



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	31st July 2018		Agenda Item	2d
Report Title	Audit Registers and Action Plans			
Report Author	Crystal Jenkins, Finance Manager, Accounting & Governance			
Report Sponsor	Andrew Biston, Head of Accounting & Governance			
Presented by	Lynne Hamilton, Director of Finance			
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> <p>Delivery of the Audit Plans; Receipt of draft and final reports; and Health Board management responses to audit reports</p> <p>To monitor the status of agreed audit recommendations.</p>			
Key Issues	<p>The Audit Registers have been fully updated as at 9th July 2018, 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.</p> <p>The deadline for updating progress on Action Plans was 6th July 2018.</p>			
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance	Approval
	✓			
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> Note <p>The current position of the Audit Registers and the status of the Action Plans.</p>			

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 As agreed with the Audit Committee at its May meeting, a detailed review has been undertaken by the Head of Accounting & Financial Governance, Director of Corporate Governance and Head of Internal Audit of the outstanding audit recommendations listed on the audit registers. This review has identified outstanding actions which have been superseded by subsequent audit reports or are no longer valid and these have been removed from the audit registers.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 is planned to take place on 10th September with Wales Audit Office in order to update the registers in time for the September Audit Committee meeting.

2.2 The reports remaining on the audit registers have been fully updated as at 9th July 2018, 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.

2.3 The deadline for updating progress on Action Plans was 6th July 2018. Summary extracts for both internal and external audit are set out in the sections below:

External Audit Register (2017 Work) (Appendix A)

Delivery of the 2017 plan is summarised below:

- **Financial Accounts Work (2017/18):** Main accounts work completed. Charitable Funds Accounts Audit planned for October 2018
- **Performance Work:**
 - Structured Assessment (2017): completed
 - Primary Care – Thematic Review: the fieldwork, planned for 2018, is nearing completion (end July 2018). The report is anticipated to be received by the Audit Committee in November 2018.

- Cross Sector Thematic – Intermediate Care Fund: the fieldwork, planned for 2018, is nearing completion (end July 2018)

In addition to the above projects, local audit work includes:

- Board Development session on assurance, scrutiny and challenge planned for autumn 2018. The timing of the Board Development event is being agreed with the Director of Corporate Governance.

External Audit Register (2018 Work) (Appendix B)

Delivery of the 2018 plan is summarised below:

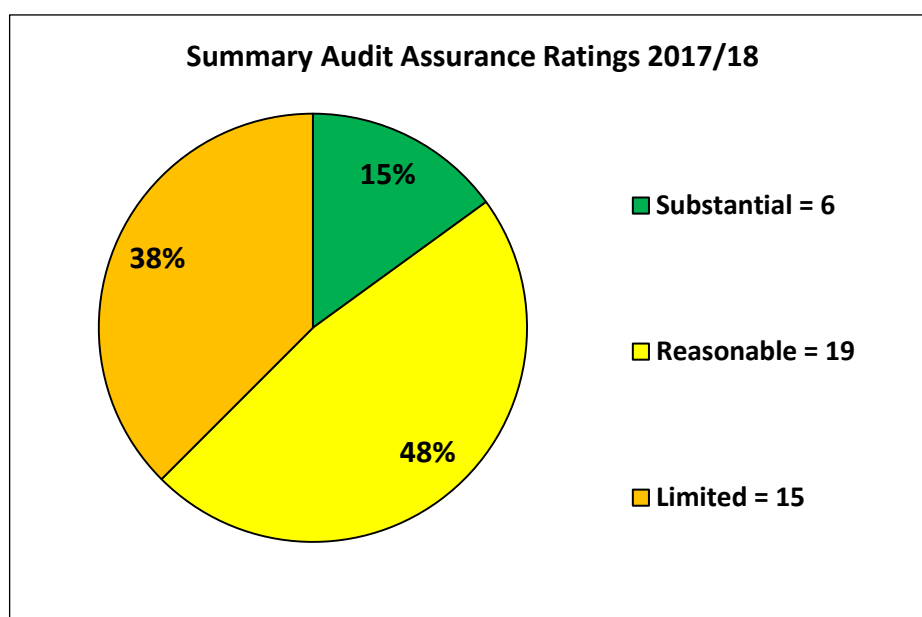
- **Financial Accounts Work (2018/19):** Main accounts work is planned for February to June 2019, and the Charitable Funds Audit for October 2019.
- **Performance Work:**
Fieldwork for two audits is commencing in July 2018:
 - Structured Assessment (2018)
 - Clinical coding follow-up (all-Wales thematic review)

