

## Bundle Audit & Risk Assurance Committee 27 May 2020

- 4.1 Internal Audit Plan Progress Report  
*Presenter: James Johns*  
SBAR IA Plan Progress Report ARAC 27 May 2020  
IA Plan Progress Report ARAC 27 May 2020



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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	27 May 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 2019/20 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: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	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

<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**

**27 May 2020**

**Internal Audit Progress Report**

## **CONTENTS**

1. Introduction
2. Delivery & Planning Update

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

## 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	
Contracting	Limited	
Estates Assurance - control of contractors	Limited	
Estates Directorate Governance Follow up	Reasonable	
PADR Follow up	Reasonable	
Health & Care Standards	Reasonable	

Nursing Medication Errors	Reasonable	
Withybush Water Safety Follow up	Reasonable	
Bronglais Water Safety	Reasonable	
Annual Quality Statement	Substantial	

**2.2** Work is ongoing with the Health Board’s management to ensure that all the reaming draft reports are finalised as soon as possible.

**2.3** The schedule at Appendix A shows that of the 45 audits planned to be delivered, 32 are Final, 9 are at draft report stage, 1 are 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** Work has commenced with management to review and update the draft plan and also identify audits for which work can commence as early as possible.



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

Planned Output	Current Progress	Executive Lead	Assurance
<b>Corporate governance, risk and regulatory compliance</b>			
Governance & Risk Overview Governance, leadership and Accountability module & AGS	----	Board Secretary	N/A
<b>Health and Care Standards</b>	<b>FINAL</b>	<b>Director of Nursing, Quality &amp; Patient Experience</b>	<b>Reasonable</b>
Welsh Risk Pool Claims	FINAL	Director of Nursing, Quality & Patient Experience	Substantial
Standards of Behaviour	WIP – to be progressed as soon as possible	Board Secretary	-
Health & Safety	Draft	Director of Operations	Reasonable
Welsh Language Compliance	FINAL	Director of Partnerships and Corporate Services	Reasonable

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

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
<b>Annual Quality Statement 2019/20</b>	<b>FINAL</b>	<b>Director of Nursing, Quality &amp; Patient Experience</b>	<b>Substantial</b>
<b>Information Governance and Security</b>			
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)	Draft	Director of Planning	Reasonable
<b>Operational service and functional management</b>			
Directorate Review – Estates	FINAL	Director of Operations	Limited
<b>Follow up Directorate Review – Estates (Follow up)</b>	<b>FINAL</b>	<b>Director of Operations</b>	<b>Reasonable</b>

Directorate Review – Bronglais	FINAL	Director of Operations	Limited
Records Management (Follow up)	Deferred	Director of Operations	-
National Standards for Cleaning (Follow up)	Draft	Director of Operations	Reasonable
<b>Workforce management</b>			
Consultants Job Planning	FINAL	Medical Director	Limited
Electronic Staff Record System	FINAL	Director Workforce	Reasonable
Rostering	FINAL	Director Workforce	Reasonable
Variable Pay	Draft	Director Workforce	Reasonable
<b>PADR Follow up</b>	<b>FINAL</b>	<b>Director Workforce</b>	<b>Reasonable</b>
<b>Capital and Estates</b>			
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	Draft	Director of Planning, Performance and Commissioning	Limited

Follow up (Capital)	Draft	Director of Planning, Performance and Commissioning	Reasonable
<b>Control of Contractors</b>	<b>FINAL</b>	<b>Director of Operations</b>	<b>Limited</b>
Estates Assurance - Water Management (Follow up)	FINAL	Director of Operations	Substantial
Estates Assurance - Water Management (Withybush)	FINAL	Director of Operations	Limited
<b>Follow up Water Management - Withybush</b>	<b>FINAL</b>	<b>Director of Operations</b>	<b>Reasonable</b>
<b>Water Management - Bronglais</b>	<b>FINAL</b>	<b>Director of Operations</b>	<b>Reasonable</b>
Follow up (Estates)	Draft	Director of Operations	Reasonable
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



Office details: St Brides Building  
St David's Park  
Carmarthen  
Carmarthenshire  
SA31 3HB

Contact details: [james.johns@wales.nhs.uk](mailto:james.johns@wales.nhs.uk)