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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	13th July 2021	Agenda Item	2.1
Report Title	Audit Registers and Status of Recommendations		
Report Author	Len Cozens, Head of Compliance		
Report Sponsor	Pam Wenger, Director of Corporate Governance		
Presented by	Len Cozens, Head of Compliance		
Freedom of Information	Open		
Purpose of the Report	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.		
Key Issues	<p>The report includes all updates to audit registers made up to and including the 25th June 2021.</p> <p>There has been a significant improvement in the position regarding outstanding recommendations during the course of the calendar year to date.</p>		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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. 		

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 At the request of the Committee, versions of this report presented to the last two meetings have focussed on progress implementing recommendations made by NWSSP Audit & Assurance in those reports which carried 'Limited' assurance ratings.
- 2.3 Following comments received at the last meeting, this report has broadened its scope to provide assurance in respect of performance in implementing recommendations across all reports received from both NWSSP Audit & Assurance, and Audit Wales (formerly Wales Audit Office).
- 2.4 Going forward, the Head of Compliance will engage further with the Director of Corporate Governance and Committee members in order to ensure that reporting format and content provides sufficient assurance in respect of both quantitative and qualitative aspects of this area.

3. STATUS UPDATE

- 3.1 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 Executive Team and Audit Committee are clearly set out within the file set up.
- 3.2 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.

- 3.3 The following sets out the current position in respect of performance in implementing recommendations, when measured against the **original deadlines** agreed by management at the time the reports were finalised.

Fig 1: Audit Wales Reports (Original Deadlines)

Audit Wales Reports Status of Recommendations as at 25/06/2021 Measured Against Original Deadlines		
	High Priority	Medium Priority
Complete	51	150
In Progress	42	13
Overdue	39	13

Fig 2: NWSSP Audit & Assurance Reports (Original Deadlines)

NWSSP Audit & Assurance Reports Status of Recommendations as at 25/06/2021 Measured Against Original Deadlines			
	High Priority	Medium Priority	Low Priority
Complete	99	372	112
In Progress	31	60	25
Overdue	20	53	7

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

Fig 3: Audit Wales Reports (Extended Deadlines)

Audit Wales Reports Status of Recommendations as at 25/06/2021 Measured Against Revised Deadlines		
	High Priority	Medium Priority
Complete	51	150
In Progress	42	13
Overdue	37 (31)*	13 (62)*

* Figures in brackets denote performance reported in January 2021

Fig 4: NWSSP Audit & Assurance Reports (Extended Deadlines)

NWSSP Audit & Assurance Reports Status of Recommendations as at 25/06/2021 Measured Against Revised Deadlines			
	High Priority	Medium Priority	Low Priority
Complete	99	372	112
In Progress	31	60	25
Overdue	17 (37)*	43 (132)*	6 (25)*

* Figures in brackets denote performance reported in January 2021

- 3.4 A further breakdown of the overdue recommendations in terms of both Audit Wales and NWSSP Audit & Assurance reports has been provided at **Appendix A** and **B** respectively.
- 3.5 During the course of preparing this report, an issue has been highlighted in respect of the circulation and distribution of Final reports issued by the NWSSP Audit & Assurance Specialist Services Unit. This has resulted in the following three reports not being received within Financial Governance, and so not being included in the Audit Tracker:
- Control of Substances Hazardous to Health (SSU ABM 1718-11)
 - Control of Contractors (SSU SBUHB 1920-09)
 - Estates Assurance Follow-Up (SSU SBUHB 2021-07)
- 3.6 The circulation and distribution issues have now been resolved, and checks undertaken with NWSS Audit & Assurance colleagues have identified no further missing reports. Those highlighted above will be included in the next update to the Committee.

4. FINANCIAL IMPLICATIONS

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

5. RECOMMENDATIONS

- 5.1 Members are asked to:
- **NOTE** the current position of the Audit Registers and the status of the action plans.

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	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"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	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"/>
Health and Care Standards		
(please choose)	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"/>
Quality, Safety and Patient Experience		
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.		
Financial Implications		
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.		
Legal Implications (including equality and diversity assessment)		
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.		
Staffing Implications		
There are no staffing implications associated with this paper.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
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.		
Report History	N/A	
Appendices	Appendix 1	AW Reports – Breakdown of Overdue Recommendations
	Appendix 2	NWSSP Reports – Breakdown of Overdue Recommendations

**Audit Wales Reports
Breakdown of Overdue Recommendation**

Report Title	Number of Overdue Recommendations	
	High Priority	Medium Priority
Exec Lead: Chief Operating Officer		
A Comparative Picture of Local Orthopaedic Services	1	0
Discharge Planning	10	1
Primary Care Services	18	0
Exec Lead: Dir. of Corp. Governance		
Structured Assessment 2017*	1	0
Structured Assessment 2019*	4	0
Exec Lead: Medical Director		
NHS Consultant Contract	0	12
Exec Lead: Dir. of Strategy		
Well-being of Future Generations Act	3	0
Total	37	13

**Note in respect of the Structured Assessment outstanding recommendations actions have been completed in part but the full recommendations have not been completed. Executive Directors have been asked to update the progress in relation to these so they can be closed.*

Appendix 2

NWSSP Audit & Assurance Reports Breakdown of Overdue Recommendation

Report Title	Number of Overdue Recommendations		
	High Priority	Medium Priority	Low Priority
Exec: Lead – Director of Strategy			
Strategy & Planning Directorate		1	
Systems: Declarations of Interest and Risk Management		4	
Environmental Infrastructure Modernisation Programme		4	1
Exec. Lead: Chief Operating Officer			
Disability Discrimination		1	
Backlog Maintenance	1	1	
Delayed Follow-Ups	1		
Patient Involvement		5	
Capital Systems: Financial Safeguarding		1	
Primary Care Cluster Plans and Delivery		2	2
Infection Control – Cleaning		4	2
Exec. Lead: Director of W&OD			
Staff Performance Management & Appraisals	1		
Disclosure & Barring Service (DBS) Checks	1		
WOD Framework		2	
Exec. Lead: Medical Director			
Mortality Reviews	1		
Exec. Lead: Director of Finance			
Procurement (No PO/No Pay)	2	0	0
Exec. Lead: Director of Nursing & Pat. Exp.			
Health & Safety – Primary Care Estates		1	
Fire Safety (Follow Up)	1		
Health & Safety (Follow Up)		1	

Falls		1	
Health & Safety Framework (Follow Up)		1	
Discharge Planning	8	10	1
Adjusting Service: Quality Impact Assessment		1	
Fire Safety Management	1	2	
Exec. Lead: Director of Public Health			
Vaccination & Immunisation		1	
Total	17	43	6

