

PWYLLGOR ARCHWILIO A SICRWYDD RISG AUDIT AND RISK ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	14 December 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Audit Tracker
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Joanne Wilson, Board Secretary
SWYDDOG ADRODD: REPORTING OFFICER:	Charlotte Beare, Head of Assurance and Risk

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

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

Cefndir / Background

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

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

HIW introduced a service of concern process on the 15th November 2021 for the NHS, which will allow HIW to identify and highlight any service which requires significant improvement. Its purpose is to increase transparency around HIW discharges its role, and ensuring that focused and rapid action can be taken by a range of stakeholders, including health boards, to ensure that safe and effective care is being provided. The document can be found via the following link: [20211115NHSSoCProcessdocumentFinal-EN_0.pdf \(hiw.org.uk\)](https://www.hiw.org.uk/20211115NHSSoCProcessdocumentFinal-EN_0.pdf)

HIW have defined three threshold points to determine whether a service ought to be designated as one of concern as follows:

- Have Immediate Assurance (IA) and/or Improvement plan recommendations been actioned to an acceptable standard and agreed timescales?
- Have the same issues been raised during previous inspection/review activity and insufficient improvements been made?
- Have we received reliable information or gathered evidence to identify a matter requiring urgent action?

If the Health Board is not delivering within timescales, this could contribute to its services potentially being monitored under the service of concern process. The guidance has been shared with services, and implementation of recommendations against the timescales will be monitored as part of the ongoing discussions by the Assurance and Risk team with the services.

Asesiad / Assessment

The Audit Tracker utilises a traffic light system in relation to the timeframes to implement recommendations. The criteria for this system is as below:

Status	Explanation
Green	Recommendation has been confirmed as completed by the service / directorate lead
Amber	Recommendation is currently in progress, and within the agreed timeframe for implementation
Red	Recommendation is in progress, but has exceeded its agreed timeframe for implementation (i.e. overdue)

Since the previous report, 15 reports have been closed or superseded, with 13 new reports received by the UHB. These are listed in Appendix 2.

As of 22nd November 2021, there are 93 reports currently open. 39 of these reports have recommendations that have exceeded their original completion date, which has decreased from the 49 reports previously reported in October 2021.

There is an increase in recommendations where the original implementation date has passed from 86 to 101. Detail on this increase can be found in the 'Audit Tracker Summary Per Service / Directorate' table later in the SBAR. The number of recommendations that have gone beyond six months of their original completion date has slightly reduced from 44 to 41 as reported in October 2021. Abbreviations are clarified in the Glossary of Terms section of this SBAR.

	Open reports at ARAC October 21	New reports since October 21	Closed reports since October 21	Open reports at ARAC December 21	Open reports which are overdue*	Red recommendations**	Red recommendations overdue by more than 6 months
AW	4	2	0	6	2	1	0
CHC	3	0	0	3	2	2	2
CHC / HIW Contractors	2	0	1	1	1	0	0
Coroner Regulation 28	0	0	0	0	0	0	0
DU	2	0	0	2	2	2	2
HEIW	0	0	0	0	0	0	0
HSE	7	0	0	7	0	3	3
HIW	13	3	1	15	9	21	11
HTA	1	0	0	1	0	0	0
IA	26	5	5	26	12	27	11
Internal Review	0	1	0	1	0	0	0
MWWFRS	21	1	0	22	4	33	2
Peer Reviews	3	0	1	2	2	4	4

PSOW - S16	0	0	0	0	0	0	0
PSOW - S21	8	1	7	2	1	0	0
Royal Colleges	2	0	0	2	2	5	3
Other	1	0	0	1	0	0	0
WLC	2	0	0	2	2	3	3
TOTAL	95	13	15	93	39	101	41

**Reports which have passed their original implementation date*

***Original implementation date noted for the recommendation has passed, or will not be met*

Appendix 1 provides a full list of 222 recommendations (decreased from 244 reported in October 2021) on the audit tracker that need to be implemented, of which 101 are red (behind schedule). Appendix 1 does not include recommendations from HIW and CHC reports relating to inspections of independent contractors (i.e. GP and dental practice not managed by the UHB). The practices remain directly accountable for implementing these recommendations.

Appendix 1 also includes 22 recommendations highlighted as an 'external recommendation' whereby the recommendation is outside the gift of the UHB to currently implement, for example reliant on an external organisation to implement. These are marked as 'External' in the RAG status column.

Appendix 1 also contains 27 recommendations which do not have revised timescales (53 reported at previous meeting) - this is where the date has passed and not known (N/K) is reported. The assurance and risk team are working with the relevant services to clarify the timescales, and/or whether any recommendations have been implemented. The 27 recommendations are as follows:




- 3 recommendations from the Welsh Language Commissioner (WLC) investigation-review has been undertaken, however no response received from Operational or nursing services due to operational pressures, only partial information collected. No response or further extension has been provided from the WLC.
- 2 recommendations from the RCP Cymru Wales visit to Ysbyty Bronglais: Follow up report is being considered as part of the review of the Strategic Log recommendations.
- 5 recommendations relate to the Health and Safety IA reports. Clarification is being sought from the Lead Officer if these can now be closed.
- 1 recommendation from the IA Governance Arrangements during the COVID-19 Pandemic report regarding agile working arrangements. Facilities Management are leading the agile working initiative, with Workforce and OD as part of the Agile Working Group. An update on the programme of work being undertaken to develop new models, where services and staff will have the ability to work in a more hybrid manner, was reported to Board in November 2021.
- 1 recommendation from a MWWFRS Enforcement Notice at GGH. Currently unclear when Estates colleagues will be able to allow access to these areas to complete the three outstanding fire doors due to the ongoing COVID-19 position.
- 4 recommendations from IA Backlog Maintenance report. 4 recommendations are future actions that cannot yet be evidenced as completed until the relevant business cases are produced.
- 1 recommendation from the HIW Quality Check: Morlais Ward, GGH report. The recommendation relates to face to face fire training which has been suspended as a result of COVID-19. : Compliance is increasing for Fire training level 2 on Microsoft Teams and staff booked on to attend the sessions throughout the remainder of the year, therefore progress is being made towards completing this recommendation.

- 2 recommendations relate to the Withybush General Hospital Wards 9 and 10 Lessons Learnt IA report. IA confirmed recommendations need to remain open therefore revised timescales have been requested from Capital Planning.
- 1 recommendation from the IA Field Hospital Decommissioning report. Clarification of the timescale was requested as part of the October ARAC Table of Actions. The audit tracker will be updated accordingly following the meeting.
- 1 recommendation from the IA Waiting Lists Risk Management Internal Audit Report. Clarification is being sought from the Lead Officer if these can now be closed.
- 6 recommendations from the AW Taking Care of the Carers. Timescales will be provided as part of the management response being reported to ARAC December 2021.




Audit Tracker Summary Per Service / Directorate

Below is a snapshot of the audit tracker activity split by service/directorate as at 22nd November 2021, including trends since the last report to ARAC in October 2021. A rolling programme to collate updates from services on a bi-monthly basis is in place in order to report progress to the Committee. Issues and nil responses from services are escalated to the appropriate Lead Executive/General Manager.










The arrows included in the table below are as follows:

	Increase in number of recommendations / reports
	Decrease in number of recommendations / reports
	No change in number of recommendations / reports

The relevant icon below has been assigned to each service in the table below to display the current trend position:

	Concerning trend	Special cause concerning variation = a decline in performance that is unlikely to have happened by chance.
	Usual trend	Common cause variation = a change in performance that is within our usual limits.
	Improving trend	Special cause improving variation = an improvement in performance that is unlikely to have happened by chance.

Service	Open reports as at November 21	Overdue reports as at November 21	Total number of recs November 21	Total overdue (rec) recs November 21	Recs overdue by more than 6 months	Comments
Acute Services (N/A- no open reports at ARAC October 2021)	1 N/A	0 N/A	8 N/A	0 N/A	0 N/A	<ul style="list-style-type: none"> New HIW National Review on WAST - 19 recommendations (recs) raised (5 completed, 8 amber and the remainder were external to the UHB's ability to implement).
CEO Office (Welsh Language)	3 (→)	2 (→)	7 (↓)	4 (→)	3 (→)	<ul style="list-style-type: none"> WLC investigation - 3 recs remain outstanding, delayed by operational pressures. 2 IA reports - one report has an external rec, other report has 1 overdue rec and 4 in progress. Audit and Risk Officer to discuss recs with new Director when they come into post in January 2022.
Community and Primary Care-Carmarthenshire	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	N/A
Community and Primary Care-Ceredigion	2 (↑)	1 (→)	15 (↑)	0 (→)	0 (→)	<ul style="list-style-type: none"> AW report - 1 'External' recommendation. New HIW report - 15 amber recommendations.
Community and Primary Care-Pembrokeshire	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	N/A
Digital and Performance	7 (→)	3 (→)	4 (↓)	3 (↓)	3 (↓)	<ul style="list-style-type: none"> Significant improvement since previous meeting, with total overdue recs reduced from 9 to 4. Of the 3 recs which are 6 months overdue, 1 is due for closure in November 2021 regarding the HB IT Incident Management Procedure. The policy which will respond to the rec on Corporate Records Management Strategy is due for approval at December 2021 IGSC. A party supplier contract has been signed in October 2021 which will allow the UHB to progress in implementing the rec relating to European Working Time Directive (EWTG) by the revised timescale of February 2022.
Central Ops	2 (→)	1 (→)	5 (→)	4 (→)	4 (→)	<ul style="list-style-type: none"> 4 recs (over 6 months overdue) previously delayed by Covid-19. Previous revised timescales to December 2021 will no longer be met. Service continues to have significant operational pressures. The outstanding recs from peer review report have been linked to risk 129 (Ability to deliver an Urgent Primary Care Out of Hours Service for Hywel Dda patients) on Datix and a further discussion will take place in the New Year to ascertain if the recs are still appropriate/relevant.
Estates	25 (↑)	6 (↑)	63 (↓)	37 (↑)	3 (→)	<ul style="list-style-type: none"> Whilst the number of outstanding recs has significantly reduced from 102 to 63, the number of overdue recs has increased from 11 to 37. The vast majority of these recs are from MWWFRS Enforcement Notices and Letters of Fire Safety Matters, delayed due to awaiting survey outcomes, contractor work and extended delivery dates on specialist equipment/materials. MWWFRS continues to be kept fully up-to-date with any adjustments to the programme of phased works at GGH and WGH, and work undertaken at BGH. MWWFRS have

Service	Open reports as at December 21	Overdue reports as at December 21	Total number of recs December 21	Total overdue (red) recs December 21	Recs overdue by more than 6 months	Comments
						<p>advised that they are planning a site visit at an appropriate time in 2022 to confirm any extensions required. All recs overseen by HSC.</p> <ul style="list-style-type: none"> 1 new Letters of Fire Safety Matters has been received since previous report for Tregaron Community Hospital.
Finance 	1 (↓)	1 (→)	3 (↓)	3 (↑)	0 (→)	<ul style="list-style-type: none"> IA Single Tender Action report - Timescales for the 3 recs have slipped to December 2021 as the STA Documentation will be ratified at Sustainable Resources Committee in December 2021. Recs will then be closed.
Governance 	1 (↓)	0 (↓)	2 (→)	0 (→)	0 (→)	<ul style="list-style-type: none"> IA advisory review remains open, with recs being supported by the Workforce & OD Directorate.
Medical 	1 (→)	0 (→)	1 (→)	0 (→)	0 (→)	<ul style="list-style-type: none"> 1 new IA Human Tissue Act (HTA) Report - 1 rec relating to assurance to be completed by December 2021
MH&LD 	8 (↓)	4 (↓)	11 (↓)	5 (↓)	2 (↓)	<ul style="list-style-type: none"> Number of recs overdue by more than 6 months has reduced from 7 to 2. A number of actions have been confirmed as completed since the previous ARAC which has resulted in 4 reports being closed. Whilst MHLD have an improved position in terms of implementing recs, a recent HIW quality check at Ty Bryn (Learning Disabilities Unit) has raised an immediate improvement plan, which is currently being reviewed by HIW. The UHB is awaiting the receipt of the draft report and improvement plan in relation to this quality check.
NQPE 	10 (↑)	1 (→)	12 (↓)	8 (↑)	4 (→)	<ul style="list-style-type: none"> Following revisit by HSE, the 3 remaining HSE improvement notices now signed off, reports to be closed shortly. 3 outstanding recs from material breaches to remain open until fully implemented, as requested by Director of Nursing, Quality and Patient Experience. New AW report - 4 new recs. 2 IA reports - 5 recs behind schedule, clarification being sought from service if these can be closed.
Pathology 	1 (→)	0 (→)	2 (↓)	0 (→)	0 (→)	<ul style="list-style-type: none"> Remaining recs raised within the HTA report are expected to be completed by December 2021.
Primary Care, Community and Long Term Care 	1 (↓)	1 (↓)	0 (↓)	0 (→)	0 (→)	<ul style="list-style-type: none"> HIW report on UHB managed practice has been closed. 1 HIW GP surgery (non-managed by the UHB) recs are being completed by the practice. The Practice Manager has confirmed that progress is being made.
Public Health 	1 (→)	1 (→)	2 (→)	2 (→)	2 (→)	<ul style="list-style-type: none"> IA report, 2 outstanding recs raised with Service expected to be completed by December 2021.
Radiology 	3 (↑)	2 (↑)	39 (↑)	11 (↑)	6 (↑)	<ul style="list-style-type: none"> HIW IRMER (WGH) - 39 recs raised, of which 9 have been completed. 12 further recs due to be completed in relation to the ratification of Employers Procedures at the Exposures Meeting in November 2021. HIW IRMER (PPH) - 7 recs overdue, with implementation affected by the departure of the Head of Service. The outstanding recommendations are expected to be completed now a new Head of Service is in post. IA report - 1 recommendation revised date December 2021.

Service	Open reports as at December 21	Overdue reports as at December 21	Total number of recs December 21	Total overdue (red) recs December 21	Recs overdue by more than 6 months	Comments
Scheduled Care	3 (→)	2 (↓)	3 (→)	3 (→)	2 (→)	<ul style="list-style-type: none"> • PSOW report – 1 rec completed, report to be closed shortly. • CHC report - 2 recs delayed by over 6 months, with revised dates of March 2022 provided. • New IA report - 1 rec now overdue, requested clarity from service if can now be closed.
Strategic Development & Operational Planning	5 (↑)	2 (↓)	7 (↓)	4 (↓)	3 (↓)	<ul style="list-style-type: none"> • IA Capital Governance Arrangements report closed, superseded by recs in the new internal Capital Governance review report. • New IA report - 3 amber recs. • AW report - 1 overdue rec, revised management response being reported to ARAC December 2021. • 4 recs have exceeded their original date (reduced from 7), of which 3 have exceeded 6 months which are related to delays in Capital projects.
USC BGH	1 (→)	1 (→)	4 (→)	3 (→)	3 (→)	<ul style="list-style-type: none"> • RCP follow up – recs being evaluated as part of the Strategic Log review.
USC GGH	3 (↑)	2 (→)	8 (↑)	3 (→)	3 (→)	<ul style="list-style-type: none"> • DU report - 2 recs overdue. • HIW report - 1 rec slipped to November 2021. • New PSOW report received, with updates to be obtained from the Ombudsman Case Manager
USC PPH (N/A- no open reports at ARAC October 2021)	1 (↑)	0 (→)	4 (↑)	1 (↑)	0 (→)	<ul style="list-style-type: none"> • 1 New IA report - 1 rec overdue.
USC WGH	1 (↓)	1 (↑)	1 (→)	1 (→)	0 (→)	<ul style="list-style-type: none"> • HIW report, 1 rec remains related to the fire door, the service have confirmed this will be completed by the end of December 2021.
Women & Children	7 (↓)	6 (↓)	12 (↓)	9 (↓)	3 (→)	<ul style="list-style-type: none"> • 1 Royal College report – 2 overdue. • 4 HIW reports - 6 overdue. • 1 IA report - 1 overdue rec due for completion by the end of November 2021. • 1 Peer Review, 1 'External' rec.
Workforce & OD	4 (↑)	1 (→)	9 (↑)	0 (→)	0 (→)	<ul style="list-style-type: none"> • WLC report - 1 'External' rec. • New IA report - 3 new recs • New AW report - 6 recs amber, management response due to be reported to ARAC December 2021. • AW report - 1 rec completed, awaiting approval to close the report.
Unscheduled Care	1 (→)	1 (→)	0 (→)	0 (→)	0 (→)	<ul style="list-style-type: none"> • CHC report - 1 'External' rec.
Total	93	39	222	101	41	

Potential areas of concern

At the previous meeting, 5 areas were highlighted as potential areas of concern in respect of pace or non-implementation of recommendations. There have been improvements in Digital and Performance, and Women and Children.

While there has also been an improvement in the performance of MH&LD, and the closure of recommendations since the previous meetings, it is noted that Ty Bryn, a Learning Disability Unit has recently received an immediate improvement plan. As a result of the recent introduction of the Service of Concern process by HIW, ARAC may wish to consider MH&LD as a service of concern. ARAC will be provided at the next committee meeting with details on the content of the full report and subsequent improvement plan which is expected imminently.

The other 2, listed below, remain a focus of attention for the reasons outlined below:

Central Operations - 4 recommendations (over 6 months overdue) previously delayed by Covid-19. Previous revised timescales to December 2021 will not be met. The service continues to have significant operational pressures. The outstanding recommendations from this report have been linked to corporate risk 129 (Ability to deliver an Urgent Primary Care Out of Hours Service for Hywel Dda patients) on Datix and a further discussion will take place in the New Year to ascertain if the recommendations are still appropriate/relevant.

