

**PWYLLGOR ARCHWILIO A SICRWYDD RISG  
AUDIT AND RISK ASSURANCE COMMITTEE**

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| <b>DYDDIAD Y CYFARFOD:<br/>DATE OF MEETING:</b>  | 20 April 2021  |
| <b>TEITL YR ADRODDIAD:<br/>TITLE OF REPORT:</b>  | Prioritised Plan for Outstanding Audit/Regulatory/Inspectorate Recommendations         |
| <b>CYFARWYDDWR ARWEINIOL:<br/>LEAD DIRECTOR:</b> | Joanne Wilson, Board Secretary   |
| <b>SWYDDOG ADRODD:<br/>REPORTING OFFICER:</b>    | Claire Bird, Assurance and Risk Officer<br>Charlotte Beare, Head of Assurance and Risk |

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

This report provides the Audit & Risk Assurance Committee a progress report on the development a prioritised plan for outstanding audit/regulatory/inspectorate recommendations.

**Cefndir / Background**

Whilst Executive Directors and Lead Officers understand that there is still the expectation that outstanding recommendations from auditors, inspectorates and regulators should continue to be implemented during COVID-19, progress has slowed due to the significant operational pressures from both COVID and non-COVID related activity.

The Committee's concerns in respect of the growing number of outstanding recommendations was highlighted in its report to Board in November 2020. The Board, whilst understanding the current pressures on staff, requested that a plan prioritising work to address these was developed for when the Health Board moves into 'recovery phase', and assurances from Executive Directors that there were no significant issues that needed to be addressed now.

Following the Board in November 2020, there was a steep rise in community transmission and COVID hospital admissions as the second wave of the pandemic took hold, resulting in significant pressures across operational services and the suspension of all but the most essential services. This led to a delay in starting this work until the end of February 2021.

**Asesiad / Assessment**

Prior to the February meeting, the Board Secretary and Head of Assurance and Risk have reviewed the outstanding 150 red recommendations (as at the end of December 2020), and sorted them into categories for example patient related, compliance, service development, efficiency, etc and whether they were already red prior to March 2020 (when COVID started). Red recommendations are those that have exceeded the original date of implementation.

Meetings with the Head of Internal Audit and our Audit Wales Performance Manager had also taken place to review the current relevancy of audit recommendations given the age of some

the recommendations and the context the Health Board is currently working within. As a result of this meeting 9 recommendations were closed (8 from Audit Wales and 1 from Internal Audit) with several recommendations being reviewed in more detail by Internal Audit as part of their current follow up work.

Since the previous ARAC meeting, meetings have taken place with Executive Directors to review the 170 red recommendations as at the end of February 2021. The outcome of this work is at Appendix 1 and summarised below:

|  |            |
|--|------------|
| Total Number of Red Recommendations as at 28/02/21   | <b>170</b> |
| No of Recommendations closed by Audit Wales  | (8)        |
| No of Recommendations closed by Internal Audit   | (1)        |
| No of Recommendations closed by Director   | (55)       |
| No of Recommendations where Regulator has extended timescale                               | (11)       |
| No of Recommendations out of the gift of the HB  | (11)       |
| <b>Total Number of Recommendations red as at 28/02/21 and within in the gift of the HB</b> | <b>84</b>  |

All but 6 of these 84 red recommendations have a revised date for implementation and the tracker has been updated with these dates. Below is an outline of when these recommendations will be implemented and the assessment of risk to patients that the action owners have provided:

| Priority to complete recommendation      | No of Red Recs | Low risk       | Medium risk   | High risk    | Not Risk assessed |
|--|----------------|----------------|---------------|--------------|-------------------|
| 0 – During Covid (prior to end of Mar21) | <b>10</b>      | 1              | 5 (2)         | 0            | 4 (2)             |
| 1 – Within 3 months                      | <b>27</b>      | 20 (2)         | 3 (3)         | 2 (2)        | 2 (1)             |
| 2 – Within 3-6 months                    | <b>12</b>      | 10 (3)         | 1 (1)         | 1 (1)        | 0                 |
| 3 – within 6-12 months                   | <b>25</b>      | 15 (9)         | 10 (1)        | 0            | 0                 |
| 4 – Over 12 months                       | <b>4</b>       | 0              | 4             | 0            | 0                 |
| Revised Date N/K                         | <b>6</b>       | 1              | 0             | 0            | 5 (5)             |
|  | <b>84</b>      | <b>47 (14)</b> | <b>23 (7)</b> | <b>3 (3)</b> | <b>11 (8)</b>     |

*\*figures in brackets represent number patient related recommendations*

The 6 recommendations without a revised date relate to recommendations from the Public Service Ombudsman for Wales – The Ombudsman Liaison Officer is unable to provide further clarity when the claim will be resolved.

### Argymhelliad / Recommendation

The Audit & Risk Assurance Committee is take an assurance from the work that has been undertaken to prioritise the implementation of outstanding red recommendations.