Two further audits included in the 2018 audit plan are not yet due to commence. These include:

- Orthopaedic Services: Follow up (all-Wales thematic review 2018)
- Local audit project: to be agreed with Executive and the Audit Committee.

NWSSP Audit & Assurance Audit Register 2017/18 (Appendix C)

As at 29th June 2018, 42 final reports have been issued which included two reports without an assurance rating (Annual Quality Report and Medical Devices). The assurance ratings on the remaining 40 reports are summarised in the chart below:

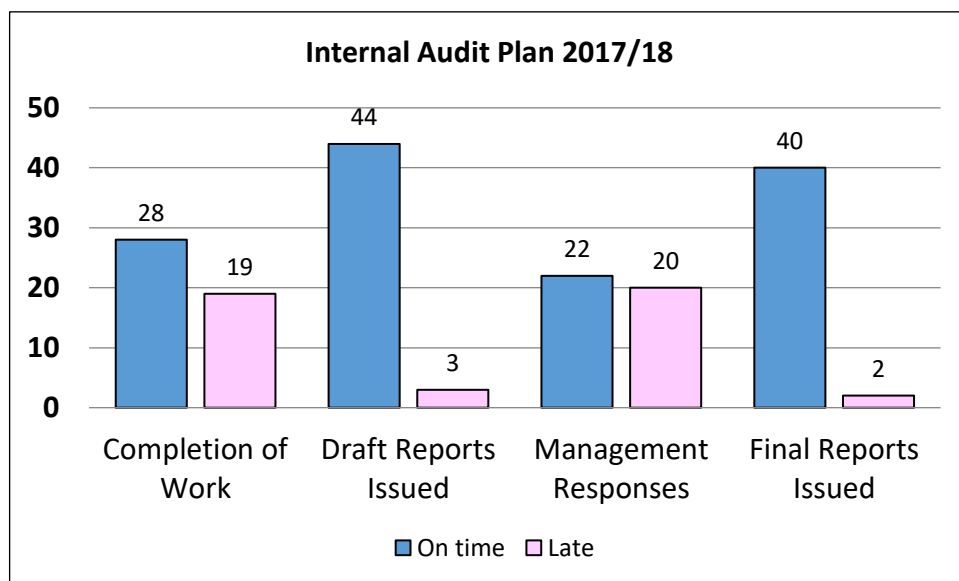


Key Performance Indicators

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 9th July 2018:



NWSSP Audit & Assurance Audit Register 2018/19

As at 9th July 2018, 4 draft reports have been issued on time. A list of the reports is summarised below:

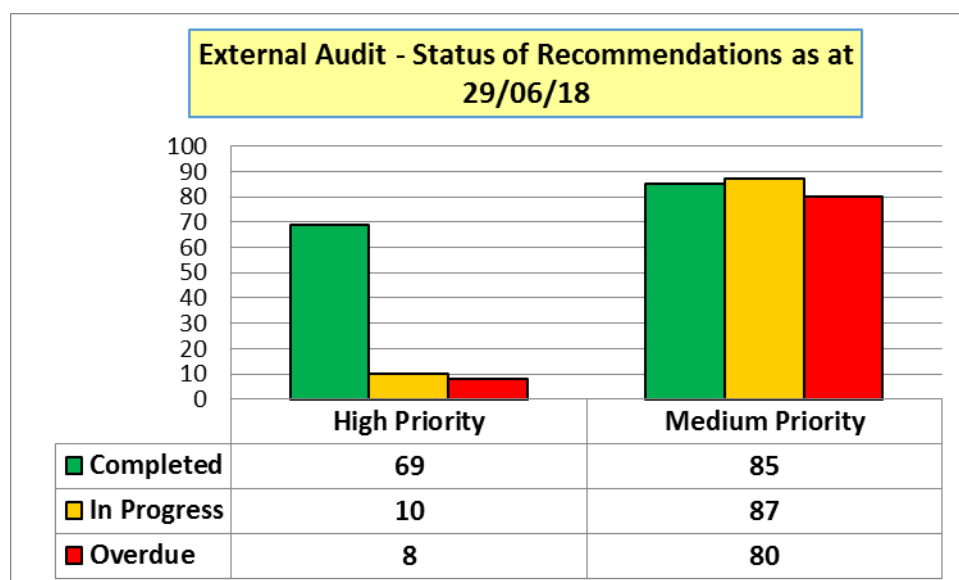
- Vaccination and Immunisation
- Charitable Funds – Funds held on Trust (Part 1)
- Health Records Management (Physical Notes)
- Sickness Absence Management – Follow Up Review

