



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	12th March 2020	Agenda Item	2.7
Report Title	Review of Audit Registers and status of Recommendations		
Report Author	Andrew Biston, Head of Accounting and Governance		
Report Sponsor	Pamela Wenger, Director of Corporate Governance		
Presented by	Andrew Biston, Head of Accounting and Financial Governance		
Freedom of Information	Open		
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 19th February, 2020. 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 December 2019 to February 2020.</p>		
Specific Action Required (please choose one only)	Information	Discussion	Assurance
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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. 		

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 The reports on the audit registers have been fully updated as at 19th February 2020, 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 19th February 2020 are not reflected in this report.

2.2 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 – Draft report is being prepared

External Audit Register (2019 Audit Plan (Appendix B)

Delivery of the 2019 plan is summarised below:

- **Financial Accounts Work (2018/19):** All work is now complete.
- **Performance Work:**
 - Quality Governance – Scoping is taking place in collaboration with Healthcare Inspectorate Wales. Fieldwork is expected to take place during April to June 2020.

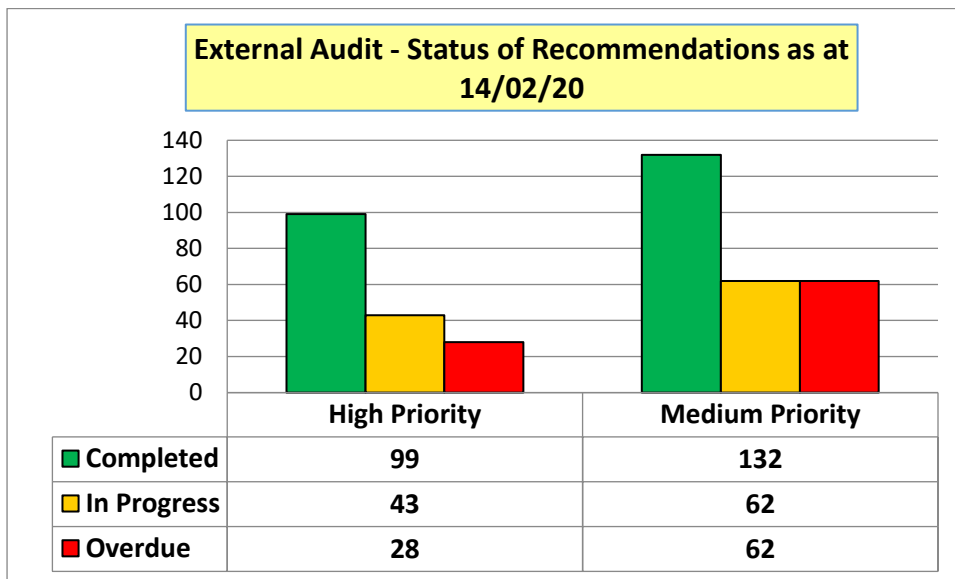
- Local Audit 2019 – Review of the management of SLA's and LTA's for services provided between SBUHB and CTMUHB post Bridgend transfer. Scoping work is in progress.

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 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 external audit recommendations is shown in the chart below.



