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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	15th July 2019	Agenda Item	5b
Report Title	Review of Audit Registers and status of Recommendations		
Report Author	Andrew Biston, Head of Accounting & Governance		
Report Sponsor	Pamela Wenger, Director of Corporate Governance Finance		
Presented by	Andrew Biston, Head of Accounting & Financial Governance		
Freedom of Information	Closed		
Purpose of the Report	<p>To provide summary extracts of the Audit Registers for the Health Board which have been developed to monitor:</p> <ul style="list-style-type: none"> ➤ Delivery of the Audit Plans; ➤ Receipt of draft and final reports; and ➤ Health Board management responses to audit reports <p>To monitor the status of agreed audit recommendations.</p>		
Key Issues	<p>The Audit Registers have been fully updated as at 21st June 2019, these show when reports were expected by the Health Board, as set out in the original audit plans, the dates they were received and whether management responses were made on a timely basis.</p> <p>There has been an increase in the number of overdue recommendations during the period February 2019 to June 2019.</p>		
Specific Action Required (please ✓ one only)	Information	Discussion	Assurance
	✓		
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE The current position of the Audit Registers and the status of the Action Plans. 		

REVIEW OF AUDIT REGISTERS AND STATUS OF RECOMMENDATIONS

1.0 INTRODUCTION

1.1. This report provides the Audit Committee with summary extracts of the Audit Registers for the Health Board which have been developed to monitor: -

- Delivery of the Audit Plans;
- Receipt of draft and final reports; and
- Health Board management responses to audit reports

1.2. In addition, the status of agreed audit recommendations is monitored and included within this report.

2.0 BACKGROUND

2.1 A detailed review of the audit registers has been undertaken by the Head of Accounting & Financial Governance, Director of Corporate Governance and Head of Internal Audit focussing on the outstanding audit recommendations listed on the audit registers. This review identified outstanding actions which have been superseded by subsequent audit reports or are no longer valid and these have been removed from the audit registers. A similar review has also been undertaken with Wales Audit Office.

2.2 The reports remaining on the audit registers have been fully updated as at 21st June 2019, and these show when reports were expected by the Health Board, as set out in the original audit plans, the dates they were received and whether management responses were made on a timely basis. Updates made to the audit registers after 21st June are not reflected in this report.

2.3 The deadline for updating progress on Action Plans was 21st June 2019. Summary extracts for both internal and external audit are set out in the sections below:

External Audit Register (2018 Audit Plan) (Appendix A)

Delivery of the 2018 plan is summarised below:

- **Financial Accounts Work (2017/18):** All work is now complete.
- **Performance Work:**
 - Thematic Review – Orthopaedic Services Follow Up – The Terms of reference were issued on 28th February and all Wales data collection is in progress ahead of the local fieldwork.
 - Thematic Review – Follow up of Consultant Contract – Set up of the audit has commenced. Fieldwork will commence in the near future.

External Audit Register (2019 Audit Plan (Appendix B)

Delivery of the 2019 plan is summarised below:

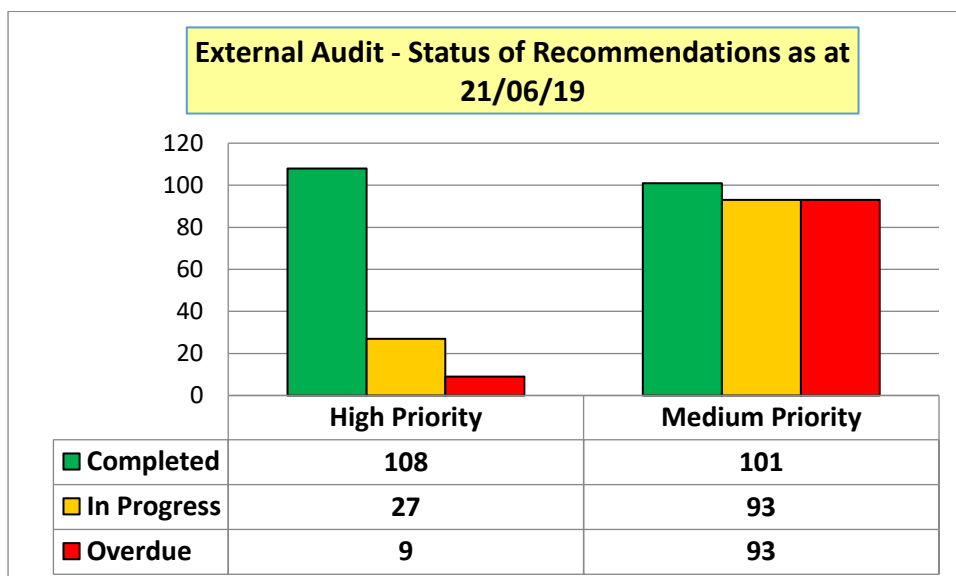
- **Financial Accounts Work (2018/19):** Main accounts work is completed and was reported to Audit Committee in May 2019. The Charitable Funds Audit is planned for September 2019.
- **Performance Work:**
 - NHS Structured Assessment (2019): The terms of reference have been issued and fieldwork is due to commence in July 2019.
 - Quality Governance – Scoping is taking place in collaboration with Healthcare Inspectorate Wales.
 - Implementing the Well Being of Future Generations Act – Fieldwork has commenced.

