



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



AN EXAMPLE

| | | | |
|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------|
| Meeting Date | 15th March 2018 | Agenda Item | 2f |
| Report Title | Audit Registers and Action Plans | | |
| Report Author | Crystal Jenkins, Finance Manager, Accounting & Governance | | |
| Report Sponsor | Andrew Biston, Head of Accounting & Governance | | |
| Presented by | Lynne Hamilton, Director of Finance | | |
| Freedom of Information | Closed | | |
| Purpose of the Report | <p>To provide summary extracts of the Audit Registers for the Health Board which have been developed to monitor:</p> <p>Delivery of the Audit Plans; Receipt of draft and final reports; and Health Board management responses to audit reports</p> <p>To monitor the status of agreed audit recommendations..</p> | | |
| Key Issues | <p>The Audit Registers have been fully updated as at 25th February 2018, 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.</p> <p>The deadline for updating progress on Action Plans was 23rd February 2018.</p> | | |
| Specific Action Required (please ✓ one only) | Information | Discussion | Assurance |
| 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. | | |

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: -

- Delivery of the Audit Plans;
- Receipt of draft and final reports; and
- Health Board management responses to audit reports

1.2. In addition, the status of agreed audit recommendations is monitored and included within this report.

2.0 BACKGROUND

2.1 The Audit Registers have been fully updated as at 25th February 2018, 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.

2.2 The deadline for updating progress on Action Plans was 23rd February 2018. Summary extracts for both internal and external audit are set out in the sections below:

External Audit Register (2016 Work) (Appendix A)

Delivery of the 2016 plan is ongoing with progress at this stage summarised below:

- **Financial Accounts Work (2015/16):** completed
- **Performance Work:**
 - 3 reports have been finalised and received by the Committee:
 - Structured Assessment (2016)
 - Emergency Ambulance Service Commissioning
 - GP Out of Hours
 - 2 Reports remain outstanding:
 - Discharge Planning – planned for March 2018
 - Follow –up Outpatient Appointments – planned for March 2018

It should be noted that Structured Assessment Comparisons (2016) are to be issued to the Health Board to help inform ongoing board development rather than formal audit reports with recommendations.

- **Other (Annual Report 2016 and Audit Plan 2017):** completed

External Audit Register (2017 Work) (Appendix B)

Delivery of the 2017 plan is at an early stage as detailed below:

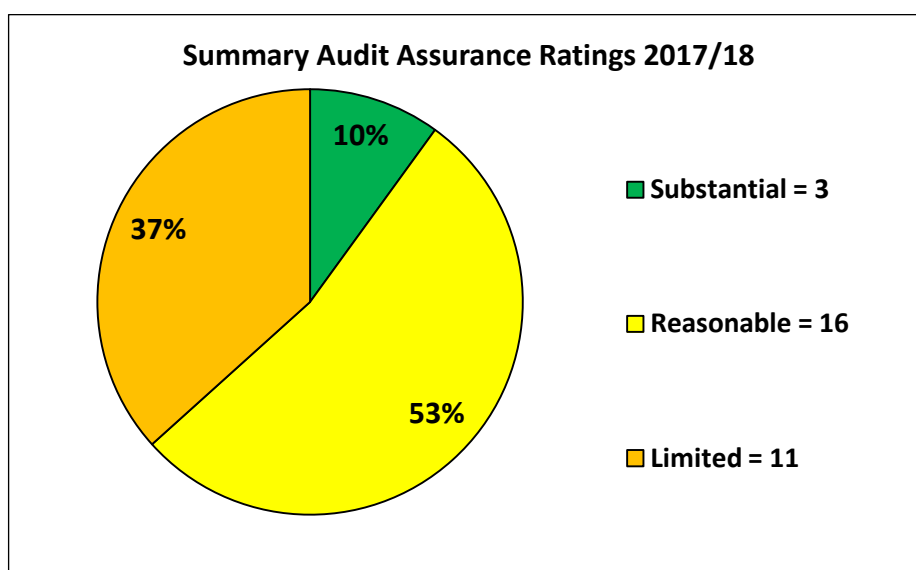
- **Financial Accounts Work (2016/17):** completed
- **Performance Work:**
 - One report has been issued in draft and is due to be received by the Committee on 15th March:
 - Structured Assessment (2017)

Work has yet to commence on:

- Primary Care – Thematic Review
- Cross Sector Review – Intermediate Care

NWSSP Audit & Assurance Audit Register 2017/18 (Appendix C)

As at 25th February 2018, 31 final reports have been issued which included one report without an assurance rating (Annual Quality Report). The assurance ratings on the remaining 30 reports are summarised in the chart below:



