



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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	15 December 2020
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Audit & Assurance Services Report
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Head of Internal Audit
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Head of Internal Audit

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

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

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

The progress report provides the Audit & Risk Assurance Committee (ARAC) with the current position in relation to the delivery of the Internal Audit Plan for 2020/21.

**Cefndir / Background**

The work undertaken by Internal Audit is in accordance with its plan of work, which is prepared following a detailed planning process and subject to Committee approval.

The progress report provides the Committee with information regarding the progress of Internal Audit work in accordance with the agreed plan, amendments to the agreed plan and outcomes of audits completed since the previous meeting of the committee.

**Asesiad / Assessment**

The findings and assurance ratings from the Internal Audit Reports provide the Committee with a level of assurance as to the adequacy of the risk, governance and control environment in the areas audited.

**Argymhelliad / Recommendation**

The Audit & Risk Assurance Committee is asked to consider the Internal Audit Progress Report, the assurance available from the finalised Internal Audit reports and the proposed updates to the plan.

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Committee ToR Reference Cyfeirnod Cylch Gorchwyl y Pwyllgor	5.16 The Committee shall ensure that there is an effective internal audit and capital/PFI function established by management that meets mandatory Internal Audit Standards for NHS Wales and provides appropriate independent assurance to the Committee, Chief Executive and Board. 5.17 This will be achieved by: 5.17.1 review and approval of the Internal Audit Strategy, Charter, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation; 5.17.2 consideration of the major findings of internal audit work (and management's response), and ensure co-ordination between the Internal and External Auditors to optimise audit resources;
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):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Not Applicable

<b>Gwybodaeth Ychwanegol:</b> <b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Internal Audit plan. Evidence gathered as part of the delivery of audit assignments.
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Executive Directors and Senior managers relevant to the individual audits. Board Secretary.

**Effaith: (rhaid cwblhau)**  
**Impact: (must be completed)**

<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Not applicable
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Not applicable
<b>Gweithlu: Workforce:</b>	Not applicable
<b>Risg: Risk:</b>	Not applicable
<b>Cyfreithiol: Legal:</b>	Not applicable
<b>Enw Da: Reputational:</b>	Not applicable
<b>Gyfrinachedd: Privacy:</b>	Not applicable
<b>Cydraddoldeb: Equality:</b>	Not applicable

**Hywel Dda University Health Board**  
**Audit & Risk Assurance Committee**

**December 2020**

**Internal Audit Progress Report**

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2. Outcomes From Completed Audit Reviews
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Appendix A - Assignment Status Schedule



## 1. INTRODUCTION

- 1.1.** This progress report provides the Audit & Risk Assurance Committee (ARAC) with the current position in relation to the 2020/21 Internal Audit work programme.
- 1.2.** The report includes details of the progress made to date against individual assignments and outcomes from finalised Internal Audit reports, along with details regarding the delivery of the plan and any required updates.

## 2. OUTCOMES FROM COMPLETED AUDIT REVIEWS

- 2.1** A number of assignments have been finalised since the previous meeting of the committee and are highlighted in the table below along with the allocated assurance ratings, where applicable. The full versions of these reports are included on the agenda as separate items.

ASSIGNMENT	ASSURANCE RATING	
IM&T Control Risk Assessment	N/A	--
Capital Governance Arrangements (Advisory Review – Briefing Paper)	N/A	--
Backlog Maintenance	Reasonable	
Welsh Community Care Information System (WCCIS)	Reasonable	
Finance Team Transformation	Substantial	
Information Governance	Substantial	

Workforce Planning during Covid	Substantial	
Welsh Risk Pool Claims	Substantial	

### 3. DELIVERY & PLANNING UPDATE

**3.1** The detail of the planned of audit work for the year, along with progress is outlined in the assignment status schedule at Appendix A. The schedule also gives the detail of the finalised audits, along with those at draft stage and work in progress.

**3.2** Discussions have been ongoing with the Health Board and Board Secretary with regards to aspects of the Internal Audit plan, where adjustments have been required as a result of ongoing operational pressures and emerging risks. As a result the following adjustments have been required:

- To defer the Withybush Wards 9&10 Capital Scheme audit until Q4;
- To defer the Operational Response to Covid audit until at least Q4;
- To include within the plan a further element audit work covering Governance arrangements during the pandemic;
- To include a review of arrangements for compliance with the Welsh Language Standards and;
- To include a review of the planning and deployment of resources for the vaccination programme.

The Committee is asked to approve the required adjustments to the plan.

**3.3** Following a request from the Health Board an advisory review of Capital Governance Arrangements has been delivered and a Briefing Paper is on the Agenda linked to other related papers.

**3.4** Further to the points above the appropriateness of the timing of the planned audit of Outpatients scheduled for Q4 is currently being reviewed.

**3.5** Work is also going to take place to look at the approach to providing ongoing assurance in respect of to the development of major business

cases and capital developments through an Integrated Audit & Assurance Plan for each development.

**3.6** The table below highlights audits that had been scheduled to be finalised for this meeting of the Committee, however, have not made the required deadline.

<b>Audit delayed</b>	<b>Planned ARAC</b>	<b>Current position</b>	<b>Rating ( if available)</b>	<b>Reason</b>	<b>Revised ARAC</b>
Q&S Governance arrangements	Dec	Field being completed	--	Audit work took slightly longer than planned.	February
IM&T - Response to Covid	Dec	Draft report being written	--	One fieldwork query to be resolved.	February

**3.7** In order to manage the flow of audit reports presented to the Committee through the year, the audit of the Welsh Risk Pool Claims was brought forward, and has been finalised for the December meeting of the Committee.



