committee
Delivery Unit All Wales Cardiology to Cardiac Surgery Transfer Point Assurance Review	Director of Operations	Service Delivery Manager - General Medicine (GGH), Cardiology and Renal	To be received at Quality Safety & Experience Assurance Committee December 2019
Glangwili Neonatal Unit Peer Review Report	Director of Operations	Assistant Director- Acute Services	To be received at Quality Safety & Experience Assurance Committee December 2019
Health & Safety Executive- JHET/HD/04102019/01	Director of Operations	Head of Health, Safety & Security	TBC
Health & Safety Executive- JHET/HD/04102019/02	Director of Operations	Head of Health, Safety & Security	TBC
Health & Safety Executive- JHET/HD/04102019/03	Director of Operations	Head of Health, Safety & Security	TBC
Health & Safety Executive- JHET/HD/04102019/04	Director of Operations	Head of Health, Safety & Security	TBC
Health & Safety Executive- JHET/HD/04102019/05	Director of Operations	Head of Health, Safety & Security	TBC
Health & Safety Executive- JHET/HD/04102019/06	Director of Operations	Head of Health, Safety & Security	TBC
Health & Safety Executive- JHET/HD/04102019/07	Director of Operations	Head of Health, Safety & Security	TBC
Health & Safety Executive- JHET/HD/04102019/08	Director of Operations	Head of Health, Safety & Security	TBC

Strategic log- progress of recommendations

The strategic log including current progress is attached in Appendix 3. The Executive Team approve all recommendations to be moved to the strategic log and receive six monthly progress updates. The Executive Team received an update on progress made of recommendations on the strategic log at its October 2019 meeting, see below for highlights from that report.

Scanned Health Records (HIW Unscheduled Care Directorate & Surgical Assessment Unit August 2015 and HIW BGH Hospital Inspection September 2016)

A project board has now been formed, led by the Director of Operations, and has met twice in 2019 and its focus being the broader issues of health records management beyond the acute records. From the September 2019 meeting, a workplan is being developed and this will be used as justification for securing project management resources which have already been acknowledged in principle by the Executive Team.

Phase 2 building works (Community Health Council Women and children's services 2017)

Phase 2 construction is currently taking place on site, due to complete 2020/21 financial year.

Health Board ward refurbishment programme (HIW Dignity and Essential Care Inspections Ward 6, PPH and Teifi Ward, GGH 2014)

Director of Planning, Performance and Commissioning is carrying out a piece of work to reconcile the Programme Business Case (PBC) with the Transforming Clinical Services (TCS). This is projected to be completed by December 2019 at which point the PBC will be submitted.

Consultant Radiologist recruitment (Gynaecology, Breast and Haematology Peer review 2015/16)

Consultant Radiologist job description is currently with the Royal Collage for approval prior to advertising four posts. Since the last update the UHB has employed one further Consultant Radiologist who commenced employment on 19/08/19.

Strategic review of services where sustainability of current service model is challenging (Respiratory Cancer Peer Review 16/06/2016)

Further driven through need to approach both single cancer pathway and more importantly the optimum cancer pathway. Sustainability during periods of CNS vacancy has also proved challenging and the future particularly in respect of expected retirement of Lung CNS, has focussed the team to commence redesign of the lung cancer pathway, feeding into the Health Board's intermediate medium term plan.

Staff support structure for GP services (Internal Audit GP Practices serving contractual notice 2017)

The Organisational Change Policy (OCP) has concluded and there are four Primary Care Service Managers in post from 01/10/19 following a review of the role and remit. There are currently two vacancies in the team which are out to advert and hope to appoint and have the team in place by the end of 2019.

Medicines Management (WAO Medicines Management in Acute Hospitals 2015)

Medicines Management Strategy - Work is in progress in the development of the strategy, aligning to the Health Board's A Healthier Mid and West Wales and also the recently published Pharmacy Vision to support A Healthier Wales developed through the Welsh Pharmaceutical Committee. In addition, further strategic documents such as the Transforming Access to Medicines (TrAMS) and the Chief Pharmacists work plan are informing the director of travel.

Develop a costed option appraisal to fully address the deficiencies in its aseptic units - On the recommendation of Welsh Government, a Strategic Outline Case (SOC) has been developed due to the need to align with a changing vision for aseptic services across NHS Wales as identified within the TrAMS project. The SOC is in final draft ready for submission for consideration of funding to progress to a full Business Case. The SOC has been aligned to the TrAMS work and identifies the need for replacement of the 3 existing units with one single unit to increase resilience across Hywel Dda and support a NHS Wales approach.

Implementing inpatient electronic prescribing and discharge - Approval has been given for the replacement of the pharmacy system, which is the first step in this project. The Health Board is working closely with NWIS (who lead the project) and the Project Board to work through the implementation. Currently the time line for Hywel Dda is October 2020. Work continues on the business case for e-prescribing as part of a national initiative.

Thematic Review of Ophthalmology 2015/16 & DU Focus on Ophthalmology: Assurance Reviews

As part of the eye care sustainability funds there are plans in place to transform the pathways for patients with stable Glaucoma to be monitored in Community Optometric Practices. All patients will be allocated a Health Risk Factor by the end of September 2019 which will allow for a review and baseline assessment to be undertaken.

The Service Delivery manager is working with the recruitment and campaigns team to positively promote recruitment and successfully attract substantive clinicians for lead consultant for Glaucoma. Successful recruitment of 2 Locum Consultant Ophthalmologists to Ceredigion has taken place. Substantive job descriptions are currently with Royal College for approval.

Whilst the Health Board is prioritising patients by clinical need there is still a capacity gap to ensure care is provided for those patients with the greatest health need first.

Following a successful bid for funding through the eye care sustainability fund, non-recurrent funding was allocated to deliver a Community Glaucoma Data Capture Scheme and Enhanced Referrals for Cataracts. These projects are due to commence early October 2019 and will support with releasing capacity in Secondary Care. The Glaucoma and Cataract projects will see the Health Board working closely with community optometry practices to deliver care within Community settings and enable care closer to home and increased Secondary Care capacity.

Royal College of Paediatrics & Child Health (RCPCH) Action Plan 2016

No update received from service.

Longer-term modernisation of outpatient services (WAO Follow-up Outpatient Appointments: Update on Progress 2017)

No update received from service.

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 12 reports have been closed on the audit tracker since ARAC August 2019 and 89 reports are currently open, 36 of which have now passed their original completion date.
- Review progress of items on the strategic log.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference

Cyfeirnod Cylch Gorchwyl y Pwyllgor

5.3 In carrying out this work the Committee will primarily utilise the work of Internal Audit, Clinical Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and

	internal control, together with indicators of their effectiveness.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Not Applicable
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	WAO Structured Assessment 2016 & 2017 WAO Annual Audit Report 2017
Rhestr Termau: 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
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Board Secretary

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Ariannol: Financial / Service:	No direct impacts from this report however late or non-delivery of recommendations from audits and inspections could mean that the UHB is not addressing any gaps in control and exploiting opportunities to achieve value for money.
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts from this report however late or non-delivery of recommendations from audits and inspections could mean that the UHB is not addressing any gaps in control in relation to patient quality and care.
Gweithlu: Workforce:	No direct impacts from this report however late or non-delivery of recommendations from audits and inspections could mean that the UHB is not addressing any gaps in control in relation to workforce issues and risks.

Risg: Risk:	No direct impacts from this report however late or non-delivery of recommendations from audits and inspections could mean that the UHB is not addressing any gaps in control and identified risks are not being managed.
Cyfreithiol: Legal:	No direct impacts from this report however late or non-delivery of recommendations from audits and inspections could mean that the UHB is less likely to defend itself in a legal challenge which could lead to larger fines/penalties and damage to reputation.
Enw Da: Reputational:	As above.
Gyfrinachedd: Privacy:	No direct impacts from this report
Cydraddoldeb: Equality:	No direct impacts from this report

Information on the 37 reports that have now passed their original completion dates can be found below. Further details can be found in UHB Central Tracker (Appendix 2).

Name of Report	Reviewing Body	Date of Report	Original Completion Date	No. of red recommendations (behind schedule)
Hospital Inspection (Unannounced) WGH, Ward 1, 10 & 12 20-21 November 2018	Health Inspectorate Wales (HIW)	February 2019	July 2019	5 (1 rec is on the Strategic Log)
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	3
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
Concerns Follow Up	Internal Audit	April 2015	May 2015	1
Health & Safety	Internal Audit	September 2016	November 2016	2
Wales for Africa Programme	Internal Audit	April 2017	May 2018	2
Low Vision Service Wales - Review of New	Internal Audit	August 2017	Not stated	1

Arrangements				
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
Safeguarding of Children & Vulnerable Adults	Internal Audit	February 2019	June 2019	3
Review of Discharge Processes (Follow-up)	Internal Audit	May 2019	September 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
National Standards for Cleaning in NHS Wales	Internal Audit	April 2019	July 2019	5
Preparedness & Compliance with the Nurse Staffing Act	Internal Audit	May 2019	August 2019	1
Budgetary Planning	Internal Audit	June 2019	August 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	September 2019	June 2020	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
Teifi Ward, Glangwili Hospital, December 2018	Community Health Council	December 2018	September 2019	10
Out of hours Peer review 23/08/18	Peer review	December 2018	March 2019	1
Children & Young People Diabetes MDT & Hospital measures	Peer review	August 2016	March 2017	2

for CYP services Peer review August 2016				
External Governance Review	Commissioned report	April 2015	April 2016	3 (2 recs are on the Strategic Log)