Action Plans

Action plans are all available on the Finance Portal for managers and executives to access and update throughout the year. Training has been provided to all 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 and a reminder is sent out to Executive Directors and their supporting managers at least one week before each deadline falls.

It should also be noted that the charts and tables within this report only include audit reports relating to the 2017/18 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:

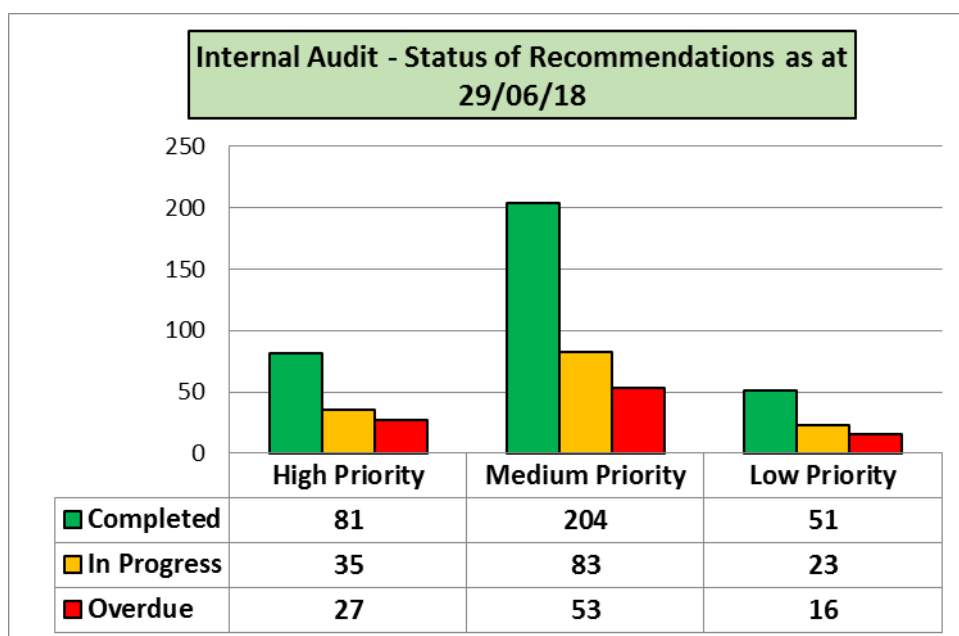


At this point, the overdue recommendations for external audit reports relate to:

Row Labels	Sum of High Priority Overdue	Sum of Medium Priority Overdue	Longest Overdue (Days)
Medical Director	0	76	
Diagnostic Review of ICT Capacity & Resources	0	0	N/A
Combined Follow-up of Informatics & Communications Technology Audits	0	1	180
NHS Consultant Contract: Follow Up of Previous Audit Recommendations	0	75	485
Director of Therapies	0	3	
Radiology Service	0	3	241
Chief Operating Officer	2	0	
Review of Follow-up Outpatient Appointments	1	0	911
A Comparative Picture of Local Orthopaedic Services	1	0	90
Director of Nursing	3	1	
Maternity Services Follow-up Review	0	1	364
Hospital Catering & Patient Nutrition Follow-up	3	0	455
Director of Corporate Governance	3	0	
Structured Assessment 2016	3	0	425
Grand Total	8	80	

Taking into account noted revised target implementation dates, the table above would remain the same for high priority and from 80 to 79 for medium priority recommendations (a reduction of 1 for the Director of Therapies).

