Audit & Risk Assurance Committee
TABLE OF ACTIONS
Arising from Meetings held on 21st April, 5th May and 27th May 2020

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
AC(19)222	**22/10/2019**	**Radiology Directorate (Reasonable Assurance) Update**	To provide to the next meeting, via the Table of Actions, a clear plan (agreed by the Executive Team) of timescales for implementation of Recommendations 3 and 8.	AC	~~December 2019~~ ~~April~~ May 2020	A transformation project team has been established between the Head of Radiology, Workforce and OD and the Project Management Office (PMO) which met in February 2020 and devised a transformation project plan in relation to Radiology staffing levels including on-call arrangements. A second meeting was due to take place in March 2020 but was suspended due to preparing for the COVID-19. The project plan was discussed with members of the executive team who are part of the Holding to Account process in the March 2020, where it was agreed Radiology would present new costings for improved staffing levels to the Executive Team. A model was developed and costed although due to

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
						COVID-19 this has not been presented to the Executive Team. Currently, during the pandemic, staff have been working differently to accommodate the patient flow and it is anticipated that some of the adjustments will continue when returning to what will be a new normal. The transformation project plan is currently a minimum of 3 months behind schedule. It is anticipated for a further meeting to be arranged in June 2020 to establish revised timescales against the remaining actions, including the implementation of the recommendations from the Internal Audit report.
AC(19)223	**22/10/2019**	**WAO Review of Estates 2016 Update**	To provide a further update to a future meeting.	RE	~~April~~ October 2020	Forward planned for 20th October 2020 meeting.
AC(19)234	**19/12/2019**	**AC(19)138 – Operating Theatres Update (response to WAO & IA reviews)**	To escalate this matter to Board, to determine/ establish what further actions are required.	JW/AC	~~January~~ ~~April~~ May 2020	*Implementation of the new system has been deferred pending HR issues in September 2019. Alongside this, recruitment efforts are continuing, to facilitate implementation of the*

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
						system as soon as possible thereafter. *Current aim is to implement by the end of October 2019.* *The HR process of September 2019 has yet to be concluded. Recruitment processes continue with some success in numbers, however the staff will need significant skill investment and development in order to be suitable independent scrub practitioners. Scrub skilled agency staff have been brought in to support shifts. Roster profile with 24/7 staffing and removal of the compensatory rest day has been designed and staff are working with e-roster team. Permanent change to staffing roster is subject to outcome of current HR process. All teams committed to supporting appropriate resolution.* *This matter was escalated to the Board at its meeting on 30th January 2020 and was*

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
						discussed during both the public and private sections of the meeting. The Board agreed there was no further action which could be undertaken by ARAC. The Board requested that a detailed report be prepared for the March 26th 2020 In-Committee Board meeting, which outlines how this matter is going to be resolved, provides an update on any outstanding audit recommendations and provides a look-back as to why this has taken so long to resolve and implement both WAO and Internal Audit recommendations. <u>Update for June 2020 ARAC meeting:</u> Completed. The In-Committee Board on 26th March 2020 received an update report as a source of assurance that the majority of recommendations and findings raised by the two reviews have been achieved. A further update will be provided to the In

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
						Committee Board in September 2020 to review the remaining outstanding actions. See also AC(20)35, below.
AC(19)254	**19/12/2019**	**Audit Tracker**	For WAO and Internal Audit to discuss priorities in terms of planned work and discuss outcome with the Board Secretary.	AB/JJ	~~February~~ ~~April~~ ~~May~~ June 2020	*Meeting to be scheduled for February 2020. WAO to work with IA & UHB to review outstanding recommendations, to establish whether these can be combined.* *Initial meeting held between Audit Wales and Internal Audit on 9 April 2020. Audit Wales and Internal Audit to review respective previous recommendations in the first instance, and then to review areas of duplication at a further meeting in late April/early May 2020.* <u>Update for June 2020 ARAC meeting:</u> Audit Wales and Internal Audit due to meet 12th June 2020. Verbal update to be provided at meeting.
AC(19)256	**19/12/2019**	**Counter Fraud Update**	To discuss with the Director of Workforce & OD whether Counter	HT	~~February~~ ~~April~~	The Local Counter Fraud Specialist is attending the

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
			Fraud Awareness E-Learning should be made mandatory.		October 2020	Mandatory Training Group meeting on 15/06/20 to present the application for the Counter Fraud Awareness E-Learning module to be made mandatory. A decision will be made shortly after this meeting.
AC(20)04	**25/02/2020**	**Table of Actions: Management response relating to the WAO Review of Primary Care**	To discuss with Ms Paterson whether the response to recommendation 5b should focus on aligning local primary care workforce plans with the UHB Health & Care Strategy, rather than the national workforce tool.	JP/JW	~~April~~ October 2020	The Director of Primary Care, Community and Long Term Care, advised that Recommendation 5b is focused on local primary care workforce plans aligning to the UHB Health & Care Strategy and what we want to see from Practices in that context. However the UHB still needs access to accurate workforce data to accomplish this, which can only be obtained through the national reporting tool.
AC(20)15	**25/02/2020**	**Wales Audit Office Integrated Care Fund (ICF) Review Update**	• To provide details of ICF expenditure across the year, with any issues caused by timing of WG funding allocations to be explained in an accompanying narrative.	SJ	~~April~~ May 2020	*Analysis is being undertaken for 2019-20, although gaps in financial reporting by project leads means this will not be comprehensive. Strengthened reporting requirements for 2020-21*