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	Committee & Date Final Report received at	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	Quality Safety & Experience Assurance Committee December 2018	Apr-20	Apr-20	Formal Exec Team meeting performance review (UHB wide USC) Last reported September 2019 Next report December 2019	13	1	0	1	11	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.
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	Quality Safety & Experience Assurance Committee April 2019	Jul-19	31/07/19 30/09/19	Executive Team Performance Reviews - WGH (USC) Last reported August 2019 Next report October 2019	40 (6=IA, 34=R)	5	1	0	35	11/03/19- Assurance office requested update on improvement plan from reporting officer. 12/03/19- Reporting office now Carol Thomas, Interim Head of Nursing (Janice Cole-Williams is now in the General Manager post for WGH). 21/03/19- Service confirms all immediate improvement plan recommendations have been completed. 26/04/19- Update provided from service. 6 recommendations have timescales that have slipped including one recommendation 'Signage to be reviewed, to include patient representation of those with visual impairment and alterations agreed as appropriate' requiring extension to 31/08/19 to fit in with ward 10 refurbishment dates. Assurance office to request approval of extensions from Director of Operations. 30/04/19- Director of Operations requested recommendations that have slipped to be reviewed by the service to ensure realistic timescales are provided as some feel optimistic. 24/05/19- Update provided by service and Business Support Manager. 34 recs are completed, rec 12 (Pressure area care training sessions) is on track to be completed by the original date of 31/07/19 and the following recs are behind schedule as follows: - Rec 4 (Signage to be reviewed)- timescale slipped from 30/04/19 to 31/08/19. Revised date of 31/08/19 fits in with Ward 10 refurb. General Manager, WGH will be meeting CHC to obtain reps and review. -Rec 5 (Lift to be repaired.)- timescale slipped from 31/01/19 to 17/06/19. Software update ordered (4-6 weeks delivery). -Rec 23 (review potential to allocate elective admissions for joint replacements into a designated area within Ward 1)- Awaiting narrative from service in respect of the review and to close down recommendation. Director of Operations to agree closure. -Rec 27 (Head of Nursing to request that supervisors and managers ensure their staff are compliant with their mandatory Information Governance e-learning and provide evidence of this.) timescale slipped from 30/04/19 to 30/09/19. -Rec 33 (Rostering policy to be reviewed and updated to reflect the requirements of the Nurse Staffing Levels (Wales) Act 2016)- Policy going to Partnership forum w/c 27/05/19 and then onto next Workforce and OD Sub Committee. timescale slipped from 30/04/19 to 30/06/19. New timescales to be agreed with Director of Operations. 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.
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	Quality Safety & Experience Assurance Committee June 2019	TBC	TBC	TBC	37 recommendations relating to acute services are being finalised)	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 chase 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	Quality Safety & Experience Assurance Committee August 2019	Nov-19	Nov-19	Executive Team Performance Reviews - GGH (USC) Last reported September 2019 Next report November 2019	23	4	0	10	9	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.
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	Quality Safety & Experience Assurance Committee October 2019	Oct-19	Oct-19	Executive Team Performance Reviews - Pembrokeshire Last reported August 2019 Next report October 2019	19 (7=IA, 12=R)	1	0	5	13	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.

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	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	Dec-19	Executive Team Performance Reviews - Carmarthenshire Last reported N/A Next report November 2019	7	4	0	1	2	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.

***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.

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	Committee & Date Final Report received at	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 or 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	Quality Safety & Experience Assurance Committee April 2019	Mar-20	Mar-20	Executive Team Performance Reviews - MH&LD Last reported July 2019 Next report October 2019	15	4	0	3	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.
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	Quality Safety & Experience Assurance Committee June 2019	Mar-20	Mar-20	Executive Team Performance Reviews - MH&LD Last reported July 2019 Next report October 2019	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	Quality Safety & Experience Assurance Committee April 2019	Dec-22	Dec-22	Executive Team Performance Reviews - MH&LD Last reported July 2019 Next report October 2019	22	6	2	6	10	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	Quality Safety & Experience Assurance Committee June 2019	Sep-20	Sep-20	Executive Team Performance Reviews - MH&LD Last reported July 2019 Next report October 2019	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.
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	Quality Safety & Experience Assurance Committee August 2019	Nov-19	Nov-19	Executive Team Performance Reviews - MH&LD Last reported July 2019 Next report October 2019	16	1	0	1	14	26/06/2019- report due to be 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 Ceryn WGH 10-12 June 2019	Health Inspectorate Wales (HIW)	13/09/2019	Open	Director of Operations	Mental Health & Learning Disabilities	Melanie Evans/ Kay Isaacs	Quality Safety & Experience Assurance Committee October 2019	Jul-20	Jul-20	Executive Team Performance Reviews - MH&LD Last reported July 2019 Next report October 2019	20	2	0	7	11	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, 7 are on track and 2 have timescales that have slipped. Director of Operations to be informed of the extensions required.

*Key

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HIW/CHC CONTRACTORS

Report Ref	Name of Report (External only)	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 of 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 August 2019 Next report November 2019	15 (IA=4,R=11)	1	1	1	13	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.
GPs	Brynteg 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	Dec-19	Executive Team Performance Reviews - Primary Care, Pharmacy (community), LTC & LVWS Last reported August 2019 Next report November 2019	11	1	1	2	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 Brynteg. 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.
Dental																
Dental	Celtic Dental Practice, Llandeilo, 05/11/18	Health Inspectorate Wales (HIW)	06/02/2019	Open	Director of Primary, Community and Long Term Care	Primary Care, Pharmacy (community), LTC & LVWS	Sophia Todaro	Dec-19	Dec-19	Executive Team Performance Reviews - Primary Care, Pharmacy (community), LTC & LVWS Last reported August 2019 Next report November 2019	7	0	0	1	6	The practice provides a range of NHS and private general dental services. 12/03/19- Reporting officer confirmed she has spoken to the practice who have verbally informed her they have been working through the action plan and the majority are now complete. She has requested a written update on the remaining action plans as soon as possible. 19/03/19- Chaser email sent to reporting officer to confirm recommendation is complete. 10/04/19- Primary Care Manager confirmed response from Celtic has been received and currently being reviewed. 25/04/19- Assurance officer requested update on recommendations by 08/05/19 for the next PMAF review in May 2019. 29/04/19- Update received from Dental Services Officer. 6 recs completed and remaining rec (All staff must undertake Protection of Vulnerable Adults training) to be completed by original timescale of December 2019. 23/07/19-Primary Care Officer confirmed he had been in contact with the surgery and they have confirmed the remaining action is on schedule to be completed by December 2019 (staff have this training booked for October).

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WAO

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	Red (behind schedule)	Red recs beyond 6 months of original completion date	Amber (on schedule)	Green (completed)	Additional Information
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 December 2019	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 May 2019 Next report November 2019	24	2	2	0	22	ARAC 07/11/17 update- Remaining recommendations should be implemented by 01/04/18. Majority of outstanding recommendations are linked to LNC agreement of local job planning guidance and SPA tariffs. ARAC asked for update in Mar18 to assure them of 100% job plans in place & completion of Improvement Plan. 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.
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 April 2019 Next report October 2019	17	1	1	0	16	Acute QSE SC 15/11/17 progress update- 12 recs currently outstanding with completion date of July 2018. ARAC 21/08/18 update - 2 recs are outstanding- R1c (Audit of nutritional care pathway) and R4b (Computerised Catering information system). R1c- Full audit of the pathway, and streamlining of audits, has not taken place due to staffing pressures. Investment required for patient feedback, little data currently available. Completion date of April 2019. R4b- an All Wales IT catering solution is being developed. Subsequent to this the UHB will need to consider the Capital & Revenue implications of procuring the system from the All Wales Framework. Completion date of December 2018 is aspirational. 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.

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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 Mar-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.
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 September 2019 Next report November 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.
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 December 2019	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	TBC	Formal Exec Team meeting performance review (Planning, Performance & Commissioning) Last reported March 2019 Next report October 2019	3	3	3	0	8	Follow on to: 270A2015 Information Back-up Review, 141A2012, Review of ICT Disaster Recovery & Business Continuity Arrangements and 373A2012 Data Quality. Overall 9 recs outstanding from these reports. 09/10/18- Informatics Business Manager confirmed 4 of the 7 outstanding recommendations are planned to be completed by January 2019. Assurance officer has requested timescales for the 3 recommendations. 02/11/18- Informatics Business Manager confirmed 1 recommendation regarding failover has not yet been completed as unable to undertake a planned outage for national systems. However it would be possible for a local failover to be undertaken, this has been put forward against the recommendation. Awaiting decision. 2 additional recommendations are currently outstanding, but progress has been made. Due to resources this has been delayed but work to be undertaken in November with completion in January 2019 to ensure disaster recovery plans are in place. 22/01/19- Informatics Business Manager confirmed update on recs will be reported to the Information Governance Sub Committee on 15/02/19. 15/02/19- IGSC paper reported 7 recs still behind schedule. 4 recs will be requested to close once fall over is undertaken which is due by April 2019. 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.
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 August 2019 Next report October 2019	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.
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	04/40/2019 31/05/2020	Executive Team Performance Reviews - Primary Care, Pharmacy, LTC, LVSW Last reported August 2019 Next report November 2019	14	2	2	3	9	02/10/18- WAO requesting comments on drat report by 22/10/18. Rhian Bond is leading the response but will need to be signed off by Jill. 24/10/18- Jill Paterson meeting with WAO 5/11/18 to discuss reports- need comments by 09/11/18 to allow time for WAO to finalise report before it is presented to next ARAC meeting in December 2018. 30/11/18- Final report and management response received. Management response does not include timescales, Head of Assurance and Risk has contacted reporting officer requesting timescales as soon as possible. 04/12/18- Final version of management response received. 23/04/19- Assurance officer emailed reporting officer requesting update on implementation of recommendations in early May for the next PMAF review. 07/05/19- Chaser email sent to reporting officer. 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.
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	1	3	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.

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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	TBC	Formal Exec Team meeting performance review (Planning, Performance & Commissioning) Last reported March 2019 Next report October 2019	3	3	3	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.
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	1	0	5	2	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.