Radiology

6 recommendations are overdue by more than 6 months, which has increased since the previous paper. It is noted however that a new Head of Service has commenced in post in November 2021, and has committed to addressing outstanding recommendations and reviewing associated risks on the Directorate risk register, however as at this point in time is too soon to see any significant change

Argymhelliad / Recommendation

The Audit and Risk Assurance Committee is asked to take an assurance on the rolling programme to collate updates from services on a bi-monthly basis in order to report progress to the Committee.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.3 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 Objectives Annual Report 2018-2019	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termiau: Glossary of Terms:	<p>ARAC – Audit and Risk Assurance Committee AW – Audit Wales (previously WAO (Wales Audit Office)) BGH – Bronglais General Hospital CHC – Community Health Council DCP – Discretionary Capital Programme DU – Delivery Unit GGH – Glangwili General Hospital HEIW – Health Education and Improvement Wales HIW – Healthcare Inspectorate Wales HSC – Health & Safety Committee HSE – Health and Safety Executive HTA – Human Tissue Authority IA – Internal Audit IGSC – Information Governance Sub Committee IRMER – Ionising Radiation (Medical Exposure) Regulations Management & Technology Sub Committee MH&LD – Mental Health & Learning Disabilities MWWFRS – Mid & West Wales Fire & Rescue Service NQPE – Nursing, Quality & Patient Experience NWIS – NHS Wales Informatics Service PAMOVA – Prevention, Assessment & Management Of Violence & Aggression PPE – Post Project Evaluation PPH – Prince Philip Hospital PSOW – Public Services Ombudsman for Wales RCP – Royal College of Physicians SIFT – Service Increment for Teaching SSU – Specialist Services Unit UHB – University Health Board USC – Unscheduled Care WGH – Withybush General Hospital WLC – Welsh Language Commissioner W&C – Women & Children</p>

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

Reference Number	Date of report	Report Issued By	Report Title	Status of report	Assurance Rating	Lead Service / Directorate	Supporting Service	Lead Officer	Lead Director	Recommendation Reference	Priority Level	Recommendation	Management Response	Original Completion Date	Revised Completion Date	Status (Red-behind schedule, Amber-on schedule, Green-completed)	Progress update/Reason overdue
202004188	Oct-21	Public Service Ombudsman (Wales)	202004188	Open	N/A	Unscheduled Care (GGH)	Scheduled Care/ Radiology	Olwen Morgan	Director of Operations	202004188_002	N/A	R2. I recommend that, within 1 month of the date of this report, the Health Board should: Offer Mr L E750 in recognition of the failure to identify his initial shoulder fracture and of the delay in offering him a Neurology appointment with no point of contact provided in the meantime.	Action plans held with Ombudsman Liaison Manager.	Nov-21	Nov-21	Amber	27/10/21- Recommendation to be completed by 18/11/2021. 01/11/2021- Ombudsman Case Manager confirmed recommendation has been actioned and will send confirmation once payment has been made to the complainant.
202004188	Oct-21	Public Service Ombudsman (Wales)	202004188	Open	N/A	Unscheduled Care (GGH)	Scheduled Care/ Radiology	Olwen Morgan	Director of Operations	202004188_003	N/A	R3. I recommend that, within 1 month of the date of this report, the Health Board should: Share this report with all ED and junior doctors, highlighting the importance of witness accounts in cases where a patient is unable to recall events, and of considering the "worst case scenario" when assessing patients and formulating related management plans.	Action plans held with Ombudsman Liaison Manager.	Nov-21	Nov-21	Amber	27/10/21- Recommendation to be completed by 18/11/2021.
202004188	Oct-21	Public Service Ombudsman (Wales)	202004188	Open	N/A	Unscheduled Care (GGH)	Scheduled Care/ Radiology	Olwen Morgan	Director of Operations	202004188_004	N/A	R4. I recommend that, within 3 months of the date of this report, the Health Board should: Ensure that a clear process exists in the ED to ensure that outstanding requests for X-rays are clearly documented and handed over to an appropriate responsible clinician when patient care is transferred to another individual/department/body before the images are reported.	Action plans held with Ombudsman Liaison Manager.	Jan-22	Jan-22	Amber	27/10/21- Recommendation to be completed by 18/01/2022.
202004188	Oct-21	Public Service Ombudsman (Wales)	202004188	Open	N/A	Unscheduled Care (GGH)	Scheduled Care/ Radiology	Olwen Morgan	Director of Operations	202004188_005	N/A	R5. I recommend that, within 6 months of the date of this report, the Health Board should: Take steps to ensure that all patients with epilepsy are provided with an accessible point of contact, in line with the Epilepsy Guideline, including when there is an unavoidable delay in offering an initial consultant appointment.	Action plans held with Ombudsman Liaison Manager.	Apr-22	Apr-22	Amber	27/10/21- Recommendation to be completed by 18/04/2022.
202004188	Oct-21	Public Service Ombudsman (Wales)	202004188	Open	N/A	Unscheduled Care (GGH)	Scheduled Care/ Radiology	Olwen Morgan	Director of Operations	202004188_006	N/A	R6. I recommend that, within 6 months of the date of this report, the Health Board should: Confirm agreed reporting timescales for radiology reports to be produced, audit a reasonable sample of ED requests for compliance with those timescales to identify the level of compliance, and take action to address any shortcomings.	Action plans held with Ombudsman Liaison Manager.	Apr-22	Apr-22	Amber	27/10/21- Recommendation to be completed by 18/04/2022.
All Wales Cardiology to Cardiac Surgery Transfer Point Assurance Review	May-19	Delivery Unit	All Wales Cardiology to Cardiac Surgery Transfer Point Assurance Review	Open	N/A	Unscheduled Care (GGH)	Unscheduled Care (GGH)	Paul Smith	Director of Operations	DelUnitCardio002	N/A	R2:Ensure that all administrative record keeping – both electronic and within the medical records – are maintained to the highest of standards.	Monthly audits of outcome form to establish % compliance - feedback any non-compliances with Clinical lead to address non-compliance.	Aug-19	Oct-20 Dec-20 Aug-21 Nov-21	Red	Unable to progress due to COVID priorities reviewed date for completion is now September 2020. 02/10/2020- reporting officer confirmed it has not been possible to complete the planned monthly audits of outcomes forms at Cardiology Clinics as face to face Clinics have been suspended over the summer months due to COVID. Currently in the process of re-starting clinics now and will look to achieve monthly audits of outcome forms over the next few months. This will then allow us to present a % compliance. New timescale of December 2020. 29/01/2021- Update requested from reporting officer on 22/01/2021, update not yet received. 20/03/2021- reporting officer update- Pandemic pressures and more recently the Welsh Government priority to achieve a 35% reduction in the follow-up waiting list has compromised capacity to complete this audit. With increasing numbers of face to face clinics reinstated in coming months, plan to undertake this audit in August 2021. 29/07/2021- update requested on 16/07/2021 by deadline of 28/07/2021, no update received. 10/08/2021 – new outcome form utilised from 09/08/21. Compliance audit to be undertaken w/c 06/09/21 which will report findings
All Wales Cardiology to Cardiac Surgery Transfer Point Assurance Review	May-19	Delivery Unit	All Wales Cardiology to Cardiac Surgery Transfer Point Assurance Review	Open	N/A	Unscheduled Care (GGH)	Unscheduled Care (GGH)	Paul Smith	Director of Operations	DelUnitCardio003	N/A	R3b: In advance of any national guidance or clinical agreement, establish regionally (between HDUHB and ABMUHB); b. clinical agreement that all referrals sent to tertiary service clearly include the clinically determined PSD and current adjusted PSD, including a standardised referral form which is consistent across HDUHB.	For 100% of referral letters to have a PSD identified by November 2019 - audit undertaken in February 2020 demonstrates a 31% compliance. SDM Cardiology and Cardiology Service Support Manager to reinforce need of PSDs to referring clinicians and re-audit in 3 months.	Dec-19	Dec-20 May-21 Sep-21	Red	Unable to progress due to COVID priorities reviewed date for completion is now December 2020. 29/01/2021- Update requested from reporting officer on 22/01/2021, update not yet received. 20/03/2021- Update from reporting officer- Pandemic pressures and more recently the Welsh Government priority to achieve a 35% reduction in the follow-up waiting list has compromised capacity to complete this audit. Plan to re-audit this compliance over the next few weeks. 24/05/2021- Requested update if this rec will be completed by end of May 2021, no response as of 28/05/2021. 11/06/2021 update -Audit currently being undertaken across all 4 HDUHB referring sites. Findings and recommendations will be collated and reported by the end of June 2021. Cardiology SDM and SSM will focus on any needed remedial actions from July 2021 and re-audit compliance in October 2021. 29/07/2021- update requested on 16/07/2021 by deadline of 28/07/2021, no update received. 10/08/2021 – Compliance audit currently in progress and will report findings and remedial actions in September 2021.
All Wales Cardiology to Cardiac Surgery Transfer Point Assurance Review	May-19	Delivery Unit	All Wales Cardiology to Cardiac Surgery Transfer Point Assurance Review	Open	N/A	Unscheduled Care (GGH)	Unscheduled Care (GGH)	Paul Smith	Director of Operations	DelUnitCardio003	N/A	R3f: In advance of any national guidance or clinical agreement, establish regionally (between HDUHB and ABMUHB); f. a move towards the electronic referral of patients between Cardiology and Cardiac Surgery, based on the above work.	HDUHB was in the process of working with IT to setup another SharePoint system to move towards the electronic referral of patients between Cardiology and Cardiac Surgery. However, this hasn't been progressed due to the All Wales Accelerating Cardiac Informatics work being progressed on Hospital to Hospital Referrals. Cardiology Service Delivery Manager currently in discussion with HDUHB Informatics and AWACI.	May-19	Dec-20 Jun-21 Mar-22	Red	Unable to progress due to COVID review date December 2020. 29/01/2021- Update requested from reporting officer on 22/01/2021, update not yet received. 20/03/2021- Update from reporting officer- Pandemic pressures and more recently the Welsh Government priority to achieve a 35% reduction in the follow-up waiting list has compromised capacity to complete this audit. Clinical Lead/SDM plan to review the possibility of developing a more reliable SharePoint system to support referrals and discuss this with SBUHB counterparts with respect to how we might progress this. 24/05/2021- Requested update if this rec will be completed by end of June 2021, no response as of 28/05/2021. 11/06/2021 update -The Cardiology Service is currently undertaking a Pathway Transformation Project which will review the tertiary care element and processes of all pathways – It is anticipated that this work will provide an updated perspective of the needed digital/electronic component of future cardiology pathways. This project runs to the end of March '22 at which point it will report its findings and recommendations relevant to this action. 10/08/2021 – Cardiology Pathway Transformation Project in progress and will report it's recommendation re development of an electronic referral system by March 2022.
HDUHB-2122-06	Oct-21	Internal Audit	Annual Recovery Plan and Planning Objectives Final Internal Audit Report	Open	Reasonable	Strategic Development and Operational Planning	Strategic Development and Operational Planning	Daniel Warm	Director of Strategic Development and Operational Planning	HDUHB-2122-06_001	Low	R1. Management should ensure all planning objectives are referenced in future annual plans for completeness.	The planning process for the 2022/25 Integrated Medium Term Plan has begun. This includes a review of all Planning Objectives, and these will form the key deliverables for the Plan. The Health Board will ensure that all Planning Objectives are included in future iterations of the Plan.	Jan-22	Jan-22	Amber	
HDUHB-2122-06	Oct-21	Internal Audit	Annual Recovery Plan and Planning Objectives Final Internal Audit Report	Open	Reasonable	Strategic Development and Operational Planning	Strategic Development and Operational Planning	Daniel Warm	Director of Strategic Development and Operational Planning	HDUHB-2122-06_002	Medium	R2. Management should ensure the structure and contents of submitted technical documents are consistent to enable key information to be aligned to the current year's strategic and planning objectives.	As part of the development of the technical documents to support the Integrated Medium Term plan, the Health Board will ensure that there is greater alignment to the strategic and planning objectives. To support this, guidance will be provided to all authors of the technical documents to ensure better alignment with the strategic and planning objectives.	Jan-22	Jan-22	Amber	
HDUHB-2122-06	Oct-21	Internal Audit	Annual Recovery Plan and Planning Objectives Final Internal Audit Report	Open	Reasonable	Strategic Development and Operational Planning	Strategic Development and Operational Planning	Daniel Warm	Director of Strategic Development and Operational Planning	HDUHB-2122-06_003	Medium	R3. Management should ensure that 'Plans on a Page' for every planning objective is promptly developed and fully completed with key information before their submission.	The plans on a page for the 2021/22 Annual Plan will be reviewed to ensure all key information is completed. All new or revised Planning Objectives for the 2022/25 Integrated Medium Term Plan, will be supported by 'plans on a page'. The Health Board will ensure that all key information is completed prior to submission.	Jan-22	Jan-22	Amber	
SSU-HDU-2021-08	Dec-20	Internal Audit	Backlog Maintenance	Open	Reasonable	Estates	Strategic Development and Operational Planning	Rob Elliott	Director of Operations	SSU-HDU-2021-08_001	High	R1. PBC's should include appropriate funding strategies and plans to manage maintenance and backlog maintenance which will arise over the life cycle of the new (or repurposed) assets.	Agreed	Sep-21	Sep-21 N/K	Red	13/01/2021- Director of Estates, Facilities and Capital Management confirmed timescale of September 2021, however this will be subject to Welsh Government feedback/approval and the UHB's ability to progress the business case. 04/03/2021- Process is in place, work will be needed as PBC programme develops. Sept-21 should be achievable however will depend on how quickly PBC progresses. 06/05/2021- should be achievable, however is dependent on how quickly the PBC progresses to the next stage, this is currently with WG for consideration. Estates are giving their commitment that this will be achieved but evidence will not be available until the PBC progresses. 10/06/2021- UHB attending WG Infrastructure Investment Board on 24/06/2021 to present the case and answer any questions. 01/07/2021- UHB attended WG Infrastructure Investment Board on 24/06/2021- positive meeting, awaiting outcome with a letter to be sent to CEO advising of outcome. Audit Manager to check with Internal Audit team for further clarification of this recommendation. 02/07/2021- Recommendation owner changed to Assistant Director of Strategic Planning following discussion with Internal Audit. 31/08/2021- email from Internal Audit confirmed the recommendation should sit with Assistant Director of Strategic Planning as it relates to the PBCs for the new and repurposed buildings. 08/09/2021- Head of Capital Planning in discussion with internal audit on ownership of recommendation. 08/11/2021- Meeting arranged to discuss ownership of recommendation.

Reference Number	Date of report	Report Issued By	Report Title	Status of report	Assurance Rating	Lead Service / Directorate	Supporting Service	Lead Officer	Lead Director	Recommendation Reference	Priority Level	Recommendation	Management Response	Original Completion Date	Revised Completion Date	Status (Red-behind schedule, Amber-on schedule, Green-completed)	Progress update/Reason overdue
SSU-HDU-2021-08	Dec-20	Internal Audit	Backlog Maintenance	Open	Reasonable	Estates	Estates	Rob Elliott	Director of Operations	SSU-HDU-2021-08_002	Medium	R2. The PBCs and as they progress to Outline and Full business case stages will need to determine the in-house Estates staff requirements, and how these will be satisfied given current pressures.	Agreed. The Health Board will need to determine how the necessary Estate in-house staff resources is established in order to successfully deliver the AHMWW and Business Continuity/Major Infrastructure PBCs.	Feb-21	Feb-21 N/K	Amber	13/01/2021- Director of Estates, Facilities and Capital Management confirmed timescale of February 2021. 04/03/2021- Director of Estates, Facilities and Capital Management confirmed once WG endorse the UHB will then determine the Estate staff requirements. PBC isn't through scrutiny process yet. This recommendation is linked to the approval of the PBCs which hasn't yet taken place. Assurance & Risk Officer to discuss with Internal Audit. 24/03/2021- Internal Audit confirmed this recommendation is currently outside the gift of the UHB to implement until the PBC is agreed. Recommendation changed to 'External' on the audit tracker. Director of Estates, Facilities and Capital Management responded on 24/03/2021 that it might be worth looking at this item in two parts. The PBC's referred to are for the AHMWW which is with Assistant Director Of Strategy & Planning and the other is the Major Infrastructure Business Continuity work which is with Director of Estates, Facilities and Capital Management. The two processes are likely to have different timelines in terms of Endorsement by WG so the need for Estates type staff and the timing of these staff will differ also. 06/05/2021- Estates are giving their commitment that this will be achieved but evidence will not be available until the PBC progresses, which is dependent on WG decision. 10/06/2021- UHB attending WG Infrastructure Investment Board on 24/06/2021 to present the case and answer any questions. 01/07/2021- UHB attended WG Infrastructure Investment Board on 24/06/2021- positive meeting, awaiting outcome with a letter to be sent to CEO advising of outcome. Audit Manager to check with Internal Audit team for further clarification of this recommendation. 08/11/2021- Meeting arranged to discuss ownership of recommendation. Action to be changed from external to amber as this is a future action that cannot yet be evidence as completed, but is within the gift of the HB to implement.
SSU-HDU-2021-08	Dec-20	Internal Audit	Backlog Maintenance	Open	Reasonable	Estates	Estates	Rob Elliott	Director of Operations	SSU-HDU-2021-08_003	Medium	R3. Call-off business cases (from the "Business Continuity/Major Infrastructure - Programme Business Case") will be co-ordinated with and discretely provide for Urgent but un-related works arising subsequently in the same time frame.	Agreed. It is recognised that such works will arise and will additionally need funding in the same time horizon as the discretely funded works of each business case. This will be taken into account at detailed design stages of BICs (Business Justification Cases) / OBCs (Outline Business Cases) which will follow the PBC.	Sep-21	Sep-21 N/K	Amber	13/01/2021- Director of Estates, Facilities and Capital Management confirmed timescale of September 2021. 04/03/2021- Process is in place, work will be needed as PBC programme develops. Sept-21 should be achievable however will depend on how quickly PBC progresses. 06/05/2021- should be achievable, however is dependent on how quickly the PBC progresses to the next stage, this is currently with WG for consideration. Estates are giving their commitment that this will be achieved but evidence will not be available until the PBC progresses. 10/06/2021- UHB attending WG Infrastructure Investment Board on 24/06/2021 to present the case and answer any questions. 01/07/2021- UHB attended WG Infrastructure Investment Board on 24/06/2021- positive meeting, awaiting outcome with a letter to be sent to CEO advising of outcome. Audit Manager to check with Internal Audit team for further clarification of this recommendation. 22/07/2021- Internal Audit confirmed- These recommendations relate to the Infrastructure PBC where a big chunk of money to address backlog maintenance in the existing estate (rather than the major new build PBC in Whitland that the Assistant Director of Strategic Planning is working on). 15/09/2021- This recommendation is for future action and can only be demonstrated once the BICs or OBCs are produced. 03/11/2021- Action to remain amber as this is a future action that cannot yet be evidence as completed.
SSU-HDU-2021-08	Dec-20	Internal Audit	Backlog Maintenance	Open	Reasonable	Estates	Estates	Rob Elliott	Director of Operations	SSU-HDU-2021-08_004	Low	R4. Call-off business cases (from the "Business Continuity/Major Infrastructure - Programme Business Case") will be co-ordinated with and discretely provide for Co-located issues (known, or discovered following invasive works).	Agreed. It is recognised that such works will arise and will additionally need funding in the same time horizon as the discretely funded works of each business case. This will be taken into account at detailed design stages of BICs (Business Justification Cases) / OBCs (Outline Business Cases) which will follow the PBC.	Sep-21	Sep-21 N/K	Amber	13/01/2021- Director of Estates, Facilities and Capital Management confirmed timescale of September 2021. 04/03/2021- Process is in place, work will be needed as PBC programme develops. Sept-21 should be achievable however will depend on how quickly PBC progresses. 06/05/2021- should be achievable, however is dependent on how quickly the PBC progresses to the next stage, this is currently with WG for consideration. Estates are giving their commitment that this will be achieved but evidence will not be available until the PBC progresses. 10/06/2021- UHB attending WG Infrastructure Investment Board on 24/06/2021 to present the case and answer any questions. 01/07/2021- UHB attended WG Infrastructure Investment Board on 24/06/2021- positive meeting, awaiting outcome with a letter to be sent to CEO advising of outcome. Audit Manager to check with Internal Audit team for further clarification of this recommendation. 22/07/2021- Internal Audit confirmed- These recommendations relate to the Infrastructure PBC where a big chunk of money to address backlog maintenance in the existing estate (rather than the major new build PBC in Whitland that the Assistant Director of Strategic Planning is working on). These recommendations can only be demonstrated once the BICs or OBCs are produced. 15/09/2021- This recommendation is for future action and can only be demonstrated once the BICs or OBCs are produced. 03/11/2021- Action to remain amber as this is a future action that cannot yet be evidence as completed.
HDUHB-1920-10	Jun-20	Internal Audit	Business Continuity	Open	Reasonable	Public Health	Public Health	Sam Hussell	Director of Public Health	HDUHB-1920-10_001	Medium	R1. The Director of Public Health should review training processes currently in operation within the Health Board and ensure this is accurately reflected in the Business Continuity Planning Policy.	The Policy will be amended to reflect that training for BCM and associated TNA and record keeping has been replaced with hands-on-support, guidance and instruction by the Emergency Planning Team to individual(s) responsible for creating the BC Plan for each department.	Nov-20	Nov-20 Jun-21 Dec-21	Red	Final version received at August 2020 ARAC. 27/11/2020 emailed requesting update 10/12/2020 Business Continuity Officer updated: The delay is due to Covid19, unable to give a predicted date as to when this will be completed. 05/02/2021 issued for update- Requested to check with Audit to see if the recommendation can be closed. Response received from audit all recommendations still require completion. Emailed CC - no response. 22/03/2021 Response received. Business Continuity Planning Policy reviewed and has been discussed the recommendations, added to, and updated the Policy. Policy to go to the People, Planning & Performance Assurance Committee. 23/03/2021 Head of Health Emergency Planning new date June 21. 21/05/2021 Requested update of outstanding recommendations, no response. Escalated to Director of PH with request for update by 11 June 2021. Awaiting response. 08/07/2021 BCP policy is being reviewed to include the addition required, discussions underway with the Policy Co-ordination Officer, will likely to be completed December 2021. 07/09/2021 The policy Co-ordination Officer advised the existing version of the BCPolicy was formally extended until 31/12/2021.
HDUHB-1920-10	Jun-20	Internal Audit	Business Continuity	Open	Reasonable	Public Health	Public Health	Sam Hussell	Director of Public Health	HDUHB-1920-10_002	Medium	R2: Management should ensure the Business Continuity Planning Policy is reviewed and updated to reflect current processes and procedures before being submitted for approval at the People, Planning & Performance Assurance Committee	A review of the Health Board's Business Continuity Planning Policy was postponed earlier this year due to the Coronavirus outbreak. As we are still in response mode to this crisis, we agree to review the policy as it stands as an interim measure. The reviewing of this Policy was intentionally paused in the New Year following learning taken from the extreme pressures and sustained periods of escalation of the urgent care system, particularly during December 2019. It was proposed that we would develop a Business Continuity Framework to aid escalation and de-escalation during periods of high demand or pressure in the system. This work was taken over by events at the end of January / beginning of February 2020.	Nov-20	Jun-21 Dec-21	Red	Final version received at August 2020 ARAC. 27/11/2020 emailed requesting update 10/12/2020 Business Continuity Officer updated: The delay is due to Covid19, unable to give a predicted date as to when this will be completed. 05/02/2021 issued for update- Requested to check with Audit to see if the recommendation can be closed. Response received from audit all recommendations still require completion. Emailed CC - no response. 22/03/2021 Response received. Business Continuity Planning Policy reviewed and has been discussed the recommendations, added to, and updated the Policy. Policy to go to the People, Planning & Performance Assurance Committee. 23/03/2021 Head of Health Emergency Planning new date June 21. 21/05/2021 Requested update of outstanding recommendations, no response. Escalated to Director of PH with request for update by 11 June 2021. Awaiting response. 08/07/2021 EP Officer emailed Policy Co-ordination Officer to advise this policy should be approved at PPPAC. 07/09/2021 The policy Co-ordination Officer advised the existing version of the BCPolicy was formally extended until 31/12/2021. The EP Officer will review and update the policy will be presented to the H&S committee for approval.
SSU_HDA_1920_01.1	Feb-21	Internal Audit	Capital Assurance-Follow Up	Open	Reasonable	Strategic Development and Operational Planning	Strategic Development and Operational Planning	Paul Williams / Rob Elliott / Anthony Tracey / Julian Wheeler-Jones / Eldeg Rosser	Director of Strategic Development and Operational Planning	SSU_HDA_1920_01_1_001	Medium	R1. Cardigan Integrated Care Centre (original R1): Clarification should be provided to differentiate between the Project Group quorum, members and attendees. <ul style="list-style-type: none"> ☐ Inclusion of quorum arrangements in approved Project Group terms of reference; ☐ Development of full activity based resource plans for all stages of the project which should be subject to regular review; ☐ The regular review and update of the Project Governance Framework throughout a project's duration; and ☐ Preparation of management control plans at the outset of projects. 	Superseded: Noting that the Cardigan project is now complete and handed over, a Post Project Evaluation (PPE) should be undertaken to identify lessons learnt (including an assessment of Internal Audit recommendations and their application at future projects). Specifically issues identified at the Cardigan project i.e. <ul style="list-style-type: none"> ☐ Inclusion of quorum arrangements in approved Project Group terms of reference; ☐ Development of full activity based resource plans for all stages of the project which should be subject to regular review; ☐ The regular review and update of the Project Governance Framework throughout a project's duration; and ☐ Preparation of management control plans at the outset of projects. 	May-19	Mar-21 Oct-21 Nov-21	Red	23/02/2021 - as per this new follow up report (follow up of SSU_HDA_1920_01.2), recommendation outstanding as follows: Management advised that due to the impact of Covid on the availability of service leads this has not yet been undertaken. It is anticipated the PPE will be undertaken during the summer. This recommendation was previously considered as actioned per updates received from the service (SSU_HDA_1920_01_2_001). Recommendation has been re-opened as part of this more recent follow up review, and noted that the recommendation owner is now Head of Capital Planning and not Project Director as per previous report. 14/04/21, 09/06/21 & 09/07/2021- Planning Project Manager update- Post project Evaluation for Cardigan ICC has been delayed due to COVID-19. It has been agreed with WG that the Cardigan PPE/Gateway 5 Review will now be undertaken in October 2021. 11/08/2021- Initial meeting with WG has been held, outcome WG will now contact Assurance Hub to arrange the Gateway 5 review, now likely to be in Nov 21. Internal PPE will be concluded in advance of the Gateway 5 review. 08/09/2021- Work on the internal PPE has commenced. 29/10/2021- Internal PPE report will be presented to CEIM&T in November 2021.
SSU_HDA_1920_01.1	Feb-21	Internal Audit	Capital Assurance-Follow Up	Open	Reasonable	Strategic Development and Operational Planning	Strategic Development and Operational Planning	Paul Williams / Rob Elliott / Anthony Tracey / Julian Wheeler-Jones / Eldeg Rosser	Director of Strategic Development and Operational Planning	SSU_HDA_1920_01_1_002	Medium	R4. Bronglais Front of House: The planned post project evaluation (PPE) exercise for the Bronglais Front of House development will consider the issues raised in the prior Bronglais audit reports as follows: <ul style="list-style-type: none"> ☐ An evaluation of the adequacy of design solution for the development; ☐ Confirmation (or otherwise) that the original business case assumptions remain valid, or implications will be assessed; and ☐ performance against the targets of the business case will be assessed. 	Outstanding At the time of issuing this report, the completion of the Front of House scheme was scheduled for June 2020. This is the end of the defects period for the final phase [Theatre Evacuation lift]. The Project Director will lead the completion of the PPE by March 2021.	Sep-19	Mar-21 Sep-21 Jan-22	Red	23/02/2021 - as per this new follow up report follow up of SSU_HDA_1920_01.2), recommendation outstanding as follows: The Project Director will lead the completion of the PPE by March 2021. The recommendation was previously considered to be outstanding from the previous follow up report. 04/03/2021- more realistic date of September 2021 provided, this work has been delayed due to other work prioritised due to Covid-19. 14/04/21, 09/06/21 & 09/07/2021- Planning Project Manager update- Post project Evaluation for BGH Front of House has been delayed due to COVID-19. It has been agreed with WG that the FOH will be an internal PPE and a date needs to be agreed with the County Team. 11/08/2021 and 08/09/2021 update- The conclusion of this review will be reported to CEIM&T in January 2022. 29/10/2021- no further update
Children & Young People Diabetes MDT & Hospital measures for CYP services Peer review August 2016	Nov-16	Peer Review	Children & Young People Diabetes MDT & Hospital measures for CYP services Peer review August 2016	Open (external rec)	N/A	Women and Children's Services	Women and Children's Services	Margaret Devonald-Morris	Director of Operations	PeerReview-CYPDiabetes001	N/A	R1. Absence of a 24 hour on-call advice system	Discuss development of a regional / All Wales 24/7 helpline with other UHBs as a more cost effective alternative to UHB specific arrangements.	Mar-16	N/K	External	The new 24/7 system is to be developed and implemented at an All Wales Level. 5/10/2020 Response received. There is currently no progress on this recommendation as it is being taken forward at an All Wales level by the All Wales Network. 04/12/2020 No progress awaiting All Wales response. 27/01/2021 No progress requires an All Wales solution. 07/04/2021 SDM to establish who the links are. 12/07/2021 No progress awaiting All Wales Network response.