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
						has been introduced to provide details of spend per quarter across the programme, although reduced capacity due to the COVID-19 outbreak may impact on reporting in early quarters. <u>Update for June 2020 ARAC meeting:</u> Detailed financial profiles for all ICF programmes are being produced and will be compiled into a single Revenue Investment Plan by 31st May 2020. Partners have been advised of requirements for detailed financial reporting on a quarterly basis and adjustments of financial profiles as necessary and this will commence from the end of Quarter 1 in June 2020.
AC(20)16	**25/02/2020**	**Internal Audit Plan Progress Report**	To include within Appendix A, as a permanent addition, an indication of the time spent on each audit.	JJ	~~April~~ June 2020	Completed. Meeting held with Director of Audit and Assurance Services, Director of Finance, Board Secretary and Chair of ARAC on 15th May 2020. Agreed that time spent on

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
						Audits would be included in Audit Progress Reports.
AC(20)17	**25/02/2020**	**Research & Development Department Governance Review (Limited Assurance)**	To present a report outlining the broader R&D position, including recent, current and planned changes, to the June ARAC meeting.	PK/LP	~~June~~ August 2020	Agreement from Chair of ARAC to defer to 25th August 2020 meeting.
AC(20)19	**25/02/2020**	**Medical Devices (Reasonable Assurance)**	• To clarify whether the lack of administrative support for the Medical Devices Trainer is being addressed;	JW	~~April~~ May 2020	Completed. Action is being taken to identify what admin resources are required to support the medical devices programme. An initial meeting has taken place with the Health Board Learning and Development Manager to identify what admin duties are Learning Development functions as opposed to duties to specifically support the medical device work stream. A mapping of medical device specific duties is to be undertaken by 30th July 2020 which will identify admin resources required followed by a business case to be prepared for administrative support by 30th August 2020.

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
			• To request that the management response be revisited/updated to provide further detail on whether plans are in place to address the audit findings.	CB	~~April~~ October 2020	Completed. Updated management response is attached.
AC(20)20	**25/02/2020**	**Cyber Security (Stratia Report) (Reasonable Assurance)**	To request that the management response be revisited/updated to provide further detail on whether plans are in place to address the audit findings.	CB	~~April~~ October 2020	Completed. Updated management response is attached.
AC(20)22	**25/02/2020**	**Bronglais General Hospital Directorate Governance Review (Limited Assurance)**	To undertake a further discussion regarding the risk targets and tolerance and the need for this to be managed within the Board-agreed framework;	JJ/JW	~~April~~ June 2020	Completed. Meeting has been held.
AC(20)35	**21/04/2020**	**Table of Actions**	• To discuss actions AC(19)222 and AC(19)234 with Mr Carruthers.	JW/HT	April 2020	Completed.
			• To establish whether the resolution of AC(19)234 remains with ARAC or is now the responsibility of Board.	JW	April 2020	Completed. This action is now the responsibility of the Board. An update will be provided to the In Committee Board in September 2020.
		Table of Actions: AC(20)15 – Wales Audit Office Integrated Care Fund (ICF) Review Update	• To follow up with Ms Jennings why the management response does not include a specific commitment to increasing the projected WWRPB figure for ICF funds	HT	May 2020	The Wales Audit Office report on ICF in West Wales (August 2019) did not reference the WG target of 20% total revenue investment being used to support the third sector by

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
			being made available to the Third Sector.			the end of 2021; therefore this target is not included in the Management Response. The level of investment is being monitored against this target as 2020-21 plans are finalised. Potentially, additional wording could be inserted into the Management Response (R3) to confirm that 'partners are working towards a level of investment in the third sector that reflects the Welsh Government target of 20% by the end of 2021'.
			• To ensure that any ARAC actions in relation to ICF are led by Ms Jennings and that the Responsible Officer in the management response is Ms Jennings.	JW	May 2020	Completed. Future ARAC actions will be attributed to Ms Jennings. Management response has been amended to show Ms Jennings as Responsible Officer.
		Table of Actions: AC(20)16 – Internal Audit Plan Progress Report	• To prepare a draft including the requested information around time spent on each audit, which can be discussed by the ARAC Chair, Lead Executive and Head of Internal Audit.	JJ	June 2020	Completed. Meeting held with Director of Audit and Assurance Services, Director of Finance, Board Secretary and Chair of ARAC on 15th May 2020. Agreed that time spent on

