

ABM University Health Board	
<b>Date of Meeting: 23<sup>rd</sup> January 2018</b> <b>Name of Meeting: Audit Committee</b> <b>Agenda item: 2f</b>	
<b>Subject</b>	<b>Audit Registers &amp; Action Plans</b>
<b>Prepared by</b>	Crystal Jenkins, Finance Manager
<b>Approved by</b>	Andrew Biston, Acting Assistant Director of Finance
<b>Presented by</b>	Lynne Hamilton, Director of Finance

## 1.0 Situation

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 Audit Registers have been fully updated as at 31<sup>st</sup> December 2017, 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.

2.2 The deadline for updating progress on Action Plans was 22<sup>nd</sup> December 2017 to allow time to report to the Executive Team prior to Audit Committee.

## 3.0 Assessment

3.1 Summary extracts for both internal and external audit are set out in the sections below:

### 3.1.1 External Audit Register (2016 Work) (Appendix A)

Delivery of the 2016 plan is ongoing with progress at this stage summarised below:

- **Financial Accounts Work (2015/16):** completed
- **Performance Work:**  
3 reports have been finalised and received by the Committee:

- Structured Assessment (2016)
- Emergency Ambulance Service Commissioning
- GP Out of Hours

2 Reports remain outstanding:

- Discharge Planning – planned for March 2018
- Follow –up Outpatient Appointments – planned for March 2018

It should be noted that Structured Assessment Comparisons (2016) are to be issued to the Health Board to help inform ongoing board development rather than formal audit reports with recommendations.

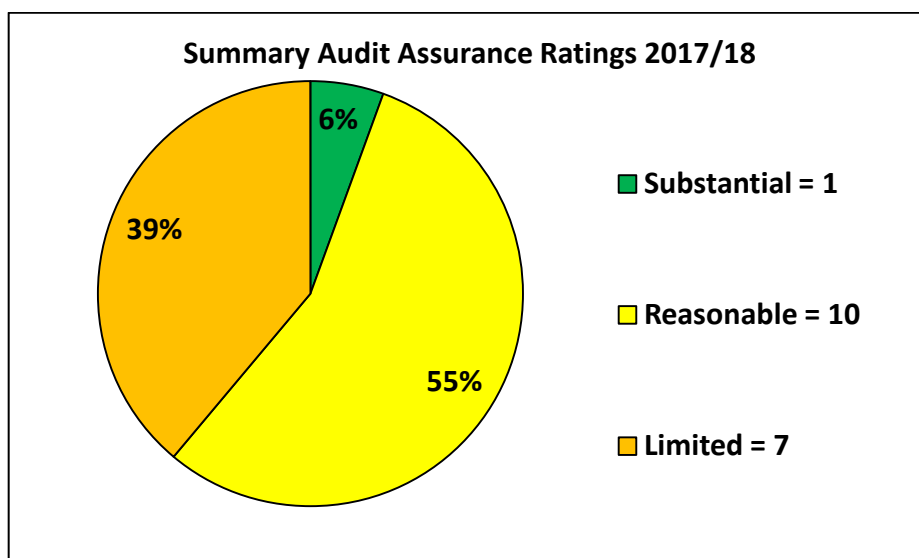
- **Other (Annual Report 2016 and Audit Plan 2017):** completed

### 3.1.2 External Audit Register (2017 Work)

The 2017 Plan is in the very early stages of delivery and progress will be reported to future Audit Committee meetings.

