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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	9th November 2021		Agenda Item	2.3
Report Title	Audit Registers and Status of Recommendations			
Report Author	Len Cozens, Head of Compliance			
Report Sponsor	Pam Wenger, 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 registers, which have been developed to assist in monitoring and reporting on the status of agreed audit recommendations and progress against management responses.			
Key Issues	<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 22nd October 2021.</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 Registers and the status of the action plans. 			

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 agreed action 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)

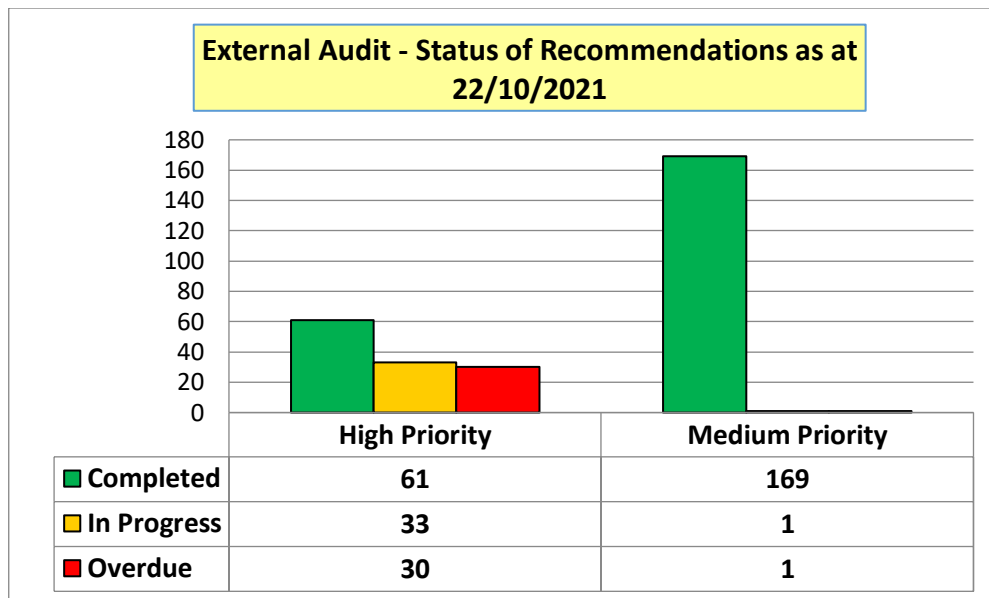
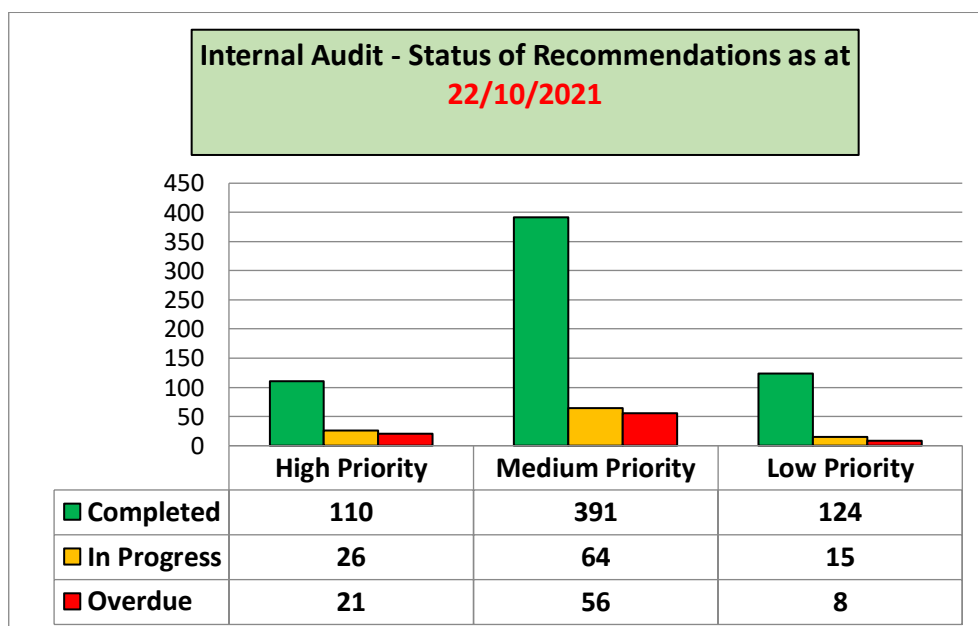
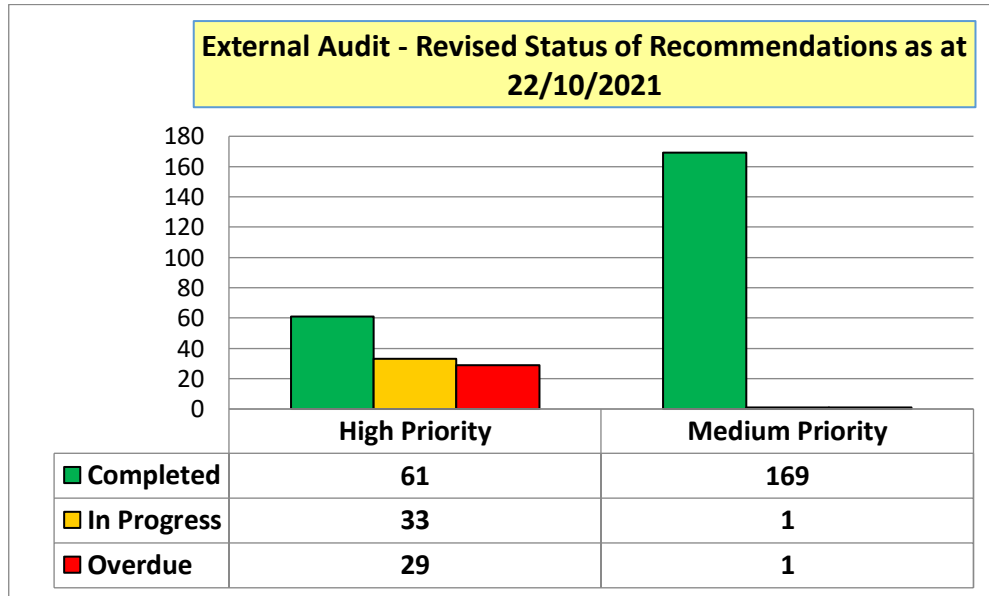


Fig 2: NWSSP Audit & Assurance Reports (Original Deadlines)



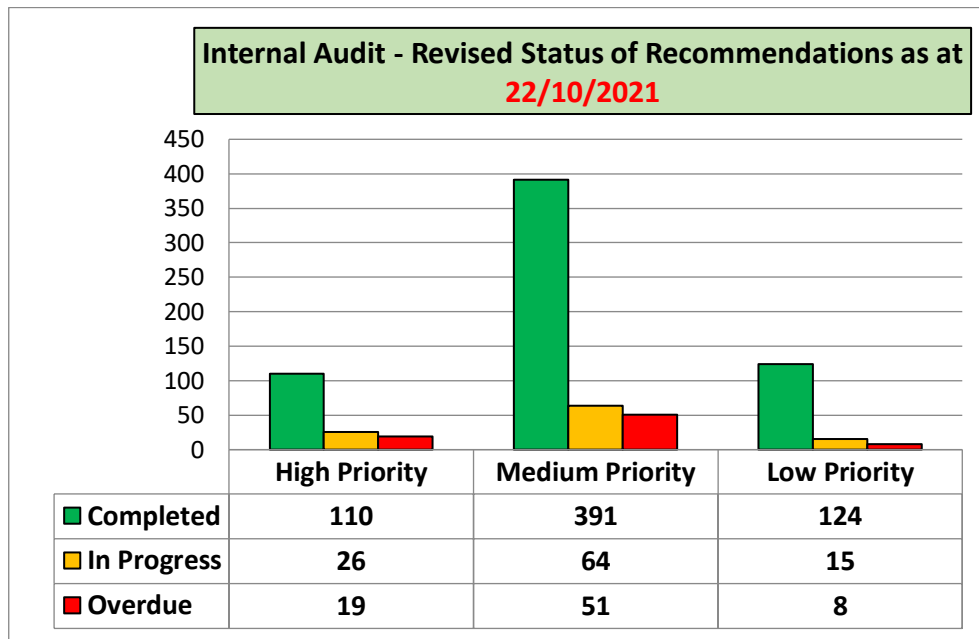
3.4 In certain circumstances, factors beyond the control of the implementing officer(s) may mean that the agreed date for implementation of the recommendation cannot be achieved, and a revised target implementation date is agreed. The following measures progress taking into account these **revised deadlines**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

Fig 3: Audit Wales Reports (Extended Deadlines)



This represents an improvement when compared to the last report to Audit Committee (September 2021), which recorded a total of 35 overdue recommendations. The main reason for this movement is that the Executive Lead has reported the completion/closure of all outstanding actions relating to the December 2019 report on the NHS Consultant Contract: Follow-up of Previous Recommendations. A table detailing the comments received from the Executive Lead in closing these recommendations has been included at **Appendix 3** for information and assurance.

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



This represents a deterioration when compared to the last report to Audit Committee (September 2021), which recorded a total of 68 overdue recommendations. The following recommendations have become overdue since the last report:

- Three separate actions relating to PADR process and compliance within Workforce & OD and Hotel Services
Staff Performance Management & Appraisal – Issued April 2019
WOD Directorate – Issued August 2020
- Two separate actions relating to the ‘targeting’ of health & wellbeing support services and resources, and maintenance of the Team’s intranet page(s).
Staff Wellbeing & Occupational Health – Issued September 2021
- One action regarding the reconciliation/correlation of invoicing records relating to bed usage.
Procurement (No PO/No Pay) – Issued December 2019
- One action relating to improved clarity of reporting from the Health & Safety Operational Group into the Health & Safety Committee.
Health & Safety – Issued March 2020
- One action relating to the development of a training and communication programme in respect of the discussion, agreement and recording of Expected Date of Discharge linked to the launch of the revised SAFER Policy.
Discharge Planning – Issued February 2021

- One action relating to the identification of compartmentation lines in order to update fire safety drawings.

Fire Safety Management – Issued April 2021

- One action relating to the implementation of the safeguarding module of DATIX, and development of monitoring information to triangulate data on concerns with workforce matters.

Safeguarding – Issued June 2021

- Two separate actions relating to undertaking a serious incidents training needs analysis, and the maintenance of accurate training attendance records.

Concerns: Serious Incidents – Issued May 2021.

- One action relating to a review of the compliance requirements for all IM&T related legislation and standards, and the establishment of an associated reporting process.

Digital Technology Control & Risk Assessment – Issued Feb 2021.

3.5 A breakdown/summary of all overdue recommendations in terms of both Audit Wales and NWSSP Audit & Assurance reports has been provided at **Appendix 1** and **2** respectively.

3.6 The foregoing notwithstanding, management have recorded that two further actions agreed as part of the recent report on Discharge Planning (issued February 2021) have been completed. These relate to the promotion of consistent use of the Patient Status At a Glance (PSAG) White Boards, and the presentation of a case to the Signal User Group for a standardised approach to board rounds to be designed within Phase 3.

3.7 In addition, at the request of the Executive Lead, the deadline for the one remaining outstanding action from the Discharge Summary Communication: Improving Performance report (issued June 2020) has been extended to 30/11/2021. The recommendation relates to the development of a recovery plan in respect of discharge summary performance, and the date has been extended due to the need to focus on and prioritise the recovery of services and return of operational functions.

4. Estates Recommendations

4.1 At its September 2021 meeting, the Audit Committee requested an update report on outstanding recommendations relating to Estates. This report has been produced by the Assistant Director of Operations (Estates) and is included on the agenda.

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 Registers and the status of the action plans.

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	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		
<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 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
Exec Lead: Chief Operating Officer		
Discharge Planning	10	1
Primary Care Services	9	-
Exec Lead: Dir. of Corp. Governance		
Structured Assessment 2017*	1	-
Structured Assessment 2019*	4	-
Exec Lead: Dir. of Strategy		
Well-being of Future Generations Act	5	-
Total	29	1

**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
Exec. Lead – Director of Strategy			
Strategy & Planning Directorate		1	
Systems: Declarations of Interest and Risk Management		4	
Exec. Lead: Chief Operating Officer			
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	
Exec. Lead: Director of W&OD			
EWTB – Portering Services	1		
Staff Performance Management & Appraisals	2		
Disclosure & Barring Service (DBS) Checks	1		
WOD Framework		2	
WOD Directorate	1	1	
Staff Wellbeing & Occupational Health		1	1
Exec. Lead: Director of Finance			
Procurement (No PO/No Pay)	1	1	
Exec. Lead: Director of Nursing & Pat. Exp.			
Safe Water Management (including Legionella)	1		
Health & Safety – Primary Care Estates		1	
Health & Safety		3	
Falls		1	
Health & Safety Framework (Follow Up)		2	

Discharge Planning	3	4	
Adjusting Service: Quality Impact Assessment			1
Fire Safety Management	2	1	
Control of Substances Hazardous to Health (COSHH)		1	
Safeguarding			1
Exec. Lead: Director of Corporate Governance			
Board Assurance Framework		1	
Concerns: Serious Incidents	1	2	
Exec. Lead: Director of Public Health			
Vaccination & Immunisation		1	
Exec. Lead: Director of Digital			
Digital Technology Control and Risk Assessment			1
Total	19	51	8