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
						Audits would be included in Audit Progress Reports.
		Table of Actions: AC(20)22 – Bronglais General Hospital Directorate Governance Review (Limited Assurance)	• To provide an update on the meeting regarding risk targets and tolerance and the need for this to be managed within the Board-agreed framework.	JW	June 2020	Completed. Meeting held.
AC(20)39	**21/04/2020**	**Annual Review of the Committee's Self-Assessment of Effectiveness**	To share and discuss with Mr Davies the ARAC Handbook.	JW	April 2020	Completed. ARAC Handbook sent via email 28th April 2020.
AC(20)41	**21/04/2020**	**WAO NHS Consultant Contract Follow-up Review Update**	• To continue to emphasise the importance of job planning and maintain a close oversight;	PK	May 2020	Completed. Oversight on-going.
			• To pass on ARAC's thanks to all of those involved in improving the UHB's position in terms of job planning.	PK	May 2020	Completed.
AC(20)42		**Internal Audit RCP Medical Records Keeping Standards (Reasonable Assurance) Update**	• To maintain local monitoring of the report recommendations;	CB	May 2020	Completed. This recommendation had been closed with insufficient evidence to support this, and therefore has been re-opened on the audit tracker following the ARAC meeting on 21st April 2020. Progress will be included on the

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
						tracker, and reported to ARAC in the absence of any current performance arrangements.
			• To provide a further update in six months.	PK	October 2020	Forward planned for 20th October 2020 meeting.
AC(20)43	**21/04/2020**	**WAO Clinical Coding Follow-up Update**	• To circulate to Board Members the presentation prepared for the Board Seminar session on Clinical Coding;	AT/JW	April 2020	Completed.
			• To provide a further update in six months.	KM	October 2020	Forward planned for 20th October 2020 meeting.
AC(20)47	**21/04/2020**	**Internal Audit Plan Progress Report**	• To meet with Executive Leads by Skype, to conduct close-out meetings and agree/complete management responses;	JJ	May 2020	Internal Audit have continued to work with executives in order to finalise the draft Internal Audit Reports as quickly as possible.
			• To circulate IA reports to Members via iBabs as soon as they are finalised.	CM	May 2020	Completed.
AC(20)48	**21/04/2020**	**Internal Audit Plan 2020/21**	• To check the Strategy and Charter for accuracy, correcting mistakes and typos;	JJ	June 2020	These have been taken into account as part of producing an updated Internal Audit Plan, Strategy and Charter for 2020/21.
			• To correct the statement on page 6 regarding involvement of IMs;	JJ	June 2020	
			• To correct the error on page 7, where 'Director of Therapies and Health Sconces' should read 'Director Of Therapies & Health Science';	JJ	June 2020	

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
			• To highlight to Board that the UHB is currently operating without an Internal Audit Plan.	PN/JW	May 2020	Completed. Included in update report to Public Board meeting on 28th May 2020.
AC(20)51	**21/04/2020**	**Estates Assurance – Control of Contractors (Limited Assurance) - Draft**	• To work with Mr Carruthers and Mr Elliott to ensure that the management response is finalised for the 23rd June 2020 meeting.	CB	June 2020	Completed. Discussed at ARAC meeting 27th May 2020.
			• To review the testing relating to Recommendation 3, and reflect on the priority rating when finalising the report.	EJ	June 2020	Completed. Discussed at ARAC meeting 27th May 2020.
			• To review the priority rating of Recommendation 6 when finalising the report.	EJ	June 2020	Completed. Discussed at ARAC meeting 27th May 2020.
AC(20)52	**21/04/2020**	**Contracting**	To work with Internal Audit, with the aim of finalising this report as soon as possible.	HT	May 2020	Completed.
AC(20)53	**21/04/2020**	**Health & Safety (Reasonable Assurance) - Draft**	To reflect further on the assurance rating as part of the finalisation process.	JJ	June 2020	Completed. Assurance rating remains as reasonable.
AC(20)55	**21/04/2020**	**Rostering (Reasonable Assurance)**	To share the report with the Chair of QSEAC, with Mr Newman and Ms Lewis to discuss further.	JW	May 2020	Report shared with Ms Lewis via email 30th April 2020.
AC(20)56	**21/04/2020**	**Variable Pay (Reasonable Assurance) - Draft**	To request that Mr Evans conduct testing of a random sample as part of the Counter Fraud Annual Plan.	HT	May 2020	This has been noted and will be incorporated into the annual plan. Work on the subject has been commenced, by way of a

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
						meeting with Internal Audit reference the subject and discussion of the relevant areas of note. Counter Fraud has requested and obtained background information and data used by the Auditor, with a view of reviewing the material from a Fraud perspective before collating further evidence from other sources (data and witnesses). When the Internal Audit report has been finalised, Counter Fraud will obtain a full and up to date copy.
AC(20)57	**21/04/2020**	**Nursing Medication Administration & Errors (Reasonable Assurance) - Draft**	• To establish whether there is a standardised process/timetable for Pharmacy departments in relation to undertaking full stock controlled drug reconciliations;	JJ	June 2020	This is contained with the UHB's Medicines Policy.
			• To review the assurance rating during the finalisation process, with further evidence provided to support the Reasonable Assurance rating if this is still considered apposite.	JJ	June 2020	Completed. Assurance rating remains as reasonable.
AC(20)61	**21/04/2020**	**Standards of Behaviour**	To contact Ms Gittins to progress this audit.	JJ	May 2020	Completed.

