

Public Inquiry Preparedness

HDUHB-2223-01

Final Internal Audit Report

July 2022

Hywel Dda University Health Board

Contents

Executive Summary	3
1. Introduction.....	4
2. Detailed Audit Findings.....	5
Appendix A: Assurance Opinion Ratings	8

Review reference:	HDUHB-2223-01
Report status:	Final
Fieldwork commencement:	13 June 2022
Fieldwork completion:	11 July 2022
Draft report issued:	18 July 2022
Executive sign-off:	25 July 2022
Final report issued:	25 July 2022
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Acknowledgement

NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

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Executive Summary

Purpose

To review the Health Board’s arrangements to prepare for the upcoming UK COVID-19 Public Inquiry.

Overview

Adequate resources have been identified to support the Public Inquiry preparations, with robust arrangements established for the identification, collation and secure storage of evidence relating to the Health Board’s pandemic response.

These arrangements are overseen by the COVID-19 Public Inquiry Readiness Governance Group (C-19PIRGG) chaired by the Board Secretary as Senior Responsible Officer, with updates provided to the Executive Team, and Board when appropriate.

Accordingly, we have concluded **Substantial** assurance overall with no matters for reporting in our review.

Report Opinion

Substantial



Few matters require attention and are compliance or advisory in nature.

Low impact on residual risk exposure.

Trend

N/A

Assurance summary¹

Objectives	Assurance
1 Adequate resources have been identified to support preparation for the Inquiry	Substantial
2 Robust arrangements are in place to identify, collate and securely store evidence relating to the pandemic response, with catalogued evidence being locatable and accessible	Substantial
3 Assurance on public inquiry preparedness is reported to the Executive Team and Health Board as and when required	Substantial

¹The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

1. Introduction

- 1.1 A review of Public Inquiry Preparedness was included in the 2022/23 Internal Audit Plan at the request of the Health Board Chair.
- 1.2 In May 2021 the UK Government announced an independent public inquiry to examine the UK's preparedness and response to the Covid-19 pandemic. The Prime Minister published 'UK Covid-19 Terms of Reference' June 2022, and the Inquiry team will now begin contacting relevant organisations to request evidence, with public hearings expected to be held in 2023.
- 1.3 Accordingly, the potential risk considered in the review is:
 - The Health Board is unable to comply with the requirements of the Inquiry and evidence the decisions and actions taken during the pandemic response, potentially resulting in reputational damage.
- 1.4 The scope of our review has focused on the resources and arrangements for identifying, collating and securely storing information and evidence related to the pandemic. We have not considered or assessed the completeness of the evidence.

2. Detailed Audit Findings

Objective 1: Adequate resources have been identified to support preparation for the Inquiry

- 2.1 A Corporate Archivist was appointed March 2021 to focus on the identification, collation, and secure storage of information relating to the COVID-19 pandemic.
- 2.2 Recognising the need to analyse and interrogate the data available, a Pandemic Response Support Officer was subsequently appointed in September 2021 responsible for creating a COVID-19 timeline, highlighting key dates and milestones since January 2020 throughout the pandemic.
- 2.3 The *Covid-19 Pandemic: Public Inquiry Readiness Governance Group* (C-19PIRGG) was established in September 2021 and acts as a central point in facilitating preparation, setting direction, coordinating, and prioritising resources. Terms of reference state that the Group has delegated authority (from the Executive Team) to make decisions that are required, provided that they are undertaken in accordance with the strategic aims of the Group.
- 2.4 C-19PIRGG meet on a weekly basis providing support to the Corporate Archivist and Support Officer in the identification, collation and management of information and evidence pertinent to the Inquiry. Membership includes the Board Secretary (Chair and Senior Responsible Officer), Corporate Archivist and representation from the Health Board's Legal Services team.
- 2.5 NWSSP Legal & Risk Services (NWSSP L&RS) is liaising with all NHS Wales organisations on the Inquiry preparations, including the C-19PIRGG, and has reserved a Barrister to represent the Health Board, if called as part of the Inquiry. NWSSP L&RS have provided support to the Group via presentations and webinars that aim to better inform the ongoing identification and collation of evidence, and to achieve a consistent approach across NHS Wales.

