

5.1

Internal Audit Plan Progress Report

Presenter: James Johns

SBAR IA Plan Progress Report ARAC December 2019

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	19 December 2019
TEITL YR ADRODDIAD: TITLE OF REPORT:	Audit & Assurance Progress 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 Internal Audit Progress Report provides specific information for the Audit & Risk Assurance Committee covering the following key areas:

- Detail relating to outcomes, key findings and conclusions from the finalised internal Audit assignments
- Specific detail relating to progress against the audit plan and any updates that have occurred within the plan.

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; including details and outcomes of reports finalised since the previous meeting of the committee. The Committee also receives the finalised audit reports for review and scrutiny.

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 and the assurance available from the finalised Internal Audit reports.

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.
Partion / 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

December 2019




Internal Audit Progress Report






1. INTRODUCTION

- 1.1.** This progress report provides the Audit & Risk Assurance Committee (ARAC) with the current position regarding the work being undertaken by Audit and Assurance Services as part of the 2019/20 Internal Audit plan.
- 1.2.** The report includes details of the progress made to date against individual assignments, outcomes from finalised Internal Audit reports along with details regarding the delivery of the plan and any required updates.
- 1.3** The plan for 2019/20 was agreed by the Audit & Risk Assurance Committee in April 2019 and is delivered as part of the arrangements established for the NHS Wales Shared Service Partnership - Audit and Assurance Services.

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.
- 2.2** The full versions of these reports are included on the agenda as separate items.

ASSIGNMENT	ASSURANCE RATING	
Consultants Job Planning	Limited	
Capital Systems Financial Safeguarding – Maintenance Team Led work	Limited	
Patient Access	Substantial	

Virulisation	Substantial	
Welsh Risk Pool Claims Standard	Substantial	
Capital Systems Financial Safeguarding - Design Team Led CRL Projects	Reasonable	
Electronic Staff Record System	Reasonable	
Departmental It System - Lillie (Sexual Health)	Reasonable	

3. DELIVERY & PLANNING UPDATE

- 3.1** Further to the finalised audits, nine other audits are in currently at field work stage and are now progressing well. One audit is also at draft report stage. The detail of the plan of audit work for the year along with progress is outlined in the schedule which is included at Appendix A.
- 3.2** The scheduling of the delivery of a small number of audits have been adjusted and those are also highlighted in the process schedule
- 3.3** The process for developing the Internal Audit plan for 2020/21 is commencing with the meetings being set up for January.
- 3.4** Following a recent round of recruitment two appointments have been made to the Internal Audit team, with one of those having recently taken up post and the other one will take up post in January.

Appendix A – Internal Audit Plan 2019/20 – Progress Schedule

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				
Health and Care Standards	Q4	planning	Director of Nursing, Quality & Patient Experience	Feb				
Welsh Risk Pool Claims	Q3/4	Final	Director of Nursing, Quality & Patient Experience	Dec	Substantial	-	-	-
Standards of Behaviour	Q3/4	planning	Board Secretary	April				
Health & Safety	Q2/3	Work in progress	Director of Operations	Feb				
Welsh Language Compliance	Q2	FINAL	Director of Partnerships and Corporate Services	Oct	Reasonable	-	3	1
Strategic Planning, Performance								

Planned output	Outline timing	Current progress	Executive Lead	ARAC	Assurance	H	M	L
Patient Access	Q2	FINAL.	Director of Operations	Dec	Substantial	-	1	-
Health & Care Strategy	Q4	planning	Medical Director	Apr				
Research and Development	Q1/2	Fieldwork in progress. Additional work required.	Medical Director	Feb				
Business Continuity	Q4	planning	Director of Public Health	April				
ARCH	Q1	FINAL	Director of Planning	Aug	Reasonable	-	-	-
Financial Governance and management (75)								
Core Financial Systems	Q3	wip	Director of Finance	Feb				
Contracting	Q4	Planning	Director of Finance	Feb/Apr				
Clinical governance quality & safety								
Annual Quality Statement	Q1	FINAL	Director of Nursing, Quality & Patient Experience	Aug	Reasonable	0	4	0
Medical devices	Q3	Draft awaiting sign off.	Director of Operations	Dec	Reasonable			

