

Annual Audit Report 2024 – Hywel Dda University Health Board

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Contents

Summary report	
About this report	4
Key messages	5
Detailed report	
Audit of accounts	7
Arrangements for securing efficiency, effectiveness, and economy in the use of resources	9
Appendices	
Appendix 1 – reports issued since my last annual audit report	15
Appendix 2 – audit fee	17
Appendix 3 – audit of accounts risks	18

Summary report

About this report

- 1 This report summarises the findings from my 2024 audit work at Hywel Dda University Health Board (the Health Board) undertaken to fulfil my responsibilities under the Public Audit (Wales) Act 2004. That Act requires me to:
 - examine and certify the accounts submitted to me by the Health Board, and to lay them before the Senedd;
 - satisfy myself that expenditure and income have been applied to the purposes intended and are in accordance with authorities; and
 - satisfy myself that the Health Board has made proper arrangements for securing economy, efficiency, and effectiveness in its use of resources.
- 2 I report my overall findings under the following headings:
 - Audit of accounts
 - Arrangements for securing economy, efficiency, and effectiveness in the use of resources
- 3 This year's audit work took place at a time when NHS bodies were continuing to respond to a broad set of challenges associated with the cost-of-living crisis, the climate emergency, inflationary pressures on public finances, workforce shortages, and an ageing estate. In addition, NHS bodies are still dealing with the legacy of the COVID-19 pandemic. My work programme, therefore, was designed to best assure the people of Wales that public funds are well managed.
- 4 We largely continued to work and engage remotely where possible using technology, but some on-site audit work resumed where it was appropriate to do so. This inevitably had an impact on how we deliver audit work but has also helped to embed positive changes in our ways of working.
- 5 The audited accounts submission deadline was shortened by two weeks from the previous year to 15 July 2024. The financial statements were certified on 12 July 2024, meaning the deadline was met. This reflects a great collective effort by both my staff and the Health Board's officers.
- 6 The focus and approach of my performance audit work continue to be aligned to the post-pandemic challenges facing the NHS in Wales and are conducted in line with INTOSAI¹ auditing standards.
- 7 This report is a summary of the issues presented in more detailed reports to the Health Board this year (see **Appendix 1**). I also include a summary of the status of work still underway, but not yet completed.

¹ INTOSAI (International Organisation of Supreme Audit Institutions) is a global umbrella organisation for the performance audit community. It is a non-governmental organisation with special consultative status with the Economic and Social Council (ECOSOC) of the United Nations.

- 8 **Appendix 2** presents the latest estimate of the audit fee that I will need to charge to cover the costs of undertaking my work, compared to the original fee set out in the 2024 Audit Plan.
- 9 **Appendix 3** sets out the audit of accounts risks set out in my 2024 Audit Plan and how they were addressed through the audit.
- 10 The Chief Executive, the Director of Finance and the Director of Corporate Governance have agreed the factual accuracy of this report. We presented it to the Board on 30 January 2025. We strongly encourage the Health Board to arrange its wider publication. We will make the report available to the public on the [Audit Wales website](#) after the Board have considered it.
- 11 I would like to thank the Health Board's staff and members for their help and co-operation throughout my audit.

Key messages

Audit of accounts

- 12 I concluded that the Health Board's accounts were properly prepared and materially accurate and issued an unqualified audit opinion on them. My work did not identify any material weaknesses in internal controls (as relevant to my audit) however, I brought some issues to the attention of officers and the Audit and Risk Assurance Committee for improvement.
- 13 However, I qualified the regularity opinion. In line with prior years, the regularity opinion was qualified because the Health Board did not meet its revenue resource allocation over the three-year period ending 31 March 2024.
- 14 Alongside my audit opinion, I placed a substantive report on the Health Board's accounts to highlight the failure to achieve financial balance and the failure to have an approved three-year plan in place.

Arrangements for securing efficiency, effectiveness, and economy in the use of resources

- 15 My programme of Performance Audit work has led me to draw the following conclusions:
- the Health Board's current operations structure is complex resulting in blurred lines of accountability, and inconsistencies in governance arrangements across its directorates. Whilst the Health Board is progressing its new operations structure, presenting opportunities to improve governance arrangements, delays in rolling out the new structure are causing instability within directorate leadership teams due to unfilled vacancies. Governance arrangements within the Finance, Digital and Performance Directorate are clearer, but there is scope to strengthen them.

- the Health Board did not meet its financial targets for 2023-24 and its track record on delivering recurrent savings is poor. Given the Health Board's challenging financial position for 2024-25, it urgently needs to address its cost drivers and strengthen its overall arrangements for identifying, delivering, and monitoring sustainable cost savings opportunities to prevent its financial position from deteriorating further.
- the Health Board's corporate arrangements continue to operate effectively, despite a period of significant change, with a small number of areas that could be further improved. Whilst the financial position for 2024-25 remains extremely challenging, the Health Board is taking positive steps to get onto a more sustainable footing.