### 3.1.3 NWSSP Audit & Assurance Audit Register 2017/18 (Appendix B)

As at 31<sup>st</sup> December 2017, 19 final reports have been issued which included one report without an assurance rating (Annual Quality Report). The assurance ratings on the remaining 18 reports are summarised in the chart below:



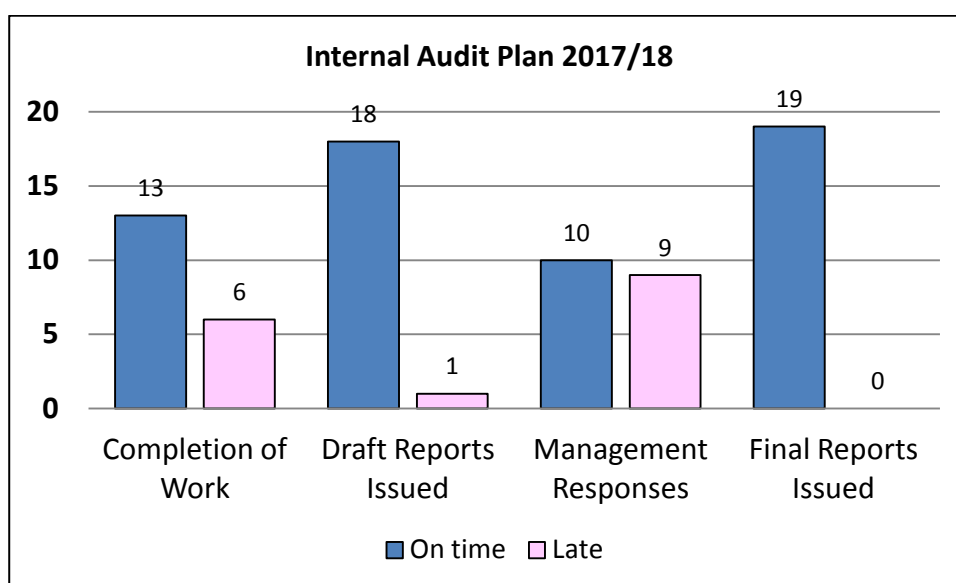
### 3.1.5 Key Performance Indicators

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)?

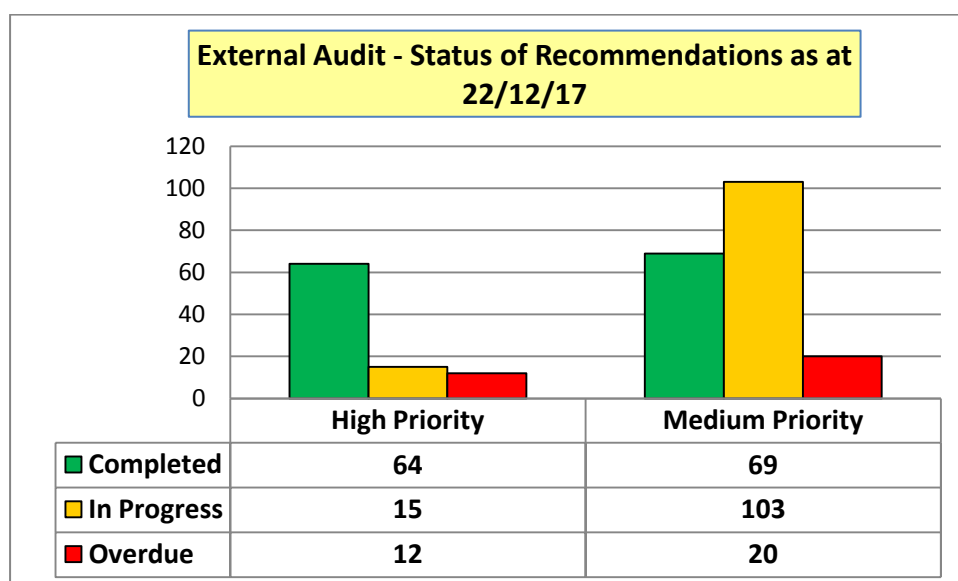
The chart below summarises the position against the KPIs as at 31<sup>st</sup> December 2017:



### 3.3 Action Plans

- 3.3.1 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.
- 3.3.2 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.

