

Internal Audit review of audits with long-outstanding actions (original data taken from *Audit Registers & Action Plans* report to AC May 2018)

At the request of the Audit Committee, Internal Audit met with the Board Secretary and Head of Accounting & Governance in June 2018 to review the schedule of agreed management actions that remain outstanding for completion following previous internal audit reviews. The purpose was to cleanse data, to identify for removal those that have since been superseded, and to presenting proposals for the treatment of those that remain. The review focused on those audits with actions overdue longest. The table below presents the results of the Internal Audit review: alongside each audit a commentary and proposal for action was presented for consideration by the Executive Team. This table is presented for Audit Committee members' information.

	Sum of High Priority Overdue	Sum of Medium Priority Overdue	Sum of Low Priority Overdue	Audit Rating	Longest Overdue (Days)	WHO	YEAR	INTERNAL AUDIT COMMENTS	RECOMMENDATION TO EXEC TEAM
Director of Strategy	5	24	6						
Commissioning Boards	0	1	1	Reasonable	401	IA	16/17	This audit (ref ABM-1617-026) is 2 years old and was a review of compliance with Commissioning Board terms of reference. The 1 medium recommendation o/s related to 2xCBs providing an annual report to the Strategy Planning & Commissioning Committee - now no longer a Committee of the Board. Recommendations have been superseded and are no longer relevant.	REMOVE
Cath Lab B	0	1	0	Reasonable	301	SSU	16/17	This audit (ref ABM-1617-02 (SSU)) has since been followed up - the 17/18 follow up (draft ref ABM-1718-01 (SSU)) has reported 1 action partially implemented.	Amend to reflect current status when finalised
Health & Safety - Primary Care Estates	0	1	0	Reasonable	267	SSU	15/16	This audit (ref 15-16 ABM-08 (SSU)) has since been followed up - the 17/18 follow up (draft ref ABM-1718-10 (SSU)) has reported 2 actions outstanding	Amend to reflect current status when finalised
Disability Discrimination	0	2	0	Reasonable	207	SSU	14/15	This audit (ref 14-15 ABM-03 (SSU)) has since been followed up - 17/18 follow up (draft ref ABM-1718-10 (SSU)) reported 1 action outstanding	Amend to reflect current status when finalised
Legionella Management	0	0	1	Limited	207	SSU	15/16	This audit (ref 15-16 ABM-03 (SSU)) has since been followed up - 17/18 follow up (draft ref ABM-1718-10 (SSU)) reported 1 action outstanding	Amend to reflect current status when finalised
Capital Systems	0	0	2	Reasonable	206	SSU	16/17	This audit (ref 16-17 ABM-06 (SSU)) has since been followed up - 17/18 follow up (ref ABM-1718-01 (SSU)) reported 2 actions partially implemented	Amend to reflect current status when finalised
Phase 1B Clinical Accommodation	3	0	0	Limited	146	SSU		This audit (ref 1415 ABM-06 (SSU)) has since been followed up - the 17/18 follow up (draft ref ABM-1718-01 (SSU)) has reported 3 actions partially implemented	Amend to reflect current status when report finalised
Phase 1B Existing Medical School	0	1	0	Limited	146	SSU		This audit (ref 1516 ABM-06 (SSU)) has since been followed up - the 17/18 follow up (draft ref ABM-1718-01 (SSU)) has reported 1 action partially implemented.	Amend to reflect current status when report finalised
Cardiac Intensive Therapy Unit	0	3	1	Reasonable	146	SSU		This audit (ref 1516 ABM-05 (SSU)) has since been followed up - the 17/18 follow up (draft ref ABM-1718-01 (SSU)) has reported 4 actions partially implemented	Amend to reflect current status when report finalised
Regulatory Compliance: Fire Safety	2	2	0	Limited	145	IA		Previous audit (ref ABM-1718-010) has since been superseded by audit ABM-1718-109 issued in May 2018. The current figures for this (at time of review in June 2018) were 3H,3M,2L recommendations ongoing.	Correct details and retain
Neath Port Talbot Operational PFI	0	12	1	Reasonable	85	SSU		This audit (ref ABM-1617-12 (SSU)) has since been followed up - 17/18 follow up (draft ref ABM-1718-10 (SSU)) reported 3 actions partially implemented, 7 not actioned	Amend to reflect current status when finalised
Security Framework (Follow Up)	0	1	0	Limited	54	IA		<i>Not long-outstanding, so not subject to this review</i>	
Medical Director	6	10	1						
Junior Doctor Bandings	1	4	1	Limited	664	IA	15/16	This was last audited 3 years ago (ref 010/2015). There was widespread non compliance with Health Board rota monitoring requirements. Recommendations made related to: - clarifying roles & responsibilities for managing & monitoring new deal compliance (Medium) - Documenting procedures / guidance on how to manage factors affecting new deal compliance effectively (Medium) - Ensuring junior doctor submit breach forms (High) - Junior doctors and clinical leads to ensure breach forms are completed accurately & fully (Medium). - Ensuring junior doctors comply with natural break requirements (Medium)	Executive decision
								Noting the age of the audit, when it is next audited (it is in 18/19 plan) it may be appropriate to review this subject afresh, thus replacing the original recommendations and these figures. Until issues are addressed however it should be noted that this remains a significant FINANCIAL RISK and PATIENT Q&S RISK area. If a decision is made to close these o/s actions now, then it is recommended that the risks be added to the delivery unit/service risk registers and Audit Committee approval be sought.	
Information Governance Framework: Information Assurance	0	2	0	Limited	511	IA	15/16 + 17/18	The information here needs correction: This row appears to relate to the original audit of this area (ref 023/2015) - however, it was followed up in 17/18 (ref ABM-1718-013), generating 2 recommendations (1H,1M), both of which remain open. The table should be updated to reflect this position.	Retain, but details require correction