***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	Red (behind schedule)	Red recs beyond 6 months of original completion date	Amber (on schedule)	Green (complete)	Additional Information
HDUHB 1420	Concerns Follow Up	Reasonable	Internal Audit	Apr-15	Open	Director of Nursing, Quality and Patient Experience	Nursing	Louise O'Conner/ Sian Passey	The Follow Up Audit did not include specific dates	Dec-20	Formal Exec Team meeting performance review (Nursing, Quality & Patient Experience Directorate) Last reported April 2019 Next report October 2019	5	1	1	0	4	25/01/18 and 12/03/18- Reporting officers contacted requesting update, response not yet received. 12/03/18- reporting officer provided update, assurance officer has contacted Assistant Director of Nursing Assurance & Safeguarding for updates on the incident related issues. 25/04/18- email chaser sent to Assistant Director of Nursing Assurance & Safeguarding. 25/06/18- Assurance officer emailed Assistant Director of Nursing Assurance & Safeguarding requesting update on implementation of recommendations by 20/07/18 for ARAC August 2018 meeting. 27/07/18- Assistant Director of Nursing Assurance & Safeguarding provided updated on outstanding recs (Rec 1, 6 and 7). Rec 1 has a completion date of January 2019, following service changes historic incidents have now been aligned to the correct managerial structure, and the targeted approach through performance management will see an improvement in the closure of older incidents. Rec 6 (amendment of 'Guidance on the Investigation of Concerns policy') has a completion date of October 2018. The UHB will be adopting a SOP which will be taken to the Improving Experience Sub Committee (IESC) in September 2018. Rec 7 has a completion date of 2020 as the Datix system is being reviewed from an All Wales perspective and as such it would not be appropriate to amend system to include MYRDDIN data. 18/10/18- Assistant Director confirmed monitoring of this report will take place at the Improving Experience Sub Committee. This report is not superseded by HDUHB 1819-22. To remain open. 18/03/19- Assurance officer requested update from reporting officers by 27/03/19 for April formal exec team meeting. 02/04/19- Updates received from reporting officers. Rec 6 (amendment of 'Guidance on the Investigation of Concerns policy') is now complete and reporting officers requested remaining rec 1 (All concerns should, wherever possible, be acknowledged and responded to within the timescales set out in the NHS (Concerns, Complaints & Redress Arrangements) (Wales) Regulations 2011) and rec 7 (comprehensively populating Datix with investigation information) to be closed. Assurance officer emailed Director of Nursing, Quality and Patient Experience for confirmation if she is happy for the report to be closed. 09/04/19- Head of Assurance and Risk met with Director of Nursing, Quality and Patient Experience. Director confirmed she will be contacting reporting officer to discuss report. 13/06/19- Assurance officer emailed Director of Nursing, Quality and Patient Experience to enquire if this report has been discussed and what was the outcome. 19/08/19- Director of Nursing, Quality and Patient Experience confirmed at meeting with Head of Assurance and Risk that rec 1 is completed but rec 7 (comprehensively populating Datix with investigation information) to remain open and will need to be checked by Assistant Director. Once All Wales system in place this can be closed.
HDUHB 1617-08	Health & Safety	Reasonable	Internal Audit	Sep-16	Open	Director of Operations	Estates	Rob Elliott/ Tim Harrison	Nov-16	N/K	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. Rec 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.
HDUHB 1639	Wales for Africa Programme	Limited	Internal Audit	Apr-17	Open	Director of Public Health	Public Health	Director of Public Health	Mar-18	Nov-19	Formal Exec Team meeting performance review (Public Health Directorate) Last reported June 2019 Next report November 2019	7	2	2	0	5	26/03/18- Comments received on recommendations have been received by the reporting officer. Assurance officer has responded requesting clarification on how many of the recs are outstanding. 06/07/18- Assurance officer emailed Director of Public Health and Head of Hywel Dda Health Charities for updates on recommendations. 06/07/18- Head of Hywel Dda Health Charities confirmed the charitable fund T607 (recommendation 3) will be closed once the outcome of ongoing investigations is communicated to the Charitable Funds Committee. 20/07/18- Assurance officer sent email reminder to Director of Public Health for updates. 26/07/18- chaser email sent to reporting officer requesting update by 30/07/18. 09/08/18- No update received. 15/08/18- Update from reporting officer. 5 recommendations remain outstanding (3 of the recs the UHB are compliant with, but recommendations are not yet fully completed). 11/10/18- Following agreement with Board Secretary, due to the internal investigation updates won't be sought until April 2019. 12/04/19- requested update from Director of Public Health by 30/04/19 for formal ET meeting in May. 03/05/19- Assurance officer sent chaser email to Director of Public Health for update by 08/05/19. 24/05/19- Update from Partnership Governance Officer. Following recs remain outstanding: - Rec 1 (Memorandum of Understanding) - A MoU template is in the process of being agreed and will be in place for sign off at Board in November 2019. - Rec 3 (Charitable Fund)- Discussions are in place between finance, Charitable Funds and Partnership Governance Officer to establish clear policy and guidance regarding the UHB CF holding external funds and the management of these funds. This will be an element of the International Partnership Governance Framework (IPGF) and approved by CFC prior to Board in November 2019. The fund T607 has not yet been closed as the CFC has received no formal notification regarding the outcome of the internal investigation. - Rec 4 (Expense Record Keeping and Reporting to Grant Funders) - An element of the IPGF will be for reports to be made to the International Health Group. The terms of reference are the International Health Group being worked up now and will be approved at Board in November 2019. 10/06/19- The report was discussed at formal ET meeting and it was agreed that the Board Secretary, Director of Finance, Director of Public Health and Director of Partnerships and Corporate Services will meet to discuss and agree the closure of the outstanding actions. 08/08/19- Assurance officer emailed Director of Finance, Director of Public Health and Director of Partnerships and Corporate Services for update on recommendations. 11/09/19- Rec 3 is now complete. Rec 1 & 4 to be completed by November 2019.
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 or 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.
HDUHB-1718-34	National Standards for Cleaning in NHS Wales	Reasonable	Internal Audit	Feb-18	Open (external rec 4)	Director of Operations	Estates	Mark Lewis/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 CAC 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 CAC 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.

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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 December 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.
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	Formal Exec Team meeting performance review (Finance Directorate) Last reported June 2019 Next report November 2019	3	1	0	0	0	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.
HDUHB 1819-21	Safeguarding of Children & Vulnerable Adults	Reasonable	Internal Audit	Feb-19	Open	Director of Nursing, Quality and Patient Experience	Nursing	Mandy Nichols- Davies/ Sian Passey	Jun-19	TBC	Formal Exec Team meeting performance review (Nursing, Quality & Patient Experience Directorate) Last reported April 2019 Next report October 2019	3	3	0	0	0	12/02/19- IA report received. Outstanding recommendation: Action plans to improve compliance are to be developed by Directorate/Sites/Service areas and discussed at Strategic Safeguarding Sub Committee quarterly to be completed by June 2019. 03/07/19- Assurance officer emailed Head of Safeguarding for confirmation that final recommendation has now been completed. 04/07/19-Head of Safeguarding confirmed final recommendation is complete. Assurance officer emailed Director of Nursing, Quality and Patient Experience for confirmation that she is happy to close the report. 19/08/19- Assistant Director of Nursing Assurance & Safeguarding confirmed to check that the process is in place for action plans to improve compliance to be developed and discussed at the Strategic Safeguarding Sub Committee quarterly. 24/09/19- An issue with the TeamCentral system led to the reporting officer not being able to update, and the assurance officer not being able to review the recommendations on the system. This has now been corrected and the assurance officer has emailed the reporting officer to ask that she can now update the system. 2 recs have been completed but will remain as red RAG status on the tracker until the Director of Nursing, Quality and Patient Experience.
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	TBC	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
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 March 2019 Next report October 2019	4	0	0	1	3	Supersedes Internal Audit HDUHB 1718-32 PC / Laptop Security Arrangements. 12/02/19- Clear dates not provided in Management response, Head of Assurance and Risk to query with Head of Internal Audit. ARAC 19/02/19- Timescales unclear from management response submitted to ARAC February 2019 meeting- ARAC requested further clarity around both ownership and timescales for completion is required and that the management response should be amended and resubmitted. 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.
HDUHB1819-32	Radiology Directorate	Reasonable	Internal Audit	Oct-18	Open	Director of Operations	Radiology	Amanda Evans	Oct-19	Oct-19	Executive Team Performance Reviews - Radiology Last reported September 2019 Next report November 2020	8	4	2	0	4	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.

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HDUHB1819-33	Records Management	Limited	Internal Audit	Feb-19	Open	Director of Operations	Records management	Steven Bennett	Sep-19	04/09/2019 TBC	Executive Team Performance Reviews - Health records Last reported September 2019 Next report March 2020	9	2	0	1	6	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.
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 March 2019 Next report October 2019	8	0	0	1	7	21/11/18- Internal Audit includes 8 recommendations however recommendation 8 (WOD advice should be sought on the matter of compulsory breaks to ensure the European Working Time Directive is appropriately adhered to) was rejected by the service. The Assistant Director of Informatics advised that this has a long standing issue that he has been working with HR / Unions to ensure that the staff have their comfort breaks. Unfortunately, due to the nature of the work, structures etc the UHB are not able to comply with this requirement. However, when the new switchboard technology is implemented it will allow this to occur. Staff have been made fully aware of their rights, and they have opted out of the ETWD around hours and breaks etc. 11/12/18 ARAC- ARAC requested that the report be reviewed in terms of assurance rating and content, and requested that the management response be updated and resubmitted to the next meeting. 15/02/19 IGSC meeting- Rec 3 to 7 requires formal communication to be provided to all staff / managers detailing their responsibilities to ensure that due process is adhered to. The deadline for these recs range from November 2018 to February 2019, but the Informatics Business Manager has confirmed that formal communication will be sent out in due course by March 2019. 10/04/19- Assurance officer met with new Interim Informatics Business Manager, who will seek a progress updates on the outstanding recommendations. 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 for 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.
HDUHB-1819-05	Single Tender Actions	Reasonable	Internal Audit	Mar-19	Open	Director of Finance	Finance	Director of Finance/ Head of Procurement	Sep-19	04/09/19 31/10/19	Formal Exec Team meeting performance review (Finance Directorate) Last reported June 2019 Next report November 2019	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.
HDUHB-1819-11	Integrated Care Fund – Follow Up	Reasonable	Internal Audit	May-19	Open	Director of Operations	Community & Primary Care (Carmarthenshire)	Peter Skitt/ Martyn Palfreman	Jul-17	04/07/2019 30/09/2019	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.
HDUHB-1819-34	National Standards for Cleaning in NHS Wales	Limited	Internal Audit	Apr-19	Open	Director of Operations	Estates	Stephen John/ Heather Williams	Jul-19	04/07/2019 Nov-19	Executive Team Performance Reviews - Facilities Last reported September 2019 Next report March 2020	5	5	5	0	0	23/04/19- Reported to ARAC April 2019 meeting. 5 recommendations have all been actioned. 01/05/19- Director of Operations to meet with Director of Estates, Facilities and Capital Management to discuss clarification of management response. Amended management response to be reported to ARAC in June 2019. Assurance officer to reflect updates on tracker following ARAC meeting. ARAC 25/06/19- Management response updated: Rec 1 (Unresolved Cleaning and Estates Fails) - completed. Estates audits experience far more repeat fails, due to funding shortage and available access. These are identified at each performance review and where possible associated works to correct the item is planned. There is limited funding within the DCP, the list of schemes/works are agreed and prioritised jointly between Hard FM team and the site general manager (GM). Current estates and backlog figures show an estimate of £65m backlog across the HB estate. Rec 2- (Frequency of Internal Technical Audits) - timescale July 2019. Rec 3- (Uploading of Data and Scoring) - timescale July 2019. Rec 4 (iPad Usage) - completed. Rec 5 (Audits at Peripheral Sites) - timescale July 2019. 11/07/19- emailed reporting officer to inform them to update TeamCentral. 08/08/19- Assurance officer emailed reporting officers to ask for convenient time to meet to go through the TeamCentral system. RAG status updated to reflect TeamCentral. Recs remain red until the Exec Lead has approved the recommendations as closed through the system. 21/08/19- Reporting officers updated TeamCentral. Rec 3 & 4 are completed. Rec 1 has been extended to 30/11/19 and rec 2 and 5 have extensions to 30/09/19. Recs to remain red RAG status until Director of Operations approves rec 3 & 4 as complete through TeamCentral system. 02/10/19- 4 recommendations are stated as completed on TeamCentral. Rec 1 (unresolved cleaning and Estates fails) to be completed by 30/11/19. Recs remain red until the Director of Operations has approved the recommendations as closed through the TeamCentral system.
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	Oct-19	Formal Exec Team meeting performance review (Nursing, Quality & Patient Experience Directorate) Last reported April 2019 Next report October 2019	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.
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.