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

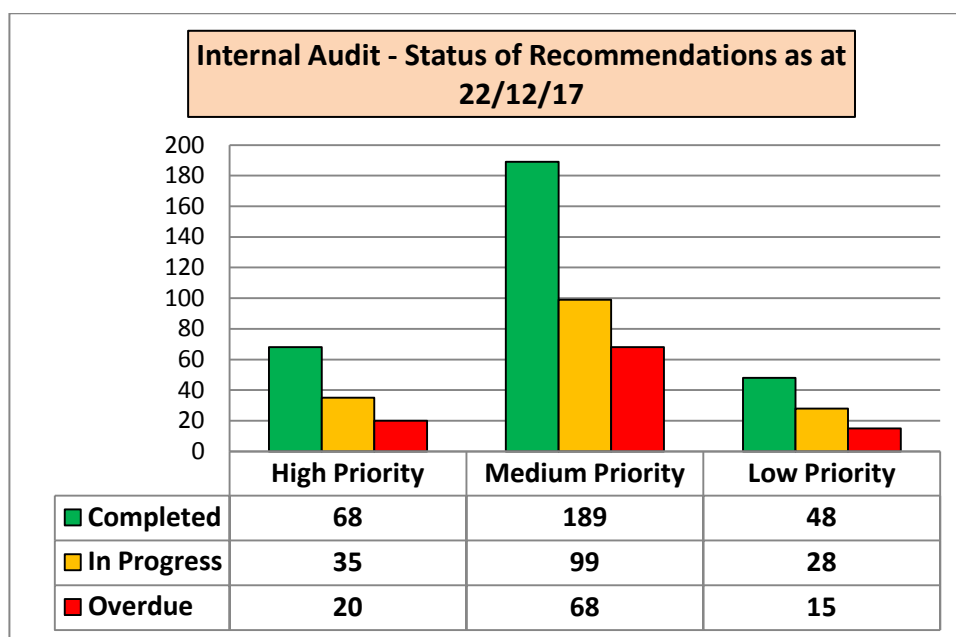


3.3.4 At this point, the overdue recommendations for external audit reports relate to:

	Sum of High Priority Overdue	Sum of Medium Priority Overdue	Longest Overdue (Days)
<b>Medical Director</b>	0	6	
Diagnostic Review of ICT Capacity & Resources	0	1	387
NHS Consultant Contract: Follow Up of Previous Audit Recommendations	0	5	296
<b>Director of Corporate Governance</b>	5	0	
Structured Assessment 2016	5	0	236
<b>Director of Therapies &amp; Health Sciences</b>	0	10	
Radiology Service	0	10	236
<b>Chief Operating Officer</b>	1	4	
Maternity Services Follow up Review	0	4	540
Review of Follow-up Outpatient Appointments	1	0	722
<b>Director of Nursing</b>	6	0	
Hospital Catering & Patient Nutrition Follow-up	6	0	356
<b>Grand Total</b>	12	20	

3.3.5 Taking into account noted revised target implementation dates, the table above would only reduce from 12 to 10 for high priority (a reduction for the Director of Nursing) and from 20 to 15 for medium priority recommendations (a reduction of 4 for the Director of Therapies and 1 for the Medical Director).

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



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

	Sum of High Priority Overdue	Sum of Medium Priority Overdue	Sum of Low Priority Overdue	Audit Rating	Longest Overdue (Days)
<b>Director of Strategy</b>	<b>5</b>	<b>32</b>	<b>6</b>		
Disability Discrimination	0	2	0	Reasonable	144
Phase 1B Clinical Accommodation	3	0	0	Limited	83
Phase 1B Existing Medical School	0	1	0	Limited	83
Capital Systems	0	0	2	Reasonable	143
Cardiac Intensive Therapy Unit	0	3	1	Reasonable	83
Commissioning Boards	0	1	1	Reasonable	338
Health & Safety - Primary Care				Reasonable	204
Estates	0	2	0		
Cath Lab B	0	1	0	Reasonable	238
Legionella Management	0	0	1	Limited	144
Security Framework (Follow Up)	0	1	0	Limited	82
Neath Port Talbot Operational PFI	0	18	1	Reasonable	22
Regulatory Compliance: Fire Safety	2	3	0	Limited	82
<b>Medical Director</b>	<b>7</b>	<b>10</b>	<b>2</b>		
Junior Doctor Bandings	1	4	1	Limited	601
Information Governance				Limited	448
Framework:Information Assurance	0	2	0		
Medical Appraisal to Support				Limited	448
Revalidation Follow-up	5	2	0		

