



**AGENDA ITEM**

5.1

**AUDIT & RISK COMMITTEE**

**AUDIT RECOMMENDATIONS TRACKER UPDATE REPORT**

<b>Date of meeting</b>	28/04/2022
<b>FOI Status</b>	Open/Public
<b>If closed please indicate reason</b>	Not Applicable - Public Report
<b>Prepared by</b>	Emma Walters, Corporate Governance Officer
<b>Presented by</b>	Georgina Galletly, Director of Corporate Governance/Board Secretary
<b>Approving Executive Sponsor</b>	Director of Corporate Governance
<b>Report purpose</b>	FOR NOTING

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

<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>

**ACRONYMS**

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**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.

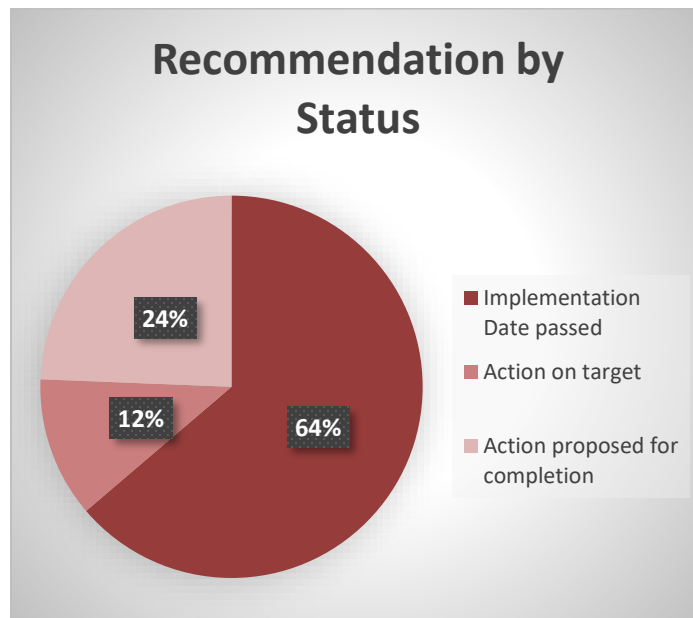
1.2 This report relates to both internal and external audit review recommendations.

## 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 a further 39 internal audit recommendations have been completed and are proposed for removal from the tracker, together with 20 external audit recommendations, some of which are historical and have been superseded and explanations have been included where relevant on the tracker.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 there remains a large number in the proportion of red status indicating actions that won't be achieved in line with timescales, largely due to the impact of COVID-19:





Recommendations by Priority & Status				
Priority	TOTAL	Implementation Date passed	Action on target	Actions Completed
High	43	26	7	10
Medium	95	64	8	23
Low	22	12	4	6

Recommendations by Executive Lead & Status				
Executive Lead	Total	Implementation Date passed	Action on target	Actions Completed
Director of Corporate Governance	25	20	3	2
Director of Finance	25	17	5	3
Chief Operating Officer	58	42	3	13
Director of Nursing	1	0	0	1
Director of Digital	14	6	2	6
Director for People	32	14	5	13
Director of Public Health	1	1	0	0
Medical Director	4	2	1	1

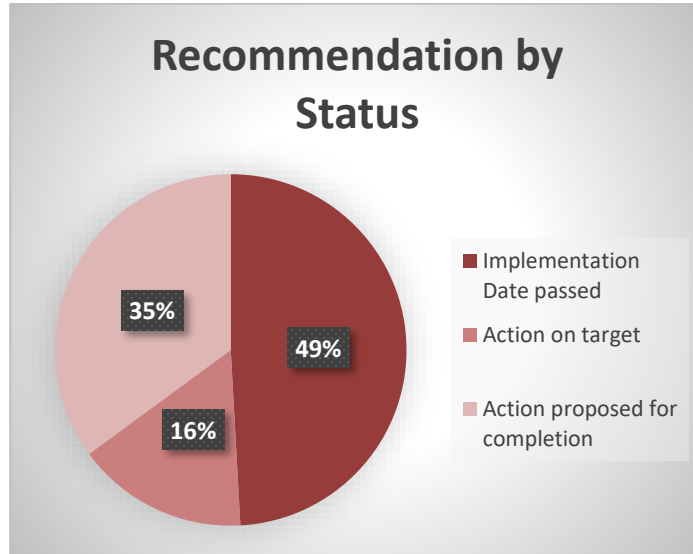
Implementation Date Extended by					
Priority	TOTAL	More than 24 Months	18-24 Months	12-18 Months	6-12 Months
High	25	6	6	4	9
Medium	30	9	4	5	12



Low	9	0	0	3	6
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External Audit (Audit Wales)

2.3 The tables below provide a summary of the current position in relation to External Audit Recommendations:



Recommendations by Priority & Status					
Priority	TOTAL	Implementation Date passed	Action not on target	Action on target	Actions Completed
High	33	21	0	5	7
Medium/Low	24	7	0	4	13



Recommendations by Executive Lead & Status				
Executive Lead	Total	Implementation Date passed	Action on target	Actions Completed
Chief Of Staff	1	0	0	1
Director of Corporate Governance	8	3	2	3
Director of Finance	5	0	4	1
Chief Operating Officer	16	6	0	10
Director of Nursing	19	16	1	2
Director for People	5	2	1	2
Medical Director	3	1	1	1

Implementation Date Extended by					
Priority	TOTAL	More Than 24 Months	18-24 Months	12 - 18 Months	6 -12 Months
High	20	1	0	4	15
Medium/Low	6	3	0	3	0

### 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

<b>Quality/Safety/Patient Experience implications</b>	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.
<b>Related Health and Care standard(s)</b>	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	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.
<b>Legal implications / impact</b>	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.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	There is no direct impact on resources as a result of the activity outlined in this report.
<b>Link to Strategic Goals</b>	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.