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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	9th March 2023		Agenda Item	2.1
Report Title	Audit Tracker and Status of Recommendations			
Report Author	Len Cozens, Head of Compliance			
Report Sponsor	Hazel Lloyd, 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 Tracker, which has been developed to assist in monitoring and reporting on the status of agreed audit recommendations and progress against management responses.			
Key Issues	<p>This report includes all updates to the Tracker made up to and including the 8th February 2023.</p> <p>Audit Wales</p> <p>There are currently 12 actions overdue, which represents an increase of 1 when compared to the last report.</p> <p>In total, 2 new actions became overdue during the reporting period, however this figure has been partially offset by the closure of other actions.</p> <p>A total of 2 actions were closed during the reporting period, 1 of which was overdue at the point of completion.</p> <p>NWSSP A&A</p> <p>There are currently 90 actions overdue, which represents no change since the last report.</p> <p>In total, 10 new actions became overdue during the reporting period, however this figure has been offset by the closure of other actions.</p> <p>A total of 21 actions were closed during the reporting period, 10 of which were overdue at the point of completion.</p>			
Specific Action Required <i>(please choose one only)</i>	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 Tracker 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(s). 			

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 Tracker, which has been developed to assist in monitoring and reporting on the status of agreed audit recommendations and progress against management responses.

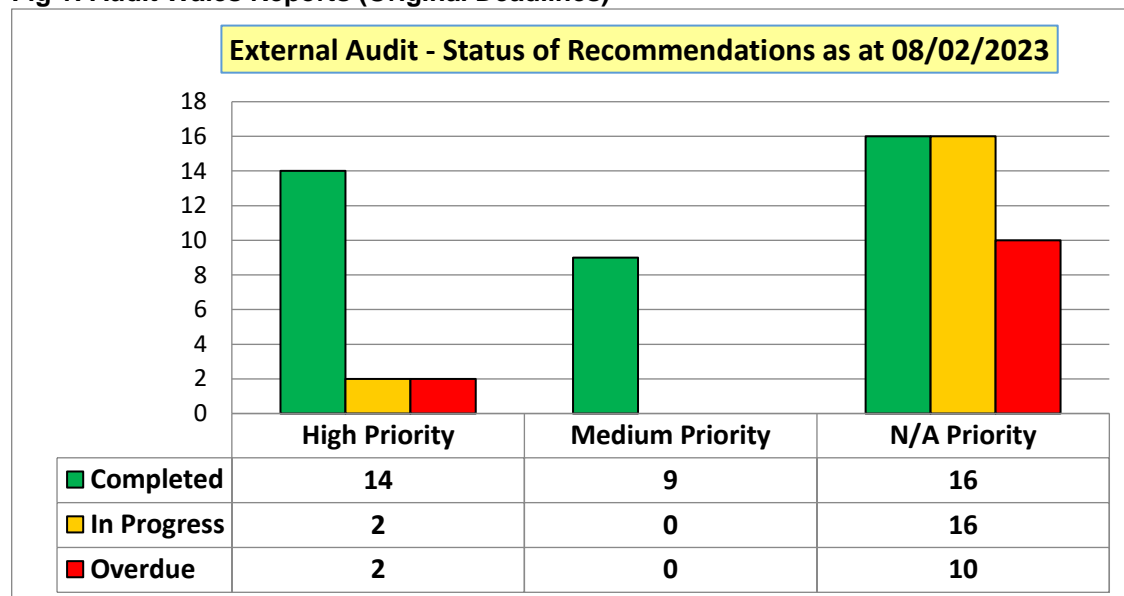
2. BACKGROUND AND CONTEXT

- 2.1 The Audit Committee receive and consider reports as part of normal business, which provide information and assurance in respect of:
- The delivery of 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.
- 2.3 Action plans in respect of all final audit reports are available on the Finance Portal through SharePoint for executives and managers to access and update throughout the year. The deadlines for the reporting periods to the Audit Committee are clearly set out within the file set up, and guidance notes have been produced and distributed to assist users in the review and update of the Tracker.
- 2.4 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 A total of two new actions became overdue during the reporting period, however this figure has been partially offset by the closure of another action. The overall number of overdue actions has therefore increased by one.
- 3.3 The two new overdue actions appear within the Quality Governance Arrangements report, and relate to the need to refresh organisational awareness of the Health Board's values and behaviours framework. As part of her update, the Director of Workforce & OD has highlighted work currently underway in respect of the 'Our Big Conversation' staff engagement programme.
- 3.4 A summary of all overdue actions is set out in the table below, with a more detailed breakdown included at **Appendix A** for information.

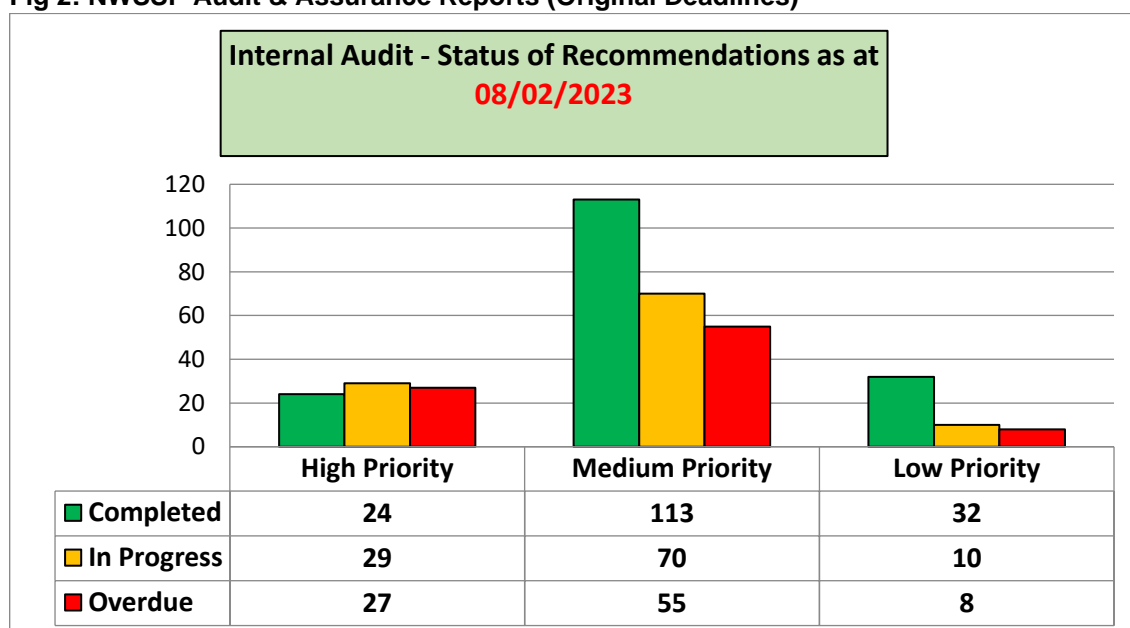
Report Title	Number of Overdue Actions	
	High Priority	Other Priority
Exec Lead: Chief Operating Officer	2	2
Local Orthopaedic Services A Comparative Picture	-	1
Discharge Planning	2	1
Exec Lead: Director of Corp. Gov.	0	6
Quality Governance Arrangements	-	6
Exec Lead: Director of Strategy	0	2
Wellbeing of Future Generations Act	-	2
Total	2	10

- 3.5 Where agreed actions have become overdue, lead executives and/or their teams are asked to provide milestone/revised target completion dates as part of their progress update. These are included in the narrative update provided at **Appendix A** for information.
- 3.6 A further table detailing actions closed since the last report, including any comments made by the lead executive or their teams in doing so, can be found 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 2: NWSSP Audit & Assurance Reports (Original Deadlines)



- 4.2 A total of 10 new actions became overdue during the reporting period, however this figure has been offset by the closure of other actions. The overall number of overdue actions therefore remains unchanged.
- 4.3 The new overdue actions are spread across a number of reports, as summarised below:

Report Name	High Priority	Medium Priority	Low Priority
Freedom of Information (FOI) Requests	-	1	-
ITIL Service Management Review	-	1	-
Network & Information Systems Directive	-	1	-
Health & Safety	1	2	-
Financial Reporting & Monitoring	-	-	1
Controlled Drugs	2	1	-

- 4.4 Operational issues made it necessary to close the Tracker two days earlier than the originally intended deadline. Additional information regarding the status of a number of actions was received from the Director of Nursing, Director of Digital and Assistant Director of Health & Safety after rollover/closure. Early indications are that a further 3 actions may be closed based on this information, however the exact figure and details are not clear at the time of reporting. This is currently being worked through by the Head of Compliance, and the full effect will be included in the next report to the Committee.
- 4.5 A summary table of all overdue actions has set out at **Appendix C**, with a more detailed breakdown included at **Appendix D** for information.
- 4.6 Where agreed actions have become overdue, lead executives and/or their teams are asked to provide milestone/revised target completion dates as part of their progress update. These are included in the narrative update provided at **Appendix D** for information.
- 4.7 Lead Executives and their teams have reported 20 actions closed as complete during the reporting period. One further recommendation, relating to the capture of compliance with additional training modules via the ESR system, has been closed without being fully actioned due to resource/capacity issues. A table detailing all actions closed since the last report, including any comments made by the lead executive or their teams in doing so, can be found at **Appendix E**.

5. FINANCIAL IMPLICATIONS

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

6. RECOMMENDATIONS

- 6.1 Members are asked to:
- **NOTE** the current position of the Audit Tracker 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(s).

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 A Overdue Agreed Actions – Audit Wales Appendix B Completed Agreed Actions – Audit Wales Appendix C Overdue Agreed Actions – NWSSP A&A (Summary) Appendix D Overdue Agreed Actions – NWSSP A&A (Detail) Appendix E Completed Agreed Actions – NWSSP A&A	