Executive Medical Directorate Governance Review	1	1	1	Limited	91
Informatics Programme	0	1	0	Reasonable	113
<b>Chief Executive</b>	<b>0</b>	<b>0</b>	<b>2</b>		
Annual Governance Statement : In-Year Review	0	0	1	Reasonable	631
In Year Governance Review	0	0	1	Reasonable	906
<b>Director of Therapies &amp; Health Sciences</b>	<b>1</b>	<b>7</b>	<b>4</b>		
Radiation Protection	0	0	1	Reasonable	438
Older Persons: Dignity & Respect	1	2	2	Limited	418
	0	5	1	Reasonable	265
<b>Director of Human Resources</b>	<b>3</b>	<b>4</b>	<b>0</b>		
Statutory & Mandatory Training Progress	1	4	0	Limited	51
Staff Performance Mgt & Appraisals	2	0	0	Limited	51
<b>Director of Public Health</b>	<b>0</b>	<b>3</b>	<b>0</b>		
Infection Prevention & Control	0	3	0	Reasonable	266
<b>Chief Operating Officer</b>	<b>0</b>	<b>2</b>	<b>1</b>		
Community Equipment Stores Follow-up	0	1	1	Reasonable	906
Performance Management	0	1	0	Reasonable	82
<b>Director of Nursing</b>	<b>4</b>	<b>10</b>	<b>0</b>		
Clinical Governance Framework	0	3	0	Reasonable	175
Funded Placements in Non-NHS Settings Follow Up Review	3	4	0	Limited	113
Deprivation of Liberty Safeguards	1	2	0	Limited	52
Pressure Ulcers	0	1	0	Limited	22
<b>Grand Total</b>	<b>20</b>	<b>68</b>	<b>15</b>		

3.3.8 Taking into account noted revised target implementation dates, the table above would reduce to 15 high, 51 medium and 9 low priority as shown on the table below:

Row Labels	Sum of High Priority Overdue	Sum of Medium Priority Overdue	Sum of Low Priority Overdue
Director of Strategy	2	27	3
Medical Director	6	7	2
Chief Operating Officer	0	1	1
Director of Nursing	3	6	0
Director of Therapies & Health Sciences	1	7	3
Director of HR	3	1	0
Director of Public Health	0	2	0
<b>Grand Total</b>	<b>15</b>	<b>51</b>	<b>9</b>

- 3.3.9 It should be noted that the Executive Team received a summary report on the status of the audit recommendations, including the tables within this report, at the meeting held on 6<sup>th</sup> November. The recommendation was that they discuss the current status of the Action Plans, and to agree the actions required to complete the necessary management actions agreed within the reports.

#### **4.0 Recommendations**

- 4.1 The Audit Committee is asked to note the current position of the Audit Registers and the status of the Action Plans.

