



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>18<sup>th</sup> May 2021</b>		<b>Agenda Item</b>	<b>3.1</b>
<b>Report Title</b>	<b>Audit Registers and Status of Recommendations Review of Limited Assurance Reports</b>			
<b>Report Author</b>	Len Cozens, Head of Compliance			
<b>Report Sponsor</b>	Pam Wenger, Director of Corporate Governance			
<b>Presented by</b>	Len Cozens, Head of Compliance			
<b>Freedom of Information</b>	Open			
<b>Purpose of the Report</b>	The purpose of this report is to provide the Audit Committee with an update on progress in responding to recommendations made by NWSSP Audit & Assurance, focussing on those reports that carried 'Limited' assurance ratings.			
<b>Key Issues</b>	<p>The report includes all updates to audit registers made up to 7<sup>th</sup> May 2021. Any updates made after that date are not reflected herein.</p> <p>Detail regarding the original audit finding(s), together with the narrative of the recommendation have been provided in order to give appropriate context to the management response and any subsequent update comments.</p>			
<b>Specific Action Required (please choose one only)</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li><b>NOTE</b> the progress made in implementing recommendations contained within 'Limited' assurance reports issued by NWSSP Audit &amp; Assurance.</li> </ul>			

# AUDIT REGISTERS AND STATUS OF RECOMMENDATIONS

## REVIEW OF LIMITED ASSURANCE REPORTS

### 1. INTRODUCTION

- 1.1 The purpose of this report is to provide the Audit Committee with an update on progress in responding to recommendations made by NWSSP Audit & Assurance, focussing on those reports that carried 'Limited' assurance ratings.

### 2. BACKGROUND AND CONTEXT

- 2.1 The Audit Committee receives and considers a regular report as part of normal business, which provides 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 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. STATUS UPDATE

- 3.1 As requested by the Committee at its last meeting, this update again focusses exclusively on those reports issued by NWSSP Audit & Assurance which received a 'Limited' assurance rating, and which contain outstanding recommendation(s) which have not yet been completed and are now overdue.
- 3.2 The report includes all updates to audit registers made up to 7<sup>th</sup> May 2021. Any updates made after that date are not reflected herein.
- 3.3 A status summary table has been included at **Appendix 1**. Key points to note in terms of progress made since the last report include the following:
- Following receipt of confirmation that all recommendations relating to the HTA Mortuary Part 2 report (**SBU-1920-045** refers) are now complete, these have been removed.
  - Based on the update provided by the Director of Corporate Governance (and reported to the last meeting of the Committee), the final recommendation regarding the report on Risk Management & Board Assurance Framework (**ABMU 1920-003** refers) has now been closed.
  - Confirmation received that the remaining outstanding action relating to the Safe Water Management report (**ABMU18-19-009(SSU)** refers) has been completed, and this has now closed.

- A number of actions relating to the Systems: Declaration of Interest & Risk Management report (**SSU ABMU 18/19-07** refers) have now been completed and removed following the review and update of the Standards of Business Conduct policy.
  - The two outstanding issues/actions raised in the Mortality Review Follow-Up 2018 report (**ABM-1819-025** refers) have now been superseded by Audit & Assurance's most recent review of this area, and so have been closed.
  - Based on the update provided by the Executive Medical Director (and reported to the last meeting of the Committee), the final recommendation regarding the report on Medical Locum Cover Follow-Up (**ABMU 1819-046** refers) has now been closed.
- 3.4 The only addition to the report relates to the recent review of Discharge Planning (**ABMU 1920-025** refers) which was issued in February 2021, with a significant number of the overdue actions relating to the review and update of the SAFER Patient Flow & Discharge Policy.
- 3.5 A detailed table identifying the individual recommendations that remain outstanding, together with the latest updates/comments provided by the relevant executive lead or responsible manager is at **Appendix 2**.

#### **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 progress made in implementing recommendations contained within 'Limited' assurance reports issued by NWSSP Audit & Assurance.

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	Outstanding Recommendation Summary Table
	Appendix 2	Outstanding Recommendation – Detailed Report.

**SUMMARY OF 'LIMITED' ASSURANCE REPORTS  
WITH OUTSTANDING RECOMMENDATIONS**

Report Title	Report Issued	Total No. of Responses/Actions	Ongoing or Complete	High Priority Overdue	Medium Priority Overdue	Low Priority Overdue
<b>Executive Lead – Chief Operating Officer</b>						
Backlog Maintenance	09/10/2017	12	10	1	1	0
Capital Systems Fin. Safeguarding	13/11/2019	15	12	1	1	1
<b>Executive Lead – Director of Corporate Governance</b>						
Board Assurance Framework	08/03/2019	2	1	0	1	0
<b>Executive Lead – Director of Finance</b>						
Procurement No PO – No Pay	19/12/2019	8	3	3	2	0
<b>Executive Lead – Director of Workforce &amp; Organisational Development</b>						
Staff Performance Management & Appraisal	12/04/2019	4	1	3	0	0
EWTD Portering Services	21/05/218	7	6	1	0	0

Report Title	Report Issued	Total No. of Responses/Actions	Ongoing or Complete	High Priority Overdue	Medium Priority Overdue	Low Priority Overdue
<b>Executive Lead – Director of Public Health</b>						
Vaccination & Immunisation	02/08/2018	18	17	0	1	0
<b>Executive Lead – Director of Nursing &amp; Patient Experience</b>						
Fire Safety Follow Up (2)	19/11/2018	5	3	1	1	0
Health & Safety	10/03/2020	17	13	0	3	1
Discharge Planning	24/02/2021	21	5	7	8	1
<b>Director of Strategy</b>						
Systems: Dol & Risk Management	11/04/2019	17	13	0	4	0
<b>Executive Medical Director</b>						
WHO Checklist	23/7/2019	9	6	0	3	0