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-1819-04	Health and Care Standards	Reasonable	Internal Audit	Jun-19	Open	Director of Nursing, Quality and Patient Experience	Nursing	Cathie Steele	Oct-19	Oct-19	Formal Exec Team meeting performance review (Nursing, Quality & Patient Experience Directorate) Last reported April 2019 Next report October 2019	3	0	0	3	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 OQSEC in October 2019.
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 June 2019 Next report November 2019	3	1	0	2	0	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.
HDUHB 1819-13a	Budgetary Planning	Reasonable	Internal Audit	Jun-19	Open	Director of Finance	Finance	Rhian Davies	Aug-19	TBC	Formal Exec Team meeting performance review (Finance Directorate) Last reported June 2019 Next report November 2019	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.
HDUHB-1920-15	Annual Quality Statement	Reasonable	Internal Audit	Aug-19	Open	Director of Nursing, Quality and Patient Experience	Quality	Sian Passey	Oct-19	Oct-19	Formal Exec Team meeting performance review (Nursing, Quality & Patient Experience Directorate) Last reported April 2019 Next report October 2019	4	0	0	4	0	06/07/19- Report includes 4 recommendations all with a timescale of 31/10/19.
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.
HDUHB-1920-25	Estates Directorate Governance Review	Limited	Internal Audit	Oct-19	Open	Director of Operations	Facilities	Rob Elliot	Oct-20	Oct-20	Executive Team Performance Reviews - Facilities Last reported N/A Next report March 2020	7	0	0	7	0	09/10/19- 7 recs to be completed with varying timescales from October 2019 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	0	0	4	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 to be completed by 31/10/19 and rec 4 to be completed by 31/12/19.
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	Sep-19	TBC	Executive Team Performance Reviews - Facilities Last reported September 2019 Next report March 2020	8	2	1	0	6	04/06/19- Update provided by Head of Facilities Information & Capital Management, extensions to be requested from Director of Operations: Residential Accommodation - 2 outstanding recs: Rec 6- Complete. Rec 5- timescale has slipped from April 2019 to June 2019. Head of Health, Safety & Security is arranging a meeting with Discretionary Capital Projects Manager to agree the timescale for a site by site report for the Quarter (Jan-March 2019) with the planned review of this report to be completed by the end of June 2019. It is the intention going forward that these reports will be received and reviewed on a quarterly basis for the previous quarter. Rec 10- Management will consider the viability of accommodation both with and without SIFT monies. Original June 2019 timescale. Backlog Maintenance - 3 outstanding recs on track to be completed by new report date of September 2019. Fire Precautions Follow Up Rec 7- The fire zone information has been completed but site plans are still being updated by the service and requires a replacement post (Estates Surveyor) to be in place to complete this. Timescale extension requested from May 2019 to December 2019. Rec 5- August 2019 timescale on track. 17/06/19- Assurance officer emailed Senior Finance Business Partner for update on Residential Accommodation rec 10. 01/07/19- Residential Accommodation rec 10 requires extension to September 2019. 04/07/19- Head of Facilities Information & Capital Management confirmed she will check Residential Accommodation rec 5 is complete. Other recs are still on target. 17/07/19- Director of Operations not happy to approve extension of Fire Precautions rec 7 to December 2019. Head of Facilities Information & Capital Management has agreed to pick this up with Assistant Head of Operational Facilities Management. 06/08/19- Head of Facilities Information & Capital Management confirmed rec 5 (residential accommodation) is behind schedule and will check and provide a revised timescale. For rec 7 (Fire Precautions) site panels are update but the site plans are not. Discussions taking place to appoint external consultant to complete this work. 20/08/19- Head of Facilities Information & Capital Management confirmed rec 5 (residential accommodation) should be completed by 31/08/19. 03/09/19- Head of Facilities Information & Capital Management confirmed rec 5 (residential accommodation) will be completed by 31/09/19, she will pick up the outstanding recs for backlog maintenance with Head of Property Performance to confirm which ones can now be closed. For Rec 7 (Fire Precautions)- information is waiting to be received to confirm this complete. Rec 5 is behind scheduled due to staff sickness, assurance officer to receive confirmation of revised end date shortly. 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) has been completed but rec 5 (Fire Zone plans) 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 (Fire Zone plans). 02/10/19- Head of Facilities Information & Capital Management is awaiting timescale from the Fire Officer for rec 5 (Fire Zone plans).

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 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 March 2019 Next report October 2019	10	3	0	0	7	09/04/19- Rec 3,4,8 and 10 completed. Following recs to be completed by May 2019: Rec 1- Sub Group Terms of Reference should be approved and included within the project governance document. Rec 2- The Project Group should meet with sufficient regularity (monthly) to ensure appropriate control and oversight. Rec 5- Contract details should be fully completed, including the contract date, and contracts should be fully executed prior to works commencing. Rec 6-project team submitting a monthly progress report to the Project Director, or similar approach. Rec 7- Project progress meetings should be recognised in the project governance document. Rec 9- Key project documents should be held securely in a central electronic location. 02/05/19- Assurance officer emailed Health Planning Manager for update that amber recommendations are on target to be completed by 31/05/19. 15/05/19- Health Planning Manager emailed Assistant Director of Strategy & Planning for advise on how this could be taken forward given the limited planning support at the moment. 04/06/19- Assurance officer sent reminder email to service for update on outstanding recommendations which have now passed their original timescales. 13/06/19- The outstanding recommendations will be formally reviewed at the next Project Board meeting on the 02/07/19 with a view to agreeing the recommendations are completed and the report closed. 04/07/19- the recommendations were not closed at the Project Board meeting on 02/07/19 and remain outstanding. 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 is 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. 07/10/19- Next project group meeting is taking place on 22/10/19 where rec 1 and rec 7 should be implemented.
SSU_HDU_1819_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 March 2019 Next report October 2019	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.
SSU_HDU_1819_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 March 2019 Next report October 2019	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).
SSU_HDA_1819_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 March 2019 Next report October 2019	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_1718_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- as the project didn't complete on time this impacts the PPE implementation date (rec for Bronglais Front of House) which is now red RAG status. Anticipated to be completed by 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.
SSU HDU 1920 07.01	Water Safety Follow-up	Substantial	Internal Audit SSU	Oct-19	Open	Director of Operations	Estates	Rob Elliot	N/A	N/A	Executive Team Performance Reviews - Facilities Last reported - new, not yet reported Next report March 2020	N/A	N/A	N/A	N/A	N/A	11/10/19- Recommendations made at the prior audit (issued April 2019) were fully addressed.

***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. NWS) to implement.

CHC

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	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	Dec-18	Sept-18 July-18 Sep-19 TBC	Executive Team Performance Reviews - Out of hours Last reported August 2019 Next report November 2019	6	2	2	0	4	27/07/18- Report sent to Deputy Director of Operations, cc. Business Support Manager Central Operations requesting response to the report findings and completed action plan to be returned to assurance office by 03/08/18. 13/08/18- Action plan sent to Director of Operations for sign off. 04/09/18- Action plan submitted to CHC. 25/09/18- 4 recommendations to be completed by the end of August and September 2018 have requested extensions to November 2018, due to being linked to TCS and GP advisory panel outcomes. 28/09/18- Director of Operations has agreed to the extensions to November 2018 (still within overall completion date of report). 23/11/18- 4 recommendations have further slippage of timescales ranging up to 31/03/19. Improvement plan sent to Director of Operations to approve extensions. 06/12/18- Director of Operations responded that slipped dates aren't ideal but understands the reasons why and happy to agree. 05/02/19- Assurance officer met with reporting officer. 4 recs have passed their original implementation dates, 2 to be completed by March 2019 and a further 2 do not have clear timescales at present. 12/02/19 - Director of Operations agreed the extension as is fully aware of issues within service. 01/05/19- Assurance officer emailed reporting officer requesting to review and provide realistic timescales for the Director of Operations to approve. 10/05/19- Assurance officer sent chaser email for update on realistic timescales, information requested by 17/05/19 for next QSEAC report. 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. 18/07/19- 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.
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 Coterrell	Mar-19	Apr-20	Formal Exec Team meeting performance review (UHB wide USC) Last reported September 2019 Next report December 2019	9	2	2	0	7	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. 14/03/18- 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.
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	Apr-19	TBC	Executive Team Performance Reviews - Women and Children Last reported October 2019 Next report December 2019	5	1	1	0	4	28/08/18- Report emailed to reporting officer requesting action plan to be completed by 04/09/18. 05/09/18- Action plan received from Head of Midwifery & Women's Services. 4 recs to be completed by 30/11/18 with 1 rec (resolve the current temporary reduced hours arrangements in PACU) to be completed by 30/04/19. 27/09/18- Action plan sent to CHC via Director of Nursing, Quality & Patient Experience. 07/11/18 - Reporting officer confirmed Recs 3&4 have been completed. 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.