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
AC(20)63	**21/04/2020**	**Health & Care Standards (Reasonable Assurance) - Draft**	To reflect further on the assurance rating as part of the finalisation process.	JJ	June 2020	Completed. Assurance rating remains as reasonable.
AC(20)78	**05/05/2020**	**Internal Audit Plan Progress Report**	• To include reference to the lessons learned in terms of timing of audits/spread of audits across the year.	JJ	June 2020	This will be included in progress reports relating to the 2020/21 audit year.
			• To provide a further update on progress, including expected completion dates, to the Board Secretary in 7 days.	JJ	May 2020	Completed. Board secretary meeting with Head of Internal Audit on a weekly basis.
AC(20)79	**05/05/2020**	**Compliance with Ministerial Directions**	To align Ministerial Directions to Board committees or the Executive Performance reviews for monitoring.	JW	June 2020	Completed.
AC(20)80	**05/05/2020**	**Compliance with Welsh Health Circulars**	• To obtain an update/ further detail on WHC 018-17;	CB	June 2020	Recent months waste figures varies from site to site. PPH was less than 5% in the last few months but other sites were not below the target. Waste figures will be reviewed on an individual site basis. At present it is difficult for catering staff to visit wards due to COVID–19 therefore waste will be monitored in main kitchens. Catering managers have been given a target of reducing waste to

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
						less than 5% by 30th August 2020.
			• To obtain an update regarding the delay around WHC 034-17;	CB	June 2020	The POCT policy has been rewritten and final amendments will be completed by the first week of June 2020, followed by a two week consultation. The policy will then be approved by the POCT sub group and Medical Devices Group, followed by ratification by the Clinical Written Control Documentation Group by end of July 2020.
			• To make checks within the UHB to establish whether there has been any progress around WHC 053-15.	CB	June 2020	SNOMED CT has now been signed off as an Information Standard in NHS Wales, and its functionality will be incorporated into appropriate future applications developed by NWIS.
AC(20)81	**05/05/2020**	**Draft Audit & Risk Assurance Committee Annual Report 2019/20**	To record those IMs present at the Private Meeting, together with the fact that this meeting is not minuted.	JW	May 2020	Completed.
AC(20)83	**05/05/2020**	**Draft Accountability Report**	• To consider publishing the 'Risk Heat Map' more widely;	JW	June 2020	Completed. Included in year end documentation.

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
			• To forward any further feedback/comments to Mrs Wilson.	ALL	May 2020	Completed.
AC(20)84	**05/05/2020**	**Draft Head of Internal Audit Annual Report & Opinion 2019/20**	• To discuss including HEIW in the list of NHS organisations which are part of the audit programme with the Director of Audit and Assurance;	JJ	June 2020	This is currently being taking forward by the Director of Audit & Assurance.
			• To discuss further the distribution and consideration of IA reports on other NHS organisations;	JJ/JW/ HT	June 2020	Discussions are ongoing with individual organisations regarding the appropriate process for this, with a view to including an update within regular progress reports to ARAC in addition to the information contained within the annual report.
			• To ensure that the final report includes anticipated completion dates for any IA reports still in draft, together with reference to the impact of back loading the IA plan and the issues this had caused.	JJ	June 2020	This will be included with the final version of the report prior to submission to ARAC at the June meeting.
AC(20)85	**05/05/2020**	**Annual Quality Statement**	• To feed back ARAC's comments to the report's authors.	JW	May 2020	Completed.
AC(20)87	**05/05/2020**	**Draft Annual Accounts 2019/20**	• To submit any specific queries to Mr Thomas for clarification.	ALL	May 2020	Completed.
			• To provide a progress update to ARAC on 27th May 2020, if it	HT/JS	May 2020	Completed.

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
			is not possible to present the final accounts to that meeting.			
AC(20)94	**27/05/2020**	**COVID-19 Single Tender Action Review**	• To include additional narrative around decisions/orders when a more extensive review of the COVID-19 response takes place.	HT	June 2020	The use of single tenders for purchases outside the normal procurement process was limited to a period between mid-March 2020 and 16th April 2020. Extensive searches of the market were undertaken in all cases in order to ascertain whether appropriate supplies could be secured. Procurement judgement was exercised in order to determine whether opportunities to seek competitive quotes were available, or whether to purchase on the basis of individual quotes. Prices were benchmarked, where possible, against available frameworks. This provides reasonable assurance that reasonable measures were taken to secure value for money.
AC(20)96	**27/05/2020**	**Estates Assurance - Water Bronglais General Hospital**	• To provide assurance via the Table of Actions that issues relating to water safety at Field Hospitals had been resolved	AC/RE	June 2020	The construction of the Field Hospitals has been undertaken entirely by the relevant County Council Property teams using their

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
		(Reasonable Assurance)	without any additional cost to the UHB.			own design teams and Contractors from their Framework arrangements. The contract for this work will be between the County Council and the contractor concerned. Any instruction to undertake further work of any nature, including improvements to water quality, will be undertaken in the same way. All costs will go back to the County Council to be approved in the same way as the original construction costs were handled. The Health Board role in this is limited to an advisory capacity only and this will continue until these matters are resolved.
AC(20)98	**27/05/2020**	**Estates Directorate Governance Review Follow-up (Reasonable Assurance)**	• To retain the deadline dates from the original report, to ensure that actions are monitored via the Audit Tracker.	CB/JJ	June 2020	Completed.
AC(20)99	**27/05/2020**	**Internal Audit Plan Progress Report**	• To communicate the Committee's thanks to the Executive Team and management in finalising outstanding IA reports.	JW	June 2020	Completed.