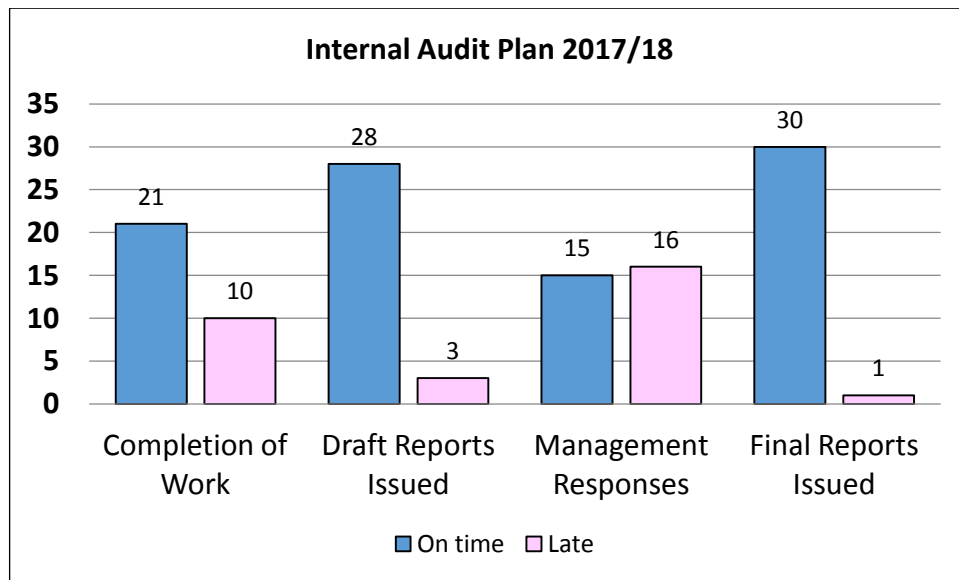
Key Performance Indicators

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 25th February 2018:

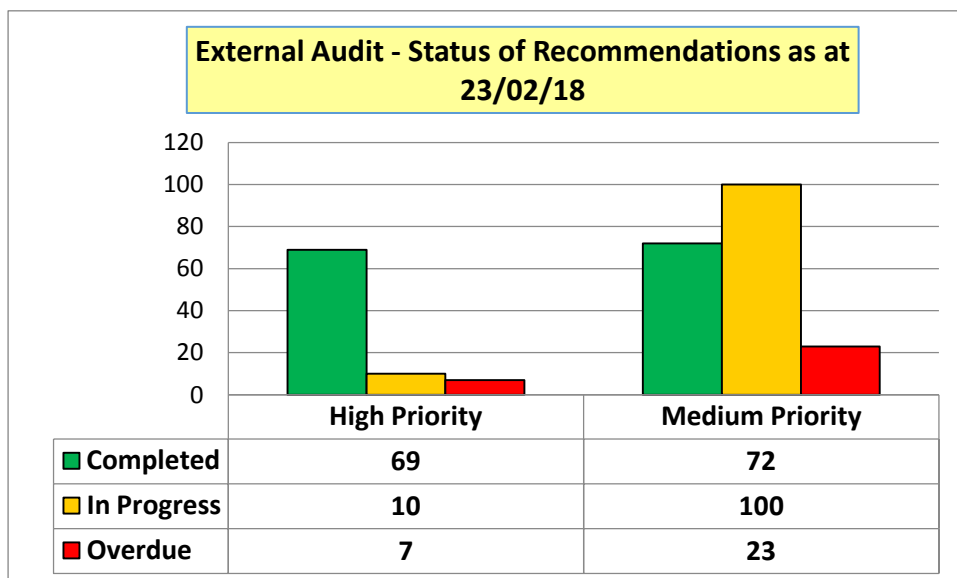


Action Plans

Action plans are all available on the Finance Portal for managers and executives to access and update throughout the year. Training has been provided to all 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 and a reminder is sent out to Executive Directors and their supporting managers at least one week before each deadline falls.

It should also be noted that the charts and tables within this report only include audit reports relating to the 2017/18 Audit Plans, unless there are recommendations that have not yet been reported as completed from previous years, and so these continue to be monitored this year, and reported to the Committee.

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

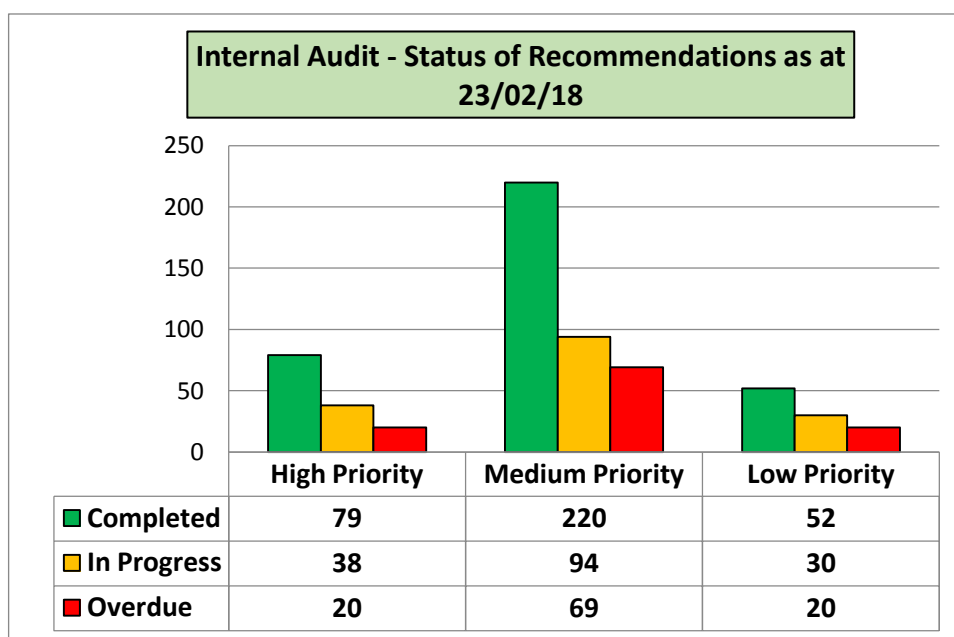


At this point, the overdue recommendations for external audit reports relate to:

| Row Labels | Sum of High Priority Overdue | Sum of Medium Priority Overdue | Longest Overdue (Days) |
|----------------------------------------------------------------------|------------------------------|--------------------------------|------------------------|
| Medical Director | 0 | 7 | |
| Diagnostic Review of ICT Capacity & Resources | 0 | 1 | 450 |
| Combined Follow-up of Informatics & Communications Technology Audits | 0 | 1 | 54 |
| NHS Consultant Contract: Follow Up of Previous Audit Recommendations | 0 | 5 | 359 |
| Director of Therapies | 0 | 15 | |
| Radiology Service | 0 | 15 | 299 |
| Chief Operating Officer | 1 | 0 | |
| Review of Follow-up Outpatient Appointments | 1 | 0 | 785 |
| Director of Nursing | 3 | 1 | |
| Maternity Services Follow-up Review | 0 | 1 | 238 |
| Hospital Catering & Patient Nutrition Follow-up | 3 | 0 | 329 |
| Director of Corporate Governance | 3 | 0 | |
| Structured Assessment 2016 | 3 | 0 | 299 |
| Grand Total | 7 | 23 | |

Taking into account noted revised target implementation dates, the table above would reduce from 7 to 3 for high priority (a reduction mainly for the Director of Nursing) and from 23 to 16 for medium priority recommendations (a reduction of 5 for the Director of Therapies and 2 for the Medical Director).

The status of internal audit recommendations is shown in the chart below:



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) |
|----------------------------------------|------------------------------|--------------------------------|-----------------------------|--------------|------------------------|
| Director of Strategy | 5 | 24 | 6 | | |
| Disability Discrimination | 0 | 2 | 0 | Reasonable | 207 |
| Phase 1B Clinical Accommodation | 3 | 0 | 0 | Limited | 146 |
| Phase 1B Existing Medical School | 0 | 1 | 0 | Limited | 146 |
| Capital Systems | 0 | 0 | 2 | Reasonable | 206 |
| Cardiac Intensive Therapy Unit | 0 | 3 | 1 | Reasonable | 146 |
| Commissioning Boards | 0 | 1 | 1 | Reasonable | 401 |
| Health & Safety - Primary Care Estates | 0 | 1 | 0 | Reasonable | 267 |

| | | | | | |
|--------------------------------------------------------|----------|-----------|----------|------------|-----|
| Cath Lab B | 0 | 1 | 0 | Reasonable | 301 |
| Legionella Management | 0 | 0 | 1 | Limited | 207 |
| Security Framework (Follow Up) | 0 | 1 | 0 | Limited | 54 |
| Neath Port Talbot Operational PFI | 0 | 12 | 1 | Reasonable | 85 |
| Regulatory Compliance: Fire Safety | 2 | 2 | 0 | Limited | 145 |
| Medical Director | 6 | 10 | 1 | | |
| Junior Doctor Bandings | 1 | 4 | 1 | Limited | 664 |
| Information Governance Framework:Information Assurance | 0 | 2 | 0 | Limited | 511 |
| Medical Appraisal to Support Revalidation Follow-up | 4 | 2 | 0 | Limited | 511 |
| Medical Devices & Equipment | 1 | 0 | 0 | Limited | 30 |
| Informatics Programme | 0 | 2 | 0 | Reasonable | 176 |
| Director of Therapies | 1 | 7 | 5 | | |
| Radiation Protection | 0 | 0 | 1 | Reasonable | 501 |
| Older Persons: Dignity & Respect | 1 | 2 | 3 | Limited | 481 |
| Director of Workforce | 2 | 5 | 0 | | |
| Statutory & Mandatory Training Progress | 1 | 4 | 0 | Limited | 114 |
| Sickness Absence Management: Follow Up | 1 | 0 | 0 | Reasonable | 23 |
| Chief Operating Officer - Chris White | 2 | 8 | 3 | | |
| Community Equipment Stores Follow-up | 0 | 0 | 1 | Reasonable | 969 |
| Performance Management | 0 | 1 | 0 | Reasonable | 145 |
| MH&LD Governance | 0 | 0 | 2 | Reasonable | 23 |
| Primary Care Cluster Governance | 1 | 1 | 0 | Reasonable | 23 |
| Community Dentistry | 1 | 5 | 0 | Reasonable | 54 |
| Data Quality: Mental Health Measures (Follow Up) | 0 | 1 | 0 | Reasonable | 22 |
| Director of Nursing - Angela Hopkins | 4 | 15 | 2 | | |
| Infection Prevention & Control | 0 | 3 | 1 | Reasonable | 329 |
| Clinical Governance Framework | 0 | 4 | 0 | Reasonable | 238 |
| Funded Placements in Non-NHS Settings Follow Up Review | 1 | 2 | 0 | Limited | 176 |