## ABERTAWE BRO MORGANNWG UNIVERSITY HEALTH BOARD

## EXTERNAL AUDIT REGISTER 2016/17

Audit Work 2016		Draft Report	Final Report				Audit Committee
		Received	Due	Received	Completion		
					On Time	Late	
Financial Accounts Work							
1	Audit of Financial Statements Report	26/05/2016	Jun-16	02/06/2016			01/06/2016
2	Financial Accounts Memorandum	27/09/2016	Jul-16	14/12/2016			
Performance Work							
3	Structured Assessment 2016	11/01/2017	Note 2	23/01/2017			16/03/2017
4	i) Structured Assessment 2016 : All Wales Comparisons : Board Assurance Frameworks	26/05/2017	Note 8	09/10/2017			16/11/2017
	ii) Structured Assessment 2016 : All Wales Comparisons : Financial Reporting	26/05/2017	Note 8				
	iii) Structured Assessment 2016 : All Wales Comparisons : IMTP	26/05/2017	Note 8				
	Thematic Reviews: Initial assessment of progress made implementing previous unscheduled care recommendations		Note 5				
5	Thematic Reviews: Out-of-hours primary care services Review of GP-out-of Hours Services	25/04/2017	Note 3	21/08/2017			14/09/2017
6	Thematic Reviews: Emergency ambulance service commissioning	Not Received	Note 1	05/07/2017			20/07/2017
7	Thematic Reviews: Discharge planning		Note 4				
8	Follow-up Outpatient Appointments (Progress Update)		Note 1				
	Local follow-up		Note 6				
	Local project		Note 7				
Other							
9	Annual Audit Report for 2016	11/01/2017	Jan-17	23/01/2017			19/01/2017
10	Audit Plan 2017	21/02/2017	Jan-17	27/03/2017			16/03/2017

**Note 1:** All work to be undertaken between February 2016 and March 2017. Timescales for individual projects will be discussed with the Health Board and detailed within the specific project briefings produced for each study.

**Note 2:** Initial set up August 2016, Substantive evidence gathering August – early October 2016, Feedback on findings November 2016, Summary of key messages in the Annual Audit Report December 2016

**Note 3:** Initial set-up meeting July to August 2016, Fieldwork July to October 2016, Draft report October to December 2016, Issuing of final report January to February 2017

**Note 4:** Initial set-up meeting January 2017, Fieldwork January to March 2017, Draft report March to May 2017, Issuing of final report May to June 2017

**Note 5:** Advised by WAO that this was not intended as a separate report but as an assessment to support the 3 thematic reviews for 2016/17

**Note 6:** Advised by WAO that the "Follow-up Outpatient Appointments" was the local follow-up

**Note 7:** Advised by WAO that the planned work around the governance arrangements for ARCH resulted in an advisory meeting with the Chairman, and a gateway review was then arranged.

**Note 8:** There are 3 reports being issued relating to Financial Reporting, Board Assurance and IMTP. These documents are not intended to be used as an audit report, but used to inform on-going Board development.