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
AC(20)100	**27/05/2020**	**Contracting (Limited Assurance)**	• To incorporate outcome delivery into the Contracts Register.	HT	June 2020	Completed.
AC(20)102	**27/05/2020**	**Review of PADR Process Follow-up (Reasonable Assurance)**	• To share the follow-up report and the original report with the Chair of PPPAC, and to facilitate a discussion between the Chairs of ARAC and PPPAC.	JW	June 2020	Completed.

INTERNAL AUDIT REPORT HDUHB-1920-16 – Medical Devices (Management Response with track changes)

Finding 1 – Patient Safety Alert System (D)	**Risk**
The current system of identifying alerts and safety notices does not provide assurance that all alerts will be captured and addressed by the Health Board that could impact patient safety.	Patient harm due to poorly managed medical devices.
Recommendation 1	**Priority level**
Management should put in place safeguards to ensure alerts and safety notices for all Health Board medical devices are fully captured.	**High**
Management Response	**Responsible Officer/ Deadline**
~~The~~ To review the current procedure for the management of safety notices and alerts and issue for consultation. ~~is under review. Following consultation it will be taken through Health Board processes for ratification and then implementation. The revised policy will ensure that the responsibility, for capturing all alerts received and actions taken is clear.~~ To present the revised procedure to QSEAC for ratification (the process this procedure describes is already in place). ~~With the introduction of the Once for Wales Concerns Management System which includes an alerts function, the Head of Quality and Governance has requested that an all Wales solution is considered. The Head of Quality and Governance will continue to the OfWCMS project to try and influence an all Wales solution. This will be done through the Programme Team and Programme Board.~~	Head of Quality and Governance ~~March 2020~~ Complete 8 June 2020

Finding 2 – Medical Devices Training (D)	Risk
There is a lack of training coordination for clinical and nursing staff with the trainers not being informed of training undertaken by manufacturers within wards and departments, whilst there is no record or database of training for medical devices other than infusion pumps.	Patient harm due to poorly managed medical devices.
Recommendation 2	**Priority level**
Management should review the current approach to medical devices training for clinical and nursing staff to ensure: ☐ all training is coordinated through a central point; ☐ **training provided by external parties can be quality assessed; and** ☐ **training records can be accurately maintained.**	**High**
Management Response	**Responsible Officer/ Deadline**
~~The medical device trainer is currently u~~Undertak~~eing~~ a mapping exercise to prioritise the training in accordance to high medium and low risk devices. Map the high risk devices across acute and community areas to identify which devices are used in each area and the number of staff in each area that will require training. To complete training needs analysis. The training needs analysis when completed will identify the initial training resource to deliver training on the high risk devices.	~~Director of Workforce & OD~~ Head of Clinical Skills Training ~~30th April 2020~~ Complete 31 August 2020 30 October 2020

Business case to be prepared for training resources. ~~The initial training plan will focus on the high risk to identify the specific trainers (including external parties); assess that they are delivering a quality assured programme and identify records of training.~~ ~~The trainers that deliver aspects of the mandatory training programme i.e. resuscitation and moving and handling are already recording device training onto ESR.~~	14th November 2020
To transfer historical medical devices training records on to ESR (Temporary administrative support has been provided to start the transfer process. The admin support is on loan from the audit department and may have to return to her substantive duties at an unknown time. If the loan period continues at 2 days per week the data transfer should be complete by the 30th September 2020. However should the loan period end prior to this, the date will need to be pushed back indefinitely until further admin support can be found). ~~The work stream will also identify any gaps in provision of training. There is only one medical device trainer for the whole Health Board. At present, a large proportion of the time is dedicated to coordinating the cascade assessors' programme for infusion devices. There is currently no administrative support for the trainer. To ensure a timely delivery of all of the recommendations there will be a requirement to increase both trainer and administrative resources.~~	30 September 2020
To identify what admin duties are Learning Development functions as opposed to duties to specifically support the medical device work stream (with support from Health Board Learning and Development manager).	30 June 2020
A mapping of medical device specific duties will identify admin resources required.	31 July 2020
Business case to be prepared for administrative support.	31 August 2020