| | | | | | |
|----------------------------------------------|-----------|-----------|-----------|------------|-----|
| Deprivation of Liberty Safeguards | 1 | 2 | 1 | Limited | 114 |
| Pressure Ulcers | 2 | 2 | 0 | Limited | 85 |
| Risk Management & Assurance | 0 | 2 | 0 | Reasonable | 54 |
| Director of Finance | 0 | 0 | 1 | | |
| Locum Medical Cover: Expenditure Control | 0 | 0 | 1 | Limited | 23 |
| Chief Executive | 0 | 0 | 2 | | |
| Annual Governance Statement : In-Year Review | 0 | 0 | 1 | Reasonable | 694 |
| In Year Governance Review | 0 | 0 | 1 | Reasonable | 969 |
| Grand Total | 20 | 69 | 20 | | |

Taking into account noted revised target implementation dates, the table above would reduce to 12 high, 43 medium and 15 low priority as shown on the table below:

| | Sum of High Priority Overdue | Sum of Medium Priority Overdue | Sum of Low Priority Overdue |
|--------------------------------|------------------------------|--------------------------------|-----------------------------|
| Director of Strategy | 2 | 18 | 3 |
| Medical Director | 4 | 2 | 1 |
| Director of Therapies | 1 | 7 | 4 |
| Director of HR | 2 | 1 | 0 |
| Chief Operating Officer | 2 | 4 | 3 |
| Director of Nursing | 1 | 11 | 1 |
| Director of Finance | 0 | 0 | 1 |
| Chief Executive | 0 | 0 | 2 |
| Grand Total | 12 | 43 | 15 |

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 therefore important that management actions are implemented on a more timely basis than is currently the case as highlighted by the tables above.

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 and the status of the Action Plans.

ABERTAWA BRO MORGANNWG UNIVERSITY HEALTH BOARD

EXTERNAL AUDIT REGISTER 2016/17

| Audit Work 2016 | | Draft Report | Final Report | | | Audit Committee | |
|--------------------------------|--------------------------------------------------------------------------------------------------------------|--------------|--------------|------------|------------|-----------------|------|
| | | Received | Due | Received | Completion | | |
| | | | | | On Time | | Late |
| Financial Accounts Work | | | | | | | |
| 1 | Audit of Financial Statements Report | 26/05/2016 | Jun-16 | 02/06/2016 | | 01/06/2016 | |
| 2 | Financial Accounts Memorandum | 27/09/2016 | Jul-16 | 14/12/2016 | | | |
| Performance Work | | | | | | | |
| 3 | Structured Assessment 2016 | 11/01/2017 | Note 2 | 23/01/2017 | | 16/03/2017 | |
| 4 | i) Structured Assessment 2016 : All Wales Comparisons : Board Assurance Frameworks | 26/05/2017 | Note 8 | 09/10/2017 | | 16/11/2017 | |
| | ii) Structured Assessment 2016 : All Wales Comparisons : Financial Reporting | 26/05/2017 | Note 8 | | | | |
| | iii) Structured Assessment 2016 : All Wales Comparisons : IMTP | 26/05/2017 | Note 8 | | | | |
| | Thematic Reviews: Initial assessment of progress made implementing previous unscheduled care recommendations | | Note 5 | | | | |
| 5 | Thematic Reviews: Out of hours primary care services Review of GP-out-of Hours Services | 25/04/2017 | Note 3 | 21/08/2017 | | 14/09/2017 | |
| 6 | Thematic Reviews: Emergency ambulance service commissioning | Not Received | Note 1 | 05/07/2017 | | 20/07/2017 | |
| 7 | Thematic Reviews: Discharge planning | | Note 4 | | | | |
| 8 | Follow-up Outpatient Appointments (Progress Update) | | Note 1 | | | | |
| | Local follow-up | | Note 6 | | | | |
| | Local project | | Note 7 | | | | |
| Other | | | | | | | |
| 9 | Annual Audit Report for 2016 | 11/01/2017 | Jan-17 | 23/01/2017 | | 19/01/2017 | |
| 10 | Audit Plan 2017 | 21/02/2017 | Jan-17 | 27/03/2017 | | 16/03/2017 | |

Note 1: All work to be undertaken between February 2016 and March 2017. Timescales for individual projects will be discussed with the Health Board and detailed within the specific project briefings produced for each study.

Note 2: Initial set up August 2016, Substantive evidence gathering August – early October 2016, Feedback on findings November 2016, Summary of key messages in the Annual Audit Report December 2016

Note 3: Initial set-up meeting July to August 2016, Fieldwork July to October 2016, Draft report October to December 2016, Issuing of final report January to February 2017

Note 4: Initial set-up meeting January 2017, Fieldwork January to March 2017, Draft report March to May 2017, Issuing of final report May to June 2017

Note 5: Advised by WAO that this was not intended as a separate report but as an assessment to support the 3 thematic reviews for 2016/17

Note 6: Advised by WAO that the "Follow-up Outpatient Appointments" was the local follow-up

Note 7: Advised by WAO that the planned work around the governance arrangements for ARCH resulted in an advisory meeting with the Chairman, and a gateway review was then arranged.