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	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	May-20	May-20	Executive Team Performance Reviews - Pathology Last reported September 2019 Next report November 2020	10	6	0	1	3	15/05/19- Rec 9 has been completed. All other recs have timescales ranging from 26/07/19 to 31/05/20. 02/06/19- 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.
No Ref	Cadog Ward, Glangwili Hospital, November 2018	Hywel Dda Community Health Council	Nov-18	Open	Director of Operations	Unscheduled Care (GGH)	Bethan Lewis	Sep-19	Sep-19	Executive Team Performance Reviews - GGH (USC) Last reported September 2019 Next report November 2019	9	0	0	0	9	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. Rec 1 to be completed by 30/06/19, rec 2 to 8 to be completed by 31/08/19 and rec 9 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.
No Ref	Telfi Ward, Glangwili Hospital, December 2018	Hywel Dda Community Health Council	Dec-18	Open	Director of Operations	Unscheduled Care (GGH)	Bethan Lewis	Sep-19	Feb-20	Executive Team Performance Reviews - Scheduled Care/ GGH (USC) Last reported September 2019 Next report November 2019	18	10	2	1	7	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.
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	Mar-20	Mar-20	Executive Team Performance Reviews - BGH (USC) Last reported August 2019 Next report October 2019	13	1	0	4	8	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.
No Ref	Accident and Emergency Department Wilybush 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 (USC) 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.

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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 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.
JHET/HD/04102019/08	Improvement notice - preventing and controlling injuries 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	2	0	0	2	09/10/19- 2 measures need to be to be undertaken by 01/05/2020.

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 July 2019 Next report October 2019	3	1	0	1	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, assurance officer responded requesting timescales and what actions under rec 1 & 2 that have been fully completed to be clarified.
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	N/K	N/K	Executive Team Performance Reviews - MH&LD Last reported July 2019 Next report October 2019	2	0	0	2	0	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.

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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	UnscheduledCare (WGH)	Janice Cole-Williams/ Carol Thomas	Executive Team Performance Reviews - WGH (USC) Last reported August 2019 Next report October 2019	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.
201803042	4059	Public Services Ombudsman (Wales)		08/08/2019	Open	Director of Operations	UnscheduledCare (GGH)/ Radiology	Bethan Lewis/ Amanda Evans	Improving Experience Sub Committee/Executive Team Performance Reviews - GGH (USC) Last reported September 2019 Next report November 2019 Executive Team Performance Reviews - Radiology Last reported September 2019 Next report November 2020	08/11/2019	08/11/2019	8	0	0	5	3	19/08/19- 2 recs (apology and payment) to be completed by 08/09/19 and the remaining 6 recs to be completed by 08/11/19. 03/09/19- the first 2 recs (apology and payment) have been completed and the Ombs informed on 17/09/19. The remaining 6 recs are being progressed by the service to ensure they are completed by the deadline of 08/11/19. 3/10/19- Rec requiring complaint management review completed. All other recommendations are on track for completion on time (08/11/19).
201804569	8779	Public Services Ombudsman (Wales)		19/09/2019	Open	Director of Operations	Scheduled Care	Lydia Davies	Improving Experience Sub Committee/ Executive Team Performance Reviews - Planned Care Last reported October 2019 Next report December 2019	19/10/2019	19/10/2019	3	0	0	0	3	19/09/19- 3 recs to be completed by 19/10/19. 3/10/19- All recommendations completed and evidence submitted to Ombs. Awaiting confirmation from Ombs to close report.

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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.

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 July 2019 Next report October 2019	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 July 2019 Next report October 2019	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 December 2019	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 September 2019 Next report November 2019	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 July 2019 Next report October 2019	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.

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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
	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	Sep-19	Executive Team Performance Reviews - Out of hours Last reported August 2019 Next report November 2019	9	2	0	0	7	20/03/19- Draft report received and draft improvement plan in development with clarification being sought from authors. The total number of recommendations reflected in the tracker only refers to those attributable to Health Board and Out of Hours team. 09/04/19- The Out of Hours Peer review draft report and recommendations were issued without consultation with the UHB. The lead officer has contacted the report author and has been advised that the report will not be issued as a final report, however the service is working to implement the recommendations. 01/05/19- Assurance officer emailed reporting officer requesting to review and provide realistic timescales for the Director of Operations to approve. 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 31/09/19.
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 December 2019	2	2	2	2	0	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 advise 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.
No Ref	Glangwili Neonatal Unit Peer Review Report	Wales Neonatal Network	Aug-19	Open	Director of Operations	Women and Children's services	Keith Jones	TBC	TBC	Executive Team Performance Reviews - Women and Children Last reported October 2019 Next report December 2019	TBC	TBC	0	TBC	TBC	27/09/19-Medical Director emailed final report to Assistant Director Acute Services, requesting action plan to be developed by 17/10/19

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OTHER

Report Ref	Name of Report	Reviewing Body	Date of Report	Report status (open/ closed/ strategic log/ external rec)	Executive Lead:	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 Comments
No Ref	External Governance Review	Commissioned report	Apr-15	Open (rec 5.7 & 7.3 Strategic log)	Director of Nursing, Quality & Patient Experience / Director of Operations / Director of Partnerships & Corporate Services	Patient Experience/ records management/ Performance	Sian Passey/ Steven Bennett	Audit Committee Aug-15	Board May -15	Apr-16	Feb-20	Executive Team Performance Reviews - Health records Last reported September 2019 Next report March 2020 Formal Exec Team meeting performance review (Nursing, Quality & Patient Experience Directorate) Last reported April 2019 Next report October 2019 Formal Exec Team meeting performance review (Partnerships and Corporate Services) Last reported July 2019 Next report December 2019	58	3	3 (2 on Strategic Log)	0	55	20/09/18- Reporting officer amended from Board Secretary to Director of Nursing, Quality & Patient Experience (Rec 4.7), Director of Planning, Performance & Commissioning (Rec 5.7, 7.3), Director of Operations (Rec 5.7) and Director of Partnerships & Corporate Services (Rec 7.3). 29/10/18- Director of Partnerships & Corporate Services confirmed Rec 7.3 moved to the strategic log. 11/01/19- Assurance officer emailed Assistant Director of Nursing Assurance & Safeguarding for update on Rec 4.7. 14/01/19- Assurance officer emailed Deputy Director of Operations for update on Rec 5.7. 17/01/19- Reporting officer confirmed Rec 4.7 has revised date of September 2019. Director of Nursing, Quality and Patient Experience and Director of Planning, Performance & Commissioning meeting to discuss the presentation options for the dashboard and also how the informatics team can give added support the triangulation by supporting the electronic development of the quality dashboard. In the interim there is a hybrid dashboard, which is manually developed and concentrates on key indicators, which are linked to the QI strategy, again updated in document. 23/01/19- Rec 5.7 (records management) sits under Director of Operations- Health Records Manager advised February 2020 for appropriate progress. Director of Operations agreed to lead the records management project across the Health Board with the first meeting to be arranged in February 2019. The records management project is a considerable amount of work and will also require a significant amount of support from other meeting groups and lead individuals. 12/02/19- Director of Operations agreed to leave rec 5.7 open for now as this recommendation still needs to be completed and lies into Internal Audit Records Management recs. 18/03/19- Assurance officer emailed Director of Nursing, Quality and Patient Experience for confirmation she is happy to agree extension to September 2019 for rec 4.7 Effective tracking system and mechanisms for triangulation of information ensuring lessons are learnt, developed, established and in place' as further work needs progressing including the development of an interactive quality dashboard. 09/04/19- Head of Assurance and Risk met with Director of Nursing, Quality and Patient Experience who agreed to extension of 4.7 to September 2019. 30/04/19- Rec 5.7 (records management)- Rec should be completed once paper goes to June BPPAC (and Executive Team prior to this) setting out the records management plan with realistic timescales. 17/07/19- Assurance officer requested to receive an update on rec 4.7 from the reporting officer by 29/07/19 for next PMAF review. 29/07/19- Update provided from reporting officer on rec 4.7, currently still on track for September 2019 deadline. A rich source of data is now collected in the Data warehouse and is being used for performance management data and quality data. Assurance reports are being presented to QSEAC on a bi-monthly basis which considers a number of quality measures used within the HB. 09/08/19- Rec 5.7 (records management)- Head of Assurance and Risk to discuss closure of recommendation with Director of Operations at their next meeting. 19/08/19- Director of Nursing, Quality & Patient Experience (Rec 4.7) confirmed to speak to Assistant Director regarding Terms of Reference for Listening & Learning Group. Once the group is established and meeting this rec 4.7 can be closed. 29/08/19- Discussions taking place regarding if recommendation 5.7 is appropriate to be moved to the Strategic Log. 11/09/19- 5.7 (records management) was approved by formal Exec Team to be moved to the Strategic Log.