External Audit Action Plans

Action plans are all available on the Finance Portal through SharePoint for managers and executives to access and update throughout the year. Training has been provided to executives and named managers within the action plans. The deadlines for the reporting periods to the Executive Team and then onto Audit Committee are clearly set out within the file set up.

It should also be noted that the charts and tables within this report only include Audit reports relating to the 2018/19 and 2019/20 Audit Plans, unless there are recommendations that have not yet been reported as completed from previous years, and so these continue to be monitored this year, and reported to the Committee.

The status of external audit recommendations is shown in the chart below.



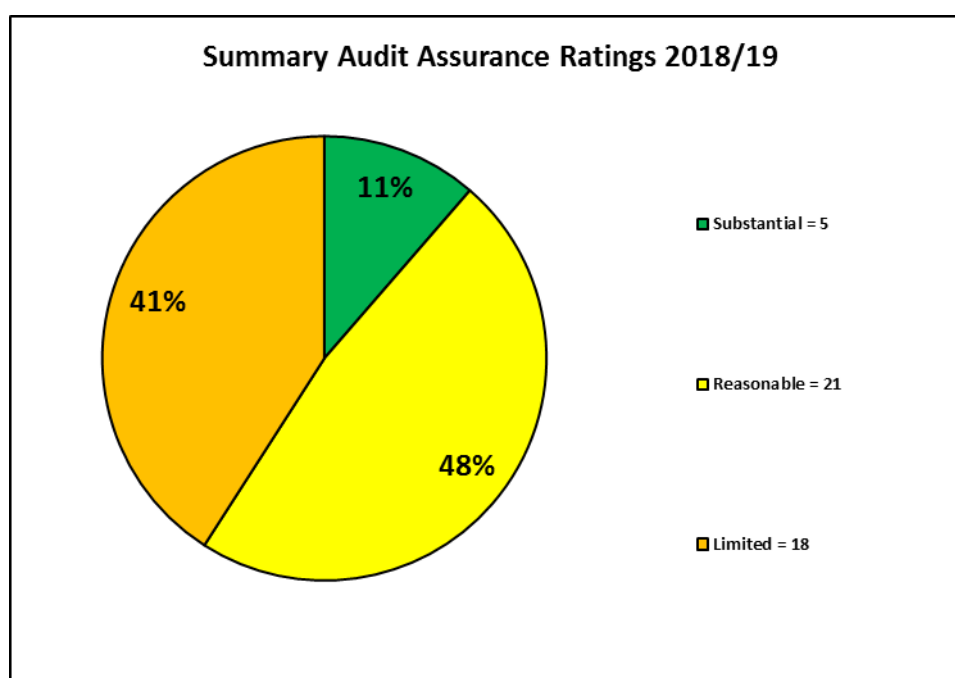
At this point, the overdue recommendations for external audit reports relate to:

Row Labels	Sum of High Priority Overdue	Sum of Medium Priority Overdue	Longest Overdue (Days) as at 26/10/2018	Longest Overdue (Days) as at 28/12/2018	Longest Overdue (Days) as at 22/02/2019	Longest Overdue (Days) as at 21/06/2020
COO - Chris White	9	18				
Review of Follow-up Outpatient Appointments	1	0	1030	1093	1149	1268
A Comparative Picture of Local Orthopaedic Services	1	0	209	272	328	447
Radiology Service	0	4	360	423	479	598
Discharge Planning	0	14	240	303	359	
Primary Care Services	7	0				113
DoN - Gareth Howells	0	1				
Maternity Services Follow-up Review	0	1	483	546	602	721
MD - Richard Evans	0	74				
NHS Consultant Contract: Follow Up of Previous Audit Reco	0	74	604	667	723	842
Grand Total	9	93				

Taking into account noted revised target implementation dates, the table above would remain the same for high priority recommendations. The medium priority recommendations would reduce to 92, the reduction relating to Director of Nursing – Maternity Services Follow-up review. It must be noted that the consultant contract report recommendations reflect the fact that each recommendation has been replicated 6 times to reflect the 6 SDU's as requested by the former Medical Director. Consideration should be given to consolidating each of the 6 recommendations into 1 health board wide recommendation which is only marked as complete when all Unit Medical Directors have confirmed to the Executive Medical Director that they have completed the recommended actions.

