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Iechyd Cyhoeddus
Cymru
Public Health
Wales

Name of Meeting
Audit and Corporate
Governance Committee
Date of Meeting
15 September 2021
Agenda item:
4.1

Internal Audit Action Log

Executive lead:	Helen Bushell, Board Secretary and Head of Board Business
Authors:	Liz Blayney, Deputy Board Secretary and Board Governance Manager
Approval/Scrutiny route:	N/A

Purpose

The Audit and Corporate Governance Committee receives the Internal Audit Action Log to track progress against agreed management actions in response to the recommendations of internal audit reviews.

The purpose of this report is to draw attention to the amendments made to the Internal Audit Action Log since it was last received by the Committee at its meeting on May 2021.

Recommendation:

APPROVE <input checked="" type="checkbox"/>	CONSIDER <input checked="" type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	NOTE <input type="checkbox"/>
<p>The Committee is asked to:</p> <ul style="list-style-type: none"> • Consider the amendments to the Internal Audit Action Log • Approve the request for revised implementation dates in Section 3.1 • Approve the completion of the actions detailed in Section 3.2, and agree to their closure. 				

Link to Public Health Wales [Strategic Plan](#)

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities.

This report contributes to the following:

Strategic Priority	7 - Building and mobilising knowledge and skills to improve health and well-being across Wales
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Summary impact analysis

Equality and Health Impact Assessment	An EHIA is not required for this report. It should be noted that many of the areas of work reported on are likely to have had EHIAs undertaken.
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Risk and Assurance	A number of individual internal audit reviews and actions are referenced in the Board Assurance Framework and Risk Registers.
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Health and Care Standards	This report supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes Governance, Leadership and Accountability
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Financial implications	The report has no direct financial implications, although individual updates may include details of impacts.
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People implications	The report has no direct people implications, although individual updates may include details of impacts.
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1. Purpose / situation

The Audit and Corporate Governance Committee receives the Internal Audit Action Log to track progress against agreed management actions in response to the recommendations of internal audit reviews.

The purpose of this report is to draw attention to the amendments made to the Internal Audit Action Log since the committee last received it at its meeting on 5 May 2021.

2. Background

The Audit and Corporate Governance Committee is responsible for maintaining oversight of the planned activity and results of internal audit.

This includes scrutiny of 'the adequacy of executive and managements response to issues identified by audit, inspection and other assurance activity'.

In order for the Committee to discharge its responsibilities, it needs to receive assurances on the implementation of all recommendations made by internal audit during their review and that the management actions in response to these recommendations are completed. One way that the Committee receives assurance is via the Internal Audit Action Log.

The Action Log enables the tracking of progress against agreed management actions and enables the committee to receive assurance and make decisions based on the update information provided. The revision and completion of any internal audit action requires the approval of the Committee, as does the extension of an agreed timescale.

3. Updates since the Audit and Corporate Governance Committee meeting held on 5 May 2021

Arrangements are in place to ensure that the Executive Lead provides progress updates on a quarterly basis. The Executive Lead liaises with their team to ensure updating of their actions in accordance with the timescales set.

The Internal Audit Action Log attached to this report (**Appendix 1**) incorporates all updates provided up to **1 September 2021**.

These are shown in red text.

3.1 Requests for Revised Implementation Date

The Committee is asked to approve the following requests for a revised implementation dates for the actions:

Audit Review and Ref.	Report Rating	Management Action (abridged)	Original date	Request for revised implementation date
<p>Long-Term Strategy - Stakeholder Engagement 2018/19 Final Report</p> <p>329</p>	<p>Substantial assurance</p>	<p>As part of the proposals for the Board Development Stakeholder Engagement work, the Head of Communications will include recommendations for measuring and recording the level of engagement with external stakeholders.</p>	<p>July 2019</p>	<p>March 2022</p>
<p>Management of Contracts Final Report 2019/20</p> <p>354</p>	<p>Reasonable assurance</p>	<p>A single tender action has been agreed to ensure Screening sites are covered in the interim. This covers the period until the end of March 2020. The Estates, Safety and Facilities Division are currently exploring the opportunities for developing a Hard Facilities Management contract on a regional basis to enable building maintenance work to be expedited under contract across the organisations estate.</p>	<p>1 April 2020</p>	<p>31 January 2022</p>
<p>Management of Contracts Final Report 2019/20</p> <p>356</p>	<p>Reasonable assurance</p>	<p>Screening Contracts Register currently in place. Estates, Safety and Facilities Division to collate all contract information and develop a database for Estates managed contracts detailing renewal timeframes and service points within managed maintenance contracts. Consideration will be given to how other Directorates manage their contracts locally. Screening Division has begun the process of reviewing the pre-existing divisional contracts register to include all locally managed arrangements in each screening service. This is being done in partnership with local managers who will also receive guidance on the appropriate management of low risk/value contracts.</p>	<p>31 December 2019</p>	<p>31 October 2021</p>

Audit Review and Ref.	Report Rating	Management Action (abridged)	Original date	Request for revised implementation date
<p>IT Systems 382</p>	<p>Reasonable Assurance</p>	<p>Third Party (NWIS) action required and we have made several attempts to get this resolved. The current WLIMS national IT system still uses the old ABMU boundary reference and has not been updated, hence our reference tables reflect current data being received. As soon as they update the national IT system, we will make the associated changes on our database. Unknown timescale as outside our control. Given current Covid-19 priorities, we do not anticipate a quick turn-around from NWIS, but we continue to press for a resolution at the earliest possible time. Pending this central resolution by NWIS, PHW Informatics will remap the locations to the new boundaries locally which will overcome the issue.</p>	<p>December 2020</p>	<p>31 December 2021</p>
<p>Long-Term Strategy 391</p>	<p>Reasonable Assurance</p>	<p>Public Health Wales developed a draft Outcomes Framework in quarter 3 of 2019/20, which was developed collaboratively with the Board, Executive Team, the leads for strategic priorities and the Senior Leadership Team.</p> <p>While the draft Outcomes Framework is presented through a life course approach, it can also be mapped to the strategic priorities. Key outcomes for each priority were included within our Integrated Medium Term Plan for 2020/21. As part of this work, we also started to develop a small number of key performance indicators for each of our priorities, which will be underpinned by more detailed service focused performance indicators. This work was well advanced by the time that Public Health Wales initiated its emergency planning procedures to address the Covid-19 pandemic. Ensuring that the Trust has an outcome-driven approach to implementing its strategies</p>	<p>2021</p>	<p>March 2022</p>

Audit Review and Ref.	Report Rating	Management Action (abridged)	Original date	Request for revised implementation date
		is a key principle and work will be rescheduled as part of the organisation's recovery programme which was agreed on 28 May 2020.		
Management of Alerts Follow up Audit 401	Reasonable assurance	The medical device register should be completed and presented to the appropriate committee for approval as soon as practically possible. Management should decide which business area will maintain the register to ensure that it is kept up to date.	1 April 2021	March 2022
Management of Alerts Follow up Audit 405	Reasonable assurance	The Alerts and WHCs will be combined into a single policy and procedure. This has been delayed due to the current Covid-19 response. The action will be addressed when practically possible.	August 2021	31 December 2021
IT Business Continuity 419	Reasonable assurance	Management note the finding. The Business continuity team will update the templates.	31 July 2021	31 October 2021
IT Business Continuity 420	Reasonable assurance	Management note the finding and will update the documentation with lessons learned as part of the pandemic.	31 August 2021	31 March 2022
Core Financial Systems Final Report 2018/19 334	Reasonable assurance	We are reviewing the process for the requesting and approving of payments for retirement gratuities and will consider a range of options, which will include ceasing and/or replacing. The review will consider and recommend on the future reporting arrangements for such payments if continued.	June 2019	January 2022

3.2 Actions Proposed for Completion and Closure

The following actions are proposed for completion. Please note that summary details are provided below and for further information reference should be made to the Internal Audit Action Log provided as **Appendix 1**.

Audit Review	Action(s)
IT Systems	384, 385, 386, 387, 388
IT Business Community	417, 418



The action plans put in place to address the various audits recommendations have long-term implications for the organisation, its governance and the provision of its services.



The action plans put in place to address the various audits recommendations strengthen the governance and provision of its services.



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The management responses to audit reviews were developed in collaboration with staff across the organisation.



Responses have been provided by staff in the relevant areas across the organisation.

4. Recommendation

The Committee is asked to:

- **Consider** the amendments to the Internal Audit Action Log (Appendix 1).
- **Approve** the request for revised implementation dates in Section 3.1. (Appendix 1)
- **Approve** the completion of the actions detailed in Section 3.2. (Appendix 3)ss