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STRATEGIC LOG

Report Ref	Name of Report (External only)	Reviewing Body	Date of Report	Executive Director (original):	Reporting Officer (original):	Recommendation	Action	Original completion date	Reason that action has not been implemented	How is this issue being managed/ resolved in long term	New Executive Director	New reporting officer	Date agreed to new lead	New area responsible for implementing recommendation	Progress update	Estimated revised Completion date (if known)	RAG status of original completion date (Red= behind schedule, Amber= on schedule, Green= complete)
No Ref	Unannounced Hospital Visit - Unscheduled Care Directorate & Surgical Assessment Unit - 11 & 12 Aug 2015	Health Inspectorate Wales (HIW)	04/12/2015	Director of Operations	Bethan Lewis	The health board should consider its progress towards electronic patient records which could assist with the current lack of storage for paper records.	Previous Health Board work undertaken on Digitalised patient records project to be reviewed and business case to be re-submitted for consideration as part of the capital bids programme	Jan-16	As part of the 2018/19 refresh of the digital strategy there is a reaffirmed commitment to becoming a paper light organisation, however this is dependent upon a business case to Welsh Government. To date this has not been submitted.	A new task and finish group has been established under the Director of Operations to reassess the Health Board's readiness for a paper light Health Board.	Director of Operations (same as original).	Director of Operations	Not agreed	Scanned health records	09/04/19-A project group led by the Deputy Director of Operations has been reviewing options to move towards a scanned health record solution over the past year or so. This culminated with a visit to a working facility at Worcester NHS Trust in March 2019. The Trust had successfully developed a long term partnership with a leading player in this field. The work of the project group has now largely been concluded and the next phase will be to establish a properly governed delivery structure which is adequately supported from a project management perspective and this will be overseen by a higher level group which will be led by the Deputy Chief Executive. This will focus on broader records issues and in particular information asset owner responsibilities which impact across the whole UHB. The inaugural meeting is due to take place in May 2019. The prevailing health records risks within the service at this time are largely unchanged and improvements are limited to marginal adjustments in year which allow short term capacity to be created. Update 04/09/19- A project board has now been formed, led by the Director of Operations, and has met twice in 2019. Its focus being the broader issues of health records management beyond the acute records. From the September 2019 meeting a workplan is being developed and this will be used as justification for securing project management resources which have already been acknowledged in principle by the executive team.	Approx. March 2023	Red
No Ref	CCU Ward 6 - WGH - Unannounced DECI - 23Sep14 (Coronary Care Unit (CCU) / Stepdown Unit)	Health Inspectorate Wales (HIW)	02/12/2014	Director of Operations	Janice Cole-Williams	R9: There needs to be adequate toilet facilities within easily accessible distance.	Plans for the proposal/options are currently being drafted These will be finalised with the Service Delivery Manager/ Senior Nurse Manager and Senior Ward Sister and submitted through the HDUHB planning process for consideration	Oct-14	Capital Bid submitted April 2017 to request a minor refurbishment of CCU.	The staff toilet has been reallocated for patient use.	Director of Operations (same as original).	Rob Elliot, Director of Estates, Facilities and Capital Management	28/09/2018	Estates	20/02/19- Works are being progressed as part of Ward 9/10 project at WGH provided from the Discretionary Capital Programme (DCP) in 2018/19 to address the HIW issues, and is due to complete by end of March 2019. 08/09/18- Head of Facilities Information & Capital Management confirmed handover is imminent and refurbishment will be fully completed imminently. 02/05/19- Head of Facilities Information & Capital Management confirmed work has been completed	March 2019 (end of 18-19 financial year)	Green
No Ref	Ward 6 - PPH - Unannounced DECI - 23Sep14 (Elastic Orthopaedic)	Health Inspectorate Wales (HIW)	09/01/2015	Director of Operations	Brett Denning	R5: Toilet and washroom facilities should have colour coded doors to assist people who are living with sensory impairment.	Estates have been informed 28/10/2014 of the specific requirement /recommendation re Ward 6 PPH. The painting and signage of the doors of hygiene facilities across all in-patient areas will be part of timetabled, HDUHB wide refurbishment programme which reflects the Kings Fund, evidence based principles for a dementia-friendly environment. Senior Nurse forum and Estates Lead will timetable to implement and monitor completion of work.	Progress Review April 2015	This good practice is recognised and is being implemented as ward refurbishments are undertaken across the Health Board. Currently this work plan is subject to approval and likely to take some time to develop. Ward 6 has not been identified as a priority area.	The UHB is due to submit a Programme Business Case to WG in Autumn 2018. This includes a comprehensive integrated programme for both major infrastructure investment and ward refurbishments across all the sites within the Health Board.	Director of Operations (same as original).	Rob Elliot, Director of Estates, Facilities and Capital Management	10/08/2018	Estates	22/02/19- Work on Programme Business Case (PBC) to align with TCS is currently underway. This work is required to be completed before the Business Case can be submitted to WG for consideration. Following discussions with WG the revised PBC is due to be considered by the Health Board in May 2019. This will however require individual BJCs to be developed to secure funding for specific schemes on a prioritised basis. PPH Site Manager not be bidding for Discretionary Capital ahead of the Programme Business Case future BJCs referenced above. 03/09/19- Director of Planning, Performance & Commissioning is carrying out a piece of work to reconcile the PBC with the TCS, this is projected to be completed by December 2019 at which point the PBC will be submitted.	NK	Red
No Ref	Tell Ward - GGH - Unannounced DECI - 28Aug2014 (Trauma and Orthopaedic Ward)	Health Inspectorate Wales (HIW)	04/11/2014	Director of Operations	Sarah Perry/ Bethan Lewis	Corridors were also cluttered due to lack of adequate storage for large equipment.	Ward storage and clutter ongoing challenges due to nature of ward equipment needs and also size of ward areas. Plan in place with Estates for change of function of unused bathrooms into storage areas. Awaiting costs and plan of actions required. Further ward refurbishment needs being assessed by Estates and will be reviewed in line with refurbishment plans for site.	Dec-14	Will require support from the ward refurbishment programme to resolve actions outstanding.	The UHB is due to submit a Programme Business Case to Welsh Government (WG) in autumn 2018. This includes a comprehensive integrated programme for both major infrastructure investment and ward refurbishments across all the sites within the UHB.	Director of Operations (same as original).	Rob Elliot, Director of Estates, Facilities and Capital Management	28/08/2018	Estates	22/02/19- Work on Programme Business Case (PBC) to align with TCS is currently underway. This work is required to be completed before the Business Case can be submitted to WG for consideration. Following discussions with WG the revised PBC is due to be considered by the Health Board in May 2019. This will however require individual BJCs to be developed to secure funding for specific schemes on a prioritised basis. GGH Site Manager not be bidding for Discretionary Capital ahead of the Programme Business Case future BJCs referenced above. 03/09/19- Director of Planning, Performance & Commissioning is carrying out a piece of work to reconcile the PBC with the TCS, this is projected to be completed by December 2019 at which point the PBC will be submitted.	Not known	Red
No Ref	Tell Ward - GGH - Unannounced DECI - 28Aug2014 (Trauma and Orthopaedic Ward)	Health Inspectorate Wales (HIW)	04/11/2014	Director of Operations	Sarah Perry/ Bethan Lewis	We found that the environment was old, tired and some areas required refurbishment.	Estates working with Senior Nurse and Ward Manager to devise plan for refurbishment identifying priorities and will be managed as part of the site refurbishment plans with Estates.	Dec-14	Will require support from the ward refurbishment programme to resolve actions outstanding.	The UHB is due to submit a Programme Business Case to WG in autumn 2018. This includes a comprehensive integrated programme for both major infrastructure investment and ward refurbishments across all the sites within the UHB.	Director of Operations (same as original).	Rob Elliot, Director of Estates, Facilities and Capital Management	28/08/2018	Estates	22/02/19- Work on Programme Business Case (PBC) to align with TCS is currently underway. This work is required to be completed before the Business Case can be submitted to WG for consideration. Following discussions with WG the revised PBC is due to be considered by the Health Board in May 2019. This will however require individual BJCs to be developed to secure funding for specific schemes on a prioritised basis. GGH Site Manager not be bidding for Discretionary Capital ahead of the Programme Business Case future BJCs referenced above. 03/09/19- Director of Planning, Performance & Commissioning is carrying out a piece of work to reconcile the PBC with the TCS, this is projected to be completed by December 2019 at which point the PBC will be submitted.	Not known	Red
Peer Review - Gynaecology - 9th Jan 2015 & Review 3 Jul 2015	Peer Reviews	08/10/2015	Director of Operations	Keith Jones	R4b. Maintain a cohesive & functioning Multi-Disciplinary Team.	To continue HB efforts to recruit additional Consultant Radiologist capacity to support	Ongoing	Recruitment efforts to attract substantive consultants continuing, but it is a very difficult to recruit to profession.	Supporting General Radiologist locum consultant appointments in place. These General Radiology posts allow Radiologists with a specialist interest (including Gynaecology, Breast and Haematology) to prioritise specialist expertise. The Director of Workforce & OD has confirmed the UHB has run a campaign for radiologists, and continues with recruitment drives to attract applicants. This is an overarching strategic objective for the service.	Director of Workforce & OD	Lisa Gostling, Director of Workforce & OD	31/07/2018	Workforce	27/02/19- update from Service: Workforce is being reviewed to establish if there is a growth for advanced practice radiographers to undertake additional work. Sonographers are being trained up in certain areas (such as neck) to provide additional support. 02/04/19- Update from Workforce & OD- Majority of Consultant Radiologists are currently sourced via agency, however filming is due to start for the Radiology Recruitment Campaign to feature one of the UHB's Consultants and family. The campaign will be in Arabic, Welsh and English in a bid to promote internationally. Information is also required from the Radiology service to support the launch of the recruitment film. 30/09/19- Update from Workforce & OD- Job description is currently with the Royal Collage for approval prior to advertising four posts. Since the last update the UHB has employed one further Consultant Radiologist who commenced employment on 19/08/19.	Not known	Red	
Breast Cancer Peer Review - 5th June 2015	Peer Reviews	09/06/2015	Director of Operations	Keith Jones	R2. A single Handed Radiologist provides Breast radiology for the Services.	To continue with efforts to recruit additional Radiology consultants.	Ongoing until all vacancies are filled.	Recruitment efforts to attract substantive consultants continuing, but it is a very difficult to recruit to profession.	Supporting General Radiologist locum consultant appointments in place. These General Radiology posts allow Radiologists with a specialist interest (including Gynaecology, Breast and Haematology) to prioritise specialist expertise. The Director of Workforce & OD has confirmed the UHB has run a campaign for radiologists, and continues with recruitment drives to attract applicants. This is an overarching strategic objective for the service	Director of Workforce & OD	Lisa Gostling, Director of Workforce & OD	31/07/2018	Workforce	27/02/19- update from Service: Workforce is being reviewed to establish if there is a growth for advanced practice radiographers to undertake additional work. Sonographers are being trained up in certain areas (such as neck) to provide additional support. In addition with regards to breast, we have employed a consultant radiographer instead of a radiologist who will look to develop radiographers further in this area. 02/04/19- Update from Workforce & OD- Majority of Consultant Radiologists are currently sourced via agency, however filming is due to start for the Radiology Recruitment Campaign to feature one of the UHB's Consultants and family. The campaign will be in Arabic, Welsh and English in a bid to promote internationally. Information is also required from the Radiology service to support the launch of the recruitment film. 30/09/19- Update from Workforce & OD- Job description is currently with the Royal Collage for approval prior to advertising four posts. Since the last update the UHB has employed one further Consultant Radiologist who commenced employment on 19/08/19.	Not known	Red	
Peer Review - Haematology Cancer MDT - 2016	Peer Reviews	01/06/2016	Director of Operations	Keith Jones	R.2 The MDT is supported by a single handed consultant Radiologist with no cover arrangements for annual, study or sick leave.	The UHB has been advertising for an additional Radiologist for some time, and has just re-advertised again, this has proved difficult as there is a national shortage of Radiologists. The UHB will continue its recruitment attempts to advertise for substantive Radiologists	Continuing through 2016	Unable to recruit suitable candidates. Recruitment efforts to attract locum consultants continuing	Supporting General Radiologist locum consultant appointments in place. These General Radiology posts allow Radiologists with a specialist interest (including Gynaecology, Breast and Haematology) to prioritise specialist expertise. The Director of Workforce & OD has confirmed the UHB has run a campaign for radiologists, and continues with recruitment drives to attract applicants. This is an overarching strategic objective for the service	Director of Workforce & OD	Lisa Gostling, Director of Workforce & OD	31/07/2018	Workforce	27/02/19- update from Service: Workforce is being reviewed to establish if there is a growth for advanced practice radiographers to undertake additional work. Sonographers are being trained up in certain areas (such as neck) to provide additional support. 02/04/19- Update from Workforce & OD- Majority of Consultant Radiologists are currently sourced via agency, however filming is due to start for the Radiology Recruitment Campaign to feature one of the UHB's Consultants and family. The campaign will be in Arabic, Welsh and English in a bid to promote internationally. Information is also required from the Radiology service to support the launch of the recruitment film. 30/09/19- Update from Workforce & OD- Job description is currently with the Royal Collage for approval prior to advertising four posts. Since the last update the UHB has employed one further Consultant Radiologist who commenced employment on 19/08/19.	Not known	Red	