Reference Number	Date of report	Report Issued By	Report Title	Status of report	Assurance Rating	Lead Service / Directorate	Supporting Service	Lead Officer	Lead Director	Recommendation Reference	Priority Level	Recommendation	Management Response	Original Completion Date	Revised Completion Date	Status (Red-behind schedule, Amber-on schedule, Green-completed)	Progress update/Reason overdue
603A2018-19	Jun-18	Audit Wales	District Nursing: Update on Progress	Open (external rec)	N/A	Community and Primary Care (Ceredigion)	Community and Primary Care (Ceredigion)	Tracey Evans / Sharon Daniel	Director of Operations	WAO_DistrictNursing_001	Not stated	R6. Workload varies between teams. The Health Board should use the all-Wales dependency tool when it becomes available to monitor and review the case mix between teams compared with team resources.	The Health Board said that it expects this issue to be definitively addressed through the publication of the All Wales dependency tool, currently expected in 2020.	Jan-19	Mar-20 Nov-20 Dec-21 N/K	External	24/11/2020- Community Head of Nursing confirmed the All Wales DN Workstream is progressing well with the development of a dependency and acuity tool and the first testing phase of the DN Welsh Levels of Care Acuity and Dependency tool is planned for March / April 2021. There is good representation on the national workstream from HDUHB and all DN teams will be engaging in the planned pilot phases of testing. Malinko scheduling system is also being rolled out across the community nursing teams in HDUHB which will further support the use of this tool. The plan is a 6 month pilot followed by review and then most likely a further 6 month testing phase. It is more likely that there will be a tool in use consistently in 2022 although we will have something to use from Spring 2021. Revised timescale December 2021. 19/08/2021- The Draft District Nursing (DN) Welsh Levels of Care Acuity and Dependency tool (WLoC tool) underwent phase 1 of testing in July 2021. Evaluation and analysis of this pilot is currently underway with a report due to be shared with the All Wales Nurse Staffing Programme in December. The next phase of testing/rollout is likely to commence in January 2022. 20/10/2021- Work remains ongoing with this and no further updates currently. The review for this is January 2022.
KS/890/07	Nov-20	Mid and West Wales Fire and Rescue Service	Enforcement Notice The Regulatory Reform (Fire Safety) Order 2005: Article 30 Premises: West Wales General Hospital, Glangwili, Dolgellau Road, Carmarthen, Carmarthenshire, SA31 2AF KS/890/07	Open	N/A	Estates	Estates	Rob Elliott	Director of Operations	KS/890/07_01	High	R1. Compartmentation – All Vertical Escape Routes. (Agreed Advanced Works). To undertake whatever works are necessary to ensure that any/all breaches in fire resisting compartmentation that affect the Vertical Escape Routes within Glangwili General Hospital are addressed as agreed in the programme for Advanced works (presented to us on the 02 October 2020). Fire resisting structures are to continue to slab/upper floor level/roof level and pass through any false ceiling provided.	Full action plan held by Estates.	Oct-20 Feb-21 Aug-21 Sep-21	Aug-21 Sep-21 N/K	Red	13/11/2020- Letter dated 05/11/2020 from MWWFRS confirming enforcement notice KS/890/06 is withdrawn and replaced by KS/890/07, KS/890/08, KS/890/09 dated 04/11/2020. KS/890/07 to be completed by 31/07/2022 as agreed in the programme for Advanced Works (presented to them on the 02 October 2020). Original completion dates shown on tracker taken from original KS/890/06 enforcement notice. 17/12/2020- on track for Aug-21 completion. 04/03/2021- still on track for August 2021, figure has been submitted to WG for advanced work for GGH, expect quick turnaround response in next couple of weeks. 06/05/2021 & 10/06/2021- on track. 05/08/2021- email received from MWWFRS confirming revised deadline of end of September 2021 due to returning fire doors to manufacturer. 15/09/2021- on track to complete by end of September 2021, as reported to the Health & Safety Committee July 2021. 18/11/2021- update to Health & Safety Committee 15/11/2021- all doors have now been completed, with the exception of three individual doors. Currently it is unclear when we will be able to allow access to these areas to complete the three outstanding fire doors due to the ongoing COVID-19 position. In order to continue to make progress on appropriate validation and sign-off, HDUHB is now progressing the three phase approval process as used in WGH. The three remaining doors will be managed in the same way when access becomes available. HDUHB is keeping MWWFRS fully updated on the current status.
KS/890/08	Nov-20	Mid and West Wales Fire and Rescue Service	Enforcement Notice The Regulatory Reform (Fire Safety) Order 2005: Article 30 Premises: West Wales General Hospital, Glangwili, Dolgellau Road, Carmarthen, Carmarthenshire, SA31 2AF KS/890/08	Open	N/A	Estates	Estates	Rob Elliott	Director of Operations	KS/890/08_01	High	R1. Compartmentation – All Horizontal Corridor Escape Routes (Agreed Phase 1 Works). To undertake whatever works are necessary to ensure that any/all breaches in fire resisting compartmentation that affect the Horizontal Escape Routes within Glangwili General Hospital are addressed as agreed in the programme for Phase 1 Works (presented to us on the 02 October 2020). Fire resisting structures are to continue to slab/upper floor level/roof level and pass through any false ceiling provided.	Full action plan held by Estates.	Oct-20 Feb-21 Jul-22	Jul-22	Amber	13/11/2020- Letter dated 05/11/2020 from MWWFRS confirming enforcement notice KS/890/06 is withdrawn and replaced by KS/890/07, KS/890/08, KS/890/09 dated 04/11/2020. KS/890/08 to be completed by 31/07/2022 as agreed in the programme for Advanced Works (presented to them on the 02 October 2020). Original completion dates shown on tracker taken from original KS/890/06 enforcement notice. 05/08/2021- BIC going through SDOCC Committee in August 2021, once approved this will be submitted to WG. 15/09/2021- Chair's approval following SDOCC in August 2021, currently with WG for approval. 18/11/2021- update to Health & Safety Committee 15/11/2021-WG has scrutinised the BIC and submitted two sets of queries to HDUHB, which have been fully responded to. HDUHB is currently awaiting a response to the information provided to WG in order for them to fully approve the project. On a positive note, WG have requested cash flow forecasting, working to an approval date of early November 2021, in order to forecast expenditure to 31st March 2022. It is currently programmed, subject to the above approval, that site set up will be underway during December 2021 with work commencing in January 2022. This will indicate a completion date of circa December 2022/January 2023. HDUHB continues to keep MWWFRS fully up-to-date with any adjustments to programme on this phase of works. MWWFRS are fully aware of the above timescales and have advised they are planning to visit the site at an appropriate time in 2022 to confirm any extension needed. Audit tracker will be updated following this visit.
KS/890/08	Nov-20	Mid and West Wales Fire and Rescue Service	Enforcement Notice The Regulatory Reform (Fire Safety) Order 2005: Article 30 Premises: West Wales General Hospital, Glangwili, Dolgellau Road, Carmarthen, Carmarthenshire, SA31 2AF KS/890/08	Open	N/A	Estates	Estates	Rob Elliott	Director of Operations	KS/890/08_02	High	R2. Compartmentation – All Vertical Breaches and / or Penetrations. To undertake whatever works are necessary to ensure that any/all breaches in fire resisting compartmentation that affect the intermediate floors between levels within Glangwili Hospital are addressed as agreed in the programme for Phase 1 Works (presented to us on the 2nd Oct 2020). Fire resisting structures are to continue to slab/ upper floor level/roof level and pass through any false ceiling provided.	Full action plan held by Estates.	Oct-20 Feb-21 Jul-22	Jul-22	Amber	13/11/2020- Letter dated 05/11/2020 from MWWFRS confirming enforcement notice KS/890/06 is withdrawn and replaced by KS/890/07, KS/890/08, KS/890/09 dated 04/11/2020. KS/890/08 to be completed by 31/07/2022 as agreed in the programme for Advanced Works (presented to them on the 02 October 2020). Original completion dates shown on tracker taken from original KS/890/06 enforcement notice. 05/08/2021- BIC going through SDOCC Committee in August 2021, once approved this will be submitted to WG. 15/09/2021- Chair's approval following SDOCC in August 2021, currently with WG for approval. 18/11/2021- update to Health & Safety Committee 15/11/2021-WG has scrutinised the BIC and submitted two sets of queries to HDUHB, which have been fully responded to. HDUHB is currently awaiting a response to the information provided to WG in order for them to fully approve the project. On a positive note, WG have requested cash flow forecasting, working to an approval date of early November 2021, in order to forecast expenditure to 31st March 2022. It is currently programmed, subject to the above approval, that site set up will be underway during December 2021 with work commencing in January 2022. This will indicate a completion date of circa December 2022/January 2023. HDUHB continues to keep MWWFRS fully up-to-date with any adjustments to programme on this phase of works. MWWFRS are fully aware of the above timescales and have advised they are planning to visit the site at an appropriate time in 2022 to confirm any extension needed. Audit tracker will be updated following this visit.
KS/890/09	Nov-20	Mid and West Wales Fire and Rescue Service	Enforcement Notice The Regulatory Reform (Fire Safety) Order 2005: Article 30 Premises: West Wales General Hospital, Glangwili, Dolgellau Road, Carmarthen, Carmarthenshire, SA31 2AF KS/890/09	Open	N/A	Estates	Estates	Rob Elliott	Director of Operations	KS/890/09_01	High	Item Number 1 - Compartmentation. (Agreed Phase 2 works). To undertake whatever works are necessary to ensure that any/all breaches in fire resisting compartmentation that affect the Wards, Theatres, Plant Rooms, Offices, Surgeries, Specialist Units and any other compartmented spaces within Glangwili General Hospital are addressed as agreed in the programme for Phase 2 works (presented to us on the 02 October 2020). Fire resisting structures are to continue to slab/upper floor level/roof level and pass through any false ceiling provided.	Full action plan held by Estates.	Oct-20 Feb-21 Aug-24	Aug-24	Amber	13/11/2020- Letter dated 05/11/2020 from MWWFRS confirming enforcement notice KS/890/06 is withdrawn and replaced by KS/890/07, KS/890/08, KS/890/09 dated 04/11/2020. KS/890/09 to be completed by 31/08/2024 as agreed in the programme for Advanced Works (presented to them on the 02 October 2020). Original completion dates shown on tracker taken from original KS/890/06 enforcement notice. 17/12/2020- Director of Estates, Facilities and Capital Management confirmed 'All Vertical Escape Routes' included in the notice (schedule section) in error. 04/03/2021-On track. 06/05/2021 & 10/06/2021- work has not commenced yet but within timescale for the programme of work by August 2024. 18/11/2021- update to Health & Safety Committee 15/11/2021- At this point, HDUHB remains confident that the April 2024 date can be achieved, however understands that this will be reviewed once the Business Case work is completed. This has been discussed with MWWFRS who appreciate that a revision may be needed to this programme, should the nature of the works dictate that an additional period of time becomes necessary.
BFS/KS/SIM/00113573- KS/890/05 (supersedes EN/262/08)	Feb-20	Mid and West Wales Fire and Rescue Service	Enforcement Notice The Regulatory Reform (Fire Safety) Order 2005: Article 30 Premises: St Caradogs, Bro Cerwyn, Fishguard Road, Haverfordwest, SA61 2PG KS/890/05	Open	N/A	Estates	Estates	Rob Elliott	Director of Operations	BFS/KS/SIM/00113573_003	High	R3. Compartmentation / Dampers Reinstate the fire resistance in the following location: • The ventilation system will need to be inspected and repaired as necessary to ensure all its inherent fire safety devices are functioning in line with its design specifications and manufacturer's instructions. According to the action plan dated 02 December 2019 V2 these ongoing works are to be completed in the timescale of this Enforcement Notice	Full action plan held by Estates.	Oct-20 Feb-21 Dec-21 Apr-22	Dec-21 Apr-22	Amber	This work is part of the stage 2 WGH Fire Enforcement Programme. Estates colleagues are meeting with MWWFRS on 16/06/2020 to agree revised date of December 2021 (delayed by 4 months due to impact of COVID-19). Revised completion date issued on 24/08/2020 by MWWFRS of 21/12/2021. This is remedial works required to complete by February 2021 for priority works (advanced works) remaining works in Phase 1. 17/12/2020- Detailed work to review the delivery program being undertaken with a view to comply with the original date. 28/01/2021-Director of Estates, Facilities and Capital Management confirmed the enforcement notice should have been revised by MWWFRS to a timescale of April 2022 to align with the dates verbally agreed with MWWFRS and provided in the revised Letter of Fire Safety Matters received in January 2021. This recommendation is to remain red until the Enforcement Notice has been revised by the MWWFRS. 03/02/2021- MWWFRS confirmed that this enforcement notice now runs in line with the agreed completion dates of: Stage 1 Jan 2021 & Stage 2 April 2022. Recommendation turned back to amber. 06/05/2021- Letter from MWWFRS dated 19/03/2021 - 'Further to the conversation on the possibility of the Phase 1 works at Wlybush General Hospital running over the completion date due to the complexity and capital value of this project, as we have over 12 months to the current expiry date, we would not want to review this enforcement notice until early in to 2022. Recommendation to remain amber until contact is made to MWWFRS in March 2022 as they have requested, to update them on the progress of the works, at which point MWWFRS will discuss the extension of the notice at that date. 15/09/2021- update reported to Health & Safety Committee in July 2021, MWWFRS will provide extension date closer to April 2022 (current completion date). 18/11/2021- update to Health & Safety Committee 15/11/2021- The current programme completion date is late August 2022. MWWFRS continues to be kept fully up-to-date with any adjustments to programme on this phase of works. They are fully aware of the timescales and have advised that they are planning a site visit at an appropriate time in 2022 to confirm any extension needed. Audit tracker will be revised following the visit.
BFS/KS/SIM/00114719- KS/890/02	Feb-20	Mid and West Wales Fire and Rescue Service	Enforcement Notice The Regulatory Reform (Fire Safety) Order 2005: Article 30 Premises: Wlybush General Hospital. The serving of this Notice dated 09 February 2020 and numbered KS/890/02	Open	N/A	Estates	Estates	Rob Elliott	Director of Operations	BFS/KS/SIM/00114719_02_001	High	R1. Compartmentation – All Vertical Escape Routes. To undertake whatever works are necessary to ensure that any / all breaches in fire resisting compartmentation that affect the Vertical Escape Routes within Wlybush Hospital are addressed. Fire resisting structures are to continue to slab / upper floor level / roof level and pass through any false ceiling provided.	Full action plan held by Estates.	Sep-20 Jan-21	Jan-21 Feb-21 Jun-21 Aug-21 Oct-21 Nov-21	Red	This work is part of the Advanced Works WGH Fire Enforcement Programme. 21/07/2020 - correspondence received from MWWFRS that original completion date has been extended to 30/01/2021 for this advanced works. 17/12/2020- on track for end of January 2021 completion. 04/02/2021- Works completion date forecast mid February 2021. This small delay has been discussed with MWWFRS and they are fully satisfied with this progress and will amend the FEN when requested. 04/03/2021- Director of Estates, Facilities and Capital Management confirmed this work has been completed. Recommendation closed. 21/05/2021 - correspondence received from MWWFRS stating that they were not content that recommendation had been fully actioned and therefore re-issued KS890/02, with a 28 day period to fulfil requirements. Report therefore re-opened and recommendation turned from green back to red. 10/06/2021- CEO letter dated 27/05/2021 to MWWFRS confirming due to procurement and delivery timescales this won't be fully implemented until 20/08/2021. Awaiting formal response from MWWFRS. 05/08/2021- revised date has been agreed with MWWFRS, letter to be drafted to MWWFRS shortly. 15/09/2021- Asbestos has led to work being extended to October 2021. MWWFRS have been informed and they have confirmed via email they are happy to extend the date to 11/10/2021. Recommendation turned back to amber as a result. 18/11/2021- update to Health & Safety Committee 15/11/2021- It is anticipated that this will be completed by late November 2021. All doors completed with the exception of one (delayed by asbestos issue), once this is completed the commencement of the three stage compliance assessment for door and workmanship quality will be undertaken.