Finding 3 – Finalisation and Review of Procedures (O)	Risk
We noted the Management and Distribution of Safety Alerts & Notices Policy review date had expired, whilst three policies and procedures were still in draft form.	Patient harm due to poorly managed medical devices.
Recommendation 3	**Priority level**
Management should ensure the identified medical devices policies and procedures are promptly reviewed and submitted for approval.	**MEDIUM**
Management Response	**Responsible Officer/ Deadline**
~~The~~ To review the current procedure for the management of safety notices and alerts and issue for consultation. ~~is under review. Following consultation it will be taken through Health Board processes for ratification and then implementation. The revised policy will ensure that the responsibility, for capturing all alerts received and actions taken is clear.~~ To present the revised procedure to QSEAC for ratification (the process this procedure describes is already in place). ~~With the introduction of the Once for Wales Concerns Management System which includes an alerts function, the Head of Quality and Governance has requested that an all Wales solution is considered. The Head of Quality and Governance will continue to the OfWCMS project to try and influence an all Wales solution. This will be done through the Programme Team and Programme Board.~~	Head of Quality and Governance ~~March 2020~~ Complete 8 June 2020

Finding 4 – Completion of Status Labels (O)	Risk
We noted seven instances (out of 20) where the 'Equipment Status' tags had not been fully completed.	Patient harm due to poorly managed medical devices.
Recommendation 4	**Priority level**
Clinical Engineering Department should ensure that 'Equipment Status' tags for all returned medical devices to the inventory libraries are completed by the returning and receiving officers.	**MEDIUM**
Management Response	**Responsible Officer/ Deadline**
~~The new decontamination tags were introduced over the past six months as part of our ongoing continuous improvement exercise. During the initial stages of introduction these tags were incomplete due to a new process being implemented.~~ Communication to be sent from Deputy Director of Operations and ~~We have since communicated with the~~ Assistant Director of Nursing Quality and Safety and all General Managers / Heads of Nursing informing them that we will not accept any equipment into the department without the tags being completed correctly. Communication to be sent to a~~A~~ll equipment librarians ~~have also been~~ informinged ~~and this~~them of this new process. ~~will be monitored within our quality system.~~ Process to be monitored with our Quality Management System. The Quality Management System meets the requirements of BS EN ISO 13485:2016 and defines and manages the processes necessary to ensure that services and products	Deputy Director of Operations & General Manager Operations (Improvement) ~~December 2019~~ Complete Complete Complete

conform to customer and applicable regulatory requirements. This is implemented, maintained and improved upon by reviewing trend analysis, quality objectives, audit feedback, corrective, preventative actions and customer feedback, all of which are discussed at management review group meetings and externally audited by the British Standards Institute (BSI).	

INTERNAL AUDIT REPORT HDUHB-1920-16 – Medical Devices (Management Response without track changes)

Finding 1 – Patient Safety Alert System (D)	Risk
The current system of identifying alerts and safety notices does not provide assurance that all alerts will be captured and addressed by the Health Board that could impact patient safety.	Patient harm due to poorly managed medical devices.
Recommendation 1	**Priority level**
Management should put in place safeguards to ensure alerts and safety notices for all Health Board medical devices are fully captured.	**High**
Management Response	**Responsible Officer/ Deadline**
To review the current procedure for the management of safety notices and alerts and issue for consultation. To present the revised procedure to QSEAC for ratification (the process this procedure describes is already in place).	Head of Quality and Governance Complete 8 June 2020

Finding 2 – Medical Devices Training (D)	Risk
There is a lack of training coordination for clinical and nursing staff with the trainers not being informed of training undertaken by manufacturers within wards and departments, whilst there is no record or database of training for medical devices other than infusion pumps.	Patient harm due to poorly managed medical devices.
Recommendation 2	**Priority level**
Management should review the current approach to medical devices training for clinical and nursing staff to ensure: ☐ all training is coordinated through a central point; ☐ **training provided by external parties can be quality assessed; and** ☐ **training records can be accurately maintained.**	**High**
Management Response	**Responsible Officer/ Deadline**
Undertake a mapping exercise to prioritise the training in accordance to high medium and low risk devices. Map the high risk devices across acute and community areas to identify which devices are used in each area and the number of staff in each area that will require training. To complete training needs analysis. The training needs analysis when completed will identify the initial training resource to deliver training on the high risk devices.	Head of Clinical Skills Training Complete 31 August 2020 30 October 2020

Business case to be prepared for training resources. To transfer historical medical devices training records on to ESR (Temporary administrative support has been provided to start the transfer process. The admin support is on loan from the audit department and may have to return to her substantive duties at an unknown time. If the loan period continues at 2 days per week the data transfer should be complete by the 30th September 2020. However should the loan period end prior to this, the date will need to be pushed back indefinitely until further admin support can be found). To identify what admin duties are Learning Development functions as opposed to duties to specifically support the medical device work stream (with support from Health Board Learning and Development manager). A mapping of medical device specific duties will identify admin resources required. Business case to be prepared for administrative support.	14th November 2020 30 September 2020 30 June 2020 31 July 2020 31 August 2020