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

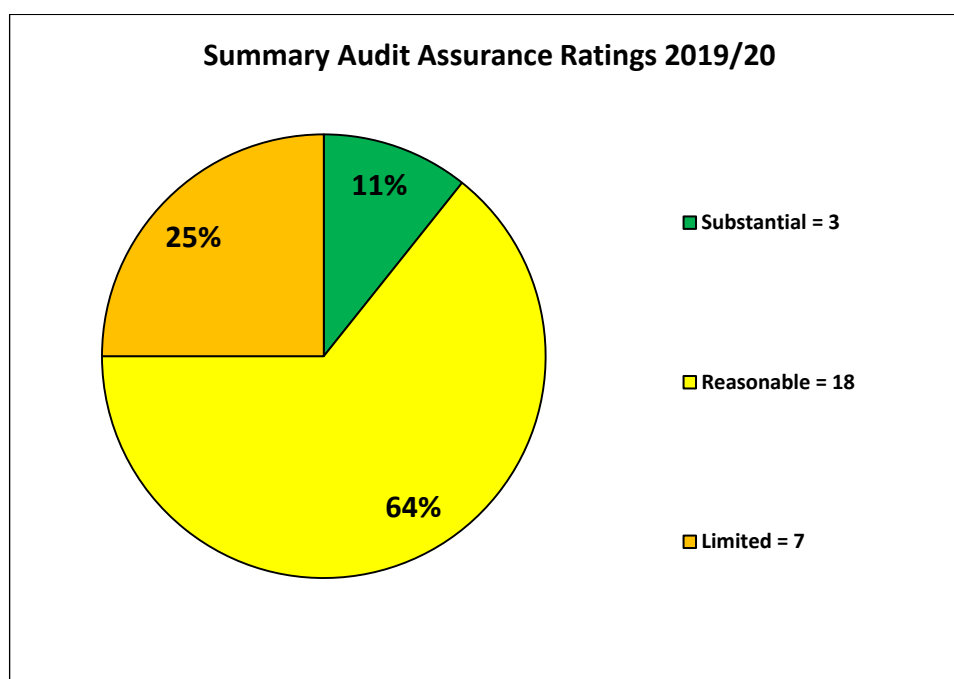
Row Labels	Sum of High Priority Overdue	Sum of Medium Priority Overdue	Longest Overdue (Days) as at 23/08/2019	Longest Overdue (Days) as at 25/10/2019	Longest Overdue (Days) as at 19/12/2019	Longest Overdue (Days) as at 14/02/2020
COO - Chris White	17	10				
Review of Follow-up Outpatient Appointments	1	0	1331	1394	1449	1506
A Comparative Picture of Local Orthopaedic Services	1	0	510	573	628	685
Radiology Service	0	4	661	724	779	836
Discharge Planning	0	6	541	543	598	598
Primary Care Services	15	0	176	239	294	351
DoCG - Pamela Wenger	11	0				
Structured Assessment 2017	8	0	0	543	598	655
Structured Assessment 2018	3	0	0	208	263	320
MD - Richard Evans	0	52				
NHS Consultant Contract: Follow Up of Previous Audit Reco	0	52	905	968	1023	1080
Grand Total	28	62				

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 36, the reduction relating to Medical Director – NHS Consultant Contract: Follow up of Previous Audit Recommendations.

NWSSP Audit & Assurance Audit Register 2019/20 (Appendix C)

As at 14th February 2020, 33 final reports have been issued of which 5 had no assurance rating.

The assurance ratings on the 28 reports where ratings were issued are summarised in the chart below:

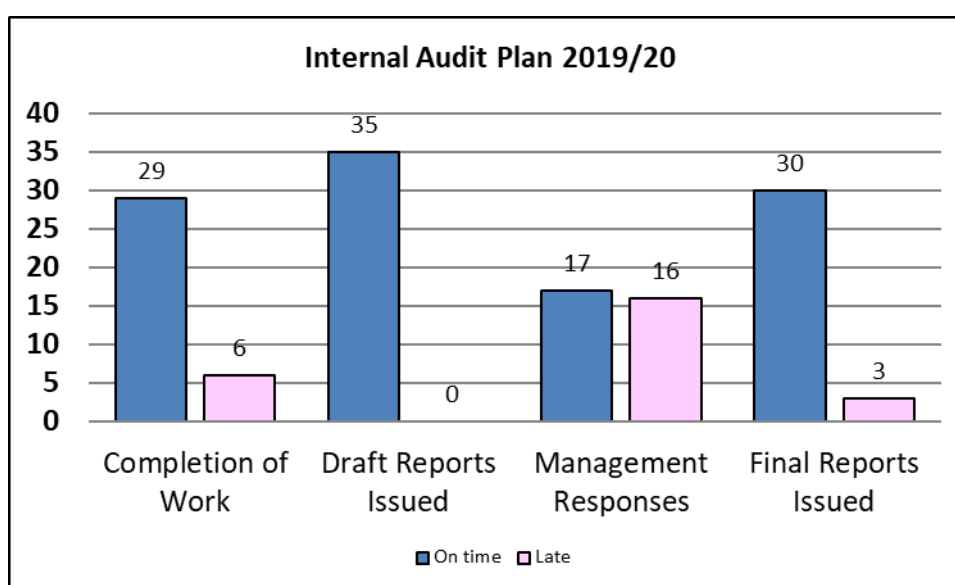


Key Performance Indicators

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 14th February 2020:

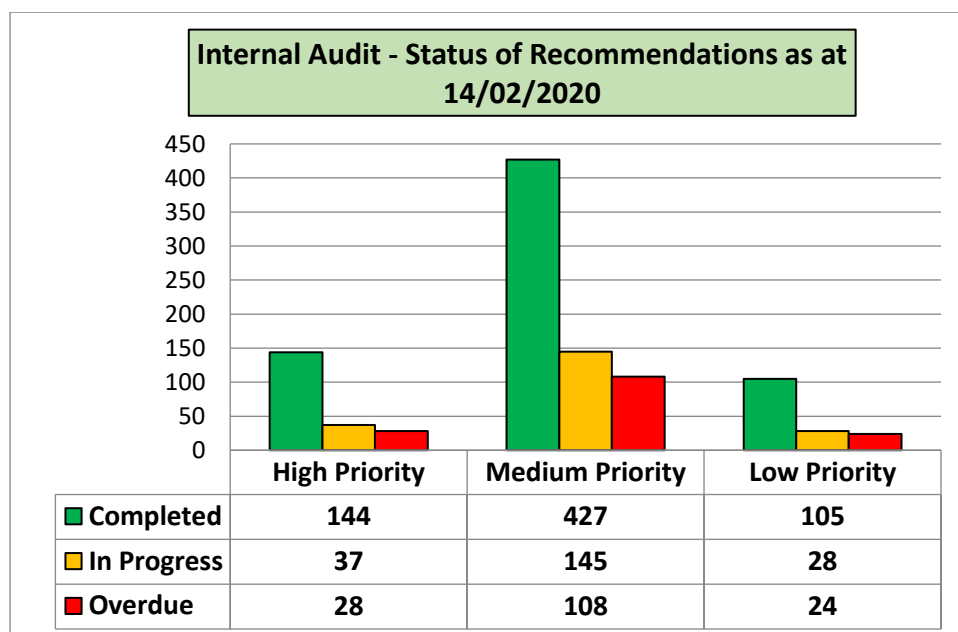


NWSSP Audit & Assurance Action Plans

The action plans for all 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 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 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 23/08/19	Longest Overdue (Days) as at 25/10/19	Longest Overdue (Days) as at 19/12/19	Longest Overdue (Days) as at 14/02/2020
Director of Strategy	1	13	1					
Strategy & Planning Directorate	0	1	0	Reasonable	266	329	363	420
Systems: Declarations of Interest & Risk Management	1	8	1	Reasonable	115	178	233	259
Neonatal & Post-Natal Capacity at Singleton Hospital	0	4	0	Reasonable				45
Director of Corporate Governance	1	1	0					
Board Assurance Framework	1	1	0	Limited			18	75
Medical Director	4	6	2					
Mortality Reviews follow up	0	0	2	Limited	510	573	628	685
Mortality Review (Follow Up)	2	0	0	Limited	235	298	353	410
Clinical Audit & Assurance	1	0	0	Limited		54	109	166
Medical Locum Cover (Follow Up)	1	1	0	Limited	54	117	172	229
WHO Checklist	0	3	0	Limited			48	105
Medical Equipment & Devices: Prioritisation	0	2	0	Reasonable				45
Chief Operating Officer	11	64	15					
Disability Discrimination	0	1	0	Reasonable	357	420	475	532
Dignity & Respect (Follow Up)	0	1	0	Reasonable	874	908	963	1020
Security Framework (Follow Up)	0	1	0	Limited	600	663	718	775
Neath Port Talbot Operational PFI	0	2	0	Reasonable	631	694	749	441
Backlog Maintenance	1	1	1	Limited	388	451	506	563
MH&LD Governance	0	0	2	Reasonable	569	632	687	744
Data Quality: Mental Health Measures (Follow Up)	0	2	0	Reasonable	568	631	686	743
Primary Care: Core Quality & Delivery Measures	0	1	0	Reasonable	296	359	414	471
GP Managed Practice	1	2	0	Reasonable	343	406	461	518
Morriston Delivery Unit Governance Review	1	8	0	Limited	296	359	414	471
Delayed Follow Ups	3	3	0	Limited	296	359	414	471
Digital Strategy	0	0	0	Reasonable		25	0	0
IT Planet FM System	0	7	4	Reasonable	84	147	202	259
Unit Governance: Mental Health & Learning Disabilities	0	8	1	Reasonable		54	109	166
Morriston Hospital Cardiac Services	0	2	2	Reasonable		25	80	137
HSDU	0	5	2	Reasonable		42	97	154
Patient Environment	0	5	0	Reasonable			50	107
Unit Governance: Primary Care & Community Services	1	7	1	Limited				53
Capital Systems: Financial Safeguarding	4	8	2	Limited				45
Director of Human Resources	5	5	1					
