



AGENDA ITEM

5.2

AUDIT & RISK COMMITTEE

AUDIT RECOMMENDATIONS TRACKER UPDATE REPORT

Date of meeting	24/10/2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Emma Walters, Corporate Governance Officer
Presented by	Georgina Galletly, Director of Corporate Governance/Board Secretary
Approving Executive Sponsor	Director of Corporate Governance
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.

1.3 A workshop session was held with relevant Executive Leads on Thursday 6 October. Since that workshop advice has been received from Internal Audit proposing that the recommendations relating to Data Quality which date back to 2019 should be closed given that to follow up audits have been undertaken on this matter since 2019. In addition to the Data Quality recommendations contained within the Internal Audit Tracker, the following long standing recommendations are also being proposed for closure:

- Clinical Coding Follow Up Review 03 – External Audit Tracker
- Head & Neck Management Arrangements 06, 09 and 10 – Internal Audit Tracker;
- Cyber Security Follow Up 03 – Internal Audit Tracker

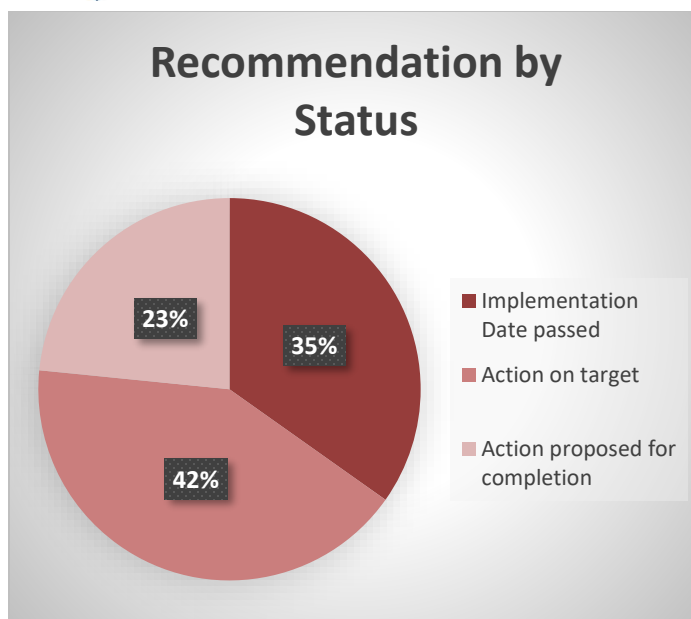
Work continues to be undertaken to close the remaining long standing recommendations as soon as possible.

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 37 internal audit recommendations have been completed/closed and are proposed for removal from the tracker, together with 18 external audit recommendations, some of which are historical and have been superseded and explanations have been included where relevant on the tracker.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 seems to be improving slightly compared to the August position which was at 46%.



Recommendations by Priority & Status				
Priority	TOTAL	Implementation Date passed	Action on target	Actions Completed
High	34	13	11	10
Medium	102	38	46	18
Low	22	4	9	9

Recommendations by Executive Lead & Status				
Executive Lead	Total	Implementation Date passed	Action on target	Actions Completed
Director of Corporate Governance	25	7	15	3
Director of Finance	30	3	24	3
Chief Operating Officer	37	11	8	18
Director of Nursing	9	1	5	3

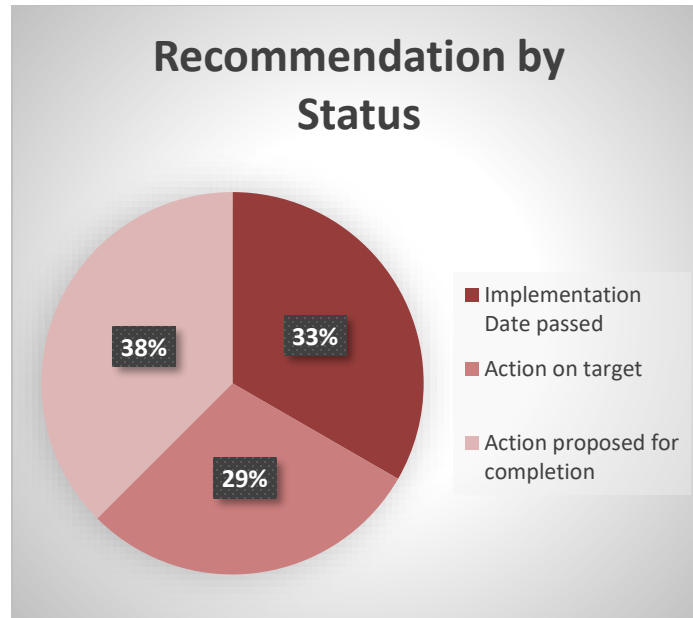


Director of Digital	9	0	4	5
Director for People	21	18	2	1
Director of Public Health	1	0	0	1
Director of Strategy & Transformation	17	13	2	2
Medical Director	9	2	6	1

Implementation Date Extended by					
Priority	TOTAL	More than 24 Months	18-24 Months	12-18 Months	6-12 Months
High	12	2	2	2	6
Medium	41	6	1	8	26
Low	5	1	0	4	0

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 to 33%, compared to the 45% reported in August 2022:



Recommendations by Priority & Status				
Priority	TOTAL	Implementation Date passed	Action on target	Actions Completed
High/Medium/Low	48	16	14	18

Recommendations by Executive Lead & Status				
Executive Lead	Total	Implementation Date passed	Action on target	Actions Completed
Director of Corporate Governance	5	2	2	1
Chief Operating Officer	2	2	0	0
Director of Finance	16	2	4	10
Director of Digital	2	1	0	1
Director of Nursing	12	5	7	0



Director for People	9	4	0	5
Medical Director	2	0	1	1

Implementation Date Extended by					
Priority	TOTAL	More Than 24 Months	18-24 Months	12 - 18 Months	6 -12 Months
High/Medium/Low	23	4	3	7	9

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.



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.