The status of internal audit recommendations is shown in the chart below:



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)
Director of Strategy	6	16	7		
Phase 1B Clinical Accommodation	3	0	0	Limited	272
Phase 1B Existing Medical School	0	1	0	Limited	272
Capital Systems	0	0	2	Reasonable	332
Cardiac Intensive Therapy Unit	0	3	1	Reasonable	272
Security Framework (Follow Up)	0	1	0	Limited	180
Neath Port Talbot Operational PFI	0	4	0	Reasonable	211
Regulatory Compliance: H&S	2	2	2	Limited	90
Safety Alerts (Follow Up)	1	1	0	Reasonable	60
Performance Management & Reporting	0	1	1	Reasonable	30
Regulatory Compliance: Fire Safety FU	0	2	1	Limited	37
Annual Plan: Integration	0	1	0	Reasonable	29
Medical Director	6	4	3		
Junior Doctor Bandings	1	4	1	Limited	790
Medical Appraisal to Support Revalidation Follow-up	3	0	0	Limited	637
Mortality Reviews follow up	0	0	2	Limited	90
Medical Devices & Equipment	1	0	0	Limited	156
Informatics Programme	1	0	0	Reasonable	90
Director of Therapies	1	7	4		
Older Persons: Dignity & Respect	1	2	3	Limited	607
Dignity & Respect (Follow Up)	0	5	1	Reasonable	454
Chief Operating Officer	2	7	2		
Performance Management	0	1	0	Reasonable	271
MH&LD Governance	0	0	2	Reasonable	149
Primary Care Cluster Governance	1	1	0	Reasonable	149
Community Dentistry	1	3	0	Reasonable	180
Data Quality: Mental Health Measures (Follow Up)	0	2	0	Reasonable	148
Director of Nursing	5	7	0		
Clinical Governance Framework	0	2	0	Reasonable	333
Funded Placements in Non-NHS Settings Follow Up Review	4	1	0	Limited	302
Deprivation of Liberty Safeguards	0	1	0	Limited	149
Pressure Ulcers	1	1	0	Limited	149
Risk Management & Assurance	0	2	0	Reasonable	180
Director of Finance	5	6	0		
Locum Medical Cover: Expenditure Control	3	2	0	Limited	120
FHOT: GOLAU Governance Review	2	3	0	Limited	121
Budgetary Control and Financial Reporting	0	1	0	Substantial	29
Director of HR	2	6	0		
Statutory & Mandatory Training Progress	1	4	0	Limited	240
Staff Performance Mgt & Appraisals	0	1	0	Limited	179
Sickness Absence Management: Follow Up	1	0	0	Reasonable	149
European Working Time Directive	0	1	0	Limited	28
Grand Total	27	53	16		

Taking into account noted revised target implementation dates, the table above would reduce to 26 high, 53 medium and 16 low priority as shown on the table below:

Row Labels	Sum of		
	Sum of High Priority Overdue	Medium Priority Overdue	Sum of Low Priority Overdue
+ Director of Strategy	6	16	7
+ Medical Director	6	4	3
+ Director of Therapies	1	7	4
+ Chief Operating Officer	2	7	2
+ Director of Nursing	4	7	0
+ Director of Finance	5	6	0
+ Director of HR	2	6	0
Grand Total	26	53	16

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 therefore important that management actions are implemented on a more timely 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 and the status of the Action Plans.

