AGENDA ITEM
5.2

AUDIT & RISK COMMITTEE

AUDIT RECOMMENDATIONS TRACKER UPDATE REPORT

Date of meeting	13/02/2023

FOI Status	Open/Public

If closed please indicate reason	Not Applicable - Public Report

Prepared by	Emma Walters, Corporate Governance Officer
Presented by	Cally Hamblyn, Assistant Director of Governance & Risk
Approving Executive Sponsor	Chief Executive

Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	**Date**	**Outcome**

ACRONYMS	

1. SITUATION/BACKGROUND

1.1 The main purpose of this report is to present an update to the Audit & Risk Committee on reported progress of Audit report recommendations in the revised format.

1.2   This report relates to both internal and external audit review recommendations.

2.   SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1   Steps have been taken to seek updates from Management leads in relation to outstanding internal and external audit recommendations which are classed as high/medium/low priority. Members will note that 36 internal audit recommendations have been completed/closed and are proposed for removal from the tracker, together with 4 external audit recommendations, some of which are historical and have been superseded and explanations have been included where relevant on the tracker.

Internal Audit

2.2   The tables below provide a summary of the current position in relation to Internal Audit Recommendations, noting that the proportion of red status recommendations has improved slightly to 51% compared to the December position which was at 53%.
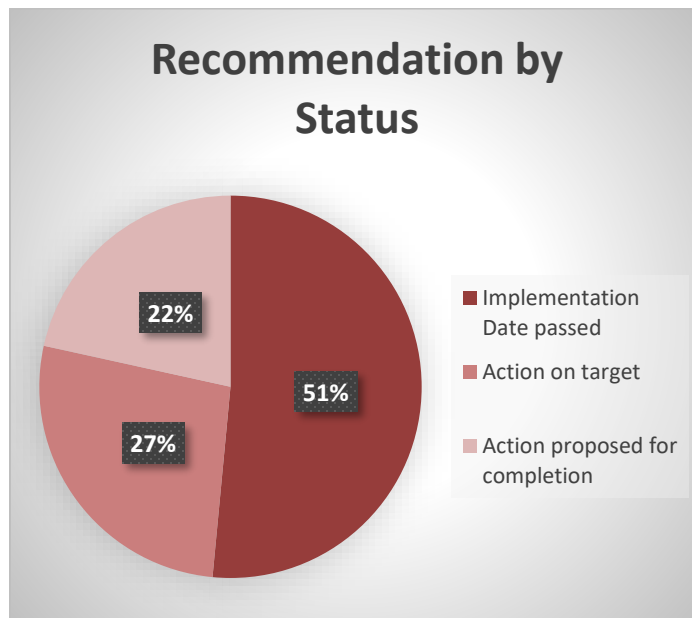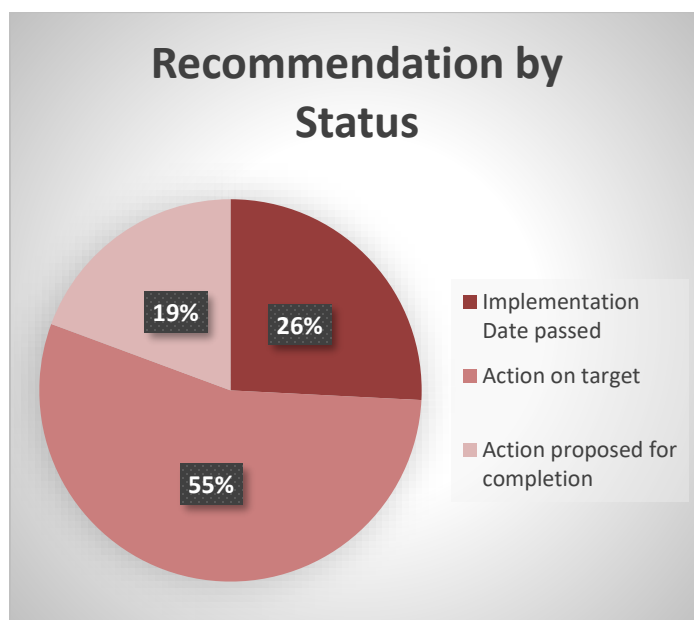
Recommendations by Priority & Status

Priority	TOTAL	Implementation Date passed	Action on target	Actions Completed
High	43	21	12	10
Medium	109	58	28	23
Low	15	7	5	3

Recommendations by Executive Lead & Status

Executive Lead	Total	Implementation Date passed	Action on target	Actions Completed
Director of Corporate Governance	3	1	1	1
Director of Finance	27	3	20	4
Chief Operating Officer	44	21	12	11
Director of Nursing	38	25	4	9
Director of Digital	16	4	6	6
Director for People	20	15	2	3
Director of Strategy & Transformation	15	15	0	0
Medical Director	4	2	0	2

Implementation Date Extended by

Priority	TOTAL	More than 24 Months	18-24 Months	12-18 Months	6-12 Months
High	20	3	2	1	14
Medium	48	4	7	11	26
Low	6	1	1	2	2

External Audit (Audit Wales)

2.3 The tables below provide a summary of the current position in relation to External Audit Recommendations. You will note that the percentage of recommendations whereby the implementation date has now passed has improved slightly to 26% compared to the 33% reported to the December 2022 meeting.

Recommendations by Priority & Status				
Priority	**TOTAL**	Implementation Date passed	Action on target	Actions Completed
High/Medium/Low	**31**	9	18	4

Recommendations by Executive Lead & Status				
Executive Lead	Total	Implementation Date passed	Action on target	Actions Completed
Director of Corporate Governance	2	0	2	0
Director of Strategy & Transformation	7	2	4	1
Chief Operating Officer	1	1	0	0
Director of Finance	7	1	4	2
Director of Digital	2	2	0	0
Director of Nursing	9	4	4	1
Director for People	2	0	2	0
Medical Director	1	0	1	0

Implementation Date Extended by					
Priority	TOTAL	More Than 24 Months	18-24 Months	12 - 18 Months	6 -12 Months
High/Medium/Low	14	4	4	4	3

3.   KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1   As outlined in section 2, the audit tracker will continue to be updated.

3.2   The revised format will continue to be further refined over time, but aims to provide a more thorough tracker and audit tool for the Audit Committee.

4.   IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Robust internal processes aligned with a strong governance framework is essential to ensuring patients experience the greatest possible levels of safety and quality.
Related Health and Care standard(s)	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
	Not required
Legal implications / impact	Yes (Include further detail below)
	There may be an adverse effect on the organisation if the UHB does not fully implement learning and improvements identified as part of Audit arrangements.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

5.1 The Audit & Risk Committee are being asked to **NOTE** the report and agree assurances provided in particular relation to closed recommendations.