Reference Number	Date of report	Report Issued By	Report Title	Status of report	Assurance Rating	Lead Service / Directorate	Supporting Service	Lead Officer	Lead Director	Recommendation Reference	Priority Level	Recommendation	Management Response	Original Completion Date	Revised Completion Date	Status (Red-behind schedule, Amber-on schedule, Green-completed)	Progress update/Reason overdue
BFS/KS/SJM/00114719- KS/890/02	Feb-20	Mid and West Wales Fire and Rescue Service	Enforcement Notice The Regulatory Reform (Fire Safety) Order 2005: Article 30 Premises: Withybush General Hospital. The serving of this Notice dated 09 February 2020 and numbered KS/890/02	Open	N/A	Estates	Estates	Rob Elliott	Director of Operations	BFS/KS/SJM/00114719_02_002	High	R2. Fire Damper Systems - Maintenance Ensure that the fire damper systems are properly tested and maintained. Following completion of testing of these systems, documentation needs to be sent to my office confirming this. Fire damper systems should be tested as per British Standard 5588-9 Code 9, with a maximum testing interval of two years.	Full action plan held by Estates.	Sep-20 Jan-21	Jan-21 Feb-21 Jun-21 Aug-21 Oct-21 Nov-21	Red	Estates colleagues are meeting with MWFRS on 16/06/2020 to agree revised date of December 2021 (delayed by 4 months due to impact of COVID-19). MWFRS have been verbally supportive of these revised dates. Once new dates are officially agreed with the MWFRS this recommendation will be changed back to amber. 21/07/2020 - correspondence received from MWFRS that original completion date has been extended to 30/01/2021 for this advanced works. 17/12/2020 - This work has been completed. 21/05/2021 - correspondence received from MWFRS stating that they were not content that recommendation had been fully actioned and therefore re-issued KS890/02, with a 28 day period to fulfil requirements. Report therefore re-opened and recommendation turned from green back to red. 10/06/2021- CEO letter dated 27/05/2021 to MWFRS confirming due to procurement and delivery timescales this won't be fully implemented until 20/08/2021. Awaiting formal response from MWFRS. 05/08/2021- revised date has been agreed with MWFRS, letter to be drafted to MWFRS shortly. 15/09/2021- Asbestos has led to work being extended to October 2021. MWFRS have been informed and they have confirmed via email they are happy to extend the date to 11/10/2021. Recommendation turned back to amber as a result. 18/11/2021- update to Health & Safety Committee 15/11/2021- It is anticipated that this will be completed by late November 2021. All doors completed with the exception of one (delayed by asbestos issue), once this is completed the commencement of the three stage
BFS/KS/SJM/00114719- KS/890/03	Feb-20	Mid and West Wales Fire and Rescue Service	Enforcement Notice The Regulatory Reform (Fire Safety) Order 2005: Article 30 Premises: Withybush General Hospital. The serving of this Notice dated 09 February 2020 and numbered KS/890/03	Open	N/A	Estates	Estates	Rob Elliott	Director of Operations	BFS/KS/SJM/00114719_03_001	High	R1. Compartmentation – All Horizontal Corridor Escape Routes To undertake whatever works are necessary to ensure that any / all breaches in fire resisting compartmentation that affect the Horizontal Escape Routes within Withybush Hospital are addressed. Fire resisting structures are to continue to slab / upper floor level / roof level and pass through any false ceiling provided.	Full action plan held by Estates.	Aug-21 Dec-21 Apr-22	Dec-21 Apr-22	Amber	This work is part of the phase 1 WGH Fire Enforcement Programme. 13/11/2020- Letter dated 05/11/2020 from MWFRS this notice is extended to 30 April 2022 as agreed in the programme for Phase 1 Works (presented to them on the 02 October 2020). 04/03/2021-on track as per agreed programme of work. 06/05/2021- Letter from MWFRS dated 19/03/2021 - 'Further to the conversation on the possibility of the Phase 1 works at Withybush General Hospital running over the completion date due to the complexity and capital value of this project, as we have over 12 months to the current expiry date, we would not want to review this enforcement notice until early in to 2022'. Recommendation to remain amber until contact is made to MWFRS in March 2022 as they have requested, to update them on the progress of the works, at which point MWFRS will discuss the extension of the notice at that date. 15/09/2021- update reported to Health & Safety Committee in July 2021, MWFRS will provide extension date closer to April 2022 (current completion date). 18/11/2021- update to Health & Safety Committee 15/11/2021- The current programme completion date is late August 2022. MWFRS continues to be kept fully up-to-date with any adjustments to programme on this phase of works. They are fully aware of the timescales and have advised that they are planning a site visit at an appropriate time in 2022 to confirm any extension needed. Audit tracker will be revised following the visit.
BFS/KS/SJM/00114719- KS/890/03	Feb-20	Mid and West Wales Fire and Rescue Service	Enforcement Notice The Regulatory Reform (Fire Safety) Order 2005: Article 30 Premises: Withybush General Hospital. The serving of this Notice dated 09 February 2020 and numbered KS/890/03	Open	N/A	Estates	Estates	Rob Elliott	Director of Operations	BFS/KS/SJM/00114719_03_002	High	R2. Compartmentation – All Vertical Breaches and / or Penetrations To undertake whatever works are necessary to ensure that any / all breaches in fire resisting compartmentation that affect the intermediate floors between levels within Withybush Hospital are addressed. Fire resisting structures are to continue to slab/ upper floor level / roof level and pass through any false ceiling provided.	Full action plan held by Estates.	Aug-21 Dec-21 Apr-22	Dec-21 Apr-22	Amber	This work is part of the phase 1 WGH Fire Enforcement Programme. 13/11/2020- Letter dated 05/11/2020 from MWFRS this notice is extended to 30 April 2022 as agreed in the programme for Phase 1 Works (presented to them on the 02 October 2020). 04/03/2021-on track as per agreed programme of work. 06/05/2021- Letter from MWFRS dated 19/03/2021 - 'Further to the conversation on the possibility of the Phase 1 works at Withybush General Hospital running over the completion date due to the complexity and capital value of this project, as we have over 12 months to the current expiry date, we would not want to review this enforcement notice until early in to 2022'. Recommendation to remain amber until contact is made to MWFRS in March 2022 as they have requested, to update them on the progress of the works, at which point MWFRS will discuss the extension of the notice at that date. 15/09/2021- update reported to Health & Safety Committee in July 2021, MWFRS will provide extension date closer to April 2022 (current completion date). 18/11/2021- update to Health & Safety Committee 15/11/2021- The current programme completion date is late August 2022. MWFRS continues to be kept fully up-to-date with any adjustments to programme on this phase of works. They are fully aware of the timescales and have advised that they are planning a site visit at an appropriate time in 2022 to confirm any extension needed. Audit tracker will be revised following the visit.
BFS/KS/SJM/00114719- KS/890/04	Feb-20	Mid and West Wales Fire and Rescue Service	Enforcement Notice The Regulatory Reform (Fire Safety) Order 2005: Article 30 Premises: Withybush General Hospital. The serving of this Notice dated 09 February 2020 and numbered KS/890/04	Open	N/A	Estates	Estates	Rob Elliott	Director of Operations	BFS/KS/SJM/00114719_04	High	R1. Compartmentation – All Other Compartmented Areas To undertake whatever works are necessary to ensure that any / all breaches in fire resisting compartmentation that affect the Wards, Theatres, Plant Rooms, Offices, Surgeries, Specialist Units and any other compartmented spaces within Withybush Hospital are addressed. Fire resisting structures are to continue to slab / upper floor level / roof level and pass through any false ceiling provided.	Full action plan held by Estates.	Apr-22 Apr-25	Dec-24 Apr-25	Amber	This work is part of the phase 2 WGH Fire Enforcement Programme. Commencement of work to take place in May 2022. This will be a large piece of work involving entering individual wards and decanting of services as required. 13/11/2020- Letter dated 05/11/2020 from MWFRS this notice is extended to 30 April 2025 as agreed in the programme for Phase 2 Works (presented to them on the 02 October 2020). Recommendation changed back from red to amber. 04/03/2021-on track as per agreed programme of work. 06/05/2021-still on track, UHB meeting with WG 07/05/2021 to establish when to start the work on ward areas. 18/11/2021- update to Health & Safety Committee 15/11/2021- At the current time, HDUHB remains confident that the April 2025 date can be achieved, however this will be reviewed upon completion of the Business Case work. The matter has been discussed with MWFRS, who appreciate that a revision may be required to this programme should the nature of the works dictate that an additional period becomes necessary.
Eye Care Services in Wales Follow Up	Jan-20	CHC	Eye Care Services in Wales Follow Up	Open	N/A	Scheduled Care	Scheduled Care (ophthalmology)	Carly Buckingham	Director of Operations	EyeCareServices001	N/A	R1. The Welsh Government and the NHS in Wales needs to do more to reduce the current backlog of people waiting for appointments	Continue re-design of optimum pathways and further utilisation of Community Optometrist Capacity. Identify sustainable funding.	Mar-21	Mar-21 Sep-21 Mar-22	Red	By the middle of quarter 2 (August 2020) will have better idea of the waiting lists due to COVID and will review this recommendation at this time to establish if March 2021 deadline is still feasible. 26/11/2020- Update from SDM- No change since last update. We are continuing with the community schemes in relation to glaucoma and cataracts, and a consultant is reviewing these patients to ensure that anyone with an urgent condition is offered a hospital appointment. We are exploring digital opportunities with our community optometrist practices for AMD referrals. We will have a better idea of timescales for implementation by January 2021. 25/05/2021- Update from SDM-The ARCH Programme is developing regional pathways for: Glaucoma, Medical Retina and Cataracts. These pathways are being developed in conjunction with the Optometric Advisors for both Health Boards & Lead Clinicians. Revised timescale September 2021. 08/10/2021- The Glaucoma Business Case has been approved by Hywel Dda Exec Team, awaiting outcome of Swansea Bay Exec Team decision and agreeing honorary contract with SB consultant. WG transformation funding for virtual diabetic retinopathy has been approved, work underway to commence this pathway. Additional WG funding of £697k has been identified for the UHB, plans are being developed in conjunction with Primary Care Optometric leads to focus on developing Ophthalmic diagnostic and treatment centres. Revised date of March 2022 provided, all monies must be spent by this date.
Eye Care Services in Wales Follow Up	Jan-20	CHC	Eye Care Services in Wales Follow Up	Open	N/A	Scheduled Care	Scheduled Care (ophthalmology)	Carly Buckingham	Director of Operations	EyeCareServices002	N/A	R2. The Welsh Government and the NHS in Wales needs to make sure longer term plans are capable of providing an equitable service that meets the increasing demand for eye care services across Wales	Development of 3-year plan for Ophthalmology. Further introduce community led services to provide care closer to home.	Mar-21	Mar-21 Sep-21 Mar-22	Red	See update in recommendation 1- due to current COVID situation only those with greatest risk of sight loss now been given priority on the pathway. Recommendation to be reviewed in August 2020 to establish if March 2021 deadline is still feasible. 26/11/2020- Update from SDM- Continue to work with community optometrist practices to explore the opportunities for multi disc team working in community settings, for example the digital work mentioned above is a current project we are scoping. 26/03/2021- Updates have been requested from the reporting officer however due to operational pressures and annual leave no update has been received as of 26/03/2021. 25/05/2021- Update from SDM-The ARCH Programme is developing regional pathways for: Glaucoma, Medical Retina and Cataracts. These pathways are being developed in conjunction with the Optometric Advisors for both Health Boards & Lead Clinicians. Revised timescale September 2021. 08/10/2021- The Glaucoma Business Case has been approved by Hywel Dda Exec Team, awaiting outcome of Swansea Bay Exec Team decision and agreeing honorary contract with SB consultant. WG transformation funding for virtual diabetic retinopathy has been approved, work underway to commence this pathway. Additional WG funding of £697k has been identified for the UHB, plans are being developed in conjunction with Primary Care Optometric leads to focus on developing Ophthalmic diagnostic and treatment centres. Revised date of March 2022 provided, all monies must be spent by this date.
Eye Care Services in Wales Follow Up	Jan-20	CHC	Eye Care Services in Wales Follow Up	Open (external rec)	N/A	Scheduled Care	Scheduled Care (ophthalmology)	Carly Buckingham	Director of Operations	EyeCareServices005	N/A	R5. The Welsh Government and the NHS in Wales needs to make sure digital communication moves forward at pace in all areas.	EPR to be awarded to allow Health Board to progress	Apr-20	Jul-20 Apr-21 N/K	External	WG have awarded the contract and implementation of EPR will be progressed on an All Wales basis with potential to use Cardiff & Vale UHB platform. This has a 6 to 8 week leading time to being rolled out. 16/07/2020 update- Full Business Case has been agreed by the Health Minister. Awaiting further updates from national EPR group. 25/08/2020 update- still awaiting national roll out as part of national work stream. 26/11/2020- Update from SDM- there is a regional working group with Swansea Bay UHB to ensure both Health Boards are ready for phase 1 go live for Glaucoma by March 2021. Approximate timescale April 2021, subject to progress of national work stream. 25/05/2021-Interim Ophthalmology Service Manager update- The National EPR (Electronic Patient Record) work is progressing. We now have a dedicated Project Manager who is able to concentrate on developing the project. There are delays due to IT limitations (broadband) which has been escalated and a timescale for resolution being > 8 weeks. This will delay implementation. However a project group is established to prepare and embed the project. 08/10/21- further national delays to the roll out of EPR due to network concerns.