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	Peer Review: Respiratory Cancer Review 16/06/2016	Peer Reviews	16/06/2016	Director of Operations	Keith Jones	R6. Sustainability	Health Board strategic review of services where sustainability of current service model is challenging.	Next peer review	Sustainability of all services subject to review via TCS programme.	Being reviewed as part of TCS programme.	Director of Operations (same as original).	Stuart Bancroft, Assistant General Manager	31/07/2018	Sustainability of service	25/03/19- Reporting officer has been updated from Keith Jones to Stuart Bancroft, Assistant General Manager. Requested update from Stuart Bancroft Assistant General Manager. Update requested from Assistant General Manager on 27/03/19 but no response yet received. 01/10/19 update- Further driven through need to approach both single cancer pathway and more importantly the optimum cancer pathway. Sustainability during periods of CNS vacancy has also proved challenging and the future particularly in respect of expected retirement of Lung CNS, has focussed the team to commence redesign of the lung cancer pathway, feeding into the Health Board's intermediate medium term plan.	Awaiting decision of TCS.	Red
No Ref	Women and children's services May 2017	Hywel Dda Community Health Council	Oct-17	Director of Operations	Julie Jenkins	R4: In Glangwili the people we talked to were often in makeshift ward/unit environments and although many reported good experiences, this was in spite of the environment. Plans for Phase 2 building works are well advanced, but the Health Board needs to ensure better facilities are in place as soon as possible.	This was part of the reconfiguration proposal in 2014 and is part of the RCPC action plan following review in 2015/2016. Monthly ward inspections by hotel services team and ward sister minor works highlighted to estates for improvement.	Awaiting confirmation of scheme in Spring 2018.	Awaiting confirmation from the WG on finance for the scheme to implement the improvements.	The WG have now confirmed finance for the scheme in April 2018 and it is envisaged the Phase 2 Construction will start in September 2018. This scheme will take approximately 2 years to complete.	Director of Operations (same as original).	Rob Elliot, Director of Estates, Facilities and Capital Management	06/11/2018	Estates	20/02/19- Phase 2 construction is currently taking place on site. 03/09/19- Phase 2 construction is currently taking place on site, due to complete 2020/21.	September 2020 (The WG confirmed finance for the scheme in April 2018 and it is envisaged the Phase 2 Construction will start in September 2018. This scheme will take approximately 2 years to complete).	Red
HDUHBT 718-39	GP Practices serving contractual notice	Internal Audit	Dec-17	Director of Primary, Community & Long Term Care	Tracey Higgins	R7: With situations similar to that at Harbour View occurring more frequently, it may now be beneficial to consider implementing a support mechanism, in the form of additional staff, to assist in carrying the burden of extra work when such a situation arises.	It is the UHBs intention to review the current structure of the team to try and proactively identify ways that the 7 Locality Development Managers can reasonably prioritise their workloads during these times to offer assistance in the most appropriate and effective way. The services are currently reviewing the role of the Primary Care Support Team and hope to agree it can provide support during these particularly challenging times.	Mar-18	TCS and other organisational changes are anticipated for 2018/2019.	The impact on the team structure is currently unknown and when this is agreed we will identify where this responsibility best fits.	Director of Primary, Community & Long Term Care	Tracey Higgins (responsible officer remains the same)	04/10/2018	Workforce (GMS)	19/02/19- Discussions around the future model for service delivery continue to be discussed. 24/09/19- The OCP has concluded and there are four Primary Care Service Managers in post from 01/10/19 following a review of the role and remit. There is currently two vacancies in the team which are out to advert and hope to appoint and have the team in place by the end of 2019.	Not known	Red
No Ref	External Governance Review	ARAC	Apr-15	Director of Partnerships & Corporate Services	Tracey Price	R7.3: Agreed performance and outcome measures from work delivered through partnerships and other inter-organisational arrangements needs to be integrated into the performance assurance reports received by the Board. Furthermore, it is suggested that the reports from the Joint Committees are presented to the Board as Appendices to the performance report. This will enable service, performance and finance issues to be picked up in a more integrated and meaningful way.	When performance measures have been defined these must be incorporated into performance assurance report.	Mar-17	Following the launch of Welsh Government's National Strategy for Health and Social Care on 11th June 2018, HDUHB is now in a position to work with partners to agree shared outcomes.	Director of Partnerships & Corporate Services and the Director of Planning, Performance & Commissioning will embed these by January 2019 into the Health Board's Performance reports in a meaningful way as the Regional Planning Board and other partnerships review their governance, outcomes, sub-groups and delivery structure in the coming months to ensure we have one set of shared outcomes, workstreams and delivery.	Director of Partnerships & Corporate Services (same as original).	Director of Partnerships & Corporate Services	23/10/2018	Performance	28/02/19- It is in agreement with partners this action will be done by the close of 2019/20. Director of Planning, Performance and Commissioning will lead work with the Regional Partnership Board (RPB) over the 2019/20 year to align performance management around shared outcomes as we move into a new phase of joint working in the new governance arrangements of the RPB. The Joint Regional Planning and Delivery Committee and the Mid Wales Joint Committee for Health & Care both directly report to Board, as Committees of the Board. The key actions for 2019/20 have been articulated in the draft 2019/20 Annual Plan and as such will be monitored through the performance management process. 02/04/19- The Chief Executive Officer is the overall owner for this recommendation with the Director of Partnerships & Corporate Services as Executive Lead, and input from Director of Planning, Performance & Commissioning for Health Board to Health Board partnerships (Joint Committees). Director of Partnerships & Corporate Services will continue to update until joint outcomes agreed and embedded in our performance management arrangements. 04/09/19- Completed: A statutory partnership update is presented to each Board meeting and all Joint Committee updates are presented to Board at each meeting. In addition, on Monday 9th September the Integrated Executive Team (of Regional Partnership Board) are looking at a draft proposal for a framework for measuring outcomes, benefits, costs and indicators. Following the finalisation of this it is anticipated that this will be included in integrated performance reports.	Mar-20	Green
295A2015	Medicines Management in Acute Hospitals	Wales Audit Office	Jun-15	Director of Primary, Community and Long Term Care	Jenny Pugh-Jones	R1b: Refresh its Medicines Management Strategy to provide an integrated vision across primary and secondary care that is developed in full partnership between pharmacy, medical and nursing staff.	One of the key roles for the newly appointed Head of Medicines Management will be to update and refresh the strategy for the service. Employing the County Leads, who all have busy operational and managerial roles, as rotating interim Heads of Medicines Management has not allowed strategic aims to be tackled.	Apr-16	Awaiting outcome of Transforming Clinical Services Strategy development for the Health Board.	On completion of the Transforming Clinical Services Strategy the pharmacy strategy will be aligned. The key elements have been identified and include: -Improving patient experience -Reducing medicines related harm -Technology and innovation -Workforce -Efficiency and Productivity	Director of Primary, Community and Long Term Care	Jenny Pugh-Jones (responsible officer remains the same)	30/10/2018	Strategy	01/03/19- The Transforming Clinical Services Strategy is now being formalised. Work has begun to refresh the pharmacy strategy in line with the overarching strategy which will incorporate both primary and acute through the patient's pharmaceutical pathway. This is also being aligned to national priorities for the service to improve patient care taking into account document such as A Healthier Wales and the Future Generations Act (2015) in addition to the Vision for Pharmacy developed in collaboration with the Welsh Pharmaceutical Committee and the Royal Pharmaceutical Society. It is anticipated that the strategy will be fully reviewed and updated by March 2020. 24/09/19- Work is in progress in the development of the strategy, aligning to the Health Board's A Healthier Mid and West Wales and also the recently published Pharmacy Vision to support A Healthier Wales developed through the Welsh Pharmaceutical Committee. In addition further strategic documents such as the Transforming Access to Medicines (TAMS) and the Chief Pharmacists work plan are informing the director of travel. The March 2020 date is on track	Mar-20	Red
295A2016	Medicines Management in Acute Hospitals	Wales Audit Office	Jul-15	Director of Primary, Community and Long Term Care	Jenny Pugh-Jones	R3b: Develop a costed option appraisal to fully address the deficiencies in its aseptic units.	This work has started under the leadership of Dellyth Simons in conjunction with the aseptic leads and the All Wales QC Pharmacist	Apr-17	The Health Board is working closely with ABMU (under the ARCH initiative) and Welsh Government to develop a business case for future provision of aseptic services across SW Wales.	A costed business justification case has been developed. So the action is complete. However the Transforming Access to Medicines (TAMS) work has identified further options, one of which includes not replacing the GHG unit but utilising available facility capacity from other Health Boards as part of a National Strategy for building resilience in the provision of Aseptic Technical Services. The report is to be finalised in Dec 18 and presented to WG for consideration.	Director of Primary, Community and Long Term Care	Jenny Pugh-Jones (responsible officer remains the same)	30/10/2018	Equipment	01/03/19- The original business case development has been superseded by the TRAMS work, the project reporting deadline has been delayed until the end of March 2019 but supports development of a single stand alone unit within the UHB. A retreated Business Justification Case is under development following an Option Appraisal (to be completed 18/03/19) for submission to WG later in the year for capital funding. 24/09/19- On the recommendation of Welsh Government a Strategic Outline Case has been developed due to the need to align with a changing vision for aseptic services across NHS Wales as identified within the TRAMS project. The SOC is in final draft ready for submission for consideration of funding to progress to a full Business Case. The SOC has been aligned to the TRAMS work and identifies the need for replacement of the 3 existing units with one single unit to increase resilience across Hywel Dda and support a NHS Wales approach.	Not known - awaiting outcomes of Business Justification Case	Red
295A2017	Medicines Management in Acute Hospitals	Wales Audit Office	Aug-15	Director of Primary, Community and Long Term Care	Jenny Pugh-Jones	R4a: Set out a clear timescale and funding plan for implementing inpatient electronic prescribing, electronic discharge and rolling out access to the Individual Health Record (IHR).	The Medicines Management Group will lead on the discussion and the inter-professional work needed so that a plan of action can be implemented. This recommendation will need an All Wales approach as it will be a huge project. All staff involved with medicines will have to be part of the project and there will need to buy in from director level down.	Jun-16	The Welsh Government (WG), NHS Informatics Service (NWIS) and all health bodies should agree a detailed, time-bound plan for implementing electronic prescribing systems in secondary care, along with a clear process for monitoring the delivery of the plan.	The HB complies with this action through continued support and being part of the work programme to achieve (HD Consultant Lead Chairs the National Group) to finalise the business case and secure funding for e-prescribing systems across NHS hospitals.	Director of Primary, Community and Long Term Care	Jenny Pugh-Jones (responsible officer remains the same)	30/10/2018	Informatics	01/03/19- The business case for replacement of the Pharmacy system (over 25 yrs old) has been approved. This is the first step to implementation of an e-prescribing and medicines management system. Anticipated upgrade for UHB is Q1 in 2020-21. The case for e-prescribing continues with no exact timescales. NWIS are leading on this project and the UHB continues to fully support. 24/09/19- Approval has been given for the replacement of the pharmacy system, which is the first step in this project. The Health Board is working closely with NWIS (who lead the project) and the Project Board to work through the implementation. Currently the time line for Hywel Dda is October 2020. Work continues on the business case for e-prescribing as part of a national initiative.	Not known	Red
16185	Bronglas Unannounced Hospital Inspection - Erib, Ceredig & Ystwyth Wards (Older Adult MH, General Surgical /Trauma and Orthopaedic and Stroke)	Health Inspectorate Wales (HIW)	09/12/2016	Director of Operations	Nadine Morgan/ Dawn Jones	Recommendation for Ceredig and Ystwyth wards- The Health Board needs to ensure staff can access patient records in a timely manner.	IT infrastructure to be reviewed to assess suitability for use on wards. Development of iPad based systems to promote access to health records at bedside.	Nov-16	As part of the 2018/19 refresh of the digital strategy there is a reaffirmed commitment to becoming a paper light organisation, however this is dependent upon a business case to Welsh Government. To date this has not been submitted.	Implementation of the electronic patient record will require dedicated project management support and funding. The Deputy Director of Operations and the Health Records Manager have been asked to produce terms of reference for a project group which is being progressed, however it will not be possible to implement the objectives without the necessary resources being in place.	Director of Operations (same as original).	Director of Operations	Not agreed	Health records	21/02/19- Director of Operations is arranging the first meeting of the Health Records Project Group in March 2019. Records management work is also being supported by the Electronic Records Group which is being led by the Deputy Director of Operations. Operating since January 2018 the group is looking at the potential to implement a scanned patient record within the Health Board. The group has made steady progress and has been working with London Procurement Partnership (LPP) to ensure best value for money. There has been some initial discussions and meetings with a company who completed the scanning work and introduction a scanned record at one of the suggested NHS Trusts the Group was looking to visit. The group members are planning a site visit to Worcester NHS Trust on 25/03/19. This was a suggested NHS Trust due to the site localities and rurality being similar to Hywel Dda. The group will gain a valuable insight into the scanning process and hopefully a lot of questions will be answered in terms of the future implementation model for Hywel Dda. Update 04/09/19- A project board has now been formed, led by the Director of Operations, and has met twice in 2019. Its focus being the broader issues of health records management beyond the acute records. From the September 2019 meeting a workplan is being developed and this will be used as justification for securing project management resources which have already been acknowledged in principle by the executive team.	Approx. March 2023	Red