NWSSP Audit & Assurance Audit Register 2018/19 (Appendix C)

As at 21st June 2019, 49 final reports have been issued which included 4 reports without an assurance rating (Performance Management and Reporting, Annual Quality Statement, Nurse Rostering (Follow up Review) and Sickness Absence Management Follow up Review). The assurance ratings on the 45 reports are summarised in the chart below:

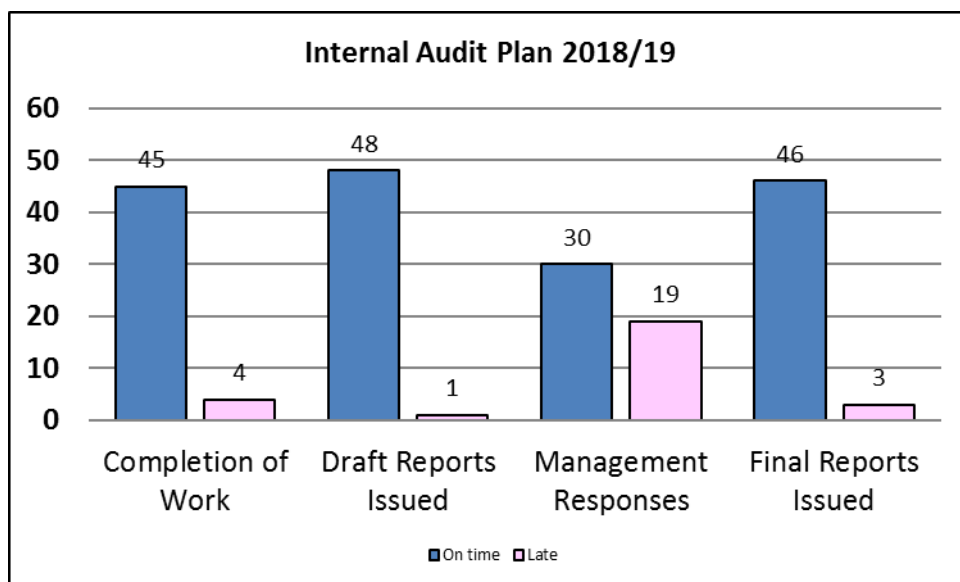


Key Performance Indicators

There are KPIs established for measuring the overall delivery of the audit plans which are set out below:

1. Completion of Work - Was the review work completed in the quarter planned?
2. Draft Reports Issued - Was the draft report received within 14 days of the review work being completed?
3. Management Responses - Were management responses received within 21 days of the draft report being issued?
4. Final Reports - Was the final report received within 14 days of management responses being received by NWSSP Internal Audit (including the completed Action Plan)?

The chart below summarises the position against the KPIs as at 21st June 2019:



NWSSP Audit & Assurance Audit Register 2019/20

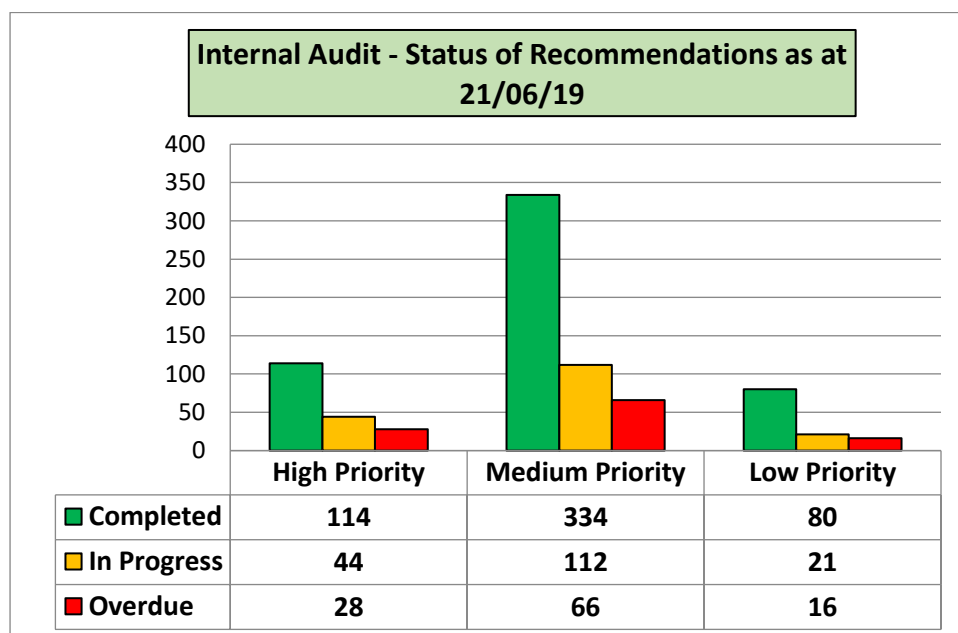
The audit registers have not yet been fully updated for any reports issued against the 2019/20 NWSSP internal audit plan. This register is currently being compiled and progress against the 2019/20 plan will be reported to the September meeting.

