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Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>19<sup>th</sup> January 2022</b>		<b>Agenda Item</b>	<b>2.1</b>
<b>Report Title</b>	<b>Audit Registers and Status of Recommendations</b>			
<b>Report Author</b>	Len Cozens, Head of Compliance			
<b>Report Sponsor</b>	Hazel Lloyd, Acting Director of Corporate Governance			
<b>Presented by</b>	Len Cozens, Head of Compliance			
<b>Freedom of Information</b>	Open			
<b>Purpose of the Report</b>	The purpose of this report is to provide summary extracts from the Health Board's audit registers, which have been developed to assist in monitoring and reporting on the status of agreed audit recommendations and progress against management responses.			
<b>Key Issues</b>	<p>Action plans in respect of all final audit reports are available on the Finance Portal through SharePoint for managers and executives to access and update throughout the year.</p> <p>Training has been provided to executives and the named managers within the action plans. The deadlines for the reporting periods to the Audit Committee are clearly set out within the file set up.</p> <p>This report includes all updates to audit registers made up to and including the 17<sup>th</sup> December 2021.</p> <p>It has become apparent that a number of agreed actions sitting on the audit register do not have calendar deadline dates. The Head of Compliance is currently working with the relevant management teams to establish the most up to date position in respect of progress with these actions</p> <p>In addition, a further piece of work is now required in order to ensure that all agreed actions are allocated to the most appropriate Lead Executive Portfolio.</p>			
<b>Specific Action Required</b> <i>(please choose one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the current position of the Audit Registers and the status of the action plans.</li> <li>• <b>AGREE</b> any specific areas where the Committee feel that further assurance is required in order that these may be addressed with the relevant Lead Executive.</li> <li>• <b>DISCUSS</b> the revised format and content of the report, and highlight anything further which they would like to see in future iterations</li> </ul>			

# **AUDIT REGISTERS AND STATUS OF RECOMMENDATIONS**

## **1. INTRODUCTION**

- 1.1 The purpose of this report is to provide summary extracts from the Health Board's audit registers, which have been developed to assist in monitoring and reporting on the status of agreed audit recommendations and progress against management responses.