EXTERNAL AUDIT REGISTER 2017/18

Audit Work 2017			Draft Report	Final Report				Audit Committee
			Received	Due	Received	Completion		
						On Time	Late	
Financial Accounts Work								
1	Audit of Financial Statements Report		23/05/2018	Jun-18	24/05/2018			30/05/2018
2	Financial Accounts Memorandum			Jul-18				
Performance Work								
3	Structured Assessment 2017		19/02/2018	Feb-18	19/02/2018			15/03/2018
4	Thematic Reviews: Primary Care		Not Received	Nov-18				
5	Thematic Reviews: Cross Sector Review- Intermediate Care Fund		Not Received	Jan-19				
	Local Audit Work			Note 1				
Other								
6	Annual Audit Report for 2017		19/02/2018	Jan-18				15/03/2018
7	Audit Plan 2018		13/02/2018	Jan-18				15/03/2018

Note 1: Board development session on assurance, scrutiny and challenge - autumn 2018. Timing being confirmed with Director of Corporate Governance

EXTERNAL AUDIT REGISTER 2018/19

Audit Work 2018		Draft Report	Final Report				Audit Committee
		Received	Due	Received	Completion		
					On Time	Late	
Financial Accounts Work							
1	Audit of Financial Statements Report		Jun-19				
2	Financial Accounts Memorandum		Jul-19				
	Performance Work						
3	Structured Assessment 2018		Jan-19				
4	Thematic Reviews: Clinical Coding Follow Up		Jan-19				
5	Thematic Reviews: Orthopaedic Services Follow Up		Note 1				
	Local Audit Work		Note 2				
	Other						
6	Annual Audit Report for 2018		Jan-19				
7	Audit Plan 2019		Jan-19				

Note 1: Scoping in Progress. Local Fieldwork during 2018

Note 2: Local Audit Project to be agreed with executive officers and Audit Committee