NWSSP Audit & Assurance Action Plans

Action plans are all available on the Finance Portal through SharePoint for managers and executives to access and update throughout the year. Training has been provided to executives and named managers within the action plans. The deadlines for the reporting periods to the Executive Team and then onto Audit Committee are clearly set out within the file set up.

It should also be noted that the charts and tables within this report only include Audit reports relating to the 2017/18 and 2018/19 Audit Plans, unless there are recommendations that have not yet been reported as completed from previous years, and so these continue to be monitored this year, and reported to the Committee.

The status of internal audit recommendations is shown in the chart below, this being based on the original date agreed for implementation of the agreed recommendation.



At this point, the overdue recommendations for internal audit reports relate to:

Row Labels	Sum of High Priority Overdue	Sum of Medium Priority Overdue	Sum of Low Priority Overdue	Audit Rating	Longest Overdue (Days) as at 26/10/18	Longest Overdue (Days) as at 28/12/18	Longest Overdue (Days) as at 22/02/19	Longest Overdue (Days) as at 21/06/19
Director of Strategy	1	10	2					
Performance Management & Reporting	0	1	0	Reasonable	26	89	145	264
Strategy & Planning Directorate	1	3	0	Reasonable	0	28	84	203
Systems: Declarations of Interest & Risk Management	0	6	2	Reasonable	0	0	0	52
Director of Corporate Governance	1	0	0					
Golau Governance Review (Follow Up)	1	0	0	Limited	0	0	114	81
Medical Director	7	7	3					
Junior Doctor Bandings	1	4	1	Limited	909	972	1028	1147
Mortality Reviews follow up	0	0	2	Limited	209	272	328	447
Locum Medical Cover: Expenditure Control	3	2	0	Limited	239	302	358	477
Medical Devices & Equipment Follow Up	1	1	0	Limited	275	338	394	291
Mortality Review (Follow Up)	2	0	0	Limited	0	0	53	172
Chief Operating Officer	6	25	6					
Disability Discrimination	0	1	0	Reasonable	56	119	175	294
Performance Management	0	1	0	Reasonable	390	453	509	628
Dignity & Respect (Follow Up)	0	3	0	Reasonable	573	636	663	811
Security Framework (Follow Up)	0	1	0	Limited	299	362	418	537
Neath Port Talbot Operational PFI	0	2	0	Reasonable	0	0	449	568
Backlog Maintenance	1	1	1	Limited	87	150	206	325
MH&LD Governance	0	0	2	Reasonable	268	331	387	506
Data Quality: Mental Health Measures (Follow Up)	0	2	0	Reasonable	267	330	386	505
Primary Care: Core Quality & Delivery Measures	0	1	0	Reasonable	0	58	114	233
GP Managed Practice	1	2	0	Reasonable	42	105	161	280
Morrison Delivery Unit Governance Review	1	8	0	Limited	0	58	114	233
Delayed Follow Ups	3	3	0	Limited	0	58	114	233
IT Planet FM System	0	0	3	Reasonable	0	0	0	21
Director Of Finance	0	1	0					
Funds Held on Trust - Part 2	0	1	0	Limited	26	89	145	264
Director of Human Resources	4	11	2					
Statutory & Mandatory Training Progress	0	2	0	Limited	329	392	448	567
Staff Performance Mgt & Appraisals	0	1	0	Limited	298	361	417	536
Sickness Absence Management: Follow Up	1	0	0	revised rating n/a	0	58	114	233
European Working Time Directive	2	1	0	Limited	55	118	174	293
Statutory and Mandatory Training (Follow Up)	0	1	0	Reasonable	0	0	0	20
Staff Performance Management and Appraisals	0	1	0	Limited	0	0	0	20
Contractual Band Changes	1	5	2	Reasonable	0	0	0	52
Director of Public Health	0	1	0					
Vaccination & Immunisation	0	1	0	Limited	52	115	171	290
Director of Nursing	9	11	3					
Health & Safety - Primary Care Estates	0	2	0	Reasonable	0	0	206	325
Funded Placements in Non-NHS Settings Follow Up Re	2	0	0	Limited	421	484	540	659
DoLS Follow Up	1	0	0	Limited	0	89	145	233
Pressure Ulcers (Follow Up)	0	1	0	Reasonable	0	28	22	140
Fire Safety (Follow Up)	2	1	0	Limited	0	0	84	113
Health and Safety: Follow Up	0	2	2	Reasonable	0	0	0	112
Nursing Quality Assurance	1	0	0	Limited	0	0	0	52
COSHH	3	5	1	Limited	0	0	0	21
Grand Total	28	66	16					