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HDUHB-2122-07	Aug-21	Internal Audit	Field Hospital Decommissioning	Open	Advisory	Central Operations	Central Operations	N/K	Operations Director	HDUHB-2122-07_001		Management should undertake a 'lessons learned' exercise with key individuals across the field hospital commissioning, operation and decommissioning phases in order to identify what went well and what could be done differently, not only for similar projects but potentially also in the operation of acute hospital settings.	The Executive Director of Operations, the Field Hospital management team and other Health Board senior managers welcome this Internal Audit advisory report into the decommissioning processes relating to the field hospital portfolio. The opportunity to embed the learning recorded in this report into future practice in whatever form that might take is an opportunity not to be missed if the Health Board is to improve on similar processes in the future. It is worth noting that whilst this audit focused on the decommissioning phase of the nine field hospitals set-up and commissioned in April 2020, the record should not lose sight of the fact that decisions taken during the planning phase, which were invariably made whilst the country faced an uncertain prospect as to the impact of the COVID pandemic, may have been less than optimum for the sake of expediency. The consequence of this was that the Health Board found itself facing far from desirable situations at the decommissioning stages and whilst it is easy to critically reflect on the early decisions that led to these predicaments it needs to be reminded that the pressure to deliver facilities in a matter of weeks was nothing short of significant at the time. The three local authorities that supported the Health Board will have faced similar pressures in identifying suitable sites and supplying the resources to convert these into working field hospitals and whilst under such time pressures with hindsight the final site nominations may not have served the interests of the Health Board in line with its service delivery objectives as well as they might. That said it needs to be noted that even in the face of some highly undesirable reinstatement obligations which only became apparent at the decommissioning phase that material mitigation of expense has been achieved where some of the Health Board's costs are concerned. Most notable these apply at the Stadium at Parc y Scarlets, Llanelli and the Leisure Centre at Plas Crug, Aberystwyth. It is also worth reminding that eighteen months ago the prospect of establishing 950 field hospital beds in a matter of weeks at sites yet to be identified was beyond the realms of reality and yet by early April 2020 this was precisely what had been achieved. The availability of the additional beds helped each of the acute hospitals navigate a difficult winter which was exacerbated by the impact of the second coronavirus wave. It was not until June 2021 that the position had settled down to a point where the added capacity could be stood down. Building on the content of the advisory report at a time when only two field hospitals remain in the portfolio and none of the beds operational that the Health Board is taking its experience of operationalising three sites forward and this is illustrated by the retention of the senior management team with a light touch commitment such that in the event that these beds are called for that the service can react without having to overcome the avoidable inertia of identifying that triumvirate.	N/K	N/K	Amber	13/09/2021- Agreed at ARAC August 2021 that the management lead and timescale for the 'lessons learnt' exercise to be undertaken would be provided in the Table of Actions. Tracker to be updated once Table of Actions are shared. 19/10/2021 - Update for October 2021 ARAC meeting: The Deputy Director of Operations was party to an initial planning meeting, on 6th October 2021, where the approach to a follow-up workshop involving a broader representation of colleagues involved in the Field Hospital campaign was determined. The workshop is expected to take place in October 2021; the output will be a short report on lessons learned. A recap will follow after the Selwyn Samuel Centre is fully decommissioned in 2022.
CAPA-GGH-12136	Aug-21	Human Tissue Authority	Glangwili General Hospital - 12136 - Routine 27/07/2021	Open	N/A	Pathology	Pathology	Head of Pathology	Director of Operations	CAPA-GGH-12136_018	Minor	The temperature alarm trigger points for the fridges and freezers are not set at appropriate temperatures to ensure that the alarms will trigger when storage temperatures deviate from acceptable ranges.	Corrective and Preventative Action: • Review, and update as applicable, trigger point temperatures for all fridges and freezers • Document in an SOP what the temperature ranges and alarm trigger points should be set at, along with alarm delays and distribute to all mortuary staff • Review, and update as applicable, temperature monitoring record sheets	Dec-21	Dec-21	Amber	
CAPA-GGH-12136	Aug-21	Human Tissue Authority	Glangwili General Hospital - 12136 - Routine 27/07/2021	Open	N/A	Pathology	Pathology	Head of Pathology	Director of Operations	CAPA-GGH-12136_019	Minor	The establishment does not have a formal system to monitor, review and record trends in storage temperatures.	Corrective and Preventative Action: • Update record form(s) for monitoring and recording of temperatures to include trend analysis (LFMOR003 Body storage facility temperatures; LFMOR403 Body storage facility temperatures) • Document process in a standard operating procedure and distribute to all mortuary staff for acknowledgement	Dec-21	Dec-21	Amber	
19127	Jan-20	HIW	Glangwili Hospital (Maternity), 7-9 October 2019	Open	N/A	Women and Children's Services	Estates	Julie Jenkins	Director of Operations	19127_003	N/A	The health board must ensure that: Signage at the hospital is reviewed to ensure that it is easy for patients to locate all of the maternity wards Notice boards containing information about staff on duty are updated at every shift change Notice boards are reviewed to provide health promotion information throughout the unit is made available bilingually.	Clinical lead to meet with Head of Welsh Language services to discuss appropriate information being available in Welsh	Mar-20	Dec-20 Apr-21 Aug-21 Sept-21 Dec-21	Red	Letters available bilingually. Notice boards have been updated however further update will be following COVID 19 pandemic. To be reviewed Dec 2020. 27/07/2020 requested update, chased and meeting to update organised 6/08/2020. Update received-Signage completed, letters completed. On hold due to Covid 19 as staff relocated, full implementation to be reviewed possible Dec 2020. 18/09/2020 Request for update issued: Response received HoM Actions partially completed clinic letters completed. Further review of bilingual requirements to be completed. 20/11/2020 issued for update: Delayed due to Covid until new unit is completed and re-alignment of service signage for all maternity Services. 26/01/2021 Delays on Phase 2 work, due to the impact of Covid new date proposed August 2021. 02/03/2021 CB checked with Rob Elliott date confirmed Aug-21 correct. 26/05/2021 Signage maybe delayed due to delays in the Phase 2 end of Sept 2021. 12/07/2021 Delays on Phase 2 work, possibly completed by December 21.
SSU-HDU-1920-02	Jun-20	Internal Audit	Glangwili Hospital Women & Children's Development Phase 2	Open	Reasonable	Strategic Development and Operational Planning	Strategic Development and Operational Planning	Paul Williams (Planning)	Director of Strategic Development and Operational Planning	SSU-HDU-1920-02_006	High	R6: In accordance with the NEC contract, the external advisers should provide a detailed assessment report of the delays to date (to include contributing factors, programme and cost implications, acceptance / rejection etc.) (Update to Management Response June 2021- PM will produce a detailed retrospective assessment once the work on Section 1 and 2 of the scheme is complete. Completion date for Section 2 has been delayed.)	The Project Manager will produce a detailed retrospective assessment of the delays to date in accordance with the requirements of the NEC contract (to include cause, time/cost impact and determination of acceptance / rejection of delay etc.) (Update to Management Response June 2021- PM will produce a detailed retrospective assessment once the work on Section 1 and 2 of the scheme is complete. Completion date for Section 2 has been delayed.)	Jul-20	Aug-21 Oct-21 Nov-22	Red	Complete-PM is undertaking this on a monthly basis and incorporating into monthly report on an ongoing basis. CEIM&T report in July 2020 provides retrospective position 05/05/2021 - follow up report issued in 2020/21 on Women and Children Development (SSU HDU 2021 03) provided the following update: "Partially Addressed - A full review of delays awarded was reported to PPPAC in August 2020 and the Project Group now receives incremental updates on the delays to date. To fully action the above, a formal report should be prepared by the advisers to include: •delays claimed; • delays awarded (including detailed events, rationale and relevant contractual clause); • rejected claims for delays (including rationale and relevant clauses); and • delays not yet covered by claims. It has been agreed that this will now be produced at the end of the current phase to cover all delays accepted/ rejected to date. Revised Responsibility and Timescale is Project Director / Immediate. Assurance and risk officer to clarify with Planning colleagues when this recommendation will be completed. 28/05/2021- Head of Capital Planning confirmed PM will produce a detailed retrospective assessment once the work on Section 1 and 2 of the scheme is complete. Completion date for Section 2 has been delayed. No revised timescale received. 09/06/2021 & 09/07/2021- Meeting with Internal Audit, the report will be prepared at the end of Section 2, which is currently scheduled for the end of July 2021. 22/07/2021- Internal Auditor confirmed recommendations 6 & 8 are linked to one another and are unlikely to be concluded until the end of August 2021 and the end of the current stage of the project. 11/08/2021 & 08/09/2021 update- Section 2 completion has been delayed to September 2021. 06/10/2021- end of Section 2 is further delayed, quantum of latest delay needs to be assessed prior to completion of report. Revised date of November 2022 provided. 29/10/2021 It is estimated that Section 2 will not be complete until December 2021 at the earliest the report completion will be undertaken at this point.
HDUHB2021-11	Sep-20	Internal Audit	Governance Arrangement during the Covid-19 Pandemic	Open	Advisory	Governance	Workforce & OD	N/A	Board Secretary	HDUHB2021-11_010	N/A	Ensure there is a fully updated record of staff movement / redeployments.	Not included in report, following update provided in TOA from December 2020 Audit Committee:	N/K	Dec-21	Amber	25/05/2021- Audit tracker will be updated once update has been reported to ARAC. 10/08/2021 - update received as follows: This will require further discussion/consideration as there is no straightforward solution that could easily be implemented. The Workforce team attempted to log all staff temporary movements during Covid (deployments) although Directorates tended to deploy in real time and sometimes on a shift by shift basis. The Workforce team were therefore unaware of numerous movements which had already been effected by local Line Managers. Managers did not utilise ESR to log changes due to the regularity and volume of staff movements which would have made it a cumbersome exercise. We will undertake to establish how other HB's handles this issue. 14/09/21 update received the Operational Workforce team will now establish how many staff remain on deployment from their substantive roles, the reason and the location of temporary role. Discussions will then take place with substantive ad interim Line Managers in order to determine likely duration. It is proposed that staff change forms will be completed for all current and future deployments of over 8 weeks duration in order to help track movements and to enable substantive Line Managers to backfill. Discussions need to take place with Directorate service teams and Trade Unions and therefore it is estimated that this process will be complete by
HDUHB2021-11	Sep-20	Internal Audit	Governance Arrangement during the Covid-19 Pandemic	Open	Advisory	Governance	Workforce & OD	N/A	Board Secretary	HDUHB2021-11_012	N/A	Additional specific guidance in relation to staff working at home including, the need to maintain privacy when using video conferencing and the storage of any hard copy documents.	Not included in report, following update provided in TOA from December 2020 Audit Committee:	N/K	N/K	Amber	25/05/2021- Audit tracker will be updated once update has been reported to ARAC. 10/08/2021 - update received as follows: The Agile working agenda is not being led from W&OD. Facilities are about to tender re some project management in order to build an infrastructure within the Health Board. The Home Working Policy does come under the remit of Workforce although will be reviewed as part of the HB wide initiative referred to above. 14/09/21 update received Facilities management are leading this initiative. Key design assumptions for the project will shortly be discussed with Execs and then submitted to Board at end of Sept. The T&F group met 13/09/21 - Workforce are part of this group and
HDUHB-1920-04	Jun-20	Internal Audit	Health & Safety	Open	Reasonable	Nursing	Nursing (Health and Safety)	Tim Harrison	Director of Nursing, Quality and Patient Experience	HDUHB-1920-04_003	Medium	R3: Management should liaise with directorates and services to ensure that arrangement currently in place meet the requirements set out in the Health & Safety Policy. The champions will co-ordinate and implement local H&S arrangements and advise the Heads of Department if performance / compliance does not reach the standards required. The role will involve proactively working with the Health & Safety Team to establish and maintain a culture of safe, environmentally friendly practices across the organisation. Working with the Directorate senior management team, they will be responsible for implement the Health & Safety Policy and systems, and keeping up-to-date with the relevant legislation. In the meantime, the H&S Team are undertaking H&S departmental audits that commenced March 2020. Planned annual programme in place.	The Health & Safety Team will develop a model of introducing 'H&S Champions / Co-ordinators' into several departments during 2020/21. H&S Co-ordinator model currently being developed with the aim to submit the proposal to the H&SA Committee August 2020. The champions will co-ordinate and implement local H&S arrangements and advise the Heads of Department if performance / compliance does not reach the standards required. The role will involve proactively working with the Health & Safety Team to establish and maintain a culture of safe, environmentally friendly practices across the organisation. Working with the Directorate senior management team, they will be responsible for implement the Health & Safety Policy and systems, and keeping up-to-date with the relevant legislation. In the meantime, the H&S Team are undertaking H&S departmental audits that commenced March 2020. Planned annual programme in place.	Aug-20	Oct-20 Sep-21 N/K	Red	The dept. H&S Co-ordinator/Champion role has not been implemented to date due to the work undertaken for the H&S team with the HB response and management of COVID-19 pandemic. The H&S Training programme that has been established will be utilised to provide training to these staff. The Pilot course is being held on the 16th & 23rd October 2020. 23/10/2020- requested update from reporting officer that recs 2, 3 and 4 have now been implemented. Awaiting response. 26/01/2021- Internal Audit are planning scope of next Health & Safety IA report with H&S team, to be reported to ARAC in April 2021 (if it does not make February 2021 agenda). 25/03/2021- draft report to ARAC shows this recommendation as partially completed. Establishment of Departmental Health and Safety Champions/Co-ordinators has not been completed due to our departmental contribution to COVID-19 commitments. However, H&S Induction Training for Managers has progressed with approximately 150 staff completing the course since October 2020. Departmental Audits commenced in March 2020 with a planned annual programme in place. This recommendation will be completed as part of improvements to departmental management and ownership of health and safety by September 2021. 06/07/2021- Update requested from reporting officer by 16/07/2021, no response as of 29/07/2021. 27/09/2021- Lead officer confirmed recommendation remains outstanding due to other demands. This 'H&S Champions / Co-ordinators' model has not been progressed. In its place we have provided training to departmental managers in the form of the H&S induction. This model is to be reviewed by the H&S team. 21/11/2021- progress update requested 08/11/2021, no update received as yet.

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HDUHB-2021-01	Apr-21	Internal Audit	Health & Safety	Open	Reasonable	Nursing	Nursing (Health and Safety)	Sian Passey / Tim Harrison	Director of Nursing, Quality & Patient Experience	HDUHB-2021-01_003	Medium	R3. The Health and Safety Team should submit their annual audit programme and approach taken to the Health & Safety Assurance Committee for discussion.	A formal audit programme shall be devised and presented to the Health and Safety Assurance Committee for discussion.	Jul-21	N/K	Red	25/05/2021- Report presented to ARAC on 05/05/2021. Assurance & Risk Officer will be requesting confirmation that recommendation is on track for completion as part of the next be-monthly service email in early July 2021. 06/07/2021- Update requested from reporting officer by 16/07/2021, no response as of 29/07/2021. 27/09/2021- lead officer confirmed this has not been submitted yet but he will double check.
HDUHB-2021-01	Apr-21	Internal Audit	Health & Safety	Open	Reasonable	Nursing	Nursing (Health and Safety)	Sian Passey / Tim Harrison	Director of Nursing, Quality & Patient Experience	HDUHB-2021-01_004	Medium	R4. Management should introduce key performance indicators to enable the organisation to measure and monitor health and safety performance.	The development of KPIs forms part of the current work towards satisfying the requirements of the HSE.	Sep-21	Sep-21 N/K	Red	25/05/2021- Report presented to ARAC on 05/05/2021. Assurance & Risk Officer will be requesting confirmation that recommendation is on track for completion as part of the next be-monthly service email in early July 2021. 06/07/2021- Update requested from reporting officer by 16/07/2021, no response as of 29/07/2021. 27/09/2021- lead officer confirmed KPI's written and included in the HSE Action Plan submitted to the HSE Sept 21, assurance and risk officer requested clarity from reporting officer if this can now be closed.
HDUHB-2021-01	Apr-21	Internal Audit	Health & Safety	Open	Reasonable	Nursing	Nursing (Health and Safety)	Sian Passey / Tim Harrison	Director of Nursing, Quality & Patient Experience	HDUHB-2021-01_006	Medium	R6. Management should ensure a summary update of issues, risks and actions arising at directorate and service level is reported through to the Health & Safety Assurance Committee within the Health and Safety Update Reports.	The Health of Health, Safety & Security will remind the Chair of each directorate level quality governance meeting to provide exception reports for consideration at HSAC meetings as appropriate.	Jul-21	N/K	Red	25/05/2021- Report presented to ARAC on 05/05/2021. Assurance & Risk Officer will be requesting confirmation that recommendation is on track for completion as part of the next be-monthly service email in early July 2021. 06/07/2021- Update requested from reporting officer by 16/07/2021, no response as of 29/07/2021. 27/09/2021- lead officer confirmed escalation reports will be submitted to the HSC where appropriate from Directorate meetings. Risk and assurance officer clarifying if Chairs of each directorate meeting have been reminded.
HDUHB-2021-01	Apr-21	Internal Audit	Health & Safety	Open	Reasonable	Nursing	Nursing (Health and Safety)	Sian Passey / Tim Harrison	Director of Nursing, Quality & Patient Experience	HDUHB-2021-01_007	Medium	R7. Management should ensure that training compliance figures are reported at directorate/service quality and safety meetings and the Health & Safety Assurance Committee to allow for the identification of risks, trends and actions.	Training figures will be collated at agreed timescales and reported to the directorate/service quality and safety meetings and the Health & Safety Assurance Committee.	Sep-21	Sep-21 N/K	Red	25/05/2021- Report presented to ARAC on 05/05/2021. Assurance & Risk Officer will be requesting confirmation that recommendation is on track for completion as part of the next be-monthly service email in early July 2021. 06/07/2021- Update requested from reporting officer by 16/07/2021, no response as of 29/07/2021. 27/09/2021- lead officer confirmed total training figures have been collated but not Directorate specific. Data can be extracted directly from ESR. Risk and assurance officer clarifying if training figures are reported to directorate/service quality and safety meetings. 21/11/2021- progress update requested 08/11/2021, no update received as yet.
18264	Jun-19	HIW	HIW Cadog Ward & Ceri Ward, Glangwili Hospital, 5-6/3/19	Open	N/A	Unscheduled Care (GGH)	Unscheduled Care (GGH)	Olwen Morgan	Director of Operations	Cadog_014	N/A	R14: The health board must ensure that oxygen is accurately prescribed and a record of administration maintained on the All Wales Drugs Chart.	Clinical Directors to discuss the need for improved prescribing of oxygen with medical staffing. To provide training for ward staff on the use of oxygen therapy and prescribing.	Oct-19	Dec-20 Jun-21 Nov-21	Red	Senior Nurse currently working alongside Senior Nurse for Medicines Management to devise training package. Will form part of wider HB approach to addressing training needs for all practitioners in relation to oxygen administration. Suspended due to Covid-19 pandemic. To rearrange for October 2020. 22/01/2021- Hospital HON confirmed she will check with clinical Directors that this was discussed with medical staff and will check training status. 19/02/2021- Hospital HON confirmed she will discuss with Dr. Ward to undertake audit of O2 prescribing. 26/03/2021- update from Consultant Respiratory -'the project should be complete within the next 2 months. Hopefully sooner. It may take a bit longer to organise an educational session, so a rough timescale of 2-3 months'. Revised timescale of June 2021. 29/07/2021- update requested on 16/07/2021 by deadline of 28/07/2021, no update received. 11/08/2021- The doctors who were doing the oxygen QIP have completed the first cycle, they are handing over to the current team to complete. Hopefully within 2-3 months.
HIW_HAHSMNYO2019	Mar-19	HIW	How are healthcare services meeting the needs of young people? Thematic Review 2019	Open	N/A	Mental Health & Learning Disabilities	Mental Health & Learning Disabilities	Sara Rees / Angela Lodwick	Director of Operations	HIW_HAHSMNYO2019_21	N/A	Welsh Government and health boards must ensure there are clear transition pathways and policies in place for each service area. Where possible, there should be consistency in approaches to transition in line with national guidelines.	HDUHB will ensure there is an up to date Transition Policy in place for transition from S-CAMHS to AMHS	Dec-19	Dec-20 Mar-21 Sep-21 Nov-21	Red	The Primary MH Lead has left her post and we have advertised and recruited a new b7 who starts Feb 2021 but will need an induction as coming from England and the Transition Lead has to work clinically now due to c19 as staff levels are low and we've had to prioritise essential services. 19/02/2021: No progress since last update. 22/03/2021 Head of Service has confirmed Transition Lead moving back into post April 2021 and work plan will be prioritised and the Transition Policy will be reviewed and updated and signed off at written control group - on track for Sept. 18/5/2021 On Track Transition Lead has resumed post and has a workplan established to meet actions identified in HIW action Plan. 22/6/2021 Role of transition lead -on track. 7/10/2021 Transition Policy/Specification has been updated, Action now amberwith a final date this month - going to October written control group. 11/11/2021 - policy will be going to Written Control Group 23/11/2021 for final approval
HIW_HAHSMNYO2019	Mar-19	HIW	How are healthcare services meeting the needs of young people? Thematic Review 2019	Open	N/A	Mental Health & Learning Disabilities	Mental Health & Learning Disabilities	Sara Rees / Angela Lodwick	Director of Operations	HIW_HAHSMNYO2019_21	N/A	Welsh Government and health boards must ensure there are clear transition pathways and policies in place for each service area. Where possible, there should be consistency in approaches to transition in line with national guidelines.	This Policy will be formally ratified by the Written Policy Control Group and reviewed by the multi disciplinary group every 3 years or when national policy indicates.	Dec-19	Dec-20 Mar-21 Sep-21 Nov-21	Red	Realistically this will not be achieved by March 2021 due to C19 impact and advise a revised target of September 2021 as we don't know how long c19 restrictions will impact or when staff will be vaccinated. The Primary MH Lead has left her post and we have advertised and recruited a new b7 who starts Feb 2021 but will need an induction as coming from England. The Transition Lead has to work clinically now due to c19 as staff levels are low and we've had to prioritise essential services. 19/02/2021. No progress since last update. 22/03/2021 Head of Service has confirmed the Transition Policy will be reviewed and updated and signed off at written control group - on track for Sept. 18/5/2021 On track The revised Policy will be sent to the written control group once complete. 22/6/2021 Transition Policy being updated in line with National Guidance 7/10/2021 Transition Policy/ Specification to be reviewed/ approved at MH&LD Directorate Written control group October 2021 11/11/2021 - policy will be going to Written Control Group 23/11/2021 for final approval
HIW_HAHSMNYO2019	Mar-19	HIW	How are healthcare services meeting the needs of young people? Thematic Review 2019	Open	N/A	Mental Health & Learning Disabilities	Mental Health & Learning Disabilities	Sara Rees / Angela Lodwick	Director of Operations	HIW_HAHSMNYO2019_26	N/A	Health boards must ensure young people are involved in the planning and transition process and are provided with adequate support to enable them to adjust.	HDUHB will implement the Young Persons Passport to increase awareness of transition, increase their participation in the transition process and provide support.	Sep-19	Dec-20 June-21 Sept- 21	External	16/12/2020 HOS confirmed COVID 19 impacting on availability of Transition Lead to complete actions due to having to work clinically. Realistically this will not be achieved by March 2021 due to C19 impact and advise a revised target of September 2021 as we don't know how long c19 restrictions will impact or when staff will be vaccinated. The Primary MH Lead has left her post and we have advertised and recruited a new b7 who starts Feb 2021 but will need an induction as coming from England. The Transition Lead has to work clinically now due to c19 as staff levels are low and we've had to prioritise essential services. 19/02/2021. No progress since last update. 22/03/2021 Transition Lead moving back into post April 2021 and work plan will be priority 18/5/2021 On Track, Updated Transition Policy will have Young Persons Passport documents embedded. Training will be provided on use of document across SCAMHS and AMHS. Audit of process will include views and experiences of young people. 22/6/2021 Transition Policy will be shared with young peoples /service user forum Future Minds in S-CAMHS for comments prior to submission to written control group for ratification. 7/10/2021 Young Persons Passport is included in the Transition Policy however WG are reviewing the status of this document and we await further information on future use. Inclusion of the YPP is being promoted through team away days and weekly team meetings. Peer mental support worker is involved in these discussions. Health Board has actioned all that it can while waiting from further guidance from WG - recommendation changed to External
HDUHB-2122-30	Aug-21	Internal Audit	Human Tissue Act Compliance	Open	Reasonable	Medical	Pathology	Andrea Stiens / Priyadharshini Sai-Giridhar	Medical Director	HDUHB-2122-30_00	Medium	Management should ensure the periodic assurance reporting of HTA compliance, licence status and any relevant issues to the Health Board or appropriate sub-committee.	The Pathology Strategy Group monitor HTA Compliance. The respective assurance reporting will be reviewed and considered at the Effective Clinical Practice Panel to determine a reporting route through to main board committees. This revision in reporting structures will be agreed with the Board Secretary and the Assurance & Risk Directorate.	Dec-21	Dec-21	Amber	08/09/2021 Emailed requesting an update Head of Clinical Effectiveness and Med Director awaiting a response. 17/11/21 Head of ECP and Quality Improvement confirmed: An annual update provided to the Effective Clinical Practice Advisory Panel, on HTA Compliance for both the Mortuary and Biobank, including license status etc, provided around the time that the Annual Compliance Report is prepared. Plan to be forwarded for March 2022 and annually thereafter. The papers will be presented, discussion minutes and then we will capture this in the 6 monthly report to QSEC so that there is then a clear route to a Board Committee.