Planned output	Outline timing	Current progress	Executive Lead	ARAC	Assurance	H	M	L
Mortality rates	Q4	planning	Medical Director	Apr				
Nursing Medication Errors	Q3/4	planning	Director of Nursing, Quality & Patient Experience	April				
Closure of Actions	Q3/4	planning	Director of Nursing, Quality & Patient Experience	Feb				
Nurse Staffing act – Additional Testing	Q3/4	wip. Added to Plan at ARAC request.	Director of Nursing, Quality & Patient Experience	Feb				
Information Governance and Security (70)								
Cyber Security	Q3/4	wip	Director of Planning	Feb				
Virtualisation	Q2	FINAL	Director of Planning	Dec	Substantial	-	1	-
Departmental IT system – Lillie (Sexual health)	Q2/3	FINAL	Director of Operations	Dec	Reasonable	-	6	5
IT Service Management	Q2		Director of Planning	Feb				
IT Follow up	Q4	planning	Director of Planning	Feb				

Planned output	Outline timing	Current progress	Executive Lead	ARAC	Assurance	H	M	L
Operational service and functional management								
Directorate Review – Estates	Q1/2	FINAL	Director of Operations	Oct	Limited	3	4	-
Follow up Directorate Review – Estates	Q4	Added to plan	Director of Operations	April				
Directorate Review – Bronglais	Q1/2	Field work in progress	Director of Operations	Feb				
Records Management	Q4	planning	Director of Operations	Apr				
National Standards for Cleaning	Q4	planning	Director of Operations	April				
Workforce management								
Consultants Job Planning	Q2	Final	Medical Director	Dec	Limited	5	2	1
Medical Leadership and aspiring leaders programme	Q3/4	planning	Medical Director	Feb				
Electronic Staff Record System	Q3	Final	Director Workforce	Dec	Reasonable	-	3	-
Rostering	Q3	Fieldwork	Director Workforce	Feb				
Variable Pay	Q3	Fieldwork	Director Workforce	Feb				
PADR Follow up	Q4	Planning.	Director Workforce	Apr				

Planned output	Outline timing	Current progress	Executive Lead	ARAC	Assurance	H	M	L
Capital and Estates								
Environmental Sustainability Reporting	Q1	FINAL	Director of Operations	Aug	Reasonable	0	5	0
Carbon Reduction Commitment	Q1	FINAL	Director of Operations	Aug	Substantial	--	--	--
Estates Assurance - Water Management (Follow up)	Q2	FINAL	Director of Operations	Dec	Substantial	--	--	--
Estates Assurance - Water Management (New review)	Q2	FINAL	Director of Operations	Dec	Limited	2	7	2
Capital Systems (Financial Safeguarding - capital)	Q2/3	Final	Director of Planning, Performance and Commissioning	Dec	Reasonable	-	2	1
Capital Systems (Financial Safeguarding- maintenance)	Q2/3	Final	Director of Operations	Dec	Limited	8	7	2
Follow up Water Management		planning	Director of Operations					
Water Management - Bronglais		planning	Director of Operations					
Control Of Contractors		planning	Director of Operations					
Glangwili Hospital, Women & Children's Development Phase 2	Q3	Fieldwork	Director of Planning, Performance and Commissioning	Feb				
Follow up (Capital and Estates)	Q4	planning	Dir. Planning, Perf. / Commissioning/ Director of Operations	Apr				

Planned output	Outline timing	Current progress	Executive Lead	ARAC	Assurance	H	M	L
Bronglais Hospital Front of House Development and Fire Lift - Final Account	Q3	wip	Director of Planning, Performance and Commissioning	Feb				
Major Strategic Investment Programmes -TCS	Q3	Planning.	Director of Planning, Performance and Commissioning	Feb				





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