

5.1

Internal Audit Plan Progress Report

Presenter: James Johns

SBAR IA Plan Progress Report ARAC June 2020

IA Plan Progress Report ARAC June 2020



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	23 June 2020
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 Internal Audit work programme.

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 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 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

	<p>appropriate independent assurance to the Committee, Chief Executive and Board.</p> <p>5.17 This will be achieved by:</p> <p>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;</p> <p>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;</p>
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

June 2020

Internal Audit Progress Report

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1. INTRODUCTION




- 1.1.** This progress report provides the Audit & Risk Assurance Committee (ARAC) with the current position in relation to the 2019/20 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. DELIVERY & PLANNING UPDATE

2019/20 Audit Programme

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

ASSIGNMENT	ASSURANCE RATING	
Health & Safety	Reasonable	
IM&T Follow up	Reasonable	
Cleaning Standards Follow up	Reasonable	
Mortality Reviews	Reasonable	
Variable Pay	Reasonable	

Women and Children’s Phase II	Reasonable	
Follow up Capital	Reasonable	
Estates Assurance Follow up	Substantial	

2.3 The schedule at Appendix A shows that of the 45 audits planned to be delivered, 40 are Final, 1 at draft report stage, 1 work in progress and 3 have been deferred. There are three pieces of work: Governance & Risk Overview, Governance, leadership and Accountability module & AGS; the Bronglais front of house development and fire lift final account; and the Project Board Support that are not included in the numbers.

2020/21 Audit Plan

2.4 An updated Internal Audit plan has been developed for 20-21 and is included on the agenda. Work has commenced with the planning of a number of audits in order make progress with their delivery.

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

Planned Output	Current Progress	Executive Lead	Assurance
Corporate governance, risk and regulatory compliance			
Governance & Risk Overview Governance, leadership and Accountability module & AGS	----	Board Secretary	N/A
Health and Care Standards	FINAL	Director of Nursing, Quality & Patient Experience	Reasonable
Welsh Risk Pool Claims	FINAL	Director of Nursing, Quality & Patient Experience	Substantial
Standards of Behaviour	WIP – to be completed as part of 20-21 work.	Board Secretary	-
Health & Safety	FINAL	Director Nursing, Quality & Safety	Reasonable
Welsh Language Compliance	FINAL	Director of Partnerships and Corporate Services	Reasonable

Strategic Planning, Performance			
Patient Access	FINAL	Director of Operations	Substantial
Research and Development	FINAL	Medical Director	Limited
<i>Business Continuity</i>	<i>Draft</i>	<i>Director of Public Health</i>	<i>Reasonable</i>
ARCH	FINAL	Director of Planning	Reasonable
Financial Governance and management			
Core Financial Systems	FINAL	Director of Finance	Substantial
Contracting	FINAL	Director of Finance	Limited
Clinical governance quality & safety			
Annual Quality Statement 2018/19	FINAL	Director of Nursing, Quality & Patient Experience	Reasonable
Medical devices	FINAL	Director of Operations	Reasonable
Mortality rates	FINAL	Medical Director	Reasonable
Nursing Medication Errors	FINAL	Director of Nursing, Quality & Patient Experience	Reasonable

Closure of Actions	Deferred	Director of Nursing, Quality & Patient Experience	-
Nurse Staffing act – Additional Testing (Briefing Note)	FINAL	Director of Nursing, Quality & Patient Experience	N/A
Annual Quality Statement 2019/20	FINAL	Director of Nursing, Quality & Patient Experience	Substantial
Information Governance and Security			
Cyber Security	FINAL	Director of Planning	Reasonable
Virtualisation	FINAL	Director of Planning	Substantial
Departmental IT system – Lillie (Sexual Health Department)	FINAL	Director of Operations	Reasonable
IT (Follow up)	FINAL	Director of Planning	Reasonable
Operational service and functional management			
Directorate Review – Estates	FINAL	Director of Operations	Limited
Follow up Directorate Review – Estates (Follow up)	FINAL	Director of Operations	Reasonable

Directorate Review – Bronglais	FINAL	Director of Operations	Limited
Records Management (Follow up)	Deferred	Director of Operations	-
National Standards for Cleaning (Follow up)	FINAL	Director of Operations	Reasonable
Workforce management			
Consultants Job Planning	FINAL	Medical Director	Limited
Electronic Staff Record System	FINAL	Director Workforce	Reasonable
Rostering	FINAL	Director Workforce	Reasonable
Variable Pay	FINAL	Director Workforce	Reasonable
PADR Follow up	FINAL	Director Workforce	Reasonable
Capital and Estates			
Capital Systems (Financial Safeguarding – Design Led)	FINAL	Director of Planning, Performance and Commissioning	Reasonable
Systems (Financial Safeguarding-maintenance)	FINAL	Director of Operations	Limited
Glangwili Hospital, Women & Children’s Development Phase 2	FINAL	Director of Planning,	Reasonable

		Performance and Commissioning	
Follow up (Capital)	FINAL	Director of Planning, Performance and Commissioning	Reasonable
Control of Contractors	FINAL	Director of Operations	Limited
Estates Assurance - Water Management (Follow up)	FINAL	Director of Operations	Substantial
Estates Assurance - Water Management (Withybush)	FINAL	Director of Operations	Limited
Follow up Water Management - Withybush	FINAL	Director of Operations	Reasonable
Water Management - Bronglais	FINAL	Director of Operations	Reasonable
Follow up (Estates Assurance)	FINAL	Director of Operations	Substantial
Environmental Sustainability Reporting 2018/19	FINAL	Director of Operations	Reasonable
Environmental Sustainability Reporting 2019/20	Deferred	Director of Operations	-
Carbon Reduction Commitment	FINAL	Director of Operations	Substantial
Other work			
Bronglais Hospital Front of House Development and Fire Lift - Final Account	WIP - fieldwork paused, account not ready	Director of Planning, Performance and Commissioning	N/A
Project Board Support	completed	Director of Planning, Performance and Commissioning	N/A



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