In certain circumstances, factors beyond the control of the implementing officer may mean that the agreed date for implementation of the recommendation cannot be agreed and a revised target implementation date is agreed. Taking into account noted revised target implementation dates, the table above would reduce to 18 high, 55 medium and 13 low priority as shown on the table below:

Row Labels	Sum of High Priority Overdue2	Sum of Medium Priority Overdue2	Sum of Low Priority Overdue2
Director of Strategy	1	10	2
Medical Director	7	8	3
Chief Operating Officer	6	25	6
Director of Finance	0	0	0
Director of Human Resources	4	11	2
Director of Public Health	0	1	0
Director of Nursing	0	0	0
Grand Total	18	55	13

It should be noted that the lead Executive Director named on each report is reflective of the Executive Director Portfolio of responsibilities at the date of update of the audit registers (21st June 2019). A review of the audit reports allocated to each Executive Director has been undertaken as a result of the realignment of Executive Director responsibilities.

Since the March 2019 Audit Committee there has again been a small improvement in the progress in implementing the outstanding internal audit recommendations with the number of overdue recommendations decreasing from 90 to 86. The table below shows a comparison of outstanding recommendations as at 21st June 2019 as compared to the status as at 22nd February 2019.

Director	Overdue at 21st June	Overdue at 22 nd February	Change
Director of Strategy	13	10	3
Medical Director	17	20	-3
Chief Operating Officer	37	38	-1
Director of Finance	1	1	0
Director of Human Resources	17	6	11
Director of Public Health	1	1	0
Director of Nursing	23	13	10
Director of Corporate Governance	1	1	0
Total	110	90	20

The main reasons for the increases in the outstanding recommendations can be summarised below:

Director of Strategy

There are 8 “new” outstanding recommendations relating to the Systems, declarations of interest and risk management report issued in April 2019.

Director of Human Resources

There are 8 “new” outstanding recommendations relating to the Contractual Band Changes report issued in April 2019.

Director of Nursing

There are 9 “new” outstanding recommendations relating to the report on COSHH issued in February 2019.

This increase can be analysed by priority as follows:

Priority	Overdue at 21st June	Overdue at 22 nd February	Change
High	28	27	1
Medium	66	56	10
Low	16	7	9
Total	110	90	20

3.0 GOVERNANCE AND RISK ISSUES

- 3.1 There are significant governance risks arising from delays in implementing management responses to both Internal and External Audit reports particularly in areas where reports highlight limited assurance. It is disappointing to note the increase in the number of outstanding and overdue audit recommendations since February and it is imperative that management actions are implemented on a timelier basis than is currently the case as highlighted by the tables above.

4.0 FINANCIAL IMPLICATIONS

- 4.1 Whilst there are no direct financial implications which need to be highlighted in this report, there may be issues arising from individual audit reports which have

financial implications, where cost may need to be incurred in order to implement audit recommendations or where areas of limited assurance may have financial implications for the health board.

5.0 RECOMMENDATIONS

- 5.1 The Audit Committee is asked to note the current position of the Audit Registers, the status of the Action Plans and the increase since February in the number of overdue recommendations.

EXTERNAL AUDIT REGISTER

Audit Work 2018		Draft Report	Final Report				Audit Committee
		Received	Due	Received	Completion		
					On Time	Late	
Financial Accounts Work							
1	Audit of Financial Statements 2017/18 Report	23/05/2018	Jun-19	24/05/2018			30/05/2018
2	Audit of Charitable Funds Statements 2018/19 Report	18/10/2018	Oct-19	23/10/2018			01/11/2018
	Performance Work						
3	Structured Assessment 2018	11/01/2019	Jan-19	11/01/2019			24/01/2019
4	Thematic Reviews: Clinical Coding Follow Up	01/04/2019	May-19	01/04/2019			16/05/2019
5	Thematic Reviews: Orthopaedic Services Follow Up (Note 1)		Nov-19				
6	Local Audit Work - Follow up review of consultant contract (Note 2)		Sep-19				
	Other						
7	Annual Audit Report for 2018	08/01/2019	Jan-19	15/01/2019			24/01/2019
8	Audit Plan 2019	28/02/2019	Mar-19	28/02/2019			21/03/2019

Note 1: Terms of reference issued 28th February 2019. All Wales data collection in progress ahead of local fieldwork

Note 2: Set up - Pre Fieldwork

EXTERNAL AUDIT REGISTER 2019-20

Audit Plan 2019		Draft Report	Final Report				Audit Committee
		Received	Due	Received	Completion		
					On Time	Late	
Financial Accounts Work							
1	Audit of Financial Statements 2018/19 Report	21/05/2019	Jun-19	22/05/2019			29/05/2019
2	Financial Accounts Memorandum		Jul-19				
3	Audit of Charitable Funds Statements 2018/19 Report		Oct-19				
	Performance Work						
3	Structured Assessment 2019		Jan-20				
4	Quality Governance		Mar-20				
5	Implementing the Wellbeing of Future Generations Act		TBC				
6	Local Audit Work - TBC		TBC				
	Other						
7	Annual Audit Report for 2019		Dec-19				
8	Audit Plan 2020		Mar-20				