Statutory & Mandatory Training Progress	0	2	0	Limited	630	693	748	805
Staff Performance Mgt & Appraisals	0	1	0	Limited	599	662	717	774
European Working Time Directive	2	1	0	Limited	356	419	474	531
Junior Doctor Bandings (follow up)	0	1	0	Limited	83	117	172	229
Staff Performance Management and Appraisals	3	0	0	Limited	52	117	172	229
Disclosure & Barring Service (DBS) Checks	0	0	1	Reasonable				13
Director of Public Health	0	1	0					
Vaccination & Immunisation	0	1	0	Limited	353	416	471	528
Director of Nursing	6	16	4					
Health & Safety - Primary Care Estates	0	2	0	Reasonable	325	0	0	0
Funded Placements in Non-NHS Settings Follow Up Review	1	0	0	Limited	722	785	840	897
DoLS Follow Up	0	0	0	Limited	296	359	0	0
Pressure Ulcers (Follow Up)	0	0	0	Reasonable	203	266	0	0
Fire Safety (Follow Up)	1	1	0	Limited	176	239	294	351
Health and Safety: Follow Up	0	1	0	Reasonable	175	238	290	347
Nursing Quality Assurance	1	0	0	Limited	23	86	141	198
Risk Management & Assurance II	0	1	1	Limited	56	119	174	231
COSHH	0	0	0	Limited	84	147	202	0
Safe Water Management (including Legionella)	2	1	0	Limited	23	86	141	198
AQS	0	0	0	n/a	53	116	0	0
Infection Prevention Control	1	0	0	Reasonable	0	55	19	76
Falls	0	4	3	Reasonable	0	0	0	76
Deprivation of Liberty Safeguards 19-20	0	2	0	Reasonable	0	0	0	44
Nursing QAF Follow up	0	3	0	n/a			29	86
ANNUAL PLAN: QUALITY IMPACT ASSESSMENTS	0	1	0	Limited	0	0	0	15
Director of Performance	0	2	1					
Performance Management & Reporting 18/19	0	1	1	n/a	56	119	174	231
Performance Management & Reporting 17/18	0	1	0	Reasonable	380	443	445	502
Grand Total	28	108	24					

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 remain the same as 28 high, 108 medium and 24 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	13	1
Medical Director	4	6	2
Chief Operating Officer	11	63	15
Director of Finance	0	0	0
Director of Human Resources	6	6	1
Director of Public Health	0	1	0
Director of Performance	0	2	1
Director of Corporate Governance	1	1	0
Director of Nursing	5	16	4
Grand Total	28	108	24

It should be noted that the lead Executive Director named on each report is reflective of the current Executive Director Portfolio of responsibilities at the date of update of the audit registers (19th February 2020). It must be noted that a small number of reports have now been moved under the portfolio of the Director of Performance.

