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CYMRU  
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WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>12 March 2020</b>	<b>Agenda Item</b>	<b>2.1</b>
<b>Report Title</b>	<b>Status of Overdue Recommendations</b>		
<b>Report Author</b>	Craigie Wilson, Deputy Chief Operating Officer		
<b>Report Sponsor</b>	Chris White, Chief Operating Officer		
<b>Presented by</b>	Chris White, Chief Operating Officer		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	The purpose of this report is to provide the Committee with a progress report regarding the actions taken to address the outstanding audit report recommendations assigned to the Chief Operating Officer.		
<b>Key Issues</b>	<p>Action Plans pertaining to Audit Reports undertaken contain actions, some of which are yet to be confirmed as completed or implemented in full.</p> <p>This report seeks to provide assurance that the recommendations in the action plans have been acted upon.</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 PROGRESS TO DATE</b></li> </ul>		

## Status of Overdue Recommendations

### 1. INTRODUCTION

The purpose of this report is to provide the Committee with a progress report regarding actions taken to address the outstanding audit report recommendations assigned to the Chief Operating Officer.

### 2. BACKGROUND

The Committee will be aware that there are a large number of Internal and External Reports with outstanding action plan recommendations which were assigned to the Chief Operating Officer. As reported at the last Committee, the Deputy Chief Operating Officer was charged with addressing this and closing as many of the outstanding actions as possible.

### 3. GOVERNANCE AND RISK ISSUES

As part of the process to update and potentially close down the actions in the reports, the Deputy COO has reviewed all the outstanding recommendations/actions. Where he was not able to comment upon the actions/recommendations he has forwarded them to the responsible officers identified for an update. Where those individuals have access to the database they were asked to populate the action plans, where they did not, the Deputy COO has actioned or is the process of actioning.

The following table details the status of the overdue recommendations:

Audit Report	Responsible Officer	Update
<b>External Reports</b>		
Orthopaedics	Darren Griffiths	Information provided – audit register to be updated
Follow Up Appointments	Richard Evans	Information provided – audit register to be updated
Discharge Planning	Craige Wilson	Further information required from variety of sources
Radiology	Chris Morrell	Information provided – audit register to be updated
Primary Care Services	Hilary Dover	Further information required from variety of sources – added to register 31/01/19
<b>Internal Reports</b>		
Estates Follow Up Legionella	Des Keighan	<b>Completed</b>
Energy and Waste Management	Des Keighan	<b>Completed</b>

Legionella Management	Des Keighan	<b>Completed</b>
Home oxygen Follow Up	Judith Vincent	Further information required
Performance Management	Jan Worthing/Brian Owens	<b>Completed</b>
MH and LD and Governance	Dai Roberts	Further information required
Primary Care Clusters	Hilary Dover/Sam Page	<b>Completed</b>
Community Dentistry	Hilary Dover/ Sam Page	<b>Completed</b>
Mental Health Measure FU	Dai Roberts	Further information required
Core Quality & Delivery Measures	Hilary Dover/ Sam Page	Partially Completed
GP Managed Practices	Hilary Dover/ Sam Page	Information provided – audit register to be updated
Morrison Governance Review	Mark Madams	Information provided – audit register to be updated
Delayed Follow Ups	Craige Wilson	Information provided – audit register to be updated
Dignity and Respect FU	Mark Madams	Further information required
Disability Discrimination	Des Keighan	Further information required
Security Framework FU	Des Keighan	Further information required
Backlog Maintenance	Des Keighan	Further information required
NPT Operational PFI	Brian Owens	Further information required
Digital Strategy	Matt John	<b>Completed</b>
IT Plant FM	Des Keighan	Further information required
Wireless Network Infrastructure	Matt John	Further information required
Unit Governance MHL D	Dai Roberts	Further information required
Morrison Hospital Cardiac Services	Deb Lewis/Neil Miles	Further information required
HSDU	Neil Semmence	Further information required
Patients Environment	Other Executive Officers	Clarification required on ownership
CRC Energy Efficiency Scheme	Des Keighan	Further information required
Sustainability Report	Des Keighan	Further information required
GP Out of Hours	Hilary Dover/Kevin Duff	<b>Completed</b>
Unit Governance PCCS	Hilary Dover	Further information required
Capital System F Safeguarding	Des Keighan	Further information required
HTA Mortuary Part 2	Chris Morrell	Further information required – added to register 13/12/19

Those reports where information has been provided and the audit register requires updating will be completed during March 2020, and all reports will be updated in readiness for the 17 April 2020 cut off point for May's Audit Committee meeting.

#### **4. FINANCIAL IMPLICATIONS**

There are no financial implications associated with updating the audit register.

#### **5. RECOMMENDATION**

The Committee is asked to **note** progress to date.

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> <i>(please choose)</i>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	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"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	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 checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
<b>Health and Care Standards</b>		
<i>(please choose)</i>	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 checked="" type="checkbox"/>
	Staff and Resources	<input type="checkbox"/>
<b>Quality, Safety and Patient Experience</b>		
A number of the audit reports are associated with governance and performance management and therefore need to be completed to provide assurance.		
<b>Financial Implications</b>		
There are no financial implications associated with updating the audit register.		
<b>Legal Implications (including equality and diversity assessment)</b>		
Some of the audit reports pertain to legal requirements e.g. the mental health measure and disability discrimination. Therefore, there is a need for assurance that the recommendations in the audit reports have been implemented.		
<b>Staffing Implications</b>		
Not applicable.		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
Some of the audit report recommendations potentially could impact adversely on "The Well-being of Future Generations (Wales) Act 2015, 5 ways of working" if not addressed.		
<b>Report History</b>	No previous reports of this type have been presented to the Committee.	
<b>Appendices</b>	N/A	