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HDUHB_1920_40	Mar-20	Internal Audit	IM&T Assurance – Follow Up	Open	Reasonable	Digital and Performance	Digital and Performance	Anthony Tracey / Sarah Brain	Director of Finance	HDUHB_1920_40_03	Medium	R3. WOD advice should be sought on the matter of compulsory breaks to ensure the European Working Time Directive is appropriately adhered to.	The business manager was able to supply a paper which was produced for the Executive Team in June 2019, this paper evidences that work is underway to address the noncompliance of the original recommendation. The paper lists under option 4, temporary measures the health board is implementing while the permanent measures are implemented. The paper being explored, and further work to progress an OCP and Executive Paper in March 2020 evidence that this recommendation, to seek advice on the matter of compulsory breaks to ensure the European Working Time Directive is appropriately adhered to is in train.	May-19	May-21 Aug-21 Oct-21 Nov-21 Feb-22	Red	18/03/2021- There is currently still lone working on evenings and weekends. There has been a recent push by the Assistant Director of Digital Services to implement the new switchboard system across the 3 counties by May 2021, which will enable switchboards to switch to different sites. The new system will resolve this recommendation and negate the need for an OCP to be undertaken with staff. 11/05/2021-Digital Business Manager update- the new solution is not yet in place due to delays in some of the technical elements. We are meeting as a senior team to assess what is required and move at pace to get this completed. Working to get new system working alongside the current solution in the next couple of weeks. 4 sites now all under the same management. Revised date of August 2021 provided for both systems to be in place and testing to take place. 30/06/2021- Equipment being installed for testing in August 2021, hopeful the switchboard crossover will then be implemented and the recommendations closed. 28/07/2021 - The Digital Team have encountered a number of issues, outside of their control, which has affected the implementation of the new Switchboard solution. Therefore there has been a delay in the ability for lone workers (nights and weekends) to be able to have a compulsory break from the switchboard. The work is due to be completed by September/October 2021, in line with the wider network improvements within the Health Board. This will allow staff to switch over between sites to allow them to have a break. The system will be installed on sites shortly to allow for training and testing and for the staff to become familiar with the new system before the full switch over. Work is also being carried out with the switchboard supervisors to look at streamlining processes and making information available across sites. 27/09/2021 - The completion of this recommendation is linked to the improvements on the network which has been delayed due to BT. The Health Board has been held up by the remedial work required to unblock a duct under the main road outside PPH, which required the council to dig up the road. This work has now been completed and we anticipate finalisation of the network upgrade by mid-October. Once the work outlined above has been completed, the Team will be able to release the required bandwidth for the Switchboard infrastructure to go live. 22/10/2021 - We are still experiencing some technical issues with a 3rd party supplier, however we have started the roll out of the tests switchboards across all 4 sites and are currently working closely with our supplier to resolve the technical issues, part of the delay has been trying to upgrade some existing live equipment to be compatible with the new solution. We envisage the technical solution to be in place by the 30/10/2021 when testing of the new solution can begin in earnest. We envisage the new solution to be in place and fully functioning by the end of February 2022, taking into account the feedback from existing operators with regard to making software tweaks and the training of, in excess of, 60 members of staff on the new switchboard solution. 04/11/2021 - Contract with third party supplier now finalised (29th October 2021) therefore HB now in position to move forward. Meeting has been scheduled for the w/e 5th November 2021 to discuss rollout plans - still on schedule for Feb 22 delivery.
HDUHB-2021-20	Nov-20	Internal Audit	IM&T Control and Risk Assessment	Open	N/A	Digital and Performance	Digital and Performance	Anthony Tracey	Director of Finance	HDUHB-2021-20_001	Medium	R1. The digital maturity measurement methodology should be further developed to give a more rounded view of the organisations capabilities.	The Health Board has committed to use the industry standard HIMSS (Healthcare Information and Management Systems Society, along with a number of other tools to assess the wider organisations digital maturity. We will commission an independent review to assess our maturity against the HIMSS standard within the next year. This is further explored in the new "Our Digital Response – 2020-2025", which outlines an ambitious path where we will choose how we navigate through these levels according to our need, priority and investment, which may mean that our progress will not be linear, however, with the right direction and strategic funding we will reach level 6 by the end of the five years. By the end of 2022, we anticipate to be at level 2, and in 2024 level 4, with level 6 being attend the following year.	Dec-21	Dec-21	Amber	15/12/2020-Commission independent review by December 2021. 11/05/2021- Digital Business Manager update- On track, project due to start in May/June 2021, being taken forward by Assistant Director of Digital Services and Head of Systems and Informatics Projects. 30/06/2021- Assistant Director of Digital Services leading this work with Head of Systems and Informatics Projects, will be going out to procurement. Hopeful December 2021 date will be met. 28/07/2021 - The Digital Team have begun to undertake an internal assessment based on the Healthcare Information and Management Systems Society (HIMSS) maturity matrix. We will then look to commission a third-party supplier to undertake an audit which will form the gap analysis and improvement plan 27/09/2021 - The scope for the work has been agreed, with a quote received from a supplier to provide an onsite workshop, arranged for 11th November 2021. Following the completion of this work a report will be provided to the Health Board which will detail a GAP analysis and a development roadmap to improve the digital maturity of the Health Board. 22/10/2021 - The Workshop has been arranged for November 11th 2021. 04/11/2021 - as previous update. Agenda setting meeting for the training undertaken on 3rd November. On track for completion in November.
HDUHB-2021-20	Nov-20	Internal Audit	IM&T Control and Risk Assessment	Open	N/A	Digital and Performance	Digital and Performance	Anthony Tracey	Director of Finance	HDUHB-2021-20_001	Medium	R11. The incident management process should be strengthened by updating the Health Board IT Incident Management Procedure document to reflect current practices.	Agreed – The incident process will be reviewed, and modified to reflect current practices.	Dec-20 Feb-21	Dec-20 Feb-21 Mar-21 May-21 Aug-21 Sep-21 Nov-21	Red	13/05/2021- Digital Business Manager confirmed this is now being reviewed along side the implementation of FreshWorks which is a replacement of the current Service Desk system. Revised completion date of August 2021. 30/06/2021- Head of Digital Operations looking into this, still on track to complete by August 2021. 28/07/2021 - This will be completed as part of the implementation of our new Service Desk system, we envisage this being available in September 2021 27/09/2021 - Work is progressing well with the new Service Desk system and the Incident Management Procedure is under development. This will be completed end of October. 22/10/2021 - On track - to close following final implementation in November 2021 04/11/2021 - As above, policies are currently under final review and collation by the Digital Director for implementation in November 2021.
CSG584	Aug-19	Welsh Language Commissioner	Investigation under section 71 of the Welsh Language (Wales) Measure 2011 of a possible failure to comply with Welsh language standards	Open	N/A	CEOs Office (Welsh Language)	CEOs Office (Welsh Language)	Enfys Williams	CEO	CSG584_001	N/A	R1. The Health Board must conduct a review to check that appointment letters sent from other departments comply with standard 5 and act upon the results of the review.	Full action plan held by Welsh Language team.	Apr-20 Mar-21	Oct-20 Mar-21 Sep-21 N/K	Red	16/11/2020- WL Commissioner's Officer has agreed to an extension to 19/03/2021, and has requested to receive a progress update by mid December 2020. Assistant Director of Communications is currently coordinating the progress update with service managers. 04/12/2020- recommendation changed back from red to amber due to extension from WL Commissioner's Officer. 27/01/2021 – Directorates have completed an assessment. Work has been done to ensure compliance. Due to current Covid pressure the information from the Operations directorate is incomplete. As a result of Covid and a cyber-attack on the WL Commissioner's office an extension has been granted on collating the remaining information. 26/05/2021- Ops Directorate did not provide information within revised timescale, reporting officer has spoken to lead investigator at WL Commissioner regarding delay, other Health Boards are in similar situation. Waiting for clarity from WL Commissioner office which has been dealing with a cyber attack issue. The UHB will send WL Commissioner office what information it has by end of June 2021. 19/07/2021- update request sent to reporting officer with a deadline of 29/07/2021. 13/08/2021- Revised timescale of Sept 2021 provided. The WL Commissioner has not pursued this investigation, however we have recently communicated with them asking for clarity on the next steps. The WL Commissioner still hasn't confirmed whether they wish to receive our partial report or offer us a further extension to provide a full report. The Health Board has pro-actively approached the WL Commissioner more than once regarding this investigation and provided them with their original correspondence as they had lost all documents due to the cyber attack. A recent internal Audit within the Health Board has highlighted the need that any outstanding assessments from directorates be escalated and discussed at Exec Team. 02/11/2021- review has been undertaken, however no response received from Ops or nursing services due to operational pressures, only partial information collected. No response or further extension provided by WL Commissioner.
CSG584	Aug-19	Welsh Language Commissioner	Investigation under section 71 of the Welsh Language (Wales) Measure 2011 of a possible failure to comply with Welsh language standards	Open	N/A	CEOs Office (Welsh Language)	CEOs Office (Welsh Language)	Enfys Williams	CEO	CSG584_002	N/A	R2. The Health Board must conduct a review to check that forms provided to the public by other departments comply with standard 36 and act upon the results of the review.	Full action plan held by Welsh Language team.	Apr-20 Mar-21	Oct-20 Mar-21 Sep-21 N/K	Red	16/11/2020- WL Commissioner's Officer has agreed to an extension to 19/03/2021, and has requested to receive a progress update by mid December 2020. Assistant Director of Communications is currently coordinating the progress update with service managers. 04/12/2020- recommendation changed back from red to amber due to extension from WL Commissioner's Officer. 27/01/21 – Directorates have completed an assessment. Work has been done to ensure compliance. Due to current Covid pressure the information from the Operations directorate is incomplete. As a result of Covid and a cyber-attack on the WL Commissioner's office an extension has been granted on collating the remaining information. 26/05/2021- Ops Directorate did not provide information within revised timescale, reporting officer has spoken to lead investigator at WL Commissioner regarding delay, other Health Boards are in similar situation. Waiting for clarity from WL Commissioner office which has been dealing with a cyber attack issue. The UHB will send WL Commissioner office what information it has by end of June 2021. 19/07/2021- update request sent to reporting officer with a deadline of 29/07/2021. 13/08/2021- Revised timescale of Sept 2021 provided. The WL Commissioner has not pursued this investigation, however we have recently communicated with them asking for clarity on the next steps. The WL Commissioner still hasn't confirmed whether they wish to receive our partial report or offer us a further extension to provide a full report. The Health Board has pro-actively approached the WL Commissioner more than once regarding this investigation and provided them with their original correspondence as they had lost all documents due to the cyber attack. A recent internal Audit within the Health Board has highlighted the need that any outstanding assessments from directorates be escalated and discussed at Exec Team. 02/11/2021- review has been undertaken, however no response received from Ops or nursing services due to operational pressures, only partial information collected. No response or further extension provided by WL Commissioner.

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CSG584	Aug-19	Welsh Language Commissioner	Investigation under section 71 of the Welsh Language (Wales) Measure 2011 of a possible failure to comply with Welsh language standards	Open	N/A	CEOs Office (Welsh Language)	CEOs Office (Welsh Language)	Enfys Williams	CEO	CSG584_003	N/A	R3. Hywel Dda University Health Board must provide sufficient written evidence to satisfy the Welsh Language Commissioner that it has carried out enforcement actions 1-2.	Full action plan held by Welsh Language team.	Apr-20 Mar-21	Oct-20 Mar-21 Sep-21 N/K	Red	16/11/2020- WL Commissioner's Officer has agreed to an extension to 19/03/2021, and has requested to receive a progress update by mid December 2020. Assistant Director of Communications is currently coordinating the progress update with service managers. 04/12/2020- recommendation changed back from red to amber due to extension from WL Commissioner's Officer. 27/01/21 - An annual review meeting was held between the Health Board and the WL Commissioner's office on 26/01/21. It was agreed that we would provide the evidence already collated by the 19/03/2021 date and a new date will be set for the remaining Operations directorate information. 26/05/2021- Ops Directorate did not provide information within revised timescale, reporting officer has spoken to lead investigator at WL Commissioner regarding delay, other Health Boards are in similar situation. Waiting for clarity from WL Commissioner office which has been dealing with a cyber attack issue. The UHB will send WL Commissioner office what information it has by end of June 2021. 19/07/2021- update request sent to reporting officer with a deadline of 29/07/2021. 13/08/2021- Revised timescale of Sept 2021 provided. The WL Commissioner has not pursued this investigation, however we have recently communicated with them asking for clarity on the next steps. The WL Commissioner still hasn't confirmed whether they wish to receive our partial report or offer us a further extension to provide a full report. The Health Board has pro-actively approached the WL Commissioner more than once regarding this investigation and provided them with their original correspondence as they had lost all documents due to the cyber attack. A recent internal Audit within the Health Board has highlighted the need that any outstanding assessments from directorates be escalated and discussed at Exec Team. 02/11/2021- review has been undertaken, however no response received from Ops or nursing services due to operational pressures, only partial information collected. No response or further extension provided by WL Commissioner.
HIW_JTRCMT	Feb-19	HIW	Joint Thematic Review of Community Mental Health Teams 2017-2018	Open (External Rec)	N/A	Mental Health & Learning Disabilities	Mental Health & Learning Disabilities	Sara Rees / Kay Isaacs	Director of Operations	HIW_JTRCMT_021	N/A	Health boards and local authorities need to work together to improve joint processes for driving the improvement of services. This includes the need for greater alignment of processes within CMHTs including integrated records and data collection	The MH/LD Directorate continues its commitment to co-producing the implementation of its Transforming Mental Health Programme. A data and evaluation work stream has recently been established to review data gathering processes and develop means of continuous quality improvement. The UHB are being assisted by Swansea University. Ensure information systems are updated with a move to Welsh Patient Administration System (WPAS) anticipated this year, followed by migration to Welsh Community Care Information System (WCCIS) across health and social care services.	Dec-22	N/K	External	4/12/2020 update requested, response received: WPAS migration has been completed however some issues between the interfaces of the systems are being ironed out. 19/02/2021 This recommendation is partially completed by the HB. The HB has agreed with the Delivery Unit to deliver a presentation on any outstanding actions. Outlining the thematic actions that are considered unachievable. (Outside of gift of the HB). 12/10/2021 - CarePartner - integrated record system in place and being utilised. Have the facility to grant access to records to people should they need them. quality improvement is undertaken between operational services and QAPD. Ward Managers Forum (clinical) in place, and Community Management Forum being considered with relevant TORs to be updated to reflect this - forums where service improvements are being discussed. Standing agenda items such as PSOW reports, Level 1 incidents etc. Local Authority element of the recommendation remains outside of the gift of the HB. Phase 1 of WPAS has been completed, with CMHTs included in forthcoming Phase 2.
BFS/KS/SIM/0010773-9-02	Jun-21	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters - GLANGWILI GENERAL HOSPITAL, DOLGWILI ROAD, CARMARTHEN, SA31 2AF	Open	N/A	Estates	Estates	Rob Elliott	Director of Operations	BFS/KS/SIM/0010773_001	High	1.1 The areas visited in this inspection should be included into the current compartmentation survey (areas listed at end of schedule)	Full action plan held by Estates.	Aug-24	Aug-24	Amber	01/07/2021- Letter dated 08/06/2021 from MWWFRS states 'To be completed in line with the agreed advanced, first and second phase works as mentioned within the document: Fire Precaution Upgrade Works Glangwili General Hospital, presented to us on the 6th Jan 2021'. Timescale of August 2024 added to tracker as this aligns with Phase 2 works completion date. 18/11/2021- Assistant Head of Operational Facilities Management confirmed residents have been written to and contractor has been confirmed to carry out work from end of November 2021 to March 2022.
General/00111720	May-21	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters - Tregaron Community Hospital, Dewi Road, Tregaron, SY25 6JP	Open	N/A	Estates	Estates	Rob Elliott	Director of Operations	General/00111720_002	High	Article 8 Item 2 - Structural Separation: 2. All openings in the walls, floors, partitions and ceilings throughout the premises that are provided for the passage of service piping, ducts or cables, are to be sealed or bushed to at least 30-minute standard of fire resistance.	Full action plan held by Estates.	Aug-21	Aug-21 Oct-21 Dec-21	Red	10/06/2021- 2 action plan meetings are taking place and a response to MWWFRS will be confirmed in the next couple of weeks. Audit tracker to be updated once response sent and action plan agreed. 01/07/2021- CEO response letter sent 24/06/2021 including action plan for completion of works. Some timescales are longer than the 3 month deadline due to timescales for procurement and delivery of fire doors. Action plan shows recommendation with October 2021 timescale. 27/07/2021- Target date for completion of this work (subject to survey outcome) mid October 21. 23/09/2021- Revised action plan states recommendation to be completed by 31/10/2021 (to be checked with procurement). 18/11/2021- Revised action plan dated 09/11/2021 provides revised date of mid December 2021- contractor has now been procured to undertake the work.
General/00111720	May-21	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters - Tregaron Community Hospital, Dewi Road, Tregaron, SY25 6JP	Open	N/A	Estates	Estates	Rob Elliott	Director of Operations	General/00111720_002	High	Article 8 Item 2 - Structural Separation: 4. An assessment should be undertaken to ensure that all areas identified with insufficient compartmentation need to be provided with fire resisting construction.	Full action plan held by Estates.	Aug-21	Aug-21 Oct-21 Dec-21	Red	10/06/2021- 2 action plan meetings are taking place and a response to MWWFRS will be confirmed in the next couple of weeks. Audit tracker to be updated once response sent and action plan agreed. 01/07/2021- CEO response letter sent 24/06/2021 including action plan for completion of works. Some timescales are longer than the 3 month deadline due to timescales for procurement and delivery of fire doors. Timescale not clear from action plan, Assurance and Risk Officer to clarify with Estates team. 27/07/2021- Target date for completion of this work mid October 2021. 23/09/2021- Revised action plan states recommendation to be completed by mid October 2021. 18/11/2021- Revised action plan dated 09/11/2021 provides revised date of mid December 2021- contractor has now been procured to undertake the work.
General/00111720	May-21	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters - Tregaron Community Hospital, Dewi Road, Tregaron, SY25 6JP	Open	N/A	Estates	Estates	Rob Elliott	Director of Operations	General/00111720_006	High	Article 14 Item 2 - Emergency Lighting: An assessment should be carried out to ensure that escape routes within the hospital are illuminated by emergency lighting that will operate if the local lighting circuit fails. The system should conform to BS 5266 or the equivalent European standard.	Full action plan held by Estates.	Aug-21	Aug-21 Oct-21 Nov-21 Dec-21	Red	10/06/2021- 2 action plan meetings are taking place and a response to MWWFRS will be confirmed in the next couple of weeks. Audit tracker to be updated once response sent and action plan agreed. 01/07/2021- CEO response letter sent 24/06/2021 including action plan for completion of works. Some timescales are longer than the 3 month deadline due to timescales for procurement and delivery of fire doors. Action plan shows recommendation to be completed by August 2021. 27/07/2021- Action plan shows completion date slipped to October 2021 due to extended delivery dates on specialist equipment. 23/09/2021- Revised action plan states delay- work now commencing 18/10/2021, to be completed by 26/11/2021. 18/11/2021- Revised action plan dated 09/11/2021 shows revised completion date mid December 2021. Delay due to materials -Contractors currently on site mid November 2021.
General/00111720	May-21	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters - Tregaron Community Hospital, Dewi Road, Tregaron, SY25 6JP	Open	N/A	Estates	Estates	Rob Elliott	Director of Operations	General/00111720_010	High	Article 15 Item 1 - Evacuation Procedure: A review of the current evacuation procedures should be revised to incorporate the current issues and procedures within the hospital.	Full action plan held by Estates.	Aug-21	Sep-21 Oct-21 Dec-21	Red	10/06/2021- 2 action plan meetings are taking place and a response to MWWFRS will be confirmed in the next couple of weeks. Audit tracker to be updated once response sent and action plan agreed. 01/07/2021- CEO response letter sent 24/06/2021 including action plan for completion of works. Some timescales are longer than the 3 month deadline due to timescales for procurement and delivery of fire doors. Timescale not clear from action plan, Assurance and Risk Officer to clarify with Estates team. 27/07/2021- Exercise to be held to prove timings, this may result in timescale slipping. Update to be requested from service in August 2021. 23/09/2021- Revised action plan states to be completed by end October 2021. 18/11/2021- Revised action plan dated 09/11/2021 shows work completed, however revised date of December 2021 provided, by which
Admin - General/00329501	Jun-21	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Green Block, Bronglais General Hospital, Caradoc Road, Aberystwyth SY23 1ER	Open	N/A	Estates	Estates	Rob Elliott	Director of Operations	Admin - General/00329501_001	High	Article 8, Item 1.1 Fire Doors- A number of fire resisting doors were found to have defects. All fire resisting doors throughout the premises are to be examined and repaired or replaced to ensure they are effectively self-closing onto their rebates. Gaps between door edge and frame are to be no more than 3 mm	Full action plan held by Estates.	Sep-21	Sep-21 Oct-21 Apr-22	Red	24/08/2021- Action plan submitted to Health & Safety Committee includes completion date of end of September 2021. 15/11/2021- Revised action plan dated 09/11/2021 provides Construction Phase 17/01/22 to 08/04/22. Report to Health & Safety Committee 15/11/2021 confirms HdduHB is currently discussing with MWWFRS the phasing of this work in order to deliver on their requirement. At the conclusion of this agreement with MWWFRS, further discussion will be held with WG as to how we resource and deliver on these requirements through the Business Case process.
Admin - General/00329501	Jun-21	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Green Block, Bronglais General Hospital, Caradoc Road, Aberystwyth SY23 1ER	Open	N/A	Estates	Estates	Rob Elliott	Director of Operations	Admin - General/00329501_001	High	Item 1.2 Fire Doors- Self-closing devices on all fire resisting doors are to be checked and, if necessary, adjusted, repaired, or replaced so the doors close completely into their rebates.	Full action plan held by Estates.	Sep-21	Sep-21 Apr-22	Red	24/08/2021- Action plan submitted to Health & Safety Committee includes completion date of end of September 2021. 15/11/2021- Revised action plan dated 09/11/2021 provides Construction Phase 17/01/22 to 08/04/22. Report to Health & Safety Committee 15/11/2021 confirms HdduHB is currently discussing with MWWFRS the phasing of this work in order to deliver on their requirement. At the conclusion of this agreement with MWWFRS, further discussion will be held with WG as to how we resource and deliver on these requirements through the Business Case process.
Admin - General/00329501	Jun-21	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Green Block, Bronglais General Hospital, Caradoc Road, Aberystwyth SY23 1ER	Open	N/A	Estates	Estates	Rob Elliott	Director of Operations	Admin - General/00329501_001	High	Item 1.3 Fire Doors- All self-closing devices are to be regularly inspected and maintained.	Full action plan held by Estates.	Sep-21	Sep-21 Apr-22	Red	24/08/2021- Action plan submitted to Health & Safety Committee includes completion date of end of September 2021. 15/11/2021- Revised action plan dated 09/11/2021 provides Construction Phase 17/01/22 to 08/04/22. Report to Health & Safety Committee 15/11/2021 confirms HdduHB is currently discussing with MWWFRS the phasing of this work in order to deliver on their requirement. At the conclusion of this agreement with MWWFRS, further discussion will be held with WG as to how we resource and deliver on these requirements through the Business Case process.