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						R41: Review availability of emergency paediatric skills at Withybush against demand and redeploy the out-of-hours paediatric cover to contribute to activity at Glangwili.	S2: Review out-of-hours cover arrangements via Task & Finish Group established to review the future provision of PACU service at Withybush Hospital.	30th November 2017	Recommendation initially not supported. Clinical team proposals for an integrated rota have been progressed as part of the Paediatric Task and Finish Group work stream and monitored via the Board. Confirmation received from Engagement Team and CHC that options / proposals will need to be supported by a period of engagement with service users (prior to consideration by the Board) and a period of formal public consultation. Target date for implementation remains subject to the above.									
						R59: Strengthen nurse staffing in ED through urgent appointment of Registered Children's Nurses (one per shift) to provide general paediatric expertise. Longer term consider development of Emergency Nurse Practitioner (ENP) roles, including nurse prescribers, and a 5-year plan for training and retention.	71: ED workforce development plan to be produced in parallel with HB IMTP.	Workforce Development Plan by March 2016 (Implementation Plan subject to IMTP)	Workforce development priorities confirmed. 1 WTE additional RSCN appointed to support ED service with 2 WTE newly qualified nurses to commence training in September 2019. APNP development programme commenced.									
						R61: Formally merge the paediatric consultant team and remove the out of hours cover for Withybush with a target date of April 2016 once the paediatric, nursing and management team are sure that appropriate emergency arrangements (training access, transfer) are in place. This assurance should be supported by monitoring of all attendances out of PACU operating hours to ensure appropriate case management occurred, and identify any incidents resulting from the changes.	73: Clinical Task & Finish Group to be established (involving Directorate & GGH / WGH site representation) to undertake review of capacity and service implications	Revised timeline 30th November 2017.	Recommendation initially not supported. Clinical team proposals for an integrated rota have been progressed as part of the Paediatric Task and Finish Group work stream and monitored via the Board. Confirmation received from Engagement Team and CHC that options / proposals will need to be supported by a period of engagement with service users (prior to consideration by the Board) and a period of formal public consultation. Target date for implementation remains subject to the above.									
						R68: Support investment in the Community Children's Health service towards compliance with the RCN and RCPCH guidance for community child nursing. There is an urgent need for recruitment of Consultant Community Paediatricians.	81: Continue recruitment efforts to fill current vacancies.	From January 2016	Recruitment efforts continuing. Locum appointments and additional sessions provided by substantive staff.									
						R69: Develop the roles of specialist nurses, for example in epilepsy, asthma/ respiratory.	82: Review current profile of specialist nurses and identify priority areas for development	Mar-16	Proposals identified and submitted for consideration via 19/20 IMTP / Annual planning process. Financial implications unable to be accommodated within 2019/20 Annual Plan. Issue to be further assessed via Paediatric T&F Group proposals for Board consideration (see Recommendation 41 above)									
238A2017	Follow-up Outpatient Appointments: Update on Progress	Wales Audit Office	Dec-17	Director of Operations	Keith Jones	R9: Plan for longer-term modernisation of outpatient services by taking stock of: - clinical resources, including medical, nursing and allied health practitioners, required, - the change capacity and skills required, and - internal and external engagement with stakeholders.	This piece of work is being led through the Transforming Clinical Service (TCS) Strategy which is currently in the Design phase. Initial TCS proposals expected by July 2018 will take account of proposed future model of outpatient services across the Health Board.	July 2018 Design Phase Delivery September 2019 Delivery Phase Delivery	This piece of work is being led through the Transforming Clinical Service (TCS) Strategy. In March 2019, the Board approved 'A Healthier Mid & West Wales Portfolio of Programmes: Scoping, Governance & Delivery Document' which set out the framework for the three Programme Delivery Plans central to this strategy. Key to this WAO recommendation is the Transforming our Hospitals programme (to be led by the Deputy Chief Executive) which will provide the focus for the longer term modernisation of outpatient services across Hywel Dda. The supporting programme delivery plan is expected to be developed by 31st July 2019.	Director of Operations (same as original)	Keith Jones (same as original)	10/06/2019	Scheduled Care	Added to Strategic Log following Formal Exec Team 10/06/19. No update received as of 02/10/19	Jul-19			
18262	Hospital Inspection (Unannounced) WGH, Ward 1, 10 & 12 20-21 November 2016	Health Inspectorate Wales (HIW)	22/02/2019	Director of Operations	Sally Farr	Consideration of rebotyping cases of C. Diff to establish if any cross-contamination, and share results across all relevant teams.	Ward Sister to review potential to allocate elective admissions for joint replacements into a designated area within Ward 1. A ward operational policy will be developed to reflect this review.	28/02/19 31/05/19	Ward 1 have 4 6 bedded bays plus 6 side rooms. The ward serves as a Trauma & Orthopaedic ward accepting both emergency and elective admissions. The current bed base in the hospital does not support allow a separate ring fenced elective/emergency bed allocation.	A wider Health Board long term Orthopaedic plan needs to be in place before these actions can be implemented at WGH.	Director of Operations (same as original)	Sally Farr (same as original)	11/09/2019	Unscheduled Care (WGH)	Added to Strategic Log following Formal Exec Team 11/09/19.	NK		
No Ref	External Governance Review	Commissioned report	01/04/2015	Director of Operations	Steven Bennett	R5.7: The Executive Team should review the current position with regards to records management, and agree proposals for consideration by the Business Planning and Performance Assurance Committee.	Provide a report on the current records management position to an Executive Team meeting and agree proposals for consideration by the Business Planning and Performance Assurance Committee.	Jul-15	BPPAC received the Health Records Management Report and discussed the key challenges experienced by the Health Records service. However the issue of poor and inadequate facilities within the Health Records Service with insufficient storage capacity for patient records and a lack of investment in electronic systems to deliver a sustainable model still remain.	A project board has now been formed, led by the Director of Operations, and has met twice in 2019. Its focus being the broader issues of health records management beyond the acute records. From the September 2019 meeting a workplan is being developed and this will be used as justification for securing project management resources which have already been acknowledged in principle by the executive team.	Director of Operations (same as original)	Director of Operations	11/09/2019	Records management	Added to Strategic Log following Formal Exec Team 11/09/19.	Approx. March 2023		
WHC 001-18	Guidance on safe clinical use of Magnetic Resonance Imaging (MRI)	Welsh Health Circular	05/02/2018	Director of Therapies & Health Science	Amanda Evans	WG strongly recommend that the UHB formalise and support the appointment of a Magnetic Resonance Safety Expert with significant knowledge and experience of clinical magnetic resonance physics.	Appointing a joint MRSE with Swansea Bay University Health Board.	Not provided	WHC unable to be implemented due to no suitable MRSE appointment available.	A business case has been developed for the introduction and employment of an MRSE within Swansea Bay University Health Board, with the UHB expressing an interest in this appointment supporting the Hywel Dda service. MRI leads belong to an All Wales MRI Special Interest Group via the Imaging Quality Forum that shares good practice, thus reducing risk.	Director of Therapies & Health Science (same as original)	Amanda Evans (same as original)	11/09/2019	Radiology	Added to Strategic Log following Formal Exec Team 11/09/19.	NK		