ABM UNIVERSITY HEALTH BOARD

INTERNAL AUDIT REGISTER 2017/18

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 Assurance Rating / Audit Committee Date
					Completion		Due	Issued	Completion		Due	Received	Completion		Due	Issued	Completion		
			Report Ref. No.	Executive Lead	Planned Finish	Actual Finish	On time	Late		On time	Late			On time	Late			On time	Late
Audit & Assurance																			
Corporate governance, risk and regulatory compliance																			
1	Governance, Leadership and Accountability	ABM-1718-001	Chief Executive / Director of Governance	EOY															
2	Annual Governance Statement	ABM-1718-002	Chief Executive / Director of Governance	EOY															
3	Risk Management & Assurance	ABM-1718-003	Director of Nursing	Q2	29/09/2017	1		13/10/2017	29/09/2017	1		03/11/2017	02/11/2017	1		16/11/2017	03/11/2017	1	16-Nov-17
4	Corporate Legislative Compliance	ABM-1718-004	Chief Executive / Director of Governance	Q2	28/11/2017		1	12/12/2017	29/11/2017	1		20/12/2017							
5	Corporate Governance																		
6	Board Assurance Framework																		
Audit Committee approval sought to defer to 2018/19																			
7	Primary Care Clusters Governance	ABM-1718-007	Chief Operating Officer	Q3	30/11/2017	1		14/12/2017	30/11/2017	1		21/12/2017	22/12/2017		1	05/01/2018	22/12/2018	1	23-Jan-18
8	Partnership Governance: ARCH (deferred from 2016/17)																		
Audit Committee approval sought to defer to 2018/19																			
9	Health & Safety	ABM-1718-009	Sian Harrop-Griffiths	Q2	15/12/2017		1	29/12/2017	15/12/2017	1		12/01/2018	21/01/2018		1	04/02/2018	22/01/2018	1	15-Mar-18
10	Fire Safety	ABM-1718-010	Sian Harrop-Griffiths	Q1	05/07/2017		1	19/07/2017	06/07/2017	1		15/08/2017	15/08/2017	1		29/08/2017	30/08/2017	1	14-Sep-17
11	Fire Safety (Follow Up)	ABM-1718-109	Sian Harrop-Griffiths	Q4	28/02/2018	1		14/03/2018	28/02/2018	1		21/03/2018	21/05/2018		1	04/06/2018	22/05/2018	1	19-Jul-18
Strategic planning, performance management and reporting																			
12	Integrated Medium Term Plan Annual Planning: Engagement & Integration	ABM-1718-011	Sian Harrop-Griffiths	Q3	30/04/2018		1	14/05/2018	30/04/2018	1		22/05/2018	22/05/2018	1		05/06/2018	22/05/2018	1	19-Jul-18
13	Performance Management and Reporting	ABM-1718-012	Sian Harrop-Griffiths	Q3	31/01/2018	1		14/02/2018	31/01/2018	1		21/02/2018	22/02/2018	1		08/03/2018	26/02/2018	1	15-Mar-18
14	Third Sector Commissioning Review / Contracts	ABM-1718-013	Sian Harrop-Griffiths	Q1	27/06/2017	1		11/07/2017	30/06/2017	1		21/07/2017	13/11/2017		1	27/11/2017	15/11/2017	1	23-Jan-18
Financial Governance and management																			
15	Budgetary Control & Financial Reporting	ABM-1718-014	Lynne Hamilton	Q3	31/01/2018		1	14/02/2018	31/01/2018	1		21/02/2018	26/02/2018	1		12/03/2018	26/02/2018	1	15-Mar-18
16	General Financial Ledger	ABM-1718-015	Lynne Hamilton	Q3	13/12/2017	1		27/12/2017	14/12/2017	1		11/01/2018	06/01/2018	1		20/01/2018	08/01/2018	1	23-Jan-18
17	Welsh Risk Pool Claims	ABM-1718-016	Angela Hopkins	Q4	14/08/2017	1		28/08/2017	30/08/2017		1	20/09/2017	30/08/2017	1		13/09/2017	04/09/2017	1	16-Nov-17
18	Medical Devices: Home Equipment—Maintenance-Contract Payments (Dialysis, etc)	ABM-1718-017	Lynne Hamilton	Q2	20/03/2018		1	03/04/2018	27/03/2018	1		17/04/2018	04/05/2018		1	18/05/2018	11/05/2018	1	19-Jul-18
19	Non Pay Expenditure - Local Controls Goods Receipting	ABM-1718-018	Lynne Hamilton	Q2	25/04/2018		1	09/05/2018	27/04/2018	1		19/05/2018							
20	Fund Held on Trust: GOLAU Governance Review	ABM-1718-112	Lynne Hamilton	-	18/01/2018	1		01/02/2018	25/01/2018	1		15/02/2018	05/02/2018	1		19/02/2018	05/02/2018	1	15-Mar-18
Clinical governance quality and safety																			
21	Annual Quality Statement	ABM-1718-019	Hamish Laing	Q2	24/08/2017	1		07/09/2017	24/08/2017	1		14/09/2017	29/08/2017	1		12/09/2017	29/08/2017	1	N/A
22	Putting Things Right																		
23	Patient Reported Experience & Outcome Measures (PROMS)																		
24	Clinical Audit & Assurance																		
Approval has been sought from AC to defer for reconsideration in 2018/19																			
Audit Committee approval sought to defer to 2018/19																			
25	Pressure Ulcers (deferred from 2016/17)	ABM-1718-023	Angela Hopkins	Q3	23/08/2017	1		06/09/2017	25/08/2017	1		15/09/2017	25/10/2017		1	08/11/2017	25/10/2017	1	16-Nov-17
