



<b>AGENDA ITEM</b>
5.3

<b>AUDIT &amp; RISK COMMITTEE</b>
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<b>AUDIT RECOMMENDATIONS TRACKER UPDATE REPORT</b>
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<b>Date of meeting</b>	19/04/2023
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<b>FOI Status</b>	Open/Public
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<b>If closed please indicate reason</b>	Not Applicable - Public Report
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<b>Prepared by</b>	Emma Walters, Corporate Governance Officer
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<b>Presented by</b>	Emma Walters, Corporate Governance Manager
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<b>Approving Executive Sponsor</b>	Chief Executive
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<b>Report purpose</b>	FOR NOTING
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)</b>		
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<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>

<b>ACRONYMS</b>	

**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.

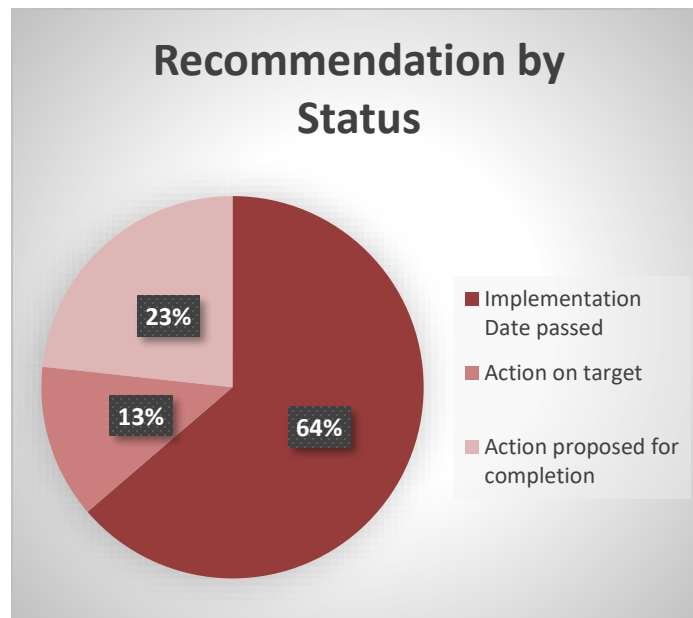


## 2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

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 34 internal audit recommendations have been completed/closed and are proposed for removal from the tracker, together with 7 external audit recommendations.

### 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 deteriorated to 64% compared to the February position which was at 51%.





Recommendations by Priority & Status					
Priority	TOTAL	Implementation Date passed	Action on target		Actions Completed
High	38	22	8		8
Medium	91	60	9		22
Low	17	11	2		4

Recommendations by Executive Lead & Status					
Executive Lead	Total	Implementation Date passed	Action on target		Actions Completed
Director of Corporate Governance	2	1	0		1
Director of Finance	23	21	1		1
Chief Operating Officer	33	26	2		5
Director of Nursing	29	10	0		19
Director of Digital	10	0	4		6
Director for People	24	18	4		2
Director of Strategy & Transformation	15	15	0		0
Medical Director	10	2	8		0

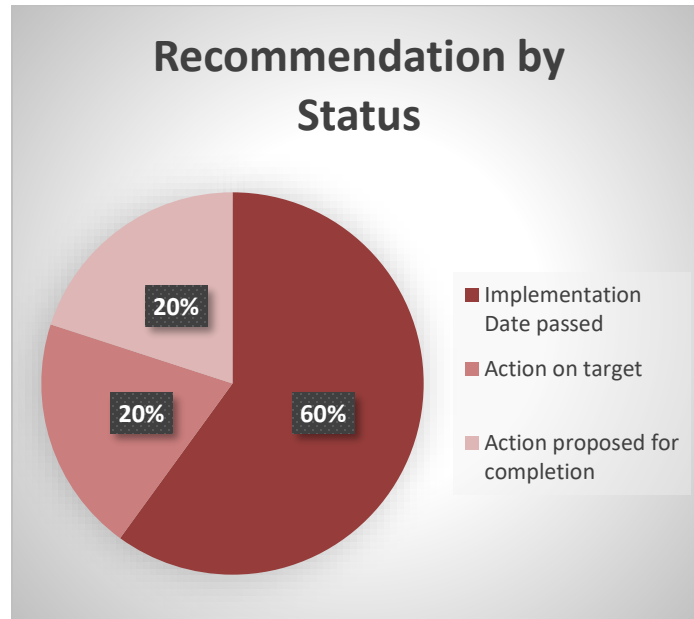
  

Implementation Date Extended by					
Priority	TOTAL	More than 24 Months	18-24 Months	12-18 Months	6-12 Months
High	19	4	0	2	13
Medium	42	7	12	6	17
Low	7	1	2	2	2



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 deteriorated to 60% compared to the 26% reported to the February 2023 meeting.



Recommendations by Priority & Status				
Priority	TOTAL	Implementation Date passed	Action on target	Actions Completed
High/Medium/Low	35	21	7	7



Recommendations by Executive Lead & Status				
Executive Lead	Total	Implementation Date passed	Action on target	Actions Completed
Director of Corporate Governance	2	2	0	0
Director of Strategy & Transformation	10	10	0	0
Chief Operating Officer	1	1	0	0
Director of Finance	5	0	5	0
Director of Digital	2	1	1	0
Director of Nursing	12	5	0	7
Director for People	2	2	0	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	13	4	4	3	2

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

3.1 As outlined in section 2, the audit tracker will continue to be updated with a targeted focus on actions where the implementation date has passed



#### 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.
	Not required
<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** the assurances provided particularly in relation to closed recommendations.