### Amcanion: (rhaid cwblhau)

### Objectives: (must be completed)

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|--|---|
| Committee ToR Reference<br>Cyfeirnod Cylch Gorchwyl y Pwyllgor | 5.3 In carrying out this work the Committee will primarily utilise the work of Internal Audit, Clinical |
|--|---|

|   |   |
|---|---|
|   | Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness. |
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:<br>Datix Risk Register Reference and Score:  | Not applicable.   |
| Safon(au) Gofal ac Iechyd:<br>Health and Care Standard(s):  | Governance, Leadership and Accountability   |
| Amcanion Strategol y BIP:<br>UHB Strategic Objectives:  | All Strategic Objectives are applicable   |
| Amcanion Llesiant BIP:<br>UHB Well-being Objectives:<br><a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a> | 10. Not Applicable  |

| <b>Gwybodaeth Ychwanegol:<br/>Further Information:</b>  |  |
|---|--|
| Ar sail tystiolaeth:<br>Evidence Base:  | N/A  |
| Rhestr Termiau:<br>Glossary of Terms:   | ARAC – Audit and Risk Assurance Committee<br>AW- Audit Wales (previously WAO (Wales Audit Office))<br>CHC- Community Health Council<br>CIW – Care Inspectorate Wales<br>DU- Delivery Unit<br>HEIW-Health Education and Improvement Wales<br>HIW- Health Inspectorate Wales<br>HSE- Health and Safety Executive<br>IA- Internal Audit<br>MWWFRS – Mid & West Wales Fire & Rescue Service<br>NWIS – NHS Wales Informatics Service<br>UHB – University Health Board<br>WLC- Welsh Language Commissioner |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg:<br>Parties / Committees consulted prior to Audit and Risk Assurance Committee: | Board Secretary  |

| <b>Effaith: (rhaid cwblhau)</b><br><b>Impact: (must be completed)</b> |  |
|---|--|
| <b>Ariannol / Gwerth am Arian:</b><br><b>Financial / Service:</b>     | No direct impacts from this report however late or non-delivery of recommendations from audits and inspections could mean that the UHB is not addressing any gaps in control and exploiting opportunities to achieve value for money.                            |
| <b>Ansawdd / Gofal Claf:</b><br><b>Quality / Patient Care:</b>        | No direct impacts from this report however late or non-delivery of recommendations from audits and inspections could mean that the UHB is not addressing any gaps in control in relation to patient quality and care.  |
| <b>Gweithlu:</b><br><b>Workforce:</b>                                 | No direct impacts from this report however late or non-delivery of recommendations from audits and inspections could mean that the UHB is not addressing any gaps in control in relation to workforce issues and risks.  |
| <b>Risg:</b><br><b>Risk:</b>  | No direct impacts from this report however late or non-delivery of recommendations from audits and inspections could mean that the UHB is not addressing any gaps in control and identified risks are not being managed.   |
| <b>Cyfreithiol:</b><br><b>Legal:</b>                                  | No direct impacts from this report however late or non-delivery of recommendations from audits and inspections could mean that the UHB is less likely to defend itself in a legal challenge which could lead to larger fines/penalties and damage to reputation. |
| <b>Enw Da:</b><br><b>Reputational:</b>                                | As above.  |
| <b>Gyfrinachedd:</b><br><b>Privacy:</b>                               | No direct impacts from this report   |
| <b>Cydraddoldeb:</b><br><b>Equality:</b>                              | No direct impacts from this report   |

## Appendix 1

|  | Chief Executive | Deputy Chief Executive/ Medical Director | Director of Workforce and OD | Director of Nursing, Quality and Patient Experience | Director of Finance | Director of Public Health | Director of Operations | Director of Primary Care, Community and Long Term Care | TOTAL      |
|--|-----------------|--|------------------------------|---|---------------------|---------------------------|------------------------|--|------------|
| <b>Total Number of Red Recommendations as at 28/02/21</b>                                  | <b>2</b>        | <b>2</b>                                 | <b>5</b>                     | <b>21</b>   | <b>25</b>           | <b>8</b>                  | <b>98</b>              | <b>9</b>   | <b>170</b> |
| No of Recommendations closed by Audit Wales  | 0               | 0  | 0                            | 0   | 0                   | (2)                       | (4)                    | (2)  | (8)        |
| No of Recommendations closed by Internal Audit   | 0               | 0  | 0                            | 0   | 0                   | 0                         | (1)                    | 0  | (1)        |
| No of Recommendations closed by Director   | (1)             | 0  | (4)                          | (1)   | (5)                 | (3)                       | (35)                   | (6)  | (55)       |
| No of Recommendations transferred to other Director  | 0               | (2)                                      | 0                            | 0   | 0                   | 0                         | 2                      | 0  | 0          |
| No of Recommendations where Regulator has extended timescale                               | 0               | 0  | 0                            | (11)  | 0                   | 0                         | 0                      | 0  | (11)       |
| No of Recommendations out of the gift of the HB  | (1)             | 0  | (1)                          | (1)   | 0                   | 0                         | (8)                    | 0  | (11)       |
| <b>Total Number of Recommendations red as at 28/02/21 and within in the gift of the HB</b> | <b>0</b>        | <b>0</b>                                 | <b>0</b>                     | <b>8</b>  | <b>20</b>           | <b>3</b>                  | <b>52</b>              | <b>1</b>   | <b>84</b>  |
| Split by category:   |                 |  |                              |   |                     |                           |                        |  |            |
| <i>Compliance</i>  | N/A             | N/A                                      | N/A                          | 8   | 9                   | 3                         | 3                      | 1  | 24         |
| <i>Patient Related</i>   | N/A             | N/A                                      | N/A                          | 0   | 2                   | 0                         | 30                     | 0  | 32         |
| <i>Security</i>  | N/A             | N/A                                      | N/A                          | 0   | 7                   | 0                         | 0                      | 0  | 7          |
| <i>Service/workforce planning/development</i>  | N/A             | N/A                                      | N/A                          | 0   | 1                   | 0                         | 13                     | 0  | 14         |
| <i>Training/Skills</i>   | N/A             | N/A                                      | N/A                          | 0   | 0                   | 0                         | 3                      | 0  | 3          |
| <i>Workforce</i>   | N/A             | N/A                                      | N/A                          | 0   | 1                   | 0                         | 3                      | 0  | 4          |