Note 8: There are 3 reports being issued relating to Financial Reporting, Board Assurance and IMTP. These documents are not intended to be used as an audit report, but used to inform on-going Board development.

EXTERNAL AUDIT REGISTER 2017/18

| Audit Work 2017 | | Draft Report | Final Report | | | Audit Committee | |
|--------------------------------|---------------------------------------------------------------|--------------|--------------|------------|------------|-----------------|------|
| | | Received | Due | Received | Completion | | |
| | | | | | On Time | | Late |
| Financial Accounts Work | | | | | | | |
| 1 | Audit of Financial Statements Report | 24/05/2017 | Jun-17 | 26/05/2017 | | 31/05/2017 | |
| 2 | Financial Accounts Memorandum | 24/07/2017 | Jul-17 | 14/12/2017 | | | |
| Performance Work | | | | | | | |
| 3 | Structured Assessment 2017 | 19/02/2018 | Feb-18 | | | | |
| 4 | Thematic Reviews: Primary Care | Not Received | Note 1 | | | | |
| 5 | Thematic Reviews: Cross Sector Review- Intermediate Care Fund | Not Received | Note 2 | | | | |
| | Local Audit Work | | Note 3 | | | | |
| Other | | | | | | | |
| 6 | Annual Audit Report for 2017 | 19/02/2018 | Jan-18 | | | 15/03/2018 | |
| 7 | Audit Plan 2018 | 13/02/2018 | Jan-18 | | | 15/03/2018 | |

Note 1: Pre fieldwork data collection prior to pilot work and local audit roll out in 2018

Note 2: Scoping in Progress. Local Fieldwork during 2018

Note 3: To provide wider feedback on structured assessment findings and audit support for Board development work early in 2018. The specific content is being agreed

| Audit Assurance Rating Key | | | |
|----------------------------|--------|----------------|--------|
| Substantial Assurance | Green | Some Assurance | Yellow |
| Reasonable Assurance | Yellow | No Assurance | Red |