Since the January 2020 Audit Committee there has been a deterioration in the progress in implementing the outstanding internal audit recommendations with the number of overdue recommendations increasing from 123 to 160. The table below shows a comparison of outstanding recommendations as at 19th February 2020 as compared to the status as at 19th December 2019.

Director	Overdue at 19th December	Overdue at 19th February	Change
Director of Strategy	13	15	2
Medical Director	10	12	2
Chief Operating Officer	66	89	23
Director of Finance	0	0	0
Director of Human Resources	9	13	4
Director of Public Health	1	1	0
Director of Nursing	17	25	8
Director of Performance	3	3	0
Director of Corporate Governance	4	2	-2
Total	123	160	37

The main reasons for the movements in the number of outstanding recommendations can be summarised below:

Director of Strategy

There are 4 “new” outstanding recommendations relating to the Neonatal & Post-Natal Capacity at Singleton Hospital report issued in November 2019.

There are 2 that have been completed from 19th December, 2019 relating to reports on:

Strategy and Planning Directorate

Medical Director

There are 2 “new” outstanding recommendation relating to the reports on:

Medical Equipment & Devices issued in December 2019

Chief Operating Officer

There are 25 “new” outstanding recommendations relating to the reports on:

Unit Governance: Mental Health & Learning Disabilities -1

Patient Environment – 2

Unit Governance: Primary Care & Community Services -9

Capital Systems: Financial Safeguarding -14

There are 2 that have been completed from 19th December, 2019 relating to reports on:

Digital Strategy

Director of Human Resources

There are 4 “new” outstanding recommendations relating to the reports on:

Junior Doctor Bandings (Follow up) -1

Disclosure & Barring Service (DBS) Checks – 3

Director of Nursing

There are 12 “new” outstanding recommendations relating to the reports on:

Health & Safety – Primary Care Estates – 1

Safe Water Management (including Legionella) – 1

Falls – 7

Deprivation of Liberty Safeguards 19-20 – 2

ANNUAL PLAN: QUALITY IMPACT ASSESSMENTS - 1

There are 4 that had been completed from 19th December, 2019 relating to reports on:

Health and Safety: Follow up – 2 COSHH - 2

The reduction in outstanding recommendations can be analysed by priority as follows:

Priority	Overdue at 19th December	Overdue at 19th February	Change
High	24	28	4
Medium	79	108	29
Low	20	24	4
Total	123	160	37

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 concerning to note the increase in the number of outstanding and overdue audit recommendations since September. It should be noted that a number of outstanding actions relate to recently issued reports and it is unclear as to whether this is due to unrealistic dates being agreed for implementation of the recommendations arising from the audit reports.

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 January in the number of overdue recommendations.

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		
<p>A number of the audit reports have outstanding recommendations impacting on quality, safety and patient experience. It is therefore essential that where audit recommendations are made in these reports that 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.</p>		
Financial Implications		
<p>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.</p>		
Legal Implications (including equality and diversity assessment)		
<p>Issues raised in the internal audit reports particularly in the areas of health and safety need to be addressed as failure to do so may lead to legal action being taken against the health board where statutory and health and safety issues are not addressed through implementation of audit report recommendations.</p>		
Staffing Implications		
<p>There are no staffing implications associated with this paper.</p>		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		

Depending on the issues raised in the audit reports and the recommendations required to address the issues raised there may be implications under the Well-being of Future Generations (Wales) Act 2015, 5 ways of working. Measures to be put in place to address the recommendations arising from the reports will need to ensure that the following issues are addressed

- The balancing short-term needs to address the recommendation with the need to safeguard the ability to also meet the long-term needs.
- Ensuring that the actions taken to implement the agreed recommendations is done in a way that prevents the issues raised re-occurring or getting worse
- Ensuring that where it is recommended that the health board acts in collaboration with other organisations to ensure compliance with its' well-being objectives.

Report History	This report is a regular report to each meeting of the Audit Committee.
Appendices	Appendices A, B and C