16 These findings are considered further in the following sections.

Detailed report

Audit of accounts

- 17 Preparing annual accounts is an essential part of demonstrating the stewardship of public money. The accounts show the organisation’s financial performance and set out its net assets, net operating costs, gains and losses, and cash flows. My annual audit of those accounts provides an opinion on both their accuracy and the proper use (‘regularity’) of public monies.
- 18 My 2024 Audit Plan set out the key risks for audit of the accounts for 2023-24 and these are detailed along with how they were addressed in **Exhibit 4, Appendix 3**.
- 19 My responsibilities in auditing the accounts are described in my [Statement of Responsibilities](#) publications, which are available on the [Audit Wales website](#).

Accuracy and preparation of the 2023-24 accounts

- 20 I concluded that the Health Board’s accounts were properly prepared and materially accurate and issued an unqualified audit opinion on them. My work did not identify any material weaknesses in internal controls (as relevant to my audit) however, I brought some issues to the attention of officers and the Audit and Risk Assurance Committee for improvement.
- 21 I must report issues arising from my work to those charged with governance (the Audit and Risk Assurance Committee) for consideration before I issue my audit opinion on the accounts. My Financial Audit Engagement Lead reported these issues on 9 July 2024. **Exhibit 1** summarises the key issues set out in that report.

Exhibit 1: issues reported to the Audit Committee

Issue	Auditors’ comments
Uncorrected misstatements	There were no uncorrected misstatements.
Corrected misstatements	There were a number of adjustments made to the draft accounts, none of which impacted on the reported deficit.

Issue	Auditors' comments
Other significant issues	<p>I qualified my regularity opinion and issued a substantive report because the Health Board did not meet its revenue resource allocation over the three-year period ending 31 March 2024, nor have an approved three-year integrated medium-term plan for the period 2023-24 to 2025-26.</p> <p>I also reported the need to strengthen the Health Board's controls over the theatre stock.</p>

- 22 I also undertook a review of the Whole of Government Accounts return. I concluded that the counterparty consolidation information was consistent with the Health Board's financial position on 31 March 2024 and the return was prepared in accordance with the Treasury's instructions.
- 23 My separate audit of the charitable funds accounts is substantially complete. No significant issues have been identified. I intend to provide my audit opinion on 31 January 2025.

Regularity of financial transactions

- 24 The Health Board's financial transactions must be in accordance with authorities that govern them. The Health Board must have the powers to receive income and incur expenditure. Our work reviews these powers and tests that there are no material elements of income or expenditure which the Health Board does not have the powers to receive or incur.
- 25 Where a Health Board does not achieve financial balance, its expenditure exceeds its powers to spend and so I must qualify my regularity opinion.
- 26 For 2023-24, the Health Board failed to meet both the first and second financial duty. The first financial duty gives additional flexibility to Health Boards by allowing them to balance their income with their expenditure over a three-year period. The three-year period being measured under this duty this year is 2021-22 to 2023-24.
- 27 The Health Board did not achieve financial balance for the three-year period ending 31 March 2024, exceeding its cumulative revenue resource limit of £3,368.889 million by £149.859 million, which I deem to be outside its powers to spend, so I have issued a qualified opinion on the regularity of the financial transactions within the Health Board's 2023-24 accounts. The second financial duty requires Health Boards to prepare and have approved by Welsh ministers a rolling three-year integrated medium-term plan. This duty is an essential foundation to the delivery of sustainable quality health services. A Health Board will be deemed to have met this duty for 2023-24 if it submitted a 2023-24 to 2025-26 plan approved by its Board to Welsh Ministers, who were required to review and consider approval of the plan. The Health Board did not meet its second financial

duty to have an approved three-year integrated medium-term plan in place for the period 2023-24 to 2025-26.

- 28 I have the power to place a substantive report on the Health Board's accounts alongside my opinions where I want to highlight issues. Due to the issues set out above, I issued a substantive report setting out the factual details.

Arrangements for securing efficiency, effectiveness, and economy in the use of resources

- 29 I have a statutory requirement to satisfy myself that the Health Board has proper arrangements in place to secure efficiency, effectiveness, and economy in the use of resources. I have undertaken a range of performance audit work at the Health Board over the last 12 months to help me discharge that responsibility. This work has involved:
- reviewing the Health Board's directorate level governance arrangements to ensure they support the economic, efficient, and effective use of resources;
 - reviewing the effectiveness of the Health Board's cost savings arrangements; and
 - undertaking a structured assessment of the Health Board's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically.
- 30 My conclusions based on this work are set out below.

Review of Operational Governance

- 31 My work examined whether directorate level governance arrangements support the economic, efficient, and effective use of resources. Specifically, I examined whether directorates have clear leadership and governance arrangements, are conducting business effectively and have good performance and risk management arrangements.
- 32 My work found that the current operations structure is complex and multilayered, leading to unclear lines of accountability within operational directorates. The Health Board is taking positive steps in addressing these issues with the introduction of a new operations structure. However, delays in rolling out the new structure is causing instability in directorate leadership teams. This is partly due to a number of vacancies within the directorate leadership teams, resulting in several interim roles, acting-up arrangements and leads taking on additional responsibilities resulting in large remits for some senior leaders to cover. The structure and leadership arrangements within the Finance, Digital and Performance Directorate are clearer, and whilst there is a stable leadership team, there has been recent turnover in several roles within the Finance Team. This is being managed within the new

Organisational Change Process, which has arisen from a recognition that further improvements could be made to the finance business partnering function.

- 33 Governance arrangements within the operations structure are not clearly documented. Whilst we found some good arrangements within individual areas, arrangements across the operations structure are inconsistent and do not support good flows of information. Implementing the new structure provides an opportunity to strengthen flows of information by mapping governance arrangements and standardising agendas and reporting templates for business meetings held within directorate teams. Arrangements within the Finance, Digital and Performance Directorate are clearer, but also need to be documented.
- 34 There are adequate systems of assurance at directorate level, supported by good performance information and risk management systems. But there is inconsistent practice within directorates with scope to strengthen and standardise performance and risk management arrangements within directorate teams.

Review of cost savings arrangements

- 35 My review examined whether the Health Board has an effective approach to identifying, delivering, and monitoring sustainable cost savings opportunities. It considered the impact these arrangements had on the Health Board's 2023-24 year-end position and highlighted where arrangements may need to be strengthened for 2024-25 and beyond.
- 36 My work found that the Health Board did not meet its financial targets for 2023-24 and its track record on delivering recurrent savings is poor. Given the Health Board's challenging financial position for 2024-25, it urgently needs to address its cost drivers and strengthen its overall arrangements for identifying, delivering, and monitoring sustainable cost savings opportunities to prevent its financial position from deteriorating further.
- 37 The Health Board broadly understands its cost drivers and has taken positive steps to strengthen budget management at an operational level. The Health Board makes good use of data and intelligence to identify cost savings opportunities, but elements of its approach to selecting and developing savings opportunities require improvement.
- 38 The Health Board has a poor track record of delivering recurrent savings. This, coupled with skills and capacity gaps in respect of financial and transformational aspects of delivering savings and insufficient operational management arrangements for managing finances, linked to the current configuration of the Health Board's operational structures, will make achieving its significantly higher 2024-25 savings target even more challenging.
- 39 Whilst the Health Board's arrangements for monitoring and reporting on cost savings are improving, opportunities exist to strengthen them further by enhancing scrutiny of savings underperformance, effectively managing the delivery risks within its identified 2024-25 savings schemes, and implementing the learning from recent savings governance reviews.

Structured assessment

- 40 My team examined the Health Board's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically, with a specific focus on: Board transparency, effectiveness, and cohesion; corporate systems of assurance; corporate approach to planning; and corporate approach to managing financial resources. Auditors also paid attention to progress made to address previous recommendations.
- 41 At the time of my structured assessment work, the Health Board was subject to targeted intervention (level 4) status under the [Welsh Government's escalation and intervention arrangements](#).

Board transparency, effectiveness, and cohesion

- 42 My work considered whether the Health Board's Board conducts its business appropriately, effectively, and transparently. I paid particular attention to:
- Public transparency of Board business
 - Arrangements to support the conduct of Board business
 - Board and committee structure, business, meetings, and flows of assurance
 - Board commitment to hearing from staff, users, other stakeholders
 - Board skills, experiences, cohesiveness, and commitment to improvement
- 43 My work found that whilst managing a period of significant change, the Board and its committees continue to work well, maintaining a clear focus on public transparency, good governance, continuous improvement and hearing from patients and staff.
- 44 The Health Board continues to maintain a strong commitment to public transparency, with well publicised Board meetings, which members of the public can observe in-person, virtually or via a recording published on the Health Board's website. The Health Board continues to reserve private Board and committee sessions, for the most sensitive matters, with a high-level summary of discussions published online.
- 45 The Health Board maintains robust arrangements to support the conduct of Board business, with up-to-date Standing Orders, Scