



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

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>14<sup>th</sup> September 2021</b>	<b>Agenda Item</b>	<b>2.1</b>
<b>Report Title</b>	<b>Audit Registers and Status of Recommendations</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 summary extracts from the Health Board's audit registers, which have been developed to assist in monitoring and reporting on the status of agreed audit recommendations and progress against management responses.		
<b>Key Issues</b>	<p>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.</p> <p>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.</p> <p>The report includes all updates to audit registers made up to and including the 27<sup>th</sup> August 2021.</p>		
<b>Specific Action Required</b> <i>(please choose one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li><b>NOTE</b> the current position of the Audit Registers and the status of the action plans.</li> </ul>		

# **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 registers, which have been developed to assist in monitoring and reporting on the status of agreed audit recommendations and progress against management responses.

## **2. BACKGROUND AND CONTEXT**

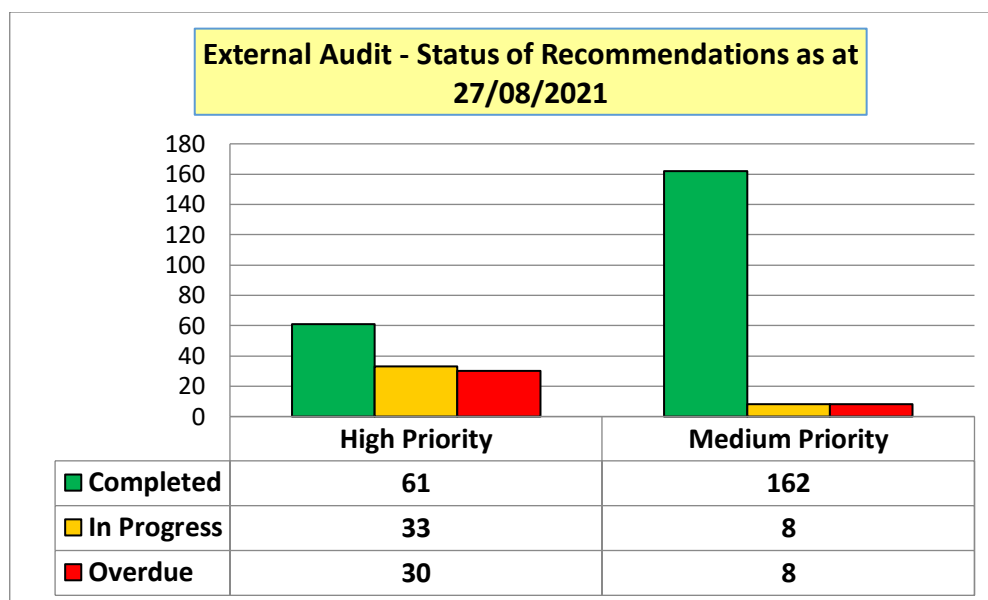
- 2.1 The Audit Committee receives and considers a number of reports as part of normal business, which provide information and assurance in respect of:
- The delivery of the Audit Plans;
  - Receipt of draft and final reports; and
  - Health Board management responses to recommendations contained therein
- 2.2 This report is intended to provide assurance in respect of performance in implementing recommendations across all reports received from both NWSSP Audit & Assurance, and Audit Wales (formerly Wales Audit Office).

## **3. STATUS UPDATE**

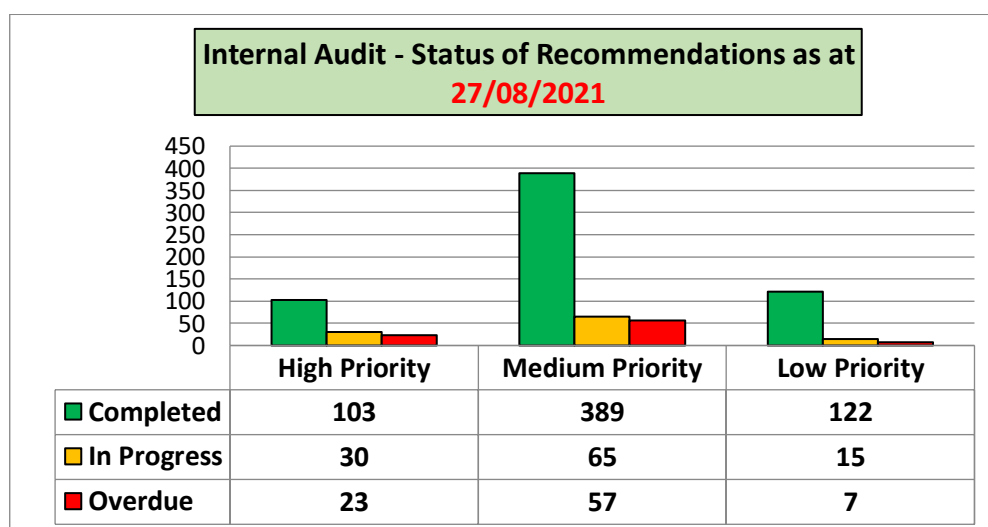
- 3.1 Action plans in respect of all final audit reports are available on the Finance Portal through SharePoint for managers and executives to access and update throughout the year. Training has been provided to executives and the named managers within the action plans. The deadlines for the reporting periods to the Executive Team and Audit Committee are clearly set out within the file set up.
- 3.2 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.

- 3.3 The following sets out the current position in respect of performance in implementing recommendations, when measured against the **original deadlines** agreed by management at the time the reports were finalised.

**Fig 1: Audit Wales Reports (Original Deadlines)**

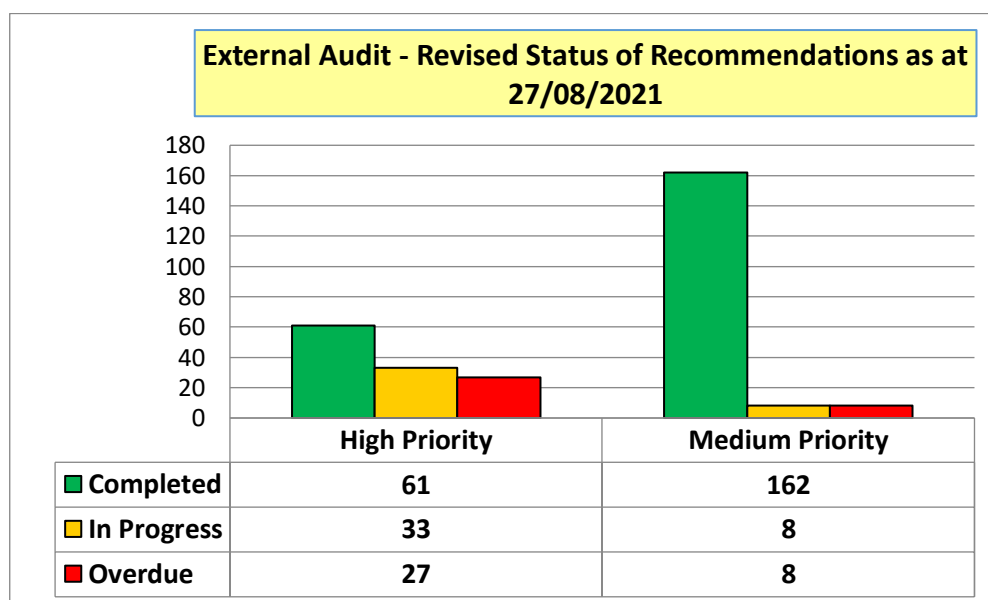


**Fig 2: NWSSP Audit & Assurance Reports (Original Deadlines)**



- 3.4 In certain circumstances, factors beyond the control of the implementing officer(s) may mean that the agreed date for implementation of the recommendation cannot be achieved, and a revised target implementation date is agreed. The following measures progress taking into account these **revised deadlines** as notified by management.

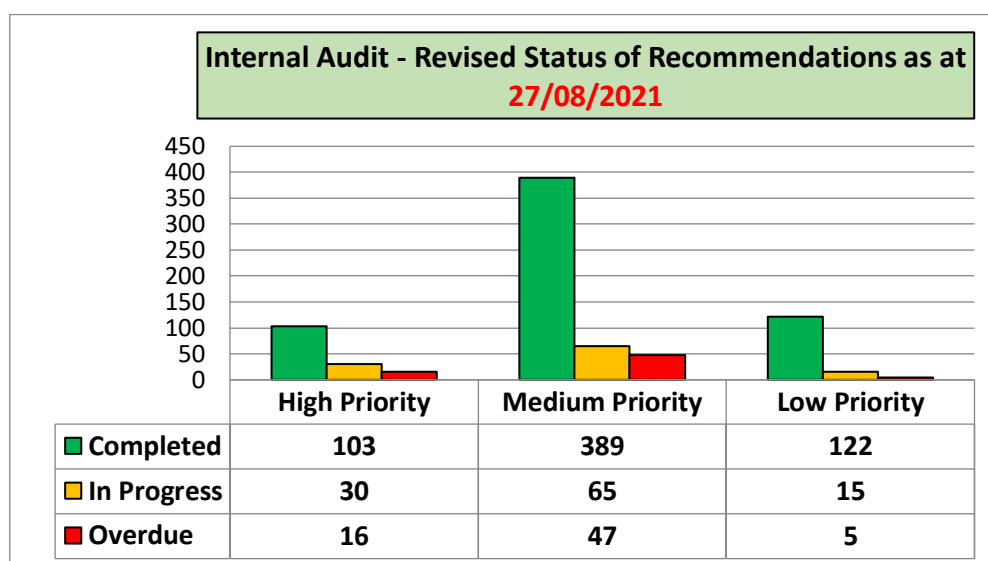
**Fig 3: Audit Wales Reports (Extended Deadlines)**



This represents a significant movement when compared to the last report to Audit Committee (July 2021), which recorded a total of 50 overdue recommendations. The main reasons for this movement can be summarised as follows:

- An extension to the deadline for the single remaining outstanding action from 'A Comparative Picture of Local Orthopaedic Services', in order to allow for the receipt and review of the findings of the Audit Wales follow-up review of this area.
- The completion/closure of nine outstanding actions relating to the review of Primary Care Services.
- The closure of actions relating to review(s) of the NHS Consultant Contract, which were rationalised and/or superseded as part of the most recent follow-up review.

**Fig 4: NWSSP Audit & Assurance Reports (Extended Deadlines)**



This represents a small movement when compared to the last report to Audit Committee (July 2021), which recorded a total of 66 overdue recommendations. The main changes during the intervening period can be summarised as follows:

- An extension to the deadline for the five remaining outstanding actions from the report on Environmental Infrastructure Modernisation Programme.
- The findings of the Estates Assurance Follow-Up report (SSU-SBUHB-2021-07 refers) has necessitated further review of a number of actions across several previously issued NWSSP Audit & Assurance reports. The Head of Compliance is currently working with the Assistant Director of Operations (Estates) to fully understand and agree any additional work required, and these actions will remain open until this is completed.
- Management have reported the completion/closure of 11 actions agreed as part of the Discharge Planning report.

3.5 A further breakdown of the overdue recommendations in terms of both Audit Wales and NWSSP Audit & Assurance reports has been provided at **Appendix A** and **B** respectively.

#### **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 current position of the Audit Registers and the status of the action plans.

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	AW Reports – Breakdown of Overdue Recommendations
	Appendix 2	NWSSP Reports – Breakdown of Overdue Recommendations

**Audit Wales Reports  
Breakdown of Overdue Recommendation**

Report Title	Number of Overdue Recommendations	
	High Priority	Medium Priority
<b>Exec Lead: Chief Operating Officer</b>		
Discharge Planning	10	1
Primary Care Services	9	-
<b>Exec Lead: Dir. of Corp. Governance</b>		
Structured Assessment 2017*	1	-
Structured Assessment 2019*	4	-
<b>Exec Lead: Medical Director</b>		
NHS Consultant Contract	-	7
<b>Exec Lead: Dir. of Strategy</b>		
Well-being of Future Generations Act	3	-
<b>Total</b>	<b>27</b>	<b>8</b>

*\*Note in respect of the Structured Assessment outstanding recommendations actions have been completed in part but the full recommendations have not been completed. Executive Directors have been asked to update the progress in relation to these so they can be closed.*

**NWSSP Audit & Assurance Reports  
Breakdown of Overdue Recommendation**

Report Title	Number of Overdue Recommendations		
	High Priority	Medium Priority	Low Priority
<b>Exec: Lead – Director of Strategy</b>			
Strategy & Planning Directorate		1	
Systems: Declarations of Interest and Risk Management		4	
<b>Exec. Lead: Chief Operating Officer</b>			
Disability Discrimination		1	
Neath Port Talbot Operational PFI		2	
Backlog Maintenance	1	2	
Patient Environment		5	
Capital Systems: Financial Safeguarding	3	5	
Primary Care Cluster Plans and Delivery		2	2
Infection Control – Cleaning		4	2
Control of Contractors	2	3	
<b>Exec. Lead: Director of W&amp;OD</b>			
EWTD – Portering Services	1		
Staff Performance Management & Appraisals	1		
Disclosure & Barring Service (DBS) Checks	1		
WOD Framework		2	
<b>Exec. Lead: Medical Director</b>			
Discharge Summaries		1	
<b>Exec. Lead: Director of Finance</b>			
Procurement (No PO/No Pay)		1	
<b>Exec. Lead: Director of Nursing &amp; Pat. Exp.</b>			
Safe Water Management (including Legionella)	1		
Health & Safety – Primary Care Estates		1	
Health & Safety		2	
Falls		1	



Health & Safety Framework (Follow Up)		2	
Discharge Planning	4	4	
Adjusting Service: Quality Impact Assessment			1
Fire Safety Management	1	1	
Control of Substances Hazardous to Health (COSHH)		1	
<b>Exec. Lead: Director of Corporate Governance</b>			
Board Assurance Framework		1	
Concerns: Serious Incidents	1		
<b>Exec. Lead: Director of Public Health</b>			
Vaccination & Immunisation		1	
<b>Total</b>	<b>16</b>	<b>47</b>	<b>5</b>