Appendix B

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	ABM-1718-005	Chief Executive / Director of Governance	Q2															
6	Board Assurance Framework	ABM-1718-006	Chief Executive / Director of Governance	Q2															
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							
8	Partnership Governance: ARCH (deferred from 2016/17)	ABM-1718-008	Chief Executive / Director of Governance	TBA															
9	Health & Safety	ABM-1718-009	Sian Harrop-Griffiths	Q2	15/12/2017		1	29/12/2017	15/12/2017	1		12/01/2018							
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
Strategic planning, performance management and reporting																			
11	Integrated Medium Term Plan	ABM-1718-011	Sian Harrop-Griffiths	Q3															
12	Performance Management and Reporting	ABM-1718-012	Sian Harrop-Griffiths	Q3															
13	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																			
14	Budgetary Control & Financial Reporting	ABM-1718-014	Lynne Hamilton	Q3															
15	General Financial Ledger	ABM-1718-015	Lynne Hamilton	Q3	13/12/2017	1		27/12/2017	14/12/2017	1		11/01/2018							
16	Welsh Risk Pool Claims	ABM-1718-016	Director of Nursing	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
17	Medical Equipment - Maintenance Contract Payments (Dialysis, etc)	ABM-1718-017	Lynne Hamilton	Q2															
18	Non Pay Expenditure - Local Controls	ABM-1718-018	Lynne Hamilton	Q2															
Clinical governance quality and safety																			
19	Annual Quality Statement	ABM-1718-019	Hamish Lainq	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
20	Putting Things Right	ABM-1718-020	Director of Nursing	Q2	Approval has been sought from AC to defer for reconsideration in 2018/19														
21	Patient Reported Experience & Outcome Measures	ABM-1718-021	Director of Nursing	Q3															
22	Clinical Audit & Assurance	ABM-1718-022	Hamish Lainq	Q4															
23	Pressure Ulcers (deferred from 2016/17)	ABM-1718-023	Director of Nursing	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
24	Medical Equipment & Devices (Maintenance)	ABM-1718-024	Hamish Lainq	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
25	POVA (Unit High Risks are DOLS) Deprivation of Liberty Safeguards	ABM-1718-025	Director of Nursing	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
26	Discharge Processes Follow Up	ABM-1718-026	Hamish Lainq	Q3															
27	Primary Care - Core Quality & Delivery Measures	ABM-1718-027	Chief Operating Officer	Q2	13/12/2017		1	27/12/2017	15/12/2017	1		12/01/2018							
Information Governance and Security																			
28	Data Quality - Follow Up Reviews (Mental Health Measure)	ABM-1718-028	Hamish Lainq	Q2 Q3	15/12/2017	1		29/12/2017	15/12/2017	1		12/01/2018							
29	IT Infrastructure Assets	ABM-1718-029	Hamish Lainq	Q3															
30	Information Governance Framework and Information Assurance (deferred from 2016/17)	ABM-1718-030	Hamish Lainq	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-17
31	Follow Up Not Booked - Reporting	ABM-1718-031	Hamish Lainq	Q3															
32	IT / Cyber Security			Q4															
33	Data Quality - Follow Up Reviews (Stroke)			Q4															
Operational service and functional management																			
34	Singleton Hospital Unit Governance Review	ABM-1718-032	Chief Operating Officer	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
35	Neath Port Talbot & Clinical Support Unit Governance Review	ABM-1718-033	Chief Operating Officer	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
36	HR&OD Directorate Follow Up	ABM-1718-034	Kate Lorenti	TBA															
37	Executive Medical Directorate Governance Review	ABM-1718-035	Hamish Lainq	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
38	Nursing Directorate	ABM-1718-036	Director of Nursing	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
39	Finance Directorate	ABM-1718-037	Lynne Hamilton	Q3															
40	Community Dentistry	ABM-1718-038	Chief Operating Officer	Q2	28/11/2017		1	12/12/2017	28/11/2017	1		19/12/2017							

Appendix B

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				
					On time	Late			On time	Late			On time	Late			On time	Late			
41	Mental Health & Learning Disabilities Unit Governance Follow-up Review	ABM-1718-039	Chief Operating Officer	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
42	GP Managed Practices	ABM-1718-040	Chief Operating Officer	Removed from Plan (Audit Committee September 2017)																	
Workforce management																					
43	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
44	Workforce Planning (deferred from 2016/17)	ABM-1718-042	Kate Lorenti	Q2																	
45	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	
46	Medical Staff Revalidation	ABM-1718-044	Hamish Lainq	Q3																	
47	Organisational Change / Pay Bandings	ABM-1718-045	Kate Lorenti					Approval has been sought from AC to defer for reconsideration in 2018/19 following the appointment of the substantive DoHR													
48	EWTD	ABM-1718-046	Kate Lorenti	Q2																	
49	Sickness Absence Management Follow Up (deferred from 2016/17)	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	
50	Nurse Rostering Follow Up (deferred from 2016/17)			Q3																	
51	Junior Doctor Bandings Follow Up (deferred from 2016/17)			Q3																	
52	Locum Medical Cover: Expenditure Controls	ABM-1718-106	Lynne Hamilton		31/10/2017	1		14/11/2017	31/10/2017	1		21/11/2017									
53	Corporate HR Follow Up (deferred from 2015/16)	ABM-1516-027	Kate Lorenti					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																					
54	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	
55	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	
56	Capital Follow Up																				
57	ARCH Programme																				
58	Renal Ward Refurbishment																				
59	Transitional Care Unit / Neonatal and Paediatrics Capacity																				
60	Informatics SOP																				
61	Capital Systems (Equipment Replacement Programme)																				
62	Follow Up Estates Assurance																				
63	Estates Assurance: Control of Hazardous Substances to Health																				
64	CRC (Energy Efficiency Scheme)																				
65	Sustainability																				