Appendix B

ABM UNIVERSITY HEALTH BOARD

INTERNAL AUDIT REGISTER 2018/19

Substantial Assurance		Some Assurance		No Assurance	
Reasonable Assurance		No Assurance			

Progress Monitoring of Approved Plan			Completion of Work				Draft Report				Management Responses				Final Report				Audit	
3	Risk Management & Assurance	ABM-1819-003	Director of Nursing & Patient Experience	Q4	07/02/2019	1		21/02/2019	13/02/2019	1		06/03/2019	04/03/2019	1		18/03/2019	06/03/2019	1		21-Mar-19
4	Corporate Legislative Compliance – Wellbeing of Future Generations (Wales) Act	ABM-1819-004	Director of Strategy	Q3	26/10/2018	1		09/11/2018	29/10/2018	1		19/11/2018	16/11/2018	1		30/11/2018	21/11/2018	1		24-Jan-19
5	Corporate Governance Code - Compliance Board & Committee Arrangements (Deferred from 2017/18)	ABM-1819-005	Director of Corporate Governance	Q3	30/11/2018	1		14/12/2018	30/11/2018	1		21/12/2018	30/11/2018	1		14/12/2018	06/12/2018	1		24-Jan-19
6	Board Assurance Framework (Deferred from 2017/18)	ABM-1819-006	Director of Corporate Governance	Q4	28/02/2019	1		14/03/2019	28/02/2019	1		21/03/2019	08/03/2019	1		22/03/2019	08/03/2019	1		21-Mar-19
7	Partnership Governance: ARCH: Programme Governance (Deferred from 2017/18)	ABM-1819-007	Director of Strategy	Q3	18/04/2019		1	02/05/2019	18/04/2019	1		09/05/2019	30/04/2019		1	14/05/2019	01/05/2019	1		16-May-19
8	Health & Safety – Follow Up Review	ABM-1819-008	Director of Strategy	Q3	29/10/2018	1		12/11/2018	29/10/2018	1		19/11/2018	16/11/2018	1		30/11/2018	21/11/2018	1		24-Jan-19
9	Fire Safety – Follow Up Review	ABM-1819-009	Director of Strategy	Q3	29/10/2018	1		12/11/2018	29/10/2018	1		19/11/2018	16/11/2018	1		30/11/2018	19/11/2018	1		24-Jan-19
10	Annual Plan: Delivery Framework (in absence of Integrated Medium Term Plan)	ABM-1819-010	Director of Strategy	Q3	30/11/2018	1		14/12/2018	30/11/2018	1		08/01/2019	06/03/2019		1	20/03/2019	08/03/2019	1		21-Mar-19
11	Performance Management and Reporting	ABM-1819-011	Director of Strategy	Q4	21/03/2019	1		04/04/2019	28/03/2019	1		18/04/2019	23/04/2019		1	07/05/2019	24/04/2019	1		16-May-19
12	Vaccination and Immunisation	ABM-1819-012	Director of Public Health	Q1	29/06/2018	1		13/07/2018	29/06/2018	1		20/07/2018	20/07/2018	1		03/08/2018	02/08/2018	1		20-Sep-18
13	Third Sector Commissioning – Follow Up Review	ABM-1819-047	Director of Strategy	Q2	31/08/2018	1		14/09/2018	31/08/2018	1		21/09/2018	11/10/2018		1	25/10/2018	18/10/2018	1		15-Nov-18
14	Budgetary Control & Financial Reporting	ABM-1819-013	Director of Finance	Q3	31/01/2019	1		14/02/2019	31/01/2019	1		21/02/2019	21/02/2019	1		07/03/2019	04/03/2019	1		21-Mar-19
15	General Financial Ledger	ABM-1819-014	Director of Finance	Q3	30/11/2018	1		14/12/2018	13/12/2018	1		08/01/2019	08/01/2019	1		22/01/2019	11/01/2019	1		24-Jan-19