26	Medical Equipment & Devices (Maintenance)	ABM-1718-024	Hamish Laing	Q2	29/09/2017	1		13/10/2017	29/09/2017	1		20/10/2017	22/10/2017		1	05/11/2017	24/10/2017	1	16-Nov-17
27	POVA (Unit High Risks are PDS) Deprivation of Liberty Safeguards	ABM-1718-025	Angela Hopkins	Q2	01/08/2017	1		15/08/2017	02/08/2017	1		31/08/2017	05/10/2017	1		19/10/2017	05/10/2017	1	16-Nov-17
Audit Committee approval sought to defer to 2018/19																			
28	Discharge Processes Follow Up																		
29	Primary Care - Core Quality & Delivery Measures	ABM-1718-027	Chris White	Q2	13/12/2017		1	27/12/2017	15/12/2017	1		12/01/2018	12/01/2018	1		26/01/2018	22/01/2017	1	15-Mar-18
30	Safety Alerts Follow Up *added*	ABM-1718-111	Sian Harrop-Griffiths	Q3	11/01/2017	1		25/01/2017	11/01/2017	1		01/02/2017	05/02/2018		1	19/02/2018	05/02/2018	1	15-Mar-18
31	Medical Devices & Equipment Maintenance (Follow Up)	ABM-1718-113	Hamish Laing	Q4	06/04/2018	1		20/04/2018	06/04/2018	1		27/04/2018	23/05/2018		1	06/06/2018	24/05/2018	1	19-Jul-18
Information Governance and Security																			
32	Data Quality - Follow Up Reviews (Mental Health Measure) *added*	ABM-1718-028	Hamish Laing	Q2 Q3	15/12/2017	1		29/12/2017	15/12/2017	1		12/01/2018	10/01/2018	1		24/01/2018	11/01/2018	1	15-Mar-18
33	IT Infrastructure Assets	ABM-1718-029	Hamish Laing	Q3	15/03/2018		1	29/03/2018	22/03/2018	1		16/04/2018	19/04/2018		1	03/05/2018	21/05/2018		1
34	Information Governance Framework and Information Assurance (deferred from 2016/17)	ABM-1718-030	Hamish Laing	Q2	30/11/2017		1	14/12/2017	30/11/2017	1		21/12/2017	21/12/2017	1		04/01/2018	21/12/2017	1	23-Jan-18
35	Follow Up Not Booked - Reporting	ABM-1718-031	Hamish Laing	Q3															
36	IT / Cyber Security																		
Removed from Plan (Audit Committee September 2017)																			
37	Data Quality - Follow Up Reviews (Stroke) *added*	ABM-1718-102	Sian Harrop-Griffiths	Q4	04/04/2018		1	18/04/2018	04/04/2018	1		25/04/2018	06/04/2018	1		20/04/2018	17/04/2018	1	19-Apr-18
Operational service and functional management																			
38	Singleton Hospital Unit Governance Review	ABM-1718-032	Chris White	Q1	22/06/2017	1		06/07/2017	23/06/2017	1		14/07/2017	20/07/2017		1	03/08/2017	24/07/2017	1	14-Sep-17
39	Neath Port Talbot & Clinical Support Unit Governance Review	ABM-1718-033	Chris White	Q1	04/07/2017		1	18/07/2017	04/07/2017	1		25/07/2017	07/08/2017		1	21/08/2017	11/08/2017	1	14-Sep-17
40	HR&OD Directorate Follow Up	ABM-1718-034	Kate Lorenti	TBA															
41	Executive Medical Directorate Governance Review	ABM-1718-035	Hamish Laing	Q2	10/08/2017	1		24/08/2017	11/08/2017	1		15/09/2017	13/09/2017	1		27/09/2017	13/09/2017	1	16-Nov-17
42	Nursing Directorate	ABM-1718-036	Angela Hopkins	Q1	29/06/2017	1		13/07/2017	30/06/2017	1		21/07/2017	31/07/2017		1	14/08/2017	02/08/2017	1	14-Sep-17
43	Finance Directorate	ABM-1718-037	Lynne Hamilton	Q3	17/04/2018		1	01/05/2018	17/04/2018	1		09/05/2018	09/05/2018	1		23/05/2018	09/05/2018	1	19-Jul-18
44	Community Dentistry	ABM-1718-038	Chris White	Q2	28/11/2017		1	12/12/2017	28/11/2017	1		19/12/2017	21/12/2017	1		04/01/2018	22/12/2017	1	23-Jan-18
45	Mental Health & Learning Disabilities Unit Governance Follow-up Review	ABM-1718-039	Chris White	Q2	02/11/2017		1	16/11/2017	07/11/2017	1		28/11/2017	27/11/2017	1		11/12/2017	28/11/2017	1	23-Jan-18
46	GP Managed Practices																		
Removed from Plan (Audit Committee September 2017)																			
46	Executive Medical Directorate (Follow Up)	ABM-1718-107	Hamish Laing	Q4	23/03/2018	1		06/04/2018	26/03/2018	1		16/04/2018	26/03/2018	1		09/04/2018	26/03/2018	1	19-Apr-18
Workforce management																			
47	Staff Performance Management and Appraisals	ABM-1718-041	Kate Lorenti	Q2	31/08/2017	1		14/09/2017	31/08/2017	1		21/09/2017	24/09/2017		1	08/10/2017	05/10/2017	1	16-Nov-17
48	Workforce Delivery Plan Actions: Limited Scope Review (deferred from 16/17)	ABM-1718-042	Kate Lorenti	Q2	30/01/2018		1	13/02/2018	31/01/2018	1		21/02/2018	14/02/2018	1		28/02/2018	20/02/2018	1	15-Mar-18
49	Statutory and Mandatory Training	ABM-1718-043	Kate Lorenti	Q2	01/08/2017	1		27/07/2017	02/08/2017	1		23/08/2017	17/08/2017	1		31/08/2017	24/08/2017	1	14-Sep-17
50	Medical Staff Revalidation																		
Audit Committee approval sought to defer to 2018/19																			

