



PWYLLGOR ARCHWILIO A SICRWYDD RISG AUDIT AND RISK ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	23 February 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Prioritised Plan for Outstanding Audit/Regulatory/Inspectorate Recommendations
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Joanne Wilson, Board Secretary
SWYDDOG ADRODD: REPORTING OFFICER:	Claire Bird, Assurance and Risk Officer 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 and Risk Assurance Committee a progress report on developing 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 were highlighted in its report to Board in November 2020, and the Board whilst understanding the current pressures on staff, requested that a prioritised plan 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.

Asesiad / Assessment

Following the Board in November 2020, there was a steep rise in community transmission and COVID hospital admissions through to end of January 2021, resulting in the pausing of essential services. A decision was taken to delay this work to allow Executives and Officers to focus on the response to rise in activity.

During this time, the Board Secretary and Head of Assurance and Risk have reviewed the outstanding recommendations (as at the end of December 2020) and categorised nearly 150 red recommendations, over half of which have been red for over 6 months into categories such as patient related, compliance, service development, efficiency, etc and whether they were already red prior to March 2020 (when COVID started). 14 have been removed from the review as they are reliant on external or national work being completed. 53 recommendations are 'patient related' however that does not necessarily mean that they are high risk at this point in time and further discussions will take place with lead Executives to clarify the level of risk.

In early February 2021, meetings took place with the Head of Internal Audit and our Audit Wales Performance Manager 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). There are also several recommendations being reviewed in more detail by the Head of Internal Audit as part of their current follow up work.

Meetings have also taken place or are scheduled with Executive Directors to review the remaining 131 recommendations, as per below:

Date of meeting	Lead Executive	No of Recommendations to Review
29/01/21	Medical Director	2 (0 red for > 6 months)
02/03/21	Director of Finance	18 (8 red for >6 months)
05/03/21	Director of Operations	81 (58 red for >6 months)
05/03/21	Director of Workforce	3 (2 red for >6 months)
01/03/21	Director of Primary Care, Community and Long Term Care	12 (4 red for >6 months)
01/03/21	Director of Nursing, Quality & Patient Experience	10 (0 red for >6 months)
TBC	Director of Public Health	5 (0 red for >6months)

Argymhelliad / Recommendation

The Audit and Risk Assurance Committee is asked to receive the update on progress.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference 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: Datix Risk Register Reference and Score:	Not applicable.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	10. Not Applicable
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termiau: Glossary of Terms:	ARAC – Audit and Risk Assurance Committee AW- Audit Wales (previously WAO (Wales Audit Office)) CHC- Community Health Council CIW – Care Inspectorate Wales DU- Delivery Unit HEIW-Health Education and Improvement Wales HIW- Health Inspectorate Wales HSE- Health and Safety Executive IA- Internal Audit MWWFRS – Mid & West Wales Fire & Rescue Service NWIS – NHS Wales Informatics Service UHB – University Health Board WLC- Welsh Language Commissioner
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Board Secretary

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	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.
Ansawdd / Gofal Claf: Quality / Patient Care:	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.
Gweithlu: Workforce:	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.
Risg: Risk:	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.

Cyfreithiol: Legal:	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.
Enw Da: Reputational:	As above.
Gyfrinachedd: Privacy:	No direct impacts from this report
Cydraddoldeb: Equality:	No direct impacts from this report