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Admin - General/00329501	Jun-21	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Green Block, Bronglais General Hospital, Caradoc Road, Aberystwyth SY23 1ER	Open	N/A	Estates	Estates	Rob Elliott	Director of Operations	Admin - General/00329501_001	High	Item 1.4 Fire Doors- All Fire doors should have intumescent strips and smoke seals	Full action plan held by Estates.	Sep-21	Sep-21 Apr-22	Red	24/08/2021- Action plan submitted to Health & Safety Committee includes completion date of end of September 2021. 15/11/2021- Revised action plan dated 09/11/2021 provides Construction Phase 17/01/22 to 08/04/22. Report to Health & Safety Committee 15/11/2021 confirms HddUHB is currently discussing with MWWFRS the phasing of this work in order to deliver on their requirement . At the conclusion of this agreement with MWWFRS, further discussion will be held with WG as to how we resource and deliver on these requirements through the Business Case process.
Admin - General/00329501	Jun-21	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Green Block, Bronglais General Hospital, Caradoc Road, Aberystwyth SY23 1ER	Open	N/A	Estates	Estates	Rob Elliott	Director of Operations	Admin - General/00329501_001	High	Item 1.5 Fire Doors- All fire door vents should be designed in accordance with the required British Standard.	Full action plan held by Estates.	Sep-21	Sep-21 Apr-22	Red	24/08/2021- Action plan submitted to Health & Safety Committee includes completion date of end of September 2021. 15/11/2021- Revised action plan dated 09/11/2021 provides Construction Phase 17/01/22 to 08/04/22. Report to Health & Safety Committee 15/11/2021 confirms HddUHB is currently discussing with MWWFRS the phasing of this work in order to deliver on their requirement . At the conclusion of this agreement with MWWFRS, further discussion will be held with WG as to how we resource and deliver on these requirements through the Business Case process.
Admin - General/00329501	Jun-21	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Green Block, Bronglais General Hospital, Caradoc Road, Aberystwyth SY23 1ER	Open	N/A	Estates	Estates	Rob Elliott	Director of Operations	Admin - General/00329501_003	High	3.1. Item 3 Compartmentation. An assessment should be undertaken to ensure there is suitable 30-minute fire resistance sub compartments and 60 minutes fire resistant compartmentation throughout green block. This should include: - • All the vents above the fire doors	Full action plan held by Estates.	Sep-21	Sep-21 Mar-22	Red	Letter 30/06/2021 states all recommendations to be completed within 3 months of date of letter (i.e. 30/09/2021). 24/08/2021- Action plan submitted to Health & Safety Committee states further clarity needed from MWWFRS. 15/11/2021- Revised action plan dated 09/11/2021 provides Construction Phase 17/01/22 to 08/04/22. Report to Health & Safety Committee 15/11/2021 confirms HddUHB is currently discussing with MWWFRS the phasing of this work in order to deliver on their requirement . At the conclusion of this agreement with MWWFRS, further discussion will be held with WG as to how we resource and deliver on these requirements through the Business Case process.
Admin - General/00329501	Jun-21	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Green Block, Bronglais General Hospital, Caradoc Road, Aberystwyth SY23 1ER	Open	N/A	Estates	Estates	Rob Elliott	Director of Operations	Admin - General/00329501_003	High	3.3 Item 3 Compartmentation. An assessment should be undertaken to ensure there is suitable 30-minute fire resistance sub compartments and 60 minutes fire resistant compartmentation throughout green block. This should include: - • Fire stopping within the plant room level 1 and the dry risers	Full action plan held by Estates.	Sep-21	Sep-21 Mar-22	Red	Letter 30/06/2021 states all recommendations to be completed within 3 months of date of letter (i.e. 30/09/2021). 24/08/2021- Action plan submitted to Health & Safety Committee states further clarity needed from MWWFRS. 15/11/2021- Revised action plan dated 09/11/2021 provides Construction Phase 17/01/22 to 08/04/22. Report to Health & Safety Committee 15/11/2021 confirms HddUHB is currently discussing with MWWFRS the phasing of this work in order to deliver on their requirement . At the conclusion of this agreement with MWWFRS, further discussion will be held with WG as to how we resource and deliver on these requirements through the Business Case process.
Admin - General/00329501	Jun-21	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Green Block, Bronglais General Hospital, Caradoc Road, Aberystwyth SY23 1ER	Open	N/A	Estates	Estates	Rob Elliott	Director of Operations	Admin - General/00329501_005	High	Article 11, Item 1 Fire Safety Management - An assessment should be undertaken to ensure there is a suitable and up to date Fire defence plan. The fire defence plan should be reviewed when situations or circumstances change within the building.	Full action plan held by Estates.	Sep-21	Sep-21 Nov-21	Red	Letter 30/06/2021 states all recommendations to be completed within 3 months of date of letter (i.e. 30/09/2021). 24/08/2021- Action plan submitted to Health & Safety Committee provides target date of end August 2021. 15/11/2021- Revised action plan dated 09/11/2021 confirms documents have been completed and issues, with ratofocation to take place by end of November 2021, at which time the recommendation can be closed.
Admin - General/00329501	Jun-21	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Green Block, Bronglais General Hospital, Caradoc Road, Aberystwyth SY23 1ER	Open	N/A	Estates	Estates	Rob Elliott	Director of Operations	Admin - General/00329501_007	High	Item 2 Emergency Lighting - An assessment should be undertaken to ensure that escape routes within the Green block escape routes and external staircase is illuminated by emergency lighting that will operate if the local lighting circuit fail. The system should conform to BS 5266.	Full action plan held by Estates.	Sep-21	Nov-21 Mar-22	Red	Letter 30/06/2021 states all recommendations to be completed within 3 months of date of letter (i.e. 30/09/2021). 24/08/2021- Action plan submitted to Health & Safety Committee provides target date of mid November 2021. 23/09/2021- Revised action plan states 9/12 weeks required completion date, February 2022. 15/11/2021- Revised action plan dated 09/11/2021 confirms tender process is taking place with work to be undertaken by end of March 2022. Report to Health & Safety Committee 15/11/2021 confirm this is due to linkage of work to a wider HddUHB programme to introduce energy efficient lighting within the estate. An action plan has been submitted to MWWFRS.
Admin - General/00329501	Jun-21	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Green Block, Bronglais General Hospital, Caradoc Road, Aberystwyth SY23 1ER	Open	N/A	Estates	Estates	Rob Elliott	Director of Operations	Admin - General/00329501_0011	High	Article 17, Item 1 Maintenance - Records must be kept of events, tests, or maintenance of the following equipment / installations. Records must be made available to an inspector during an audit: •Fire alarm system (and the link to maglocks) •Dry risers •Dampers •Suppression system •Roller shutter doors •It is recommended the records are kept in a logbook	Full action plan held by Estates.	Sep-21	Sep-21 Mar-22	Red	Letter 30/06/2021 states all recommendations to be completed within 3 months of date of letter (i.e. 30/09/2021). 24/08/2021- Action plan submitted to Health & Safety Committee does not include a timescale against this recommendation. To be clarified with the team. 15/11/2021- Revised action plan dated 09/11/2021 confirms work has been completed and estates now liaising with MWWFRS to sign off this work as complete, at which point this recommendation will turn to green.
Admin - General/00113169	Jun-21	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Ty Dyfi block of flats, Bronglais General Hospital, Caradoc Road, Aberystwyth. SY23 1ER	Open	N/A	Estates	Estates	Rob Elliott	Director of Operations	Admin - General/00113169_001	High	1.1. A number of fire resisting doors were found to have defects. All fire resisting doors throughout the premises are to be examined and repaired or replaced to ensure they are effectively self-closing onto their rebates. Gaps between door edges and frames are to be no more than 3 mm	Full action plan held by Estates.	Mar-22	Mar-22 Jun-22	Red	01/07/2021- Letter from MWWFRS state "You should complete the work outlined in the schedule as soon as possible, balancing the need for safety against the demands on your business or undertaking". Estates now reviewing and formulating action plan for completion of the work required. Action plan to be shared with Assurance and Risk Officer once finalised. 1808/2021- Action plan from Head of Operations confirms survey work will be completed by end of September 2021. Costs and timescales to be confirmed post survey. 23/09/2021-Action plan submitted to Fire Plans meeting shows works programmed to be completed end March 2022. 15/11/2021- Action plan provided shows completion date of work revised to June 2022. Report to Health & Safety Committee 15/11/2021 - Whilst the original programme for this element of work indicated completion by February 2022, it has needed to be revised due to the extent of the work (circa 97 doors to be either replaced or repaired) and the usual challenges relating to fire door delivery timescales. When the overall programme is finalised, a meeting will be convened to formally agree this with the MWWFRS. HddUHB continues to work in close contact with the MWWFRS in order to confirm and agree any update to delivery dates as required.
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Admin - General/00113168	Jun-21	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Ty Hafren block of flats, Bronglais General Hospital, Caradoc Road, Aberystwyth SY23 1ER	Open	N/A	Estates	Estates	Rob Elliott	Director of Operations	Admin - General/00113168_003	High	3.1 The electrical fuse board within the cupboards should be boxed in by 30 minutes fire resistant OR All combustible materials should be removed from the cupboard.	Full action plan held by Estates.	Oct-21	Oct-21 Nov-21	Red	01/07/2021- Letter from MWWFRS state 'You should complete the work outlined in the schedule as soon as possible, balancing the need for safety against the demands on your business or undertaking'. Estates now reviewing and formulating action plan for completion of the work required. Action plan to be shared with Assurance and Risk Officer once finalised. 18/08/2021- Action plan shared by Head of Operations provides target date of October 2021. 15/11/2021- Revised timescale of November 2021 provided.
Admin - General/00113166	Jun-21	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Ty Teifi block of flats, Bronglais General Hospital, Caradoc Road, Aberystwyth. SY23 1ER	Open	N/A	Estates	Estates	Rob Elliott	Director of Operations	Admin - General/00113166_001	High	1.1. A number of fire resisting doors were found to have defects. All fire resisting doors throughout the premises are to be examined and repaired or replaced to ensure that they are effectively self-closing onto their rebates. Gaps between door edge and frame are to be no more than 3 mm	Full action plan held by Estates.	Mar-22	Mar-22 Jun-22	Red	01/07/2021- Letter from MWWFRS state 'You should complete the work outlined in the schedule as soon as possible, balancing the need for safety against the demands on your business or undertaking'. Estates now reviewing and formulating action plan for completion of the work required. Action plan to be shared with Assurance and Risk Officer once finalised. 18/08/2021- Action plan from Head of Operations confirms survey work will be completed by end of September 2021. Costs and timescales to be confirmed post survey. 15/11/2021- Action plan provided shows completion of work by June 2022. Report to Health & Safety Committee 15/11/2021- Action plan provided shows completion date of work revised to June 2022. Report to Health & Safety Committee 15/11/2021- Whilst the original programme for this element of work indicated completion by February 2022, it has needed to be revised due to the extent of the work (circa 97 doors to be either replaced or repaired) and the usual challenges relating to fire door delivery timescales. When the overall programme is finalised, a meeting will be convened to formally agree this with the MWWFRS. HDDUHB continues to work in close contact with the MWWFRS in order to confirm and agree any update to delivery dates as required.
Admin - General/00113166	Jun-21	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Ty Teifi block of flats, Bronglais General Hospital, Caradoc Road, Aberystwyth. SY23 1ER	Open	N/A	Estates	Estates	Rob Elliott	Director of Operations	Admin - General/00113166_001	High	1.2. Self-closing devices on all fire resisting doors are to be checked and if required adjusted, repaired, or replaced so the doors close completely into their rebates.	Full action plan held by Estates.	Mar-22	Mar-22 Jun-22	Red	01/07/2021- Letter from MWWFRS state 'You should complete the work outlined in the schedule as soon as possible, balancing the need for safety against the demands on your business or undertaking'. Estates now reviewing and formulating action plan for completion of the work required. Action plan to be shared with Assurance and Risk Officer once finalised. 18/08/2021- Action plan from Head of Operations confirms survey work will be completed by end of September 2021. Costs and timescales to be confirmed post survey. 15/11/2021- Action plan provided shows completion date of work revised to June 2022. Report to Health & Safety Committee 15/11/2021- Whilst the original programme for this element of work indicated completion by February 2022, it has needed to be revised due to the extent of the work (circa 97 doors to be either replaced or repaired) and the usual challenges relating to fire door delivery timescales. When the overall programme is finalised, a meeting will be convened to formally agree this with the MWWFRS. HDDUHB continues to work in close contact with the MWWFRS in order to confirm and agree any update to delivery dates as required.
Admin - General/00113166	Jun-21	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Ty Teifi block of flats, Bronglais General Hospital, Caradoc Road, Aberystwyth. SY23 1ER	Open	N/A	Estates	Estates	Rob Elliott	Director of Operations	Admin - General/00113166_001	High	1.3. Fire doors should only be kept open by magnetic devices which release when the fire alarm operates.	Full action plan held by Estates.	Mar-22	Mar-22 Jun-22	Red	01/07/2021- Letter from MWWFRS state 'You should complete the work outlined in the schedule as soon as possible, balancing the need for safety against the demands on your business or undertaking'. Estates now reviewing and formulating action plan for completion of the work required. Action plan to be shared with Assurance and Risk Officer once finalised. 18/08/2021- Action plan from Head of Operations confirms survey work will be completed by end of September 2021. Costs and timescales to be confirmed post survey. 15/11/2021- Action plan provided shows completion date of work revised to June 2022. Report to Health & Safety Committee 15/11/2021- Whilst the original programme for this element of work indicated completion by February 2022, it has needed to be revised due to the extent of the work (circa 97 doors to be either replaced or repaired) and the usual challenges relating to fire door delivery timescales. When the overall programme is finalised, a meeting will be convened to formally agree this with the MWWFRS. HDDUHB continues to work in close contact with the MWWFRS in order to confirm and agree any update to delivery dates as required.
Admin - General/00113166	Jun-21	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Ty Teifi block of flats, Bronglais General Hospital, Caradoc Road, Aberystwyth. SY23 1ER	Open	N/A	Estates	Estates	Rob Elliott	Director of Operations	Admin - General/00113166_001	High	1.4. All self-closing devices are to be regularly inspected and maintained.	Full action plan held by Estates.	Mar-22	Mar-22 Jun-22	Red	01/07/2021- Letter from MWWFRS state 'You should complete the work outlined in the schedule as soon as possible, balancing the need for safety against the demands on your business or undertaking'. Estates now reviewing and formulating action plan for completion of the work required. Action plan to be shared with Assurance and Risk Officer once finalised. 18/08/2021- Action plan from Head of Operations confirms survey work will be completed by end of September 2021. Costs and timescales to be confirmed post survey. 15/11/2021- Action plan provided shows completion date of work revised to June 2022. Report to Health & Safety Committee 15/11/2021- Whilst the original programme for this element of work indicated completion by February 2022, it has needed to be revised due to the extent of the work (circa 97 doors to be either replaced or repaired) and the usual challenges relating to fire door delivery timescales. When the overall programme is finalised, a meeting will be convened to formally agree this with the MWWFRS. HDDUHB continues to work in close contact with the MWWFRS in order to confirm and agree any update to delivery dates as required.
Admin - General/00113166	Jun-21	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Ty Teifi block of flats, Bronglais General Hospital, Caradoc Road, Aberystwyth. SY23 1ER	Open	N/A	Estates	Estates	Rob Elliott	Director of Operations	Admin - General/00113166_002	High	2.1. The staircases should be maintained with suitable materials to provide a fire resisting standard of at least 30 minutes.	Full action plan held by Estates.	Mar-22	Mar-22 Jun-22	Red	01/07/2021- Letter from MWWFRS state 'You should complete the work outlined in the schedule as soon as possible, balancing the need for safety against the demands on your business or undertaking'. Estates now reviewing and formulating action plan for completion of the work required. Action plan to be shared with Assurance and Risk Officer once finalised. 18/08/2021- Action plan from Head of Operations confirms survey work will be completed by end of September 2021. Costs and timescales to be confirmed post survey. 23/09/2021-Action plan submitted to Fire Plans meeting shows works programmed to be completed end March 2022. 15/11/2021- Action plan provided shows completion date of work revised to June 2022. Report to Health & Safety Committee 15/11/2021- Whilst the original programme for this element of work indicated completion by February 2022, it has needed to be revised due to the extent of the work (circa 97 doors to be either replaced or repaired) and the usual challenges relating to fire door delivery timescales. When the overall programme is finalised, a meeting will be convened to formally agree this with the MWWFRS. HDDUHB continues to work in close contact with the MWWFRS in order to confirm and agree any update to delivery dates as required.
Admin - General/00113166	Jun-21	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Ty Teifi block of flats, Bronglais General Hospital, Caradoc Road, Aberystwyth. SY23 1ER	Open	N/A	Estates	Estates	Rob Elliott	Director of Operations	Admin - General/00113166_002	High	2.2. All openings in the walls, floors, partitions, and ceilings throughout the premises provided for the passage of service piping, ducts, or cables, are to be sealed or bushed to at least 30-minute standard of fire resistance.	Full action plan held by Estates.	Mar-22	Mar-22 Jun-22	Red	01/07/2021- Letter from MWWFRS state 'You should complete the work outlined in the schedule as soon as possible, balancing the need for safety against the demands on your business or undertaking'. Estates now reviewing and formulating action plan for completion of the work required. Action plan to be shared with Assurance and Risk Officer once finalised. 18/08/2021- Action plan from Head of Operations confirms survey work will be completed by end of September 2021. Costs and timescales to be confirmed post survey. 23/09/2021-Action plan submitted to Fire Plans meeting shows works programmed to be completed end March 2022. 15/11/2021- Action plan provided shows completion date of work revised to June 2022. Report to Health & Safety Committee 15/11/2021- Whilst the original programme for this element of work indicated completion by February 2022, it has needed to be revised due to the extent of the work (circa 97 doors to be either replaced or repaired) and the usual challenges relating to fire door delivery timescales. When the overall programme is finalised, a meeting will be convened to formally agree this with the MWWFRS. HDDUHB continues to work in close contact with the MWWFRS in order to confirm and agree any update to delivery dates as required.
Admin - General/00113166	Jun-21	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Ty Teifi block of flats, Bronglais General Hospital, Caradoc Road, Aberystwyth. SY23 1ER	Open	N/A	Estates	Estates	Rob Elliott	Director of Operations	Admin - General/00113166_003	High	3.1 The electrical fuse board within the cupboards should be boxed in by 30 minutes fire resistant OR All combustible materials should be removed from the cupboard.	Full action plan held by Estates.	Oct-21	Oct-21 Nov-21	Red	01/07/2021- Letter from MWWFRS state 'You should complete the work outlined in the schedule as soon as possible, balancing the need for safety against the demands on your business or undertaking'. Estates now reviewing and formulating action plan for completion of the work required. Action plan to be shared with Assurance and Risk Officer once finalised. 18/08/2021- Action plan shared by Head of Operations provides target date of October 2021. 15/11/2021- Revised timescale of November 2021 provided.
Admin - General/00329500	Jul-21	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Blue Block, Bronglais General Hospital, Caradoc Road, Aberystwyth SY23 1ER	Open	N/A	Estates	Estates	Rob Elliott	Director of Operations	Admin - General/00329500_001	High	Article 8, Item 1.1 Fire Doors - A number of fire resisting doors were found to have defects. All fire resisting doors throughout the premises are to be examined and repaired or replaced to ensure they are effectively self-closing onto their rebates. Gaps between door edge and frame are to be no more than 3 mm.	Full action plan held by Estates.	Oct-21	Oct-21 Apr-22	Red	Letter 07/07/2021 states all recommendations to be completed within 3 months of date of letter (i.e. 07/10/2021). 24/08/2021- Action plan submitted to Health & Safety Committee includes completion date of end of September 2021. 15/11/2021- Revised action plan dated 09/11/2021 provides Construction Phase 17/01/22 to 08/04/22. Report to Health & Safety Committee 15/11/2021 confirms HDDUHB is currently discussing with MWWFRS the phasing of this work in order to deliver on their requirement . At the conclusion of this agreement with MWWFRS, further discussion will be held with WG as to how we resource and deliver on these requirements through the Business Case process.