| Progress Monitoring of Approved Plan | | | Completion of Work | | | | Draft Report | | | | Management Responses | | | | Final Report | | | | Audit Assurance Rating / Audit Committee Date |
|-----------------------------------------------------------------|------------------------------------------------------------------------------------|----------------|------------------------------------------|---------|------------|-----|--------------|------------|------|------------|----------------------|---------|------|------------|--------------|---------|------|-----------|-----------------------------------------------|
| Report Ref. No. | Executive Lead | Planned Finish | Actual Finish | On time | Late | Due | Issued | On time | Late | Due | Received | On time | Late | Due | Issued | On time | Late | | |
| Audit & Assurance | | | | | | | | | | | | | | | | | | | |
| Corporate governance, risk and regulatory compliance | | | | | | | | | | | | | | | | | | | |
| 1 | Governance, Leadership and Accountability | ABM-1718-001 | Chief Executive / Director of Governance | EOY | | | | | | | | | | | | | | | |
| 2 | Annual Governance Statement | ABM-1718-002 | Chief Executive / Director of Governance | EOY | | | | | | | | | | | | | | | |
| 3 | Risk Management & Assurance | ABM-1718-003 | Director of Nursing | Q2 | 29/09/2017 | 1 | 13/10/2017 | 29/09/2017 | 1 | 03/11/2017 | 02/11/2017 | 1 | | 16/11/2017 | 03/11/2017 | 1 | | 16-Nov-17 | |
| 4 | Corporate Legislative Compliance | ABM-1718-004 | Chief Executive / Director of Governance | Q2 | 28/11/2017 | | 12/12/2017 | 29/11/2017 | 1 | 20/12/2017 | | | | | | | | | |
| 5 | Corporate Governance | | | | | | | | | | | | | | | | | | |
| 6 | Board Assurance Framework | | | | | | | | | | | | | | | | | | |
| Audit Committee approval sought to defer to 2018/19 | | | | | | | | | | | | | | | | | | | |
| 7 | Primary Care Clusters Governance | ABM-1718-007 | Chief Operating Officer | Q3 | 30/11/2017 | 1 | 14/12/2017 | 30/11/2017 | 1 | 21/12/2017 | 22/12/2017 | 1 | | 05/01/2018 | 22/12/2018 | 1 | | 23-Jan-18 | |
| 8 | Partnership Governance: ARCH (deferred from 2016/17) | | | | | | | | | | | | | | | | | | |
| Audit Committee approval sought to defer to 2018/19 | | | | | | | | | | | | | | | | | | | |
| 9 | Health & Safety | ABM-1718-009 | Sian Harrop-Griffiths | Q2 | 15/12/2017 | 1 | 29/12/2017 | 15/12/2017 | 1 | 12/01/2018 | 21/01/2018 | 1 | | 04/02/2018 | 22/01/2018 | 1 | | 15-Mar-18 | |
| 10 | Fire Safety | ABM-1718-010 | Sian Harrop-Griffiths | Q1 | 05/07/2017 | 1 | 19/07/2017 | 06/07/2017 | 1 | 15/08/2017 | 15/08/2017 | 1 | | 29/08/2017 | 30/08/2017 | 1 | | 14-Sep-17 | |
| Strategic planning, performance management and reporting | | | | | | | | | | | | | | | | | | | |
| 11 | Integrated Medium Term Plan | ABM-1718-011 | Sian Harrop-Griffiths | Q3 | | | | | | | | | | | | | | | |
| 12 | Performance Management and Reporting | ABM-1718-012 | Sian Harrop-Griffiths | Q3 | 31/01/2018 | 1 | 14/02/2018 | 31/01/2018 | 1 | 21/02/2018 | | | | | | | | | |
| 13 | Third Sector Commissioning Review / Contracts | ABM-1718-013 | Sian Harrop-Griffiths | Q1 | 27/06/2017 | 1 | 11/07/2017 | 30/06/2017 | 1 | 21/07/2017 | 13/11/2017 | 1 | | 27/11/2017 | 15/11/2017 | 1 | | 23-Jan-18 | |
| Financial Governance and management | | | | | | | | | | | | | | | | | | | |
| 14 | Budgetary Control & Financial Reporting | ABM-1718-014 | Lynne Hamilton | Q3 | 31/01/2018 | 1 | 14/02/2018 | 31/01/2018 | 1 | 21/02/2018 | | | | | | | | | |
| 15 | General Financial Ledger | ABM-1718-015 | Lynne Hamilton | Q3 | 13/12/2017 | 1 | 27/12/2017 | 14/12/2017 | 1 | 11/01/2018 | 06/01/2018 | 1 | | 20/01/2018 | 08/01/2018 | 1 | | 23-Jan-18 | |
| 16 | Welsh Risk Pool Claims | ABM-1718-016 | Angela Hopkins | Q4 | 14/08/2017 | 1 | 28/08/2017 | 30/08/2017 | 1 | 20/09/2017 | 30/08/2017 | 1 | | 13/09/2017 | 04/09/2017 | 1 | | 16-Nov-17 | |
| 17 | Medical Equipment - Maintenance Contract Payments (Dialysis, etc) | ABM-1718-017 | Lynne Hamilton | Q2 | | | | | | | | | | | | | | | |
| 18 | Non Pay Expenditure - Local Controls | ABM-1718-018 | Lynne Hamilton | Q2 | | | | | | | | | | | | | | | |
| 19 | Fund Held on Trust: GOLAU Governance Review | ABM-1718-112 | Lynne Hamilton | - | 18/01/2018 | 1 | 01/02/2018 | 25/01/2018 | 1 | 15/02/2018 | 05/02/2018 | 1 | | 19/02/2018 | 05/02/2018 | 1 | | 15-Mar-18 | |
| Clinical governance quality and safety | | | | | | | | | | | | | | | | | | | |
| 20 | Annual Quality Statement | ABM-1718-019 | Hamish Lainq | Q2 | 24/08/2017 | 1 | 07/09/2017 | 24/08/2017 | 1 | 14/09/2017 | 29/08/2017 | 1 | | 12/09/2017 | 29/08/2017 | 1 | | N/A | |
| 21 | Putting Things Right | | | | | | | | | | | | | | | | | | |
| 22 | Patient Reported Experience & Outcome Measures (PROMS) | | | | | | | | | | | | | | | | | | |
| 23 | Clinical Audit & Assurance | | | | | | | | | | | | | | | | | | |
| 24 | Pressure Ulcers (deferred from 2016/17) | ABM-1718-023 | Angela Hopkins | Q3 | 23/08/2017 | 1 | 06/09/2017 | 25/08/2017 | 1 | 15/09/2017 | 25/10/2017 | 1 | | 08/11/2017 | 25/10/2017 | 1 | | 16-Nov-17 | |
| 25 | Medical Equipment & Devices (Maintenance) | ABM-1718-024 | Hamish Lainq | Q2 | 29/09/2017 | 1 | 13/10/2017 | 29/09/2017 | 1 | 20/10/2017 | 22/10/2017 | 1 | | 05/11/2017 | 24/10/2017 | 1 | | 16-Nov-17 | |
| 26 | POVA - Unit High Risks are DOSS Deprivation of Liberty Safeguards | ABM-1718-025 | Angela Hopkins | Q2 | 01/08/2017 | 1 | 15/08/2017 | 02/08/2017 | 1 | 31/08/2017 | 05/10/2017 | 1 | | 19/10/2017 | 05/10/2017 | 1 | | 16-Nov-17 | |
| 27 | Discharge Processes Follow Up | | | | | | | | | | | | | | | | | | |
| 28 | Primary Care - Core Quality & Delivery Measures | ABM-1718-027 | Chris White | Q2 | 13/12/2017 | 1 | 27/12/2017 | 15/12/2017 | 1 | 12/01/2018 | 12/01/2018 | 1 | | 26/01/2018 | 22/01/2017 | 1 | | 15-Mar-18 | |
| 29 | Safety Alerts Follow Up *added* | ABM-1718-111 | Sian Harrop-Griffiths | Q3 | 11/01/2017 | 1 | 25/01/2017 | 11/01/2017 | 1 | 01/02/2017 | 05/02/2018 | 1 | | 19/02/2018 | 05/02/2018 | 1 | | 15-Mar-18 | |
| Information Governance and Security | | | | | | | | | | | | | | | | | | | |
| 30 | Data Quality - Follow Up Reviews (Mental Health Measure) *added* | ABM-1718-028 | Hamish Lainq | Q2 Q3 | 15/12/2017 | 1 | 29/12/2017 | 15/12/2017 | 1 | 12/01/2018 | 10/01/2018 | 1 | | 24/01/2018 | 11/01/2018 | 1 | | 15-Mar-18 | |
| 31 | IT Infrastructure Assets | ABM-1718-029 | Hamish Lainq | Q3 | | | | | | | | | | | | | | | |
| 32 | Information Governance Framework and Information Assurance (deferred from 2016/17) | ABM-1718-030 | Hamish Lainq | Q2 | 30/11/2017 | 1 | 14/12/2017 | 30/11/2017 | 1 | 21/12/2017 | 21/12/2017 | 1 | | 04/01/2018 | 21/12/2017 | 1 | | 23-Jan-18 | |
| 33 | Follow Up Not Booked - Reporting | ABM-1718-031 | Hamish Lainq | Q3 | | | | | | | | | | | | | | | |
| 34 | IT / Cyber Security | | | | | | | | | | | | | | | | | | |
| 35 | Data Quality - Follow Up Reviews (Stroke) *added* | | | Q4 | | | | | | | | | | | | | | | |
| Operational service and functional management | | | | | | | | | | | | | | | | | | | |
| 36 | Singleton Hospital Unit Governance Review | ABM-1718-032 | Chris White | Q1 | 22/06/2017 | 1 | 06/07/2017 | 23/06/2017 | 1 | 14/07/2017 | 20/07/2017 | 1 | | 03/08/2017 | 24/07/2017 | 1 | | 14-Sep-17 | |
| 37 | Neath Port Talbot & Clinical Support Unit Governance Review | ABM-1718-033 | Chris White | Q1 | 04/07/2017 | 1 | 18/07/2017 | 04/07/2017 | 1 | 25/07/2017 | 07/08/2017 | 1 | | 21/08/2017 | 11/08/2017 | 1 | | 14-Sep-17 | |
| 38 | HR&OD Directorate Follow Up | ABM-1718-034 | Kate Lorenti | TBA | | | | | | | | | | | | | | | |
| 39 | Executive Medical Directorate Governance Review | ABM-1718-035 | Hamish Lainq | Q2 | 10/08/2017 | 1 | 24/08/2017 | 11/08/2017 | 1 | 15/09/2017 | 13/09/2017 | 1 | | 27/09/2017 | 13/09/2017 | 1 | | 16-Nov-17 | |
| 40 | Nursing Directorate | ABM-1718-036 | Angela Hopkins | Q1 | 29/06/2017 | 1 | 13/07/2017 | 30/06/2017 | 1 | 21/07/2017 | 31/07/2017 | 1 | | 14/08/2017 | 02/08/2017 | 1 | | 14-Sep-17 | |
| 41 | Finance Directorate | ABM-1718-037 | Lynne Hamilton | Q3 | | | | | | | | | | | | | | | |
| 42 | Community Dentistry | ABM-1718-038 | Chris White | Q2 | 28/11/2017 | 1 | 12/12/2017 | 28/11/2017 | 1 | 19/12/2017 | 21/12/2017 | 1 | | 04/01/2018 | 22/12/2017 | 1 | | 23-Jan-18 | |
| 43 | Mental Health & Learning Disabilities Unit Governance Follow up Review | ABM-1718-039 | Chris White | Q2 | 02/11/2017 | 1 | 16/11/2017 | 07/11/2017 | 1 | 28/11/2017 | 27/11/2017 | 1 | | 11/12/2017 | 28/11/2017 | 1 | | 23-Jan-18 | |
| 44 | GP Managed Practices | | | | | | | | | | | | | | | | | | |
| Removed from Plan (Audit Committee September 2017) | | | | | | | | | | | | | | | | | | | |
| Workforce management | | | | | | | | | | | | | | | | | | | |
| 45 | Staff Performance Management and Appraisals | ABM-1718-041 | Kate Lorenti | Q2 | 31/08/2017 | 1 | 14/09/2017 | 31/08/2017 | 1 | 21/09/2017 | 24/09/2017 | 1 | | 08/10/2017 | 05/10/2017 | 1 | | 16-Nov-17 | |
| 46 | Workforce Delivery Plan Actions: Limited Scope Review (deferred from 16/17) | ABM-1718-042 | Kate Lorenti | Q2 | 30/01/2018 | 1 | 13/02/2018 | 31/01/2018 | 1 | 21/02/2018 | 14/02/2018 | 1 | | 28/02/2018 | 20/02/2018 | 1 | | 15-Mar-18 | |
| 47 | Statutory and Mandatory Training | ABM-1718-043 | Kate Lorenti | Q2 | 01/08/2017 | 1 | 27/07/2017 | 02/08/2017 | 1 | 23/08/2017 | 17/08/2017 | 1 | | 31/08/2017 | 24/08/2017 | 1 | | 14-Sep-17 | |
| 48 | Medical Staff Revalidation | | | | | | | | | | | | | | | | | | |
| 49 | Organisational Change / Pay Bandings | | | | | | | | | | | | | | | | | | |
| 50 | EWTD | ABM-1718-046 | Kate Lorenti | Q2 | | | | | | | | | | | | | | | |
| 51 | Sickness Absence Management Follow Up (deferred from 2016/17) *added* | ABM-1718-103 | Kate Lorenti | | 30/10/2017 | 1 | 13/11/2017 | 30/10/2017 | 1 | 20/11/2017 | 30/11/2017 | 1 | | 14/12/2017 | 30/11/2017 | 1 | | 23-Jan-18 | |
| 52 | Nurse Rostering Follow Up (deferred from 2016/17) | | | | | | | | | | | | | | | | | | |
| 53 | Junior Doctor Bandings Follow Up (deferred from 2016/17) | | | | | | | | | | | | | | | | | | |
| 54 | Locum Medical Cover: Expenditure Controls *added* | ABM-1718-106 | Lynne Hamilton | | 31/10/2017 | 1 | 14/11/2017 | 31/10/2017 | 1 | 21/11/2017 | 07/12/2017 | 1 | | 21/12/2017 | 09/01/2017 | 1 | | 23-Jan-18 | |

ABM UNIVERSITY HEALTH BOARD
INTERNAL AUDIT REGISTER 2017/18

| Audit Assurance Rating Key | | |
|----------------------------|----------------|--------------|
| Substantial Assurance | Some Assurance | No Assurance |
| Reasonable Assurance | Some Assurance | No Assurance |

| Progress Monitoring of Approved Plan | | Report Ref. No. | Executive Lead | Completion of Work | | | | Draft Report | | | | Management Responses | | | | Final Report | | Audit Assurance Rating / Audit Committee Date | |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-----------------|---------------------------------------|--------------------|---------------|---------|------|--------------|------------|---------|------|----------------------|------------|---------|------|--------------|------------|-----------------------------------------------|-----------|
| | | | | Planned Finish | Actual Finish | On time | Late | Due | Issued | On time | Late | Due | Received | On time | Late | Due | Issued | | On time |
| 55 | Corporate HR Follow Up (deferred from 2015/16) | | | | | | | | | | | | | | | | | | |
| Approval has been sought from AC to defer for reconsideration in 2018/19 following the appointment of the substantive DoHR | | | | | | | | | | | | | | | | | | | |
| Capital and Estates Management | | | | | | | | | | | | | | | | | | | |
| 17/18 Audit Plan | | | | | | | | | | | | | | | | | | | |
| 56 | Informatics Programme (b/f) | ABM 16-17 04 | Hamish Laing Sian Harrop-Griffiths | | 16/06/2017 | | 1 | 30/06/2017 | 16/06/2017 | 1 | | 07/07/2017 | 15/08/2017 | | 1 | 29/08/2017 | 17/08/2017 | 1 | 14-Sep-17 |
| 57 | Systems / CRL (b/f) | ABM 16-17 06 | Sian Harrop-Griffiths | Q4 | 18/05/2017 | | 1 | 01/06/2017 | 23/05/2017 | 1 | | 13/06/2017 | 27/06/2017 | | 1 | 11/07/2017 | 28/06/2017 | 1 | 20-Jul-17 |
| 58 | Backlog Maintenance (b/f) | ABM 16-17 09 | Sian Harrop-Griffiths | Q3 | 04/07/17 | 1 | | 18/07/17 | 02/08/2017 | | 1 | 23/08/17 | 26/09/2017 | | 1 | 10/10/17 | 09/10/2017 | 1 | 16-Nov-17 |
| 59 | Capital Follow Up | | | | | | | | | | | | | | | | | | |
| 60 | ARCH Programme | | | | | | | | | | | | | | | | | | |
| Audit Committee approval sought to defer to 2018/19 | | | | | | | | | | | | | | | | | | | |
| 61 | Renal Ward Refurbishment | ABM 17-18 03 | Sian Harrop-Griffiths | | 21/09/17 | 1 | | 05/10/17 | 16/11/2017 | | 1 | 07/12/2017 | 28/12/2017 | | 1 | 11/01/2018 | 04/01/2018 | 1 | 23-Jan-18 |
| 62 | Transitional Care Unit / Neonatal and Paediatrics Capacity | | | | | | | | | | | | | | | | | | |
| Audit Committee approval sought to defer to 2018/19 | | | | | | | | | | | | | | | | | | | |
| 63 | Informatics SOP | | | | | | | | | | | | | | | | | | |
| 64 | Capital Systems (Equipment Replacement Programme) | | | | | | | | | | | | | | | | | | |
| 65 | Follow Up Estates Assurance | | | | | | | | | | | | | | | | | | |