16	Welsh Risk Pool Claims Review	ABM-1819-015	Director of Nursing & Patient Experience	Q4	28/11/2018	1		12/12/2018	28/11/2018	1		19/12/2018	19/12/2018	1		02/01/2019	19/12/2018	1		24-Jan-19
17	Charitable Funds - Funds Held on Trust (Part 1)	ABM-1819-016a	Director of Finance	Q1	01/06/2018	1		15/06/2018	07/06/2018	1		28/06/2018	11/07/2018		1	25/07/2018	16/07/2018	1		20-Sep-18
18	Charitable Funds - Funds Held on Trust (Part 2)	ABM-1819-016b	Director of Finance	Q2	17/08/2018	1		31/08/2018	29/08/2018	1		19/09/2018	30/08/2018	1		13/09/2018	31/08/2018	1		20-Sep-18
19	Charitable Fund: Golau Governance – Follow Up Review	ABM-1819-017	Director of Finance	Q2	20/08/2018	1		03/09/2018	23/08/2018	1		13/09/2018	24/09/2018		1	08/10/2018	04/10/2018	1		15-Nov-18
20	Payroll – Local Controls (Radiology Overtime)	ABM-1819-018	Director of Finance	Q3	31/01/2019	1		21/02/2019	13/02/2019	1		06/03/2019	06/03/2019	1		20/03/2019	06/03/2019	1		21-Mar-19
21	Annual Quality Statement	ABM-1819-019	Director of Nursing & Patient Experience	Q1	29/06/2018	1		13/07/2018	29/06/2018	1		13/07/2018	20/07/2018		1	03/08/2018	03/08/2018	1		No Rating
22	Putting Things Right: Integrity of DatixWeb (Deferred from 2017/18)	ABM-1819-020	Director of Nursing & Patient Experience	Q2	30/07/2018	1		13/08/2018	31/07/2018	1		21/08/2018	21/08/2018	1		04/09/2018	28/08/2018	1		20-Sep-18
24	Clinical Audit & Assurance (Deferred from 2017/18)	ABM-1819-022	Medical Director	Q4	28/02/2019	1		14/03/2019	07/03/2019	1		28/03/2019	31/03/2019		1	14/04/2019	08/04/2019	1		16-May-19
26	Pressure Ulcers - Follow Up Review	ABM-1819-024	Director of Nursing & Patient Experience	Q2	28/09/2018	1		12/10/2018	28/09/2018	1		19/10/2018	01/11/2018		1	15/11/2018	07/11/2018	1		15-Nov-18
27	Mortality Reviews - Follow Up Review	ABM-1819-025	Medical Director	Q2	28/09/2018	1		12/10/2018	29/09/2018	1		19/10/2018	19/10/2018	1		02/11/2018	29/10/2018	1		15-Nov-18
28	POVA Deprivation of Liberty Safeguards– Follow Up Review (Units High Risks are DOLS)	ABM-1819-026	Director of Nursing & Patient Experience	Q2	06/08/2018	1		20/08/2018	06/08/2018	1		05/09/2018	10/09/2018		1	24/09/2018	10/09/2018	1		20-Sep-18
29	Nursing Quality Assurance / Matron Checks	ABM-1819-027	Director of Nursing & Patient Experience	Q2	31/10/2018		1	14/11/2018	14/02/2019		1	07/03/2019	05/03/2019	1		19/03/2019	06/03/2019	1		21-Mar-19
30	Data Quality: Delayed Follow Ups	ABM-1819-028	Medical Director	Q2	23/08/2018	1		06/09/2018	24/08/2018	1		17/09/2018	12/10/2018		1	26/10/2018	19/10/2018	1		15-Nov-18
31	IT / Cyber Security	ABM-1819-029	Medical Director	Q3	31/01/2019	1		14/02/2019	31/01/2019	1		21/02/2019	20/02/2019	1		06/03/2019	05/03/2019	1		21-Mar-19
32	Business Continuity & Disaster Recovery	ABM-1819-030	Medical Director	Q2	28/09/2018	1		12/10/2018	28/09/2018	1		19/10/2018	18/10/2018	1		01/11/2018	18/10/2018	1		15-Nov-18