Finding 3 – Finalisation and Review of Procedures (O)	**Risk**
We noted the Management and Distribution of Safety Alerts & Notices Policy review date had expired, whilst three policies and procedures were still in draft form.	Patient harm due to poorly managed medical devices.
Recommendation 3	**Priority level**
Management should ensure the identified medical devices policies and procedures are promptly reviewed and submitted for approval.	**MEDIUM**
Management Response	**Responsible Officer/ Deadline**

To review current procedure for the management of safety notices and alerts and issue for consultation To present the revised procedure to QSEAC for ratification (the process this procedure describes is already in place).	Head of Quality and Governance Complete 8 June 2020

Finding 4 – Completion of Status Labels (O)	**Risk**
We noted seven instances (out of 20) where the 'Equipment Status' tags had not been fully completed.	Patient harm due to poorly managed medical devices.
Recommendation 4	**Priority level**
Clinical Engineering Department should ensure that 'Equipment Status' tags for all returned medical devices to the inventory libraries are completed by the returning and receiving officers.	**MEDIUM**
Management Response	**Responsible Officer/ Deadline**
Communication to be sent from Deputy Director of Operations and Assistant Director of Nursing Quality and Safety to all General Managers / Heads of Nursing informing them that equipment will not be accepted into the department without the 'Equipment status' tags being completed correctly.	Deputy Director of Operations & General Manager Operations (Improvement) Complete

Communication to be sent to all equipment librarians informing them of this new process. Process to be monitored with our Quality Management System. The Quality Management System meets the requirements of BS EN ISO 13485:2016 and defines and manages the processes necessary to ensure that services and products conform to customer and applicable regulatory requirements. This is implemented, maintained and improved upon by reviewing trend analysis, quality objectives, audit feedback, corrective, preventative actions and customer feedback, all of which are discussed at management review group meetings and externally audited by the British Standards Institute (BSI).	Complete Complete

INTERNAL AUDIT REPORT HDUHB-1920-20 – Cyber Security (Management Response with track changes)

Finding 1 – Dedicated ICT cyber security specialists (O)	Risk
The Head of ICT has oversight for cyber security as the strategic lead however, there is no dedicated technical operational lead for cyber security instead these duties are currently shared throughout the department. Working in this way means that the organisation cannot fully undertake all the actions needed to ensure a robust cyber security programme is maintained. Without a dedicated cyber security role being extant and operational, the Health Board will be unable to fully reduce its cyber security risks and the organisation will not be able to maximise the use of the security tools that have been procured nationally.	Poor or non-existent stewardship in relation to cyber-security; and Risk of loss of IT services as a result of attack from entities external to the organisation, exploiting common vulnerabilities
Recommendation 1	**Priority level**
A cyber security role for the Health Board should be properly defined and operating appropriately so to enable the Health Board ICT department to fully use the security products available to them.	**Medium**
Management Response	**Responsible Officer/ Deadline**
Agreed Following the announcement of the Digital Priorities Invest Fund (DPIF) from Welsh Government, the Health Board secured resources to appoint a Band 6 Cyber Security post. However, due to the funding letter only arriving in December 2019, and the requirement to spend the investment by March 2020,	Assistant Director of Informatics and Head of ICT ~~July 2020~~

the funding for 2019/20 was utilised to strengthen the cyber tools within the Health Board. The recurring funding will be directed towards funding a full time post for cyber security, to provide the monitoring of the tool sets purchased, both at a national and local level. The post has been through the appropriate governance mechanisms within the Health Board and ~~is due to be advertised in March 2020, with an anticipated start date of May 2020.~~ is ready to be advertised as soon as funding from Welsh Government is received, which is imminent. It is anticipated the post holder will have a start date of September 2020.	September 2020

Finding 2 – Implementing actions (O)	Risk
There is still significant amount of work to be completed against the improvement plan actions in order to fully mitigate the risks associated with cyber security within the Health Board. The lack of recourse to carry out cyber security related activities at the Health Board was a theme in the recommendations of the Stratia report; A11.1, A12.2, A12.6 and A18.2 all refer to additional resources being made available to carry out cyber security related work. This has been reported via the IGSC, highlighting that some issues remain un-actioned as ICT are unable to progress without additional funding / resource from WG or other Health Board sources. Updates identifying the need for additional resources have fed into the organisations reporting structure, however the resources have not been agreed, this means that the organisation cannot fully undertake the actions needed to complete the Stratia action plan and ensure a robust cyber security programme is maintained at the Health Board. Consequently key areas of a functioning cyber security regime are not currently present, such as regular vulnerability scanning and intrusion detection.	Poor or non-existent stewardship in relation to cyber-security; and Risk of loss of IT services as a result of attack from entities external to the organisation, exploiting common vulnerabilities
Recommendation 2	**Priority level**
The Health Board ICT department should formally define the cyber security tasks that cannot be undertaken within the current resource envelope and the associated risks. This should be reported through the organisational governance structure so that a decision on risks and priorities can be made.	**High**