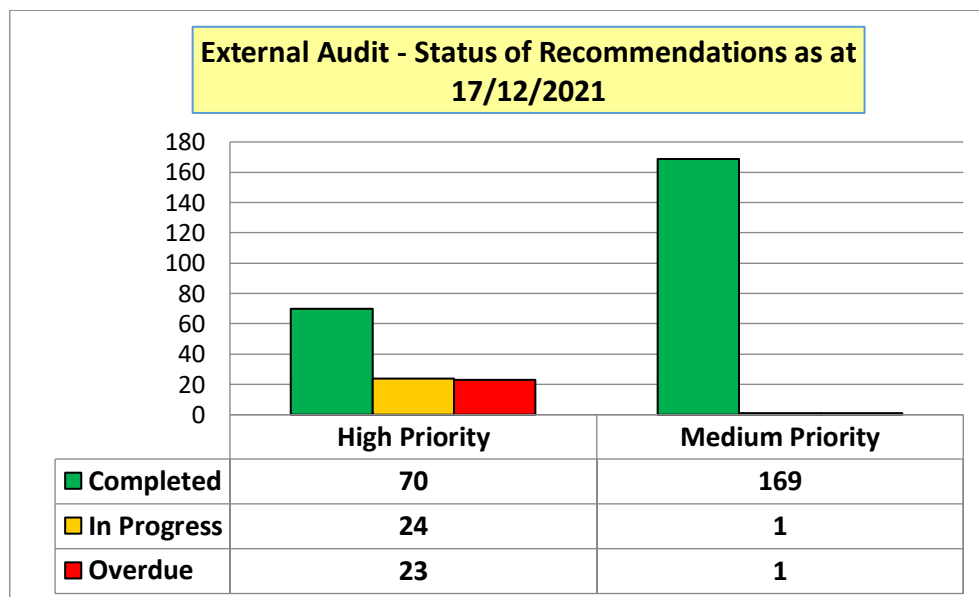
## **2. BACKGROUND AND CONTEXT**

- 2.1 The Audit Committee receives and considers a number of reports as part of normal business, which provide information and assurance in respect of:
- The delivery of the Audit Plans;
  - Receipt of draft and final reports; and
  - Health Board management responses to recommendations contained therein
- 2.2 This report is intended to provide assurance in respect of performance in implementing agreed action across all reports received from both NWSSP Audit & Assurance, and Audit Wales (formerly Wales Audit Office).
- 2.3 The format/content of the report has been revised and updated in order to provide the Audit Committee with additional information and detail from which to take assurance regarding progress being made with outstanding agreed actions. These changes are also in line with recommendations made by Audit Wales as part of their 2021 Structured Assessment report.
- 2.4 Action plans in respect of all final audit reports are 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 the named managers within the action plans. The deadlines for the reporting periods to the Audit Committee are clearly set out within the file set up.
- 2.5 It should be noted that the charts and tables within this report relate to reports where outstanding recommendations remain, regardless of the age of the report. Where recommendations have been superseded by the content of later reports, then the original recommendation has been closed and does not form part of the following.

### 3. STATUS UPDATE – AUDIT WALES (FORMERLY WAO) REPORTS

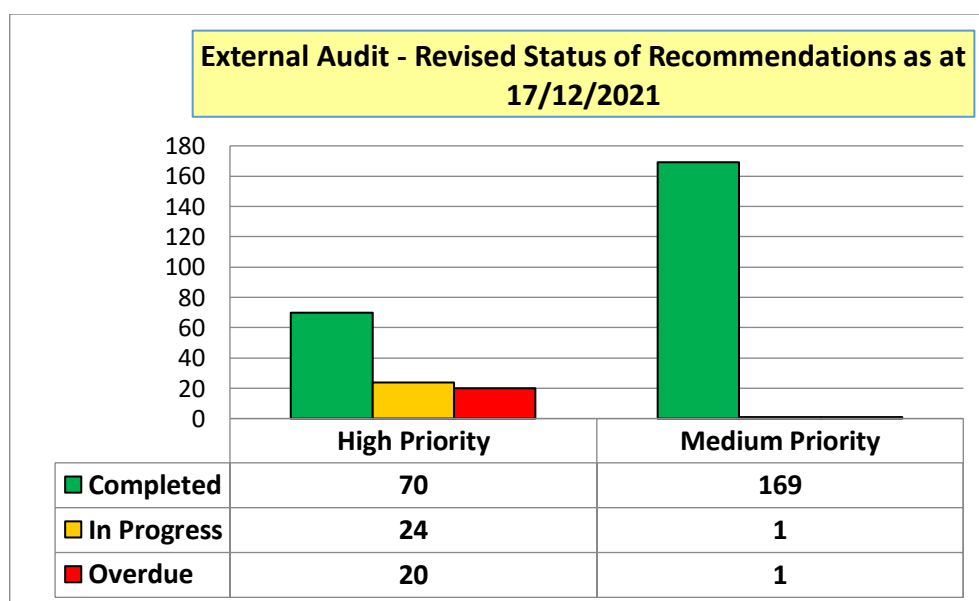
3.1 The following sets out the current position in respect of performance in implementing agreed actions stemming from Audit Wales (formerly WAO) recommendations, when measured against the **original deadlines** agreed by management at the time the reports were finalised.

**Fig 1: Audit Wales Reports (Original Deadlines)**



3.2 In certain circumstances, factors beyond the control of the implementing officer(s) may mean that the agreed date for implementation of the actions cannot be achieved, and a revised target implementation date is required. The following measures progress taking into account these **revised deadlines** as notified by management.

**Fig 2: Audit Wales Reports (Revised Deadlines)**



3.3 This represents a reduction in the number of overdue recommendations when compared with the last report to Audit Committee (November 2021), which recorded a total of 30 overdue recommendations. The main reasons for this movement can be summarised as follows:

- Seven actions have been recorded as completed
- The relevant Executive Lead or their team has extended the deadlines for three agreed actions.
- One further action has become overdue since the last report

3.4 A detailed breakdown of all outstanding agreed actions stemming from Audit Wales reports has been included at **Appendix A**. In addition, with reference to Appendix A:

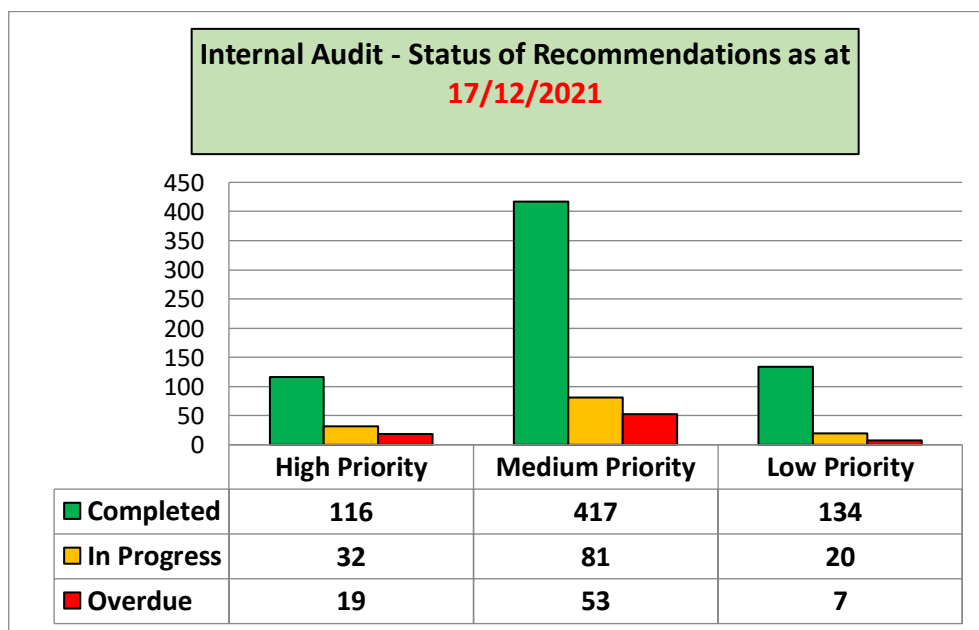
- The action that has become overdue since the last report is highlighted in blue.
- Where Executive Leads or their teams have indicated the need to extend the originally agreed action deadlines, these revised dates are highlighted in yellow.

3.5 Further detail on the actions completed since the last report, including any comment made by the Executive Leads or their teams, has been included at **Appendix B**.

#### 4. STATUS UPDATE – NWSSP AUDIT & ASSURANCE REPORTS

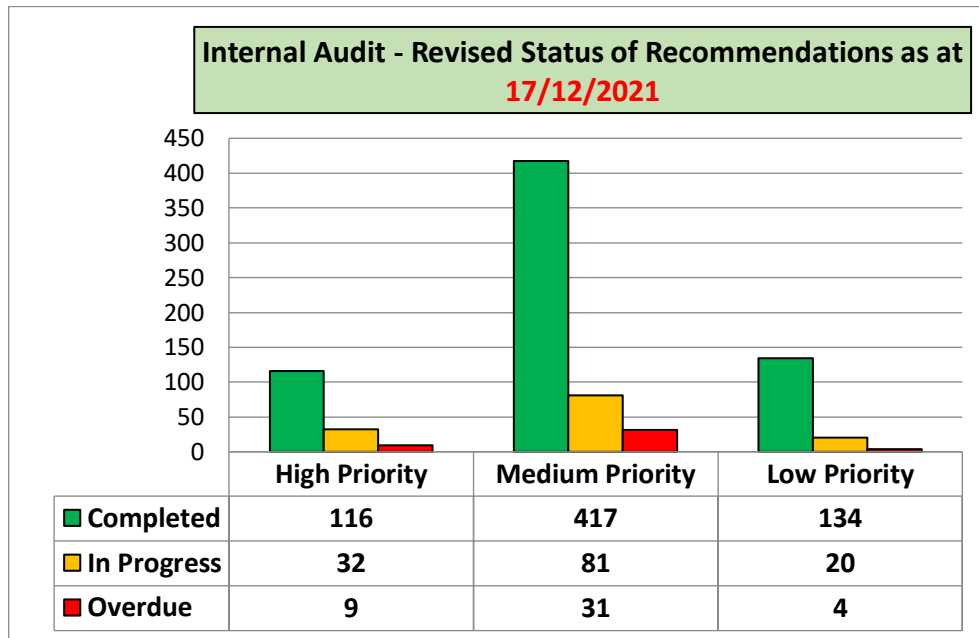
4.1 The following sets out the current position in respect of performance in implementing agreed actions stemming from NWSSP Audit & Assurance recommendations, when measured against the **original deadlines** agreed by management at the time the reports were finalised.