Appendix B

ABM UNIVERSITY HEALTH BOARD

INTERNAL AUDIT REGISTER 2018/19

Audit Assurance Rating Key			
Substantial Assurance	Some Assurance		
Reasonable Assurance	No Assurance		

Progress Monitoring of Approved Plan				Completion of Work				Draft Report				Management Responses				Final Report				Audit
33	Health Records Management (Physical notes)	ABM-1819-031	Medical Director	Q1	12/06/2018	1		26/06/2018	14/06/2018	1		05/07/2018	04/07/2018	1		18/07/2018	18/07/2018	1	20-Sep-18	
34	GDPR (General Data Protection Regulation)	ABM-1819-032	Medical Director	Q3	30/11/2018	1		14/12/2018	30/11/2018	1		21/12/2018	05/12/2018	1		19/12/2018	06/12/2018	1	24-Jan-19	
35	££ Estates MRI Planet Application System	ABM-1819-033	Medical Director	Q3	01/04/2019		1	15/04/2019	02/04/2019	1		23/04/2019	15/05/2019		1	29/05/2019	21/05/2019	1	18-Jul-19	
37	GP Managed Practices: Cymmer Health Centre (Deferred from 2017/18)	ABM-1819-035	Chief Operating Officer	Q2	09/07/2018	1		23/07/2018	13/07/2018	1		17/09/2018	30/08/2018	1		13/09/2018	31/08/2018	1	20-Sep-18	
38	Princess of Wales Service Delivery Unit Governance Review	ABM-1819-036	Chief Operating Officer	Q2	27/07/2018	1		10/08/2018	30/07/2018	1		20/08/2018	14/08/2018	1		28/08/2018	15/08/2018	1	20-Sep-18	
39	Princess of Wales Service Delivery Unit Governance Review Follow Up	ABM-1819-048	Chief Operating Officer	Q4	28/03/2019	1		11/04/2019	29/03/2019	1		19/04/2019	04/04/2019	1		18/04/2019	04/04/2019	1	16-May-19	
40	Morriston Hospital Service Delivery Unit Governance Review	ABM-1819-037	Chief Operating Officer	Q2	18/09/2018	1		02/10/2018	27/09/2018	1		18/10/2018	18/10/2018	1		01/11/2018	19/10/2018	1	15-Nov-18	
41	Strategy and Planning Directorate	ABM-1819-038	Director of Strategy	Q2	28/09/2018	1		12/10/2018	28/09/2018	1		19/10/2018	15/10/2018	1		29/10/2018	18/10/2018	1	15-Nov-18	
42	Medical Appraisal to Support Staff Revalidation (Deferred from 2017/18)	ABM-1819-039	Medical Director	Q3	31/01/2019	1		14/02/2019	31/01/2019	1		21/02/2019	22/02/2019		1	08/03/2019	04/03/2019	1	21-Mar-19	
43	Organisational Change Policy/Contractual Changes (Deferred from 2017/18)	ABM-1819-040	Director of Human Resources	Q4	29/03/2019	1		12/04/2019	29/03/2019	1		19/04/2019	11/04/2019	1		25/04/2019	23/04/2019	1	16-May-19	
44	Nuse Rostering - Follow Up Review (Deferred from 2017/18)	ABM-1819-41	Director of Nursing & Patient Experience	Q4	19/03/2019	1		02/04/2019	19/03/2019	1		09/04/2019	04/04/2019	1		18/04/2019	09/04/2019	1	16-May-19	
45	Junior Doctor Bandings - Follow Up Review (Deferred from 2017/18)	ABM-1819-042	Director of Human Resources	Q4	14/03/2019	1		28/03/2019	15/03/2019	1		05/04/2019	08/04/2019		1	22/04/2019	08/04/2019	1	16-May-19	
46	Staff Performance Management and Appraisals - Follow Up Review	ABM-1819-043	Director of Human Resources	Q4	15/02/2019	1		01/03/2019	19/02/2019	1		12/03/2019	21/03/2019		1	04/04/2019	12/04/2019		16-May-19	
47	Statutory & Mandatory Training - Follow Up Review	ABM-1819-044	Director of Human Resources	Q4	14/02/2019	1		28/02/2019	14/02/2019	1		07/03/2019	07/03/2019	1		21/03/2019	08/03/2019	1	21-Mar-19	
48	Sickness Absence Management - Follow Up Review	ABM-1819-045	Director of Human Resources	Q2	29/06/2018	1		13/07/2018	29/06/2018	1		20/07/2018	01/08/2018		1	15/08/2018	05/10/2018		15-Nov-18	
49	Medical Locum Cover - Follow Up Review	ABM-1819-046	Medical Director	Q3	28/02/2019	1		14/03/2019	08/03/2019	1		29/03/2019	08/04/2019		1	22/04/2019	09/04/2019	1	16-May-19	
50	Follow Up (Capital)	ABM 18-19 01	Director of Strategy	Q4	25/03/2019	1		08/04/2019	28/03/2019	1		18/04/2019	01/04/2019	1		15/04/2019	10/04/2019	1	16-May-19	
56	Capital Systems: Declarations of Interest & Risk Management	ABM 18-19 07	Director of Strategy	Q2	21/12/2018		1	04/01/2019	08/03/2019	1		29/03/2019	25/03/2019	1		08/04/2019	11/04/2019		16-May-19	
58	Estates Assurance: Safe Water Management (Including Legionella)	ABM 18-19 09	Director of Strategy	Q3	10/01/2019	1		24/01/2019	24/01/2019	1		14/02/2019	23/05/2019		1	06/06/2019	24/05/2019	1	18-Jul-19	
62	Digital Strategy Follow Up *Added*	ABM 18-19 01	Chief Operating Officer		25/03/2019	1		08/04/2019	28/03/2019	1		18/04/2019	10/04/2019	1		24/04/2019	11/04/2019	1	16-May-19	