	Sum of High Priority Overdue	Sum of Medium Priority Overdue	Sum of Low Priority Overdue	Audit Rating	Longest Overdue (Days)	WHO	YEAR	INTERNAL AUDIT COMMENTS	RECOMMENDATION TO EXEC TEAM
Medical Appraisal to Support Revalidation Follow-up	4	2	0	Limited	511	IA	15/16	The AC chair has indicated concern regarding the lack of progress in this area (ref 042/2015), so it is recommended that this is retained until completed. The HIGH recommendations remaining to be completed relate to: - The formal appointment of Appraisal Leads in Units - Action to support effective monitoring in Units: the original recommendation was aimed ensuring accurate data could be used to monitor in Units - it may be that action has since superseded this recommendation. - Appraisal of Appraisers - this is outstanding as it awaits the appointment of Appraisal Leads (as above) - Ensuring resource within job plans to support effective appraisal + job planning guidance update (the current management update for this within the system suggests it is complete, but this has not been reflected in the completed date column.	Retain
Informatics Programme	0	2	0	Reasonable	176	SSU	16/17	Another audit of this areas is included in the 2018/19 audit programme. We would recommend that this remains on the register until then.	Retain
Medical Devices & Equipment	1	0	0	Limited	30	IA		<i>Not long-outstanding, so not subject to this review</i>	
Director of Therapies	1	7	5						
Radiation Protection	0	0	1	Reasonable	501	IA	16/17	This <i>reasonable assurance</i> audit (ref ABM-1617-008) is 2 years old and only one low priority recommendation remains.	REMOVE
Older Persons: Dignity & Respect	1	2	3	Limited	481	IA	15/16	This entry requires correction. The non-Estates elements of the <u>original</u> 15/16 audit (ref 037/2015) were followed up in 16/17 (ref ABM-1617-054). The one high priority Estates recommendation was excluded at that time for inclusion instead in a separate audit of Backlog Maintenance. So this, <u>original</u> audit can be removed. However, the 16/17 <u>Follow Up</u> audit is not reflected in this AC table. It derived a <i>reasonable</i> rating and generated 5M,1L recommendations. The 16/17 recommendations related largely to mandatory training & PADR - both subjects have received separate dedicated audits generating improvement recommendations for the benefit of the whole Health Board. Each is being taken forward under the DOWOD and monitored by the Audit Committee separately. One further recommendation related to overcrowding on ward V (Apr 17). If a decision is made to close these o/s actions now, then it is recommended that the risks be added to the delivery unit/service risk registers and Audit Committee approval be sought.	1) Details require correction 2) Executive Decision
Director of Workforce	2	5	0						
Statutory & Mandatory Training Progress	1	4	0	Limited	114	IA		This subject remains relevant and should be retained in the register. The DOWOD has provided a background paper to AC on issues. This is in the audit plan for late Q3/Q4 2018/19.	Retain
Sickness Absence Management: Follow Up	1	0	0	Reasonable	23	IA		<i>Not long-outstanding, so not subject to this review</i>	
Chief Operating Officer	2	8	3						
Community Equipment Stores Follow-up	0	0	1	Reasonable	969	IA	14/15	This audit (ref 053/2014) is over 3 years old and only one low priority recommendation remains.	REMOVE
Performance Management	0	1	0	Reasonable	145	IA		These figures relate to the 16/17 review (ref ABM-1617-033) and remains relevant. The AC chair has previously expressed concern around job planning: the single recommendation remaining is associated with job planning at POW - its delay we are informed is associated with the new electronic job planning system. This audit should be retained in the register. ADDITIONALLY... We have also undertaken a 17/18 review (ref ABM-1718-012) with different scope & recommendations (2M,1L) which should also be monitored separately.	Retain
Community Dentistry	1	5	0	Reasonable	54	IA		<i>Not long-outstanding, so not subject to this review</i>	
MH&LD Governance	0	0	2	Reasonable	23	IA		<i>Not long-outstanding, so not subject to this review</i>	
Primary Care Cluster Governance	1	1	0	Reasonable	23	IA		<i>Not long-outstanding, so not subject to this review</i>	
Data Quality: Mental Health Measures (Follow Up)	0	1	0	Reasonable	22	IA		<i>Not long-outstanding, so not subject to this review</i>	