**Fig 3: NWSSP Audit & Assurance Reports (Original Deadlines)**



4.2 In certain circumstances, factors beyond the control of the implementing officer(s) may mean that the agreed date for implementation of the actions cannot be achieved, and a revised target implementation date is required. The following measures progress taking into account these **revised deadlines** as notified by management.

**Fig 4: NWSSP Audit & Assurance Reports (Revised Deadlines)**



4.3 This represents a reduction in the number of overdue recommendations when compared with the last report to Audit Committee (November 2021), which recorded a total of 78 overdue recommendations. The main reasons for this movement can be summarised as follows:

- 21 actions have been recorded as completed
- The relevant Executive Lead or their team has extended the deadlines for 30 agreed actions.
- 17 further action has become overdue since the last report

4.4 A detailed breakdown of all outstanding agreed actions stemming from NWSSP Audit & Assurance reports has been included at **Appendix C**. In addition, with reference to Appendix C:

- The actions that have become overdue since the last report are highlighted in blue.
- Where Executive Leads or their teams have indicated the need to extend the originally agreed action deadlines, these revised dates are highlighted in yellow.

4.5 Further detail on the actions completed since the last report, including any comment made by the Executive Leads or their teams, has been included at **Appendix D**.

## 5. AGREED ACTIONS WITHOUT CALENDAR DEADLINE DATES

- 5.1 It has become apparent that a number of agreed actions stemming primarily from NWSSP Audit & Assurance reviews do not have calendar deadline dates. Rather, it was agreed at the point of report finalisation that due to their nature, these actions would be completed at future points in ongoing projects, or as part of future projects, with no specific deadline dates being recorded.
- 5.2 The effect of this has been that these recommendations have not been captured as part of the audit tracker update reports received by the Audit Committee.
- 5.3 The Head of Compliance is currently working with the relevant management teams to establish the most up to date position in respect of progress with these actions in order to:
- Identify those which have been completed
  - Agree calendar deadline dates for those which are currently ongoing.

A further update on the status of these actions will be provided to the Audit Committee as part of the next update report.

## 6. REALLOCATION OF ACTIONS WITHIN EXECUTIVE PORTFOLIOS

- 6.1 With effect from 1<sup>st</sup> January 2022, responsibility for Estates matters now rests with the Director of Finance and Performance. As a result, the Head of Compliance will now review the audit register and move any outstanding Estates-based actions to sit within the Director of Finance and Performance portfolio.
- 6.2 As part of this work, all other outstanding agreed actions will also be reviewed in order to ensure that they sit under the most appropriate executive lead.

## 7. FINANCIAL IMPLICATIONS

- 7.1 There are no direct financial implications arising from this report.

## 8. RECOMMENDATIONS

- 8.1 Members are asked to:
- **NOTE** the current position of the Audit Registers and the status of the action plans.
  - **AGREE** any specific areas where the Committee feel that further assurance is required in order that these may be addressed with the relevant Lead Executive.

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> <i>(please choose)</i>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
<b>Health and Care Standards</b>		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
<b>Quality, Safety and Patient Experience</b>		
Outstanding audit recommendations may affect quality, safety and patient experience. It is essential that where audit recommendations are made, they are acted upon with leadership from the relevant Executive Director. Reports addressing quality and safety issues are discussed in more detail in the Quality & Safety Committee.		
<b>Financial Implications</b>		
Whilst there are no direct financial implications that need to be highlighted in this report, there may be issues arising from individual audit reports or recommendations made which have financial implications for the health board.		
<b>Legal Implications (including equality and diversity assessment)</b>		
Failure to address audit recommendations relating to areas such as staff and/or patient safety, or legislative compliance, may lead to action being taken against the health board.		
<b>Staffing Implications</b>		
There are no staffing implications associated with this paper.		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
A robust Governance Work Programme will assist the Board in assessing risk and gathering assurance across all corporate objectives, which span the five ways of working, and the wellbeing goals identified in the Act.		
<b>Report History</b>	N/A	
<b>Appendices</b>	Appendix A	Breakdown of overdue AW report actions
	Appendix B	Agreed AW report actions completed since last update
	Appendix C	Breakdown of overdue NWSSP report actions
	Appendix D	Agreed NWSSP report actions completed since last update