Management Response	Responsible Officer/ Deadline
Agreed In conjunction with Recommendation 1, a detailed assessment of the gaps / tasks from the Stratia report action plan will be ~~identified which in turn will form the work plan of the newly appointed cyber security resource.~~ undertaken by the Band 6 Cyber Security once they are in post. It is envisaged that the Stratia report action plan will be fully implemented by March 2021, providing the post holder will be in place by September 2020. In the meantime the UHB are still undertaking all the necessary patching on the Desktops / Laptops and Server Infrastructure as previously agreed, as well as prioritising the removal of legacy equipment and systems to further reduce our exposure to cyber-attacks. The majority of the remaining actions from the Stratia report relate to the need to implement the nationally available products which will be undertaken by the Band 6 Cyber Security once in post. These products will allow at a national and local view to investigate any specific issues that arise from a cyber-attack. A cyber security risk is already included Corporate Risk Register (Risk Ref. 451). This risk is reviewed on a monthly basis and any additional mitigations or actions are updated accordingly. As required any new risks identified through the gap analysis will be added to the ICT Risk Register and assessed for escalation.	Assistant Director of Informatics and Head of ICT ~~June 2020~~ March 2021

INTERNAL AUDIT REPORT HDUHB-1920-20 – Cyber Security (Management Response without track changes)

Finding 1 – Dedicated ICT cyber security specialists (O)	**Risk**
The Head of ICT has oversight for cyber security as the strategic lead however, there is no dedicated technical operational lead for cyber security instead these duties are currently shared throughout the department. Working in this way means that the organisation cannot fully undertake all the actions needed to ensure a robust cyber security programme is maintained. Without a dedicated cyber security role being extant and operational, the Health Board will be unable to fully reduce its cyber security risks and the organisation will not be able to maximise the use of the security tools that have been procured nationally.	Poor or non-existent stewardship in relation to cyber-security; and Risk of loss of IT services as a result of attack from entities external to the organisation, exploiting common vulnerabilities
Recommendation 1	**Priority level**
A cyber security role for the Health Board should be properly defined and operating appropriately so to enable the Health Board ICT department to fully use the security products available to them.	**Medium**
Management Response	**Responsible Officer/ Deadline**
Agreed Following the announcement of the Digital Priorities Invest Fund (DPIF) from Welsh Government, the Health Board secured resources to appoint a Band 6 Cyber Security post. However, due to the funding letter only arriving in December 2019, and the requirement to spend the investment by March 2020,	Assistant Director of Informatics and Head of ICT

the funding for 2019/20 was utilised to strengthen the cyber tools within the Health Board. The recurring funding will be directed towards funding a full time post for cyber security, to provide the monitoring of the tool sets purchased, both at a national and local level. The post has been through the appropriate governance mechanisms within the Health Board and is ready to be advertised as soon as funding from Welsh Government is received, which is imminent. It is anticipated the post holder will have a start date of September 2020.	September 2020

Finding 2 – Implementing actions (O)	Risk
There is still significant amount of work to be completed against the improvement plan actions in order to fully mitigate the risks associated with cyber security within the Health Board. The lack of recourse to carry out cyber security related activities at the Health Board was a theme in the recommendations of the Stratia report; A11.1, A12.2, A12.6 and A18.2 all refer to additional resources being made available to carry out cyber security related work. This has been reported via the IGSC, highlighting that some issues remain un-actioned as ICT are unable to progress without additional funding / resource from WG or other Health Board sources. Updates identifying the need for additional resources have fed into the organisations reporting structure, however the resources have not been agreed, this means that the organisation cannot fully undertake the actions needed to complete the Stratia action plan and ensure a robust cyber security programme is maintained at the Health Board. Consequently key areas of a functioning cyber security regime are not currently present, such as regular vulnerability scanning and intrusion detection.	Poor or non-existent stewardship in relation to cyber-security; and Risk of loss of IT services as a result of attack from entities external to the organisation, exploiting common vulnerabilities
Recommendation 2	**Priority level**
The Health Board ICT department should formally define the cyber security tasks that cannot be undertaken within the current resource envelope and the associated risks. This should be reported through the organisational governance structure so that a decision on risks and priorities can be made.	**High**

Management Response	Responsible Officer/ Deadline
Agreed In conjunction with Recommendation 1, a detailed assessment of the gaps / tasks from the Stratia report action plan will be undertaken by the Band 6 Cyber Security once they are in post. It is envisaged that the Stratia report action plan will be fully implemented by March 2021, providing the post holder will be in place by September 2020. In the meantime the UHB are still undertaking all the necessary patching on the Desktops / Laptops and Server Infrastructure as previously agreed, as well as prioritising the removal of legacy equipment and systems to further reduce our exposure to cyber-attacks. The majority of the remaining actions from the Stratia report relate to the need to implement the nationally available products which will be undertaken by the Band 6 Cyber Security once in post. These products will allow at a national and local view to investigate any specific issues that arise from a cyber-attack. A cyber security risk is already included Corporate Risk Register (Risk Ref. 451). This risk is reviewed on a monthly basis and any additional mitigations or actions are updated accordingly. As required any new risks identified through the gap analysis will be added to the ICT Risk Register and assessed for escalation.	Assistant Director of Informatics and Head of ICT March 2021