Conclusion:

- 2.6 Adequate resources have been made available to support the preparation for the Inquiry. The Health Board established C-19PIRGG and made key appointments as part of their early preparations in response to the Inquiry and continue to liaise with NWSSP L&RS. Accordingly, we have concluded **Substantial** Assurance for this objective.

Objective 2: Robust arrangements are in place to identify, collate and securely store evidence relating to the pandemic response, with catalogued evidence being locatable and accessible

- 2.7 Audit met with management to review and document the arrangements in place to identify, collate and securely store evidence relating to the pandemic response.
- 2.8 In March 2021 NWSSP L&RS provided a list of suggested archive categories, which was used as the starting point for the development of the Health Board's archive structure and evidence required within.
- 2.9 The Pandemic Response Support Officer was tasked with documenting a comprehensive timeline of the pandemic, including Welsh Government instructions and the decisions and actions taken by the Health Board. The aim of this exercise is to ensure that that all relevant information is identified and related evidence captured, to minimise the risk of gaps or omissions.
- 2.10 The Chief Executive's Report to the Board in March 2022 noted that the C-19PIRGG had compared and contrasted the draft terms of reference for the UK COVID-19 Public Inquiry against the areas considered likely to be included. This resulted in the Health Board highlighting in their consultation feedback additional areas for inclusion in the Inquiry draft terms of reference.
- 2.11 The identification and collation of evidence is an ongoing process and minutes of the weekly C-19PIRGG meetings demonstrate discussion around new areas for inclusion. In line with the draft terms of reference for the Inquiry, we were advised that interviews have been conducted with Directors and senior management to capture their perspective of the Health Board's pandemic response, what went well, lessons learned and reflections on their personal experience and the impact on them. A summary report amalgamating responses has been shared with the Executive Team.
- 2.12 The Corporate Archivist provided a walkthrough demonstration of the archive, demonstrating how information is requested and added to the archive tree and catalogue, organised by the relevant 'Fond' and 'Sub Fond'.
- 2.13 We sampled eight entries across the entire archive system to establish whether the related documents were appropriately archived, locatable and accessible in the stated location. No issues were identified.
- 2.14 We were advised that access to evidence relating to the Inquiry is restricted to the C-19PIRGG members.

Conclusion:

- 2.15 There are robust arrangements in place to identify, collate and securely store evidence relating to the pandemic. Accordingly, we have concluded **Substantial** assurance for this objective.

Objective 3: Assurance on public inquiry preparedness is reported to the Executive Team and Health Board as and when required

- 2.16 The C-19PIRGG reports directly to the Executive team, in line with the Group's terms of reference. Meetings are recorded in the form of action notes rather than formally minuted, although we were advised that verbal updates are provided at each meeting by the Board Secretary, as Chair of C-19PIRGG and Senior Responsible Officer.
- 2.17 In April 2022 the C-19PIRGG presented a paper to the Executive team summarising the work undertaken by Group to date, including the response to the draft terms of reference for the Inquiry, progress in archiving evidence, and legal representation arrangements.
- 2.18 An update was also provided in the Chief Executives report to the Health Board in March 2022, with further updates to be provided following the publication of the final terms of reference in June 2022.

Conclusion:

- 2.19 There is adequate reporting to the Executive Team and Health Board in relation to the UK COVID-19 Public Inquiry preparations. More frequent reporting to the Health Board may be appropriate as the Inquiry progresses.

Accordingly, we have concluded **Substantial** assurance for this objective.

Appendix A: Assurance opinion ratings

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	No assurance	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Assurance not applicable	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.



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