



**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:	Audit & Assurance Services Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Head of Internal Audit
SWYDDOG ADRODD: REPORTING OFFICER:	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. The report also includes a short update in relation to the planning process for 2021/22.

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.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
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: Hyperlink to HDdUHB Well-being Statement	Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Internal Audit plan. Evidence gathered as part of the delivery of audit assignments.
Rhestr Termiau: 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)

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

Hywel Dda University Health Board

Audit & Risk Assurance Committee

February 2021

Internal Audit Progress Report

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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	
Consultants Job Plans (Quality Review)	N/A	--
Quality & Safety Governance	Reasonable	
Capital Follow up	Reasonable	
Contracting Follow up	Reasonable	
Closure of Actions	Reasonable	
Effectiveness of IT deployment in response to COVID-19	Substantial	

Health & Care Standards	Substantial	
Estates Assurance Follow up	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 continued 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 Transformation Steering Group audit
- Add a Data Modelling audit to replace the Infrastructure audit
- To review local deployment of the Vaccination Information System
- Confirm that Operational Response to Covid audit and Outpatients deferred to 21/22.
- Updated guidance from Welsh Government means there will be no requirement for the AQS audit this year.

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

3.3 Since to previous report to the committee it has been determined that it would be more appropriate to undertake the proposed audit of compliance with the Welsh Language Standards so this will be scheduled in to the 21/22 plan.

3.4 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.

Audit delayed	Planned ARAC	Current position	Rating (if available)	Reason	Revised ARAC
Health & Safety	February	Work in progress	--	Planning of audit took slightly long than scheduled.	April

3.5 Annual Report and Opinion 20/21 – The format and structure of the annual report and opinion is being updated this year with the removal of the assurance domains, with an overall consolidated opinion given.

During the year there have been a number of changes to the plan particularly as a result of the impact of the pandemic, with audits in operational service areas kept to a minimum. Despite these changes to the plan it is confirmed that we are on course to deliver a sufficient volume and breadth of work, together with information from follow up audits and national audits to be able to provide the Health Board with a full annual opinion.

3.6 Plan Development 21/22 - The process for developing the Internal Audit plan for 2020/21 is currently underway, with a number of meetings having taken place with Executive Directors to discuss risks within their areas. The draft plan will be discussed with the Board Secretary, Executive team and Committee Chair, prior to being presented to ARAC in April for formal approval.

The format of the plan will change for the year ahead, with the previous assurance domain structure replaced for 21/22. The structure will still contain the locally determined risk based audits and will now include provision for nationally agreed audits, an increased focus on follow ups and on the audits at national bodies. The plan will also include a number of standard audits which will have coverage on an annual basis including Risk Management, Board Assurance Framework, Clinical Governance, Performance Reporting, and Financial Management & Sustainability.

Appendix A – HDUHB Internal Audit Plan 2020/21

Planned output	Outline timing	Current progress	Executive Lead	ARAC	Assurance	H	M	L
Corporate governance, risk and regulatory compliance								
Governance & Risk Overview Governance, leadership and Accountability module & AGS.	Q1-4	---	Board Secretary	In Annual report	N/a	-	-	-
Health and Care Standards	Q4	FINAL	Director of Nursing, Quality & Patient Experience	Feb	Substantial			
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	-----	-	-	-
Governance Review – Update	Q4	wip	Board Secretary	Apr				

Planned output	Outline timing	Current progress	Executive Lead	ARAC	Assurance	H	M	L
Strategic Planning, Performance								
Transformation Steering group		Defer 21/22	Chief Executive					
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
Review of Specific Brexit Risks	Q4			Apr				
Vaccination programme	Q4	wip	Director of Public Health	Apr				
Outpatients		Defer 21/22	Director of Operations					
Financial Governance and management								
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	-

Planned output	Outline timing	Current progress	Executive Lead	ARAC	Assurance	H	M	L
Charitable Funds (20 Audit Days)	Q1/2	FINAL	Director of Nursing, Quality & Patient Experience	Aug	Substantial	-	1	-
Contracting follow up	Q4	FINAL	Director of Finance	Feb	Reasonable			
Clinical governance quality & safety								
Quality & Safety Governance (25 audit days)	Q3	FINAL	Director of Nursing, Quality & Patient Experience	Dec	Reasonable			
Annual Quality Statement	Q4	No requirement for AQS in20/21	Director of Nursing, Quality & Patient Experience					
Additional Learning Needs & Educational Tribunal Act (21 Audit Days)	Q2	FINAL	Director of Therapies & Health Sciences	Oct	Reasonable	-	2	-
Patient Experience	Q3/4	wip	Director of Nursing, Quality & Patient Experience	Apr				
Closure of Actions (25 audit days)	Q3/4	FINAL	Director of Nursing, Quality & Patient Experience	Feb	Reasonable		2	

Planned output	Outline timing	Current progress	Executive Lead	ARAC	Assurance	H	M	L
Information Governance and Security								
IM&T Control & Risk Assessment	Q2	FINAL	Director of Finance	Oct	n/a			
Infrastructure	Q3/4	Replace with Data Modelling	Director of Finance					
Data Modelling	Q4		Director of Finance	Apr				
Information Governance	Q2	FINAL	Director of Finance	Oct	Substantial	-	-	-
Information technology in response to COVID	Q2	FINAL	Director of Finance	Dec	Substantial			
WCCIS	Q2	FINAL	Director of Finance	Dec	Reasonable	1	-	-
Operational service and functional management								
Follow up Bronglais Directorate Review (16 Audit Days)	Q1/2	FINAL	Director of Operations	Oct	Reasonable			

Planned output	Outline timing	Current progress	Executive Lead	ARAC	Assurance	H	M	L
Records Management Follow up (15 Audit Days)	Q2	FINAL	Director of Operations	Oct	Limited			
Effectiveness of operational Directorate response to COVID	Q2/3	Defer 21/22	Director of Operations	Dec				
Workforce management								
Consultants Job Planning Follow up	Q4	Deferred to 21/22	Medical Director	Apr				
Consultants Job Planning - Quality	Q3/4	FINAL	Medical Director	Feb	n/a			
Agility to flex workforce to COVID planning	Q3	FINAL	Workforce & OD Director	Dec	Substantial	-	1	-
Capital and Estates								
Environmental Sustainability Reporting (16 Audit Days)	Q2	FINAL	Director of Operations	Aug	Substantial	-	-	1
Follow up:(Capital)	Q3	FINAL	Director of Planning, Performance and Commissioning	Feb	Reasonable			

Planned output	Outline timing	Current progress	Executive Lead	ARAC	Assurance	H	M	L
Follow up: Estates	Q3	FINAL	Director of Operations	Feb	Substantial			
Withybush Palliative Care, Oncology and Haematology Inpatient Facility (wards 9 &10 - £3.458m).	Q2	Defer	Director of Planning, Performance and Commissioning					
Women & Children's Phase 2	Q4	wip	Director of Planning, Performance and Commissioning	April				
Backlog Maintenance	Q2	FINAL	Director of Operations	Dec	Reasonable	1	8	1
Health & Safety	Q3	wip	Director of Nursing, Quality & Patient Experience	Feb				
Fire Safety	Q4	wip	Director of Operations	April				
Capital Governance Arrangements (Advisory Review)	Q3	Briefing Paper Finalised.	Director of Finance	Dec	N/A			



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