**Appendix A – HDUHB Internal Audit Plan 2020/21**

Planned output	Outline timing	Current progress	Executive Lead	ARAC	Assurance	H	M	L
<b>Corporate governance, risk and regulatory compliance</b>								
Governance & Risk Overview Governance, leadership and Accountability module & AGS.	Q1-4	---	Board Secretary	In Annual report	N/a	-	-	-
Health and Care Standards	Q4		Director of Nursing, Quality & Patient Experience	Feb				
Welsh Risk Pool Claims	Q3/4	FINAL	Director of Nursing, Quality & Patient Experience	Feb	Substantial	-	1	-
Standards of Behaviour (18 Audit Days)	Q3/4	FINAL	Board Secretary	Aug	Reasonable		3	
Governance Review (45 Audit Days)(Linked with Financial Governance below)	Q1/2	FINAL	Board Secretary	Oct	-----	-	-	-
<b>Strategic Planning, Performance</b>								

Planned output	Outline timing	Current progress	Executive Lead	ARAC	Assurance	H	M	L
Transformation Steering group	Q3		Chief Executive	Feb				
Research and Development Follow up (15 audit Days)	Q1/2	Final	Medical Director	Oct	Reasonable	-	-	-
Partnership governance - Integrated Care Fund (28 Audit Days)	Q1/2	Final	Director of Primary, Community and Long Term Care.	Oct	Limited	4	4	0
Outpatients	Q4	Timing being reviewed	Director of Operations	April				
<b>Financial Governance and management</b>								
Core Financial Systems (Accounts Receivable) (16 Audit Days)	Q2	FINAL	Director of Finance	Oct	Reasonable	-	4	-
Financial Governance (*part of Governance audit)	Q1/2	(FINAL)	Director of Finance	Oct	---	-	-	-
Finance Team Transformation	Q2/3	FINAL	Director of Finance	Dec	Substantial	-	1	-
Charitable Funds (20 Audit Days)	Q1/2	Final	Director of Nursing, Quality & Patient Experience	Aug	Substantial	-	1	-

Planned output	Outline timing	Current progress	Executive Lead	ARAC	Assurance	H	M	L
Contracting follow up	Q4	planning	Director of Finance	April				
<b>Clinical governance quality &amp; safety</b>								
Quality & Safety Governance	Q3	wip	Director of Nursing, Quality & Patient Experience	Dec				
Annual Quality Statement	Q4	Planning- scope to be updated in line with annual reporting requirements.	Director of Nursing, Quality & Patient Experience	Apr				
Additional Learning Needs & Educational Tribunal Act (21 Audit Days)	Q2	FINAL	Director of Therapies & Health Sciences	Oct	Reasonable	-	2	-
Patient Experience	Q3/4	planning	Director of Nursing, Quality & Patient Experience	Apr				
Closure of Actions	Q3/4	wip	Director of Nursing, Quality & Patient Experience	Feb				
<b>Information Governance and Security</b>								
IM&T Control & Risk Assessment	Q2	FINAL	Director of Finance (Interim Arrangements)	Oct	n/a			

Planned output	Outline timing	Current progress	Executive Lead	ARAC	Assurance	H	M	L
Infrastructure	Q3/4	planning	Director of Finance (Interim Arrangements)	Feb				
Information Governance	Q2	FINAL	Director of Finance (Interim Arrangements)	Oct	Substantial	-	-	-
Information technology in response to COVID	Q2	wip	Director of Finance (Interim Arrangements)	Dec				
WCCIS	Q2	FINAL	Director of Finance (Interim Arrangements)	Dec	Reasonable	1	-	-
<b>Operational service and functional management</b>								
Follow up Bronglais Directorate Review (16 Audit Days)	Q1/2	FINAL	Director of Operations	Oct	Reasonable			
Records Management Follow up (15 Audit Days)	Q2	FINAL	Director of Operations	Oct	Limited			
Effectiveness of operational Directorate response to COVID	Q2/3	Defer Q4	Director of Operations	Dec				

Planned output	Outline timing	Current progress	Executive Lead	ARAC	Assurance	H	M	L
<b>Workforce management</b>								
Consultants Job Planning Follow up	Q4	Deferred to Q1 20/21	Medical Director	Apr				
Agility to flex workforce to COVID planning	Q3	FINAL	Workforce & OD Director	Dec	Substantial	-	1	-
<b>Capital and Estates</b>								
Environmental Sustainability Reporting (16 Audit Days)	Q2	FINAL	Director of Operations	Aug	Substantial	-	-	1
Follow up:(Capital)	Q3		Director of Planning, Performance and Commissioning	Feb				
Follow up: Estates	Q3		Director of Operations	Feb				
Withybush Palliative Care, Oncology and Haematology Inpatient Facility (wards 9 &10 - £3.458m).	Q2	Defer Q4	Director of Planning, Performance and Commissioning	Dec				
Women & Children's Phase 2	Q4		Director of Planning, Performance and Commissioning	April				
Backlog Maintenance	Q2	FINAL	Director of Operations	Dec	Reasonable	1	8	1

Planned output	Outline timing	Current progress	Executive Lead	ARAC	Assurance	H	M	L
Health & Safety	Q3	planning	Director of Nursing, Quality & Patient Experience	Feb				
Fire Safety	Q4	planning	Director of Operations	April				
Capital Governance Arrangements ( Advisory Review)	Q3	Briefing Paper Finalised.	Director of Finance	Dec	N/A			



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