ABM UNIVERSITY HEALTH BOARD

INTERNAL AUDIT REGISTER 2017/18

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 Assurance Rating / Audit Committee Date
			Planned Finish	Actual Finish	Completion		Due	Issued	Completion		Due	Received	Completion		Due	Issued	Completion				
Report Ref. No.					On time	Late			On time	Late			On time	Late			On time	Late	On time	Late	
51	Organisational Change / Pay Bandings				Approval has been sought from AC to defer for reconsideration in 2018/19 following the appointment of the substantive DoHR.																
52	EWTB - Portering Services	ABM-1718-046	Kate Lorenti	Q2	18/04/2018	1	02/05/2018	26/04/2018	1		18/05/2018	18/05/2018	1		01/06/2018	21/05/2018	1		19-Jul-18		
53	Sickness Absence Management Follow Up (deferred from 2016/17) *added*	ABM-1718-103	Kate Lorenti		30/10/2017	1	13/11/2017	30/10/2017	1		20/11/2017	30/11/2017	1		14/12/2017	30/11/2017	1		23-Jan-18		
54	Nurse Rostering Follow Up (deferred from 2016/17)				Approval has been sought from AC to defer for reconsideration in 2018/19. Removed from plan (Audit Committee November 2017)																
55	Junior Doctor Bandings Follow Up (deferred from 2016/17)				Approval has been sought from AC to defer for reconsideration in 2018/19. Removed from plan (Audit Committee November 2017)																
56	Locum Medical Cover: Expenditure Controls *added*	ABM-1718-106	Lynne Hamilton		31/10/2017	1	14/11/2017	31/10/2017	1		21/11/2017	07/12/2017	1		21/12/2017	09/01/2018	1		23-Jan-18		
57	Corporate HR Follow Up (deferred from 2015/16)				Approval has been sought from AC to defer for reconsideration in 2018/19 following the appointment of the substantive DoHR																
Capital and Estates Management																					
17/18 Audit Plan																					
58	Informatics Programme (b/f)	ABM 16-17 04	Hamish Lainq		16/06/2017	1	30/06/2017	16/06/2017	1		07/07/2017	15/08/2017	1		29/08/2017	17/08/2017	1		14-Sep-17		
59	Systems / CRL (b/f)	ABM 16-17 06	Sian Harrop-Griffiths	Q4	18/05/2017	1	01/06/2017	23/05/2017	1		13/06/2017	27/06/2017	1		11/07/2017	28/06/2017	1		20-Jul-17		
60	Backlog Maintenance (b/f)	ABM 16-17 09	Sian Harrop-Griffiths	Q3	04/07/2017	1	18/07/2017	02/08/2017	1		23/08/2017	26/09/2017	1		10/10/17	09/10/2017	1		16-Nov-17		
61	Follow Up of Outstanding Capital Recommendations Follow Up	ABM 17-18 01	Sian Harrop-Griffiths		02/05/2018	1	16/05/2018	14/05/2018	1		04/06/2018										
62	ARCH Programme				Audit Committee approval sought to defer to 2018/19																
63	Renal Ward Refurbishment	ABM 17-18 03	Sian Harrop-Griffiths		21/09/2017	1	05/10/2017	16/11/2017	1		07/12/2017	28/12/2017	1		11/01/2018	04/01/2018	1		23-Jan-18		
64	Transitional Care Unit / Neonatal and Paediatrics Capacity				Audit Committee approval sought to defer to 2018/19																