Reference Number	Date of report	Report Issued By	Report Title	Status of report	Assurance Rating	Lead Service / Directorate	Supporting Service	Lead Officer	Lead Director	Recommendation Reference	Priority Level	Recommendation	Management Response	Original Completion Date	Revised Completion Date	Status (Red-behind schedule, Amber-on schedule, Green-completed)	Progress update/Reason overdue
Admin - General/00329500	Jul-21	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Blue Block, Bronglais General Hospital, Caradoc Road, Aberystwyth SY23 1ER	Open	N/A	Estates	Estates	Rob Elliott	Director of Operations	Admin - General/00329500_001	High	Article 8, Item 1.2 Fire Doors - Self-closing devices on all fire resisting doors are to be checked and if required be adjusted, repaired, or replaced so the doors close completely into their rebates.	Full action plan held by Estates.	Oct-21	Oct-21 Apr-22	Red	24/08/2021- Action plan submitted to Health & Safety Committee includes completion date of end of September 2021. 15/11/2021- Revised action plan dated 09/11/2021 provides Construction Phase 17/01/22 to 08/04/22. Report to Health & Safety Committee 15/11/2021 confirms HddUHB is currently discussing with MWWFRS the phasing of this work in order to deliver on their requirement. At the conclusion of this agreement with MWWFRS, further discussion will be held with WG as to how we resource and deliver on these requirements through the Business Case process.
Admin - General/00329500	Jul-21	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Blue Block, Bronglais General Hospital, Caradoc Road, Aberystwyth SY23 1ER	Open	N/A	Estates	Estates	Rob Elliott	Director of Operations	Admin - General/00329500_001	High	Article 8, Item 1.3 Fire Doors - All self-closing devices are to be regularly inspected and maintained.	Full action plan held by Estates.	Oct-21	Oct-21 Apr-22	Red	24/08/2021- Action plan submitted to Health & Safety Committee includes completion date of end of September 2021. 15/11/2021- Revised action plan dated 09/11/2021 provides Construction Phase 17/01/22 to 08/04/22. Report to Health & Safety Committee 15/11/2021 confirms HddUHB is currently discussing with MWWFRS the phasing of this work in order to deliver on their requirement. At the conclusion of this agreement with MWWFRS, further discussion will be held with WG as to how we resource and deliver on these requirements through the Business Case process.
Admin - General/00329500	Jul-21	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Blue Block, Bronglais General Hospital, Caradoc Road, Aberystwyth SY23 1ER	Open	N/A	Estates	Estates	Rob Elliott	Director of Operations	Admin - General/00329500_001	High	Article 8, Item 1.4 Fire Doors - All fire doors should have intumescent strips and smoke seals	Full action plan held by Estates.	Oct-21	Oct-21 Apr-22	Red	24/08/2021- Action plan submitted to Health & Safety Committee includes completion date of end of September 2021. 15/11/2021- Revised action plan dated 09/11/2021 provides Construction Phase 17/01/22 to 08/04/22. Report to Health & Safety Committee 15/11/2021 confirms HddUHB is currently discussing with MWWFRS the phasing of this work in order to deliver on their requirement. At the conclusion of this agreement with MWWFRS, further discussion will be held with WG as to how we resource and deliver on these requirements through the Business Case process.
Admin - General/00329500	Jul-21	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Blue Block, Bronglais General Hospital, Caradoc Road, Aberystwyth SY23 1ER	Open	N/A	Estates	Estates	Rob Elliott	Director of Operations	Admin - General/00329500_001	High	Article 8, Item 1.5 Fire Doors - All fire door vents should be designed in accordance with the required British Standard.	Full action plan held by Estates.	Oct-21	Oct-21 Apr-22	Red	24/08/2021- Action plan submitted to Health & Safety Committee includes completion date of end of September 2021. 15/11/2021- Revised action plan dated 09/11/2021 provides Construction Phase 17/01/22 to 08/04/22. Report to Health & Safety Committee 15/11/2021 confirms HddUHB is currently discussing with MWWFRS the phasing of this work in order to deliver on their requirement. At the conclusion of this agreement with MWWFRS, further discussion will be held with WG as to how we resource and deliver on these requirements through the Business Case process.
Admin - General/00329500	Jul-21	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Blue Block, Bronglais General Hospital, Caradoc Road, Aberystwyth SY23 1ER	Open	N/A	Estates	Estates	Rob Elliott	Director of Operations	Admin - General/00329500_003	High	Article 8, Item 3 Compartmentation - An assessment should be undertaken to ensure that there is suitable 30-minute fire resistance sub compartments and 60 minutes fire resistant compartmentation throughout Blue block. For example: - •Bop of the staircase from Angharad Ward	Full action plan held by Estates.	Oct-21	Oct-21 Mar-22	Red	Letter 30/06/2021 states all recommendations to be completed within 3 months of date of letter (i.e. 30/09/2021). 24/08/2021- Action plan submitted to Health & Safety Committee provides target date of end September 2021. 15/11/2021- Revised action plan dated 09/11/2021 provides Construction Phase 17/01/22 to 08/04/22. Report to Health & Safety Committee 15/11/2021 confirms HddUHB is currently discussing with MWWFRS the phasing of this work in order to deliver on their requirement. At the conclusion of this agreement with MWWFRS, further discussion will be held with WG as to how we resource and deliver on these requirements through the Business Case process.
Admin - General/00329500	Jul-21	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Blue Block, Bronglais General Hospital, Caradoc Road, Aberystwyth SY23 1ER	Open	N/A	Estates	Estates	Rob Elliott	Director of Operations	Admin - General/00329500_003	High	Article 8, Item 3 Compartmentation - An assessment should be undertaken to ensure that there is suitable 30-minute fire resistance sub compartments and 60 minutes fire resistant compartmentation throughout Blue block. For example: - •Bcompartmentation in Dyll Ward	Full action plan held by Estates.	Oct-21	Oct-21 Mar-22	Red	Letter 30/06/2021 states all recommendations to be completed within 3 months of date of letter (i.e. 30/09/2021). 24/08/2021- Action plan submitted to Health & Safety Committee provides target date of end September 2021. 15/11/2021- Revised action plan dated 09/11/2021 provides Construction Phase 17/01/22 to 08/04/22. Report to Health & Safety Committee 15/11/2021 confirms HddUHB is currently discussing with MWWFRS the phasing of this work in order to deliver on their requirement. At the conclusion of this agreement with MWWFRS, further discussion will be held with WG as to how we resource and deliver on these requirements through the Business Case process.
Admin - General/00329500	Jul-21	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Blue Block, Bronglais General Hospital, Caradoc Road, Aberystwyth SY23 1ER	Open	N/A	Estates	Estates	Rob Elliott	Director of Operations	Admin - General/00329500_003	High	Article 8, Item 3 Compartmentation - An assessment should be undertaken to ensure that there is suitable 30-minute fire resistance sub compartments and 60 minutes fire resistant compartmentation throughout Blue block. For example: - All openings in the walls, floors, partitions and ceilings throughout the premises provided for the passage of service piping ducts or cables, are to be sealed or brushed to a 30-minute standard of fire resistance.	Full action plan held by Estates.	Oct-21	Oct-21 Mar-21	Red	Letter 30/06/2021 states all recommendations to be completed within 3 months of date of letter (i.e. 30/09/2021). 24/08/2021- Action plan submitted to Health & Safety Committee provides target date of end September 2021. 15/11/2021- Revised action plan dated 09/11/2021 provides Construction Phase 17/01/22 to 08/04/22. Report to Health & Safety Committee 15/11/2021 confirms HddUHB is currently discussing with MWWFRS the phasing of this work in order to deliver on their requirement. At the conclusion of this agreement with MWWFRS, further discussion will be held with WG as to how we resource and deliver on these requirements through the Business Case process.
Admin - General/00329500	Jul-21	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Blue Block, Bronglais General Hospital, Caradoc Road, Aberystwyth SY23 1ER	Open	N/A	Estates	Estates	Rob Elliott	Director of Operations	Admin - General/00329500_005	High	Article 11, Item 1 Fire Safety Management - An assessment should be undertaken to ensure there is a suitable and up to date Fire Defence Plan. The fire defence plan should be reviewed when situations or circumstances change within the building.	Full action plan held by Estates.	Oct-21	Oct-21 Nov-21	Red	Letter 30/06/2021 states all recommendations to be completed within 3 months of date of letter (i.e. 30/09/2021). 24/08/2021- Action plan submitted to Health & Safety Committee provides target date of end August 2021. 15/11/2021- Revised action plan dated 09/11/2021 confirms documents have been completed and issues, with ratification to take place by end of November 2021, at which time the recommendation can be closed.
Admin - General/00329500	Jul-21	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Blue Block, Bronglais General Hospital, Caradoc Road, Aberystwyth SY23 1ER	Open	N/A	Estates	Estates	Rob Elliott	Director of Operations	Admin - General/00329500_008	High	Article 14, Item 1 Storage of Combustibles and Obstructions - All combustible materials and obstructions should be removed from the means of escape routes, internally and externally.	Full action plan held by Estates.	Oct-21	Oct-21 Jan-22	Red	Letter 30/06/2021 states all recommendations to be completed within 3 months of date of letter (i.e. 30/09/2021). 24/08/2021- Action plan submitted to Health & Safety Committee provides target date of end August 2021. 15/11/2021- Revised action plan dated 09/11/2021 shows completion date of January 2022- RCD been installed as mitigation until further works completed.
BFS/KS/SIM/0011587	Jun-21	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: GREVILLE COURT, ALBION SQUARE, PEMBROKE DOCK, SA72 6XF	Open	N/A	Estates	Estates	Rob Elliott	Director of Operations	BFS/KS/SIM/0011587_001	High	Item number 1 Alternative Escape Route (Distances). Provide an alternative means of escape as the overall travel distance from Lizzy's and Norma's Rooms is excessive. This new exit would need to be constructed within one of the rooms mentioned, the LABC and Planning department need to be contacted prior to any works undertaken (follow the recommendations within items 2 & 3 and this item will then no longer be required to be undertaken as we will accept item 2 and 3 as a compensatory feature for this situation).	Full action plan held by Estates.	Mar-22	Mar-22	External	24/08/2021- Action plan submitted to Health & Safety Committee does not include a timescale against this recommendation. To be clarified with the team. No time limit associated with letter from MWWFRS. 18/11/2021- Report to Health & Safety Committee 15/11/2021 confirms property owner, ATEB, are fully responsible for completing all of these required works and are committed to doing so by March 2022.
BFS/KS/SIM/0011587	Jun-21	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: GREVILLE COURT, ALBION SQUARE, PEMBROKE DOCK, SA72 6XF	Open	N/A	Estates	Estates	Rob Elliott	Director of Operations	BFS/KS/SIM/0011587_003	High	3.1 Item number 3 Fire Resisting Doors The fire doors in the following locations require : 1. Cold smoke seals to be repaired on a number of doors within the premises	Full action plan held by Estates.	Nov-21	Nov-21	External	24/08/2021- Action plan submitted to Health & Safety Committee shows timescale of November 2021. No time limit associated with letter from MWWFRS. 18/11/2021- Report to Health & Safety Committee 15/11/2021 confirms property owner, ATEB, are fully responsible for completing all of these required works and are committed to doing so by March 2022.
BFS/KS/SIM/0011587	Jun-21	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: GREVILLE COURT, ALBION SQUARE, PEMBROKE DOCK, SA72 6XF	Open	N/A	Estates	Estates	Rob Elliott	Director of Operations	BFS/KS/SIM/0011587_003	High	3.2 Item number 3 Fire Resisting Doors The fire doors in the following locations require : 2. The hinges are to be upgraded Twin Ball Bearing Fire Door Hinge BS EN Grade 14 or to an equivalent standard.	Full action plan held by Estates.	Nov-21	Nov-21 Mar-22	External	24/08/2021- Action plan submitted to Health & Safety Committee shows timescale of November 2021. No time limit associated with letter from MWWFRS. 18/11/2021- Report to Health & Safety Committee 15/11/2021 confirms property owner, ATEB, are fully responsible for completing all of these required works and are committed to doing so by March 2022.

Reports Closed on the Audit Tracker since ARAC October 2021

Report name	Lead Executive/Director
HIW: Cwm Seren / Low Secure Unit (LSU) and Psychiatric Intensive Care Unit (PICU), 14-16 January 2019	Director of Operations
HIW Contractors: Tenby Surgery (UHB Managed Practice)	Director of Primary, Community and Long Term Care
Internal Audit: Brexit Risks and Actions Advisory Review Final Report	Director of Finance
Internal Audit: Capital Governance Arrangements	Director of Strategic Development and Operational Planning
Internal Audit: Glangwili Hospital Women & Children's Development	Director of Operations
Internal Audit: Use of Consultancy	Director of Finance
Internal Audit: Standards of Behaviour	Board Secretary
Peer Review: Glangwili Neonatal Unit Peer Review Report	Director of Operations
Public Service Ombudsman (Wales): 10076	Director of Operations
Public Service Ombudsman (Wales): 12941	Director of Operations
Public Service Ombudsman (Wales): 14444	Director of Operations
Public Service Ombudsman (Wales): 16667	Director of Operations
Public Service Ombudsman (Wales): 201905578 (13932)	Director of Operations
Public Service Ombudsman (Wales): 201907230 / 202000466	Director of Operations
Public Service Ombudsman (Wales): 202000537	Director of Operations

Reports Opened on the Audit Tracker since ARAC October 2021

Report name	Lead Executive/Director	Final report received at
Audit Wales: Review of Quality Governance Arrangements – Hywel Dda University Health Board	Director of Nursing, Quality and Patient Experience	Audit and Risk Assurance Committee, October 2021
Audit Wales: Taking Care of the Carers?	Director of Workforce & OD	To be received at Audit and Risk Assurance Committee, December 2021
HIW: National review of WAST	Director of Operations	Quality and Safety Experience Committee, October 2021
HIW: Tregaron Community Hospital	Director of Operations	Quality and Safety Experience Committee, December 2021
HIW IRMER: Nuclear Medicine Department, Withybush General Hospital	Director of Operations	Quality and Safety Experience Committee, October 2021
Internal Audit: Annual Recovery Plan and Planning Objectives Final Internal Audit Report	Director of Strategic Development and Operational Planning	Audit and Risk Assurance Committee, October 2021
Internal Audit: Medical Staff Recruitment Final Internal Audit Report	Director of Operations	Audit and Risk Assurance Committee, October 2021

Internal Audit: Mental Health and Learning Disabilities Directorate Governance Review Final Internal Audit Report	Director of Operations	Audit and Risk Assurance Committee, October 2021
Internal Audit: Prince Philip Hospital Directorate Governance Review	Director of Operations	Audit and Risk Assurance Committee, October 2021
Internal Audit: Waiting Lists Risk Management Final Internal Audit Report	Director of Operations	Audit and Risk Assurance Committee, October 2021
Capital Governance Review	Director of Strategic Development and Operational Planning	Audit and Risk Assurance Committee, October 2021
Mid and West Wales Fire and Rescue Service: The Regulatory Reform (Fire Safety) Order 2005 Letter of Fire Safety Matters Premises: TREGARON COMMUNITY HOSPITAL, DEWI ROAD, TREGARON, SY25 6JP	Director of Operations	Fire Safety Group, October 2021
Public Service Ombudsman (Wales): 202004188	Director of Operations	Improving Experience Sub-Committee