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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	12th January 2021	Agenda Item	2.1	
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 18th December, 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 February 2020 to December 2020 mainly due to the impact of the COVID-19 pandemic.</p>			
Specific Action Required (please choose one only)	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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.			

REVIEW OF AUDIT REGISTERS AND STATUS OF AUDIT RECOMMENDATIONS

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: -

- Health Board management responses to internal audit reports
- The status of agreed audit recommendations

2.0 BACKGROUND

2.1 The reports on the audit registers have been fully updated as at 18th December 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 18th December 2020 are not reflected in this report.

2.2 Due to the COVID-19 pandemic, the audit registers report has not been provided to the Audit Committee since the March 2020 meeting and so comparisons between the figures reported in this report and those in the previous report to the Committee cover the period March 2020 to December 2020.

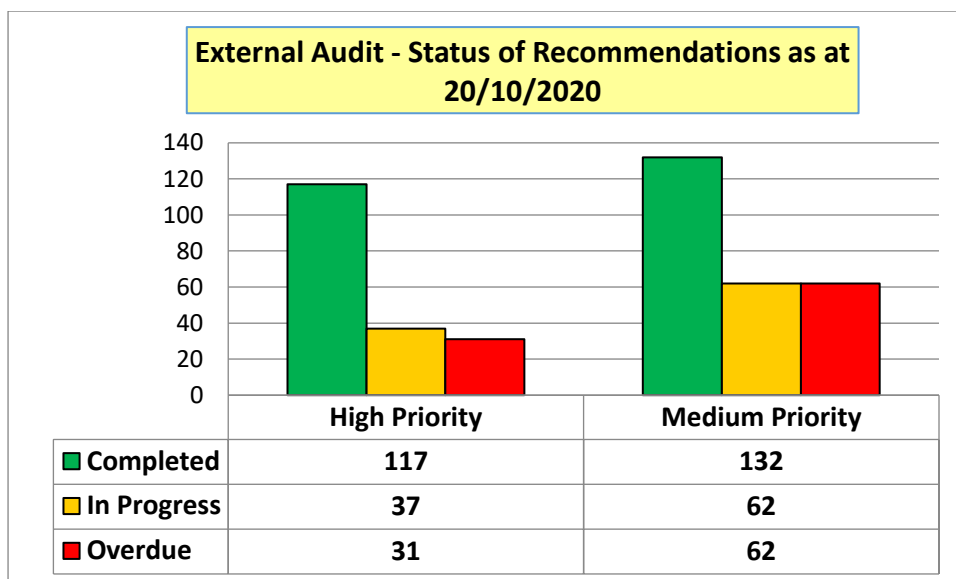
2.3 Summary extracts for both internal and external audit are set out in the sections below:

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 be noted that the charts in the table below relate to reports where outstanding recommendations remain, regardless of the age of the report. Where reports which have recommendations outstanding have been superseded by later reports, then the original report has been closed and does not form part of the charts below.

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



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

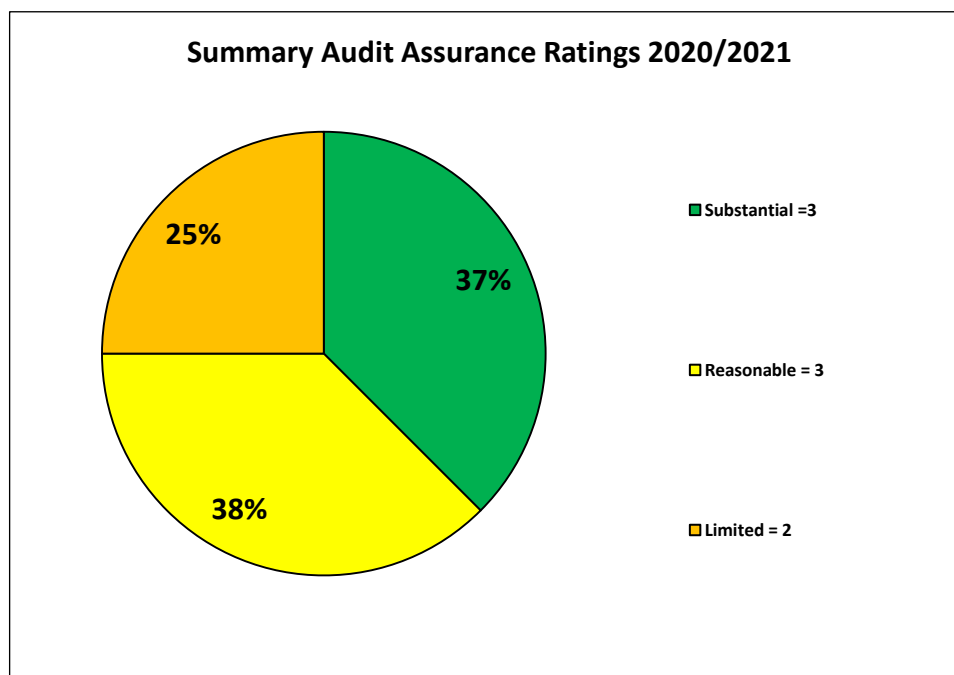
Row Labels	Sum of High Priority Overdue	Sum of Medium Priority Overdue	Longest Overdue days as at 18.12.20
Chief Operating Officer	29	10	
Review of Follow-up Outpatient Appointments	1	0	1,755
A Comparative Picture of Local Orthopaedic Services	1	0	934
Radiology Service	0	4	1,085
Discharge Planning	10	6	904
Primary Care Services	17	0	600
Director of Corporate Governance	2	0	
Structured Assessment 2019	2	0	904
Medical Director	0	52	
NHS Consultant Contract 2019	0	52	1,143
Grand Total	31	62	

Taking into account noted revised target implementation dates, there would be no change in the high priority recommendations. The medium priority recommendations would reduce to 55, the reduction relating to Medical Director – NHS Consultant Contract 2019.

NWSSP Audit & Assurance Audit Register 2019/20

As at 18th December 2020, 12 final reports have been issued of which 4 had no assurance rating. Of these 12 reports, 5 relate to audits carried forward from the 2019/20 financial year.

The assurance ratings on the 8 reports where ratings were issued are summarised in the chart below:

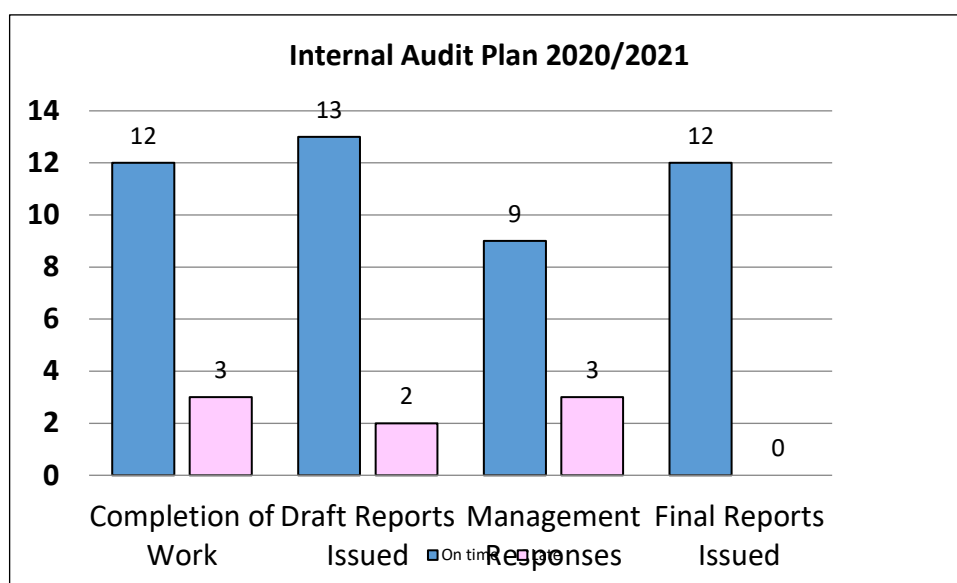


Key Performance Indicators

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 18th December 2020:



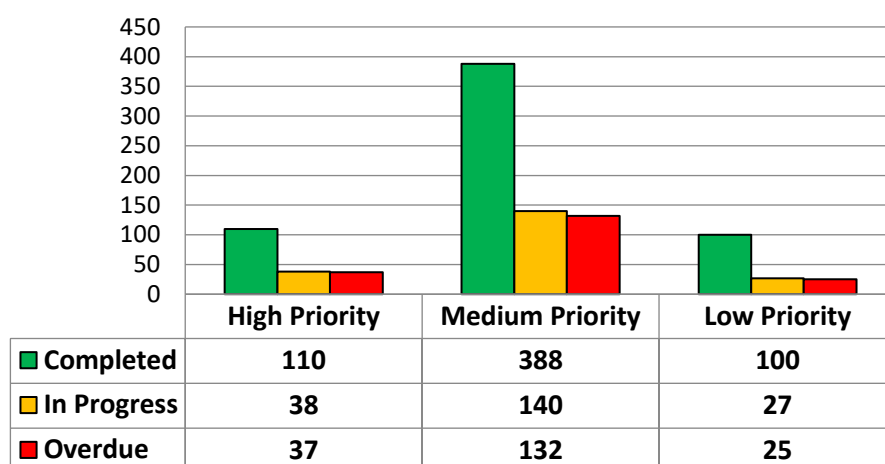
NWSSP Audit & Assurance Action Plans

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 be noted that the charts in the table below relate to reports where outstanding recommendations remain, regardless of the age of the report. Where reports which have recommendations outstanding have been superseded by later reports, then the original report has been closed and does not form part of the charts below.

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.

**Internal Audit - Status of Recommendations as at
18/12/2020**



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 18.12.2020
Director of Strategy	1	13	1		
Strategy & Planning Directorate	0	1	0	Reasonable	669
Systems: Declarations of Interest & Risk Management	1	8	1	Reasonable	508
Neonatal & Post-Natal Capacity at Singleton Hospital	0	4	0	Reasonable	294
Chief Operating Officer	12	69	15		
Disability Discrimination	0	1	0	Reasonable	781
Dignity & Respect (Follow Up)	0	1	0	Reasonable	1,269
Security Framework (Follow Up)	0	1	0	Limited	1,024
Neath Port Talbot Operational PFI	0	2	0	Reasonable	1,055
Backlog Maintenance	1	1	1	Limited	812
MH&LD Governance	0	0	2	Reasonable	993
Data Quality: Mental Health Measures (Follow Up)	0	2	0	Reasonable	992
Primary Care: Core Quality & Delivery Measures	0	1	0	Reasonable	720
GP Managed Practice	1	2	0	Reasonable	767
Morrison Delivery Unit Governance Review	1	8	0	Limited	720
Delayed Follow Ups	3	3	0	Limited	720
IT Planet FM System	0	7	4	Reasonable	508
Unit Governance: Mental Health & Learning Disabilities	0	8	1	Reasonable	415
Morrison Hospital Cardiac Services	0	2	2	Reasonable	386
HSDU	0	5	2	Reasonable	403
Patient Environment	0	5	0	Reasonable	356

Unit Governance: Primary Care & Community Services	1	7	1	Limited	302
Capital Systems: Financial Safeguarding	4	8	2	Limited	294
Human Tissue Act: Mortuary (part II)	1	5	0	Reasonable	234
Director of Finance	7	9	0		
Performance Management & Reporting	2	5	0	Reasonable	53
Payroll (local Controls)	0	1	0	Reasonable	287
Procurement (No PO/No Pay)	5	3	0	Limited	203
Director of Workforce & OD	6	7	1		
Statutory & Mandatory Training Progress	0	2	0	Limited	1,054
Staff Performance Mgt & Appraisals	0	1	0	Limited	780
European Working Time Directive	2	1	0	Limited	780
Junior Doctor Bandings (follow up)	0	1	0	Reasonable	478
Staff Performance Management and Appraisals	3	0	0	Limited	478
Disclosure & Barring Service (DBS) Checks	1	1	1	Reasonable	262
WOD Framework	0	1	0	Substantial	112
Director of Public Health	0	1	0		
Vaccination & Immunisation	0	1	0	Limited	777
Director of Nursing	4	9	3		
Health & Safety - Primary Care Estates	0	2	0	Reasonable	720
Funded Placements in Non-NHS Settings Follow Up Review	1	0	0	Limited	1,146
Fire Safety (Follow Up)	1	1	0	Limited	600
Health and Safety: Follow Up	0	1	0	Reasonable	596
Safe Water Management (including Legionella)	1	0	0	Limited	416
Infection Prevention Control	1	0	0	Reasonable	325
Falls	0	2	1	Reasonable	203
Health & Safety	0	3	2	Limited	112
Medical Director	4	8	2		
Mortality Reviews follow up	0	0	2	Limited	934
Mortality Review (Follow Up)	2	0	0	Limited	659
Clinical Audit & Assurance	1	0	0	Limited	415
Medical Locum Cover (Follow Up)	1	1	0	Limited	478
WHO Checklist	0	3	0	Limited	354
Medical Equipment & Devices: Prioritisation	0	2	0	Reasonable	294
Discharge Summaries	0	2	0	No rating	294
Director of Corporate Governance	3	14	2		
Board Assurance Framework	0	1	0	Limited	324
Declarations of Interest	0	6	2	Limited	324
Risk Management & Board Assurance Framework	3	7	0	Limited	112
Director of Performance	0	2	1		
Performance Management & Reporting 18/19	0	1	1	Reasonable	751
Performance Management & Reporting 17/18	0	1	0	No rating	480
Grand Total	37	132	25		

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. Taking into account noted revised target implementation dates, the revised status of outstanding recommendations changes 37 high, 124 medium and 25 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	1	7	1
Chief Operating Officer	12	68	15
Director of Finance	7	9	0
Director of Workforce & OD	6	7	1
Director of Public Health	0	1	0
Director of Nursing	4	9	3
Medical Director	4	8	2
Director of Corporate Governance	3	13	2
Director of Performance	0	2	1
Grand Total	37	124	25

Since the March 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 160 to 194 primarily due to the impact of COVID on operational services. The table below shows a comparison of outstanding recommendations as at 18th December 2020 as compared to the status as at 19th February 2020.

Director	Overdue at 19th February	Overdue at 18th December	Change
Director of Strategy	15	15	0
Chief Operating Officer	90	96	6
Director of Finance	0	16	16
Director of Workforce & OD	11	14	3
Director of Public Health	1	1	0
Director of Nursing	26	16	-10
Medical Director	12	14	2
Director of Corporate Governance	2	19	17
Director of Performance	3	3	0
Total	160	194	34

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

Chief Operating Officer

There are 6 “new” outstanding recommendations relating to the Human Tissue Act (Mortuary) Part 2 issued in November 2019.

Director of Finance

There are 7 “new” outstanding recommendations relating to Performance Management and Reporting issued in August 2020, 8 “new” recommendations relating to Procurement (NO PO/No Pay) issued in December 2019 and 1 “new” recommendation relating to payroll controls issued in March 2019.

Director of Workforce & OD

There are 2 “new” outstanding recommendations relating to the Disclosure and Barring Service (DBS) checks issued in January 2020 and 1 “new” outstanding recommendation relating to the Workforce & OD Framework issued in February 2020.

Medical Director

There are 2 “new” outstanding recommendations relating to discharge summaries issued in June 2020.

Director of Corporate Governance

There are 8 “new” outstanding recommendations relating to the report Declaration of Interests issued in April 2020 and 10 “new” outstanding recommendations relating to the report on Risk Management and Board Assurance Framework also issued in April 2020. It must be noted that the recommendations in the report relating to the Declaration of interests is now fully complete as at today’s date (4th January 2021).

There is one recommendation no longer outstanding relating to the Board Assurance Framework.

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

Priority	Overdue at 19th February	Overdue at 18th December	Change
High	28	37	9
Medium	108	132	24
Low	24	25	1
Total	160	194	34

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 March 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	There are no appendices to this report.