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Director of Nursing	4	15	2						
Infection Prevention & Control	0	3	1	Reasonable	329	IA	16/17	This audit (ref ABM-1617-002) is 2 years old. Three Medium recommendations remain to be marked as complete in the register: - 2 related to (i) job planning sessions and (ii) objective setting for the HB Infection Control doctor support. This may still be a risk for the Health Board. The Exec Team may wish to recommend removal of this point from the audit register, subject to ongoing action to address this issue being entered in the corporate risk register. - 1 related to the non-compliance with requirements (in place at the time within ABM) for local clinical audit relating to AMR in Morriston. If the Health Board requirement for AMR coverage within local audit programmes has changed, then this may no longer be relevant and the Exec Team may recommend removal of this point.	Executive Decision
Clinical Governance Framework	0	4	0	Reasonable	238	IA	16/17	This audit (ref ABM-1617-015) is 2 years old. Recommendations are not confirmed as complete by management: - 1 Medium recommendation related to improvement to the Quality & Safety Forum work plan - 1 Medium recommendation identified the need for Mortality Stage 2 trajectories to against which to monitor improvement - 1 Medium recommendation related to the need to complete development of the older persons dashboard Since the audit reported, there has been significant change of Board membership and Committee structure. The next audit of this area would need to consider areas afresh. This could be REMOVED if Executive Directors consider that the arrangements currently in place and changes in hand supersede the original recommendations - however, any risks remaining on account of areas not yet addressed should be included in unit/service risk registers and AC approval sought.	Executive decision
Funded Placements in Non-NHS Settings Follow Up Review	1	2	0	Limited	176	IA	16/17	This audit (ref ABM-1617-030) was undertaken in 16/17. The recommendation figures presented here do not match the action plan update completed by management, so they require correcting. The audit was a follow up of one undertaken in 14/15, since which time ABM had restructured. We are aware of significant work being undertaken to review contractual management arrangements. It would be appropriate for the next audit to review this area afresh next time. The Executive Team may wish to remove the remaining recommendations as currently stated, but there are PATIENT Q&S RISKS which remain until new arrangements are put in place - AC approval would be required to remove and an appropriate entry placed in Unit risk register(s) until resolved.	1) Details require correction 2) Executive decision
Deprivation of Liberty Safeguards	1	2	1	Limited	114	IA		There was only 1 Medium recommendation left in the management status update online at 8/6 (expected completion date being 30/6). This should be retained until all action is confirmed by management as completed. A 2018/19 follow up audit has started.	Retain
Pressure Ulcers	2	2	0	Limited	85	IA		This relates to a 2017/18 audit and should be retained until all actions are confirmed as completed or superseded by effective alternative actions by management. A follow up audit is in the 2018/19 audit plan and will start in Q2.	Retain
Risk Management & Assurance	0	2	0	Reasonable	54	IA		<i>Not long-outstanding, so not subject to this review</i>	
Director of Finance	0	0	1						
Locum Medical Cover: Expenditure Control	0	0	1	Limited	23	IA		<i>Not long-outstanding, so not subject to this review</i>	
Chief Executive	0	0	2						
In Year Governance Review	0	0	1	Reasonable	969	IA	14/15	There has been significant change in the HB since this audit (ref 036/2014) and a DoCG stocktake and system enhancement is under way.	REMOVE
Annual Governance Statement : In-Year Review	0	0	1	Reasonable	694	IA	15/16	There has been significant change in the HB since this audit (ref 017/2015) and a DoCG stocktake and system enhancement is under way.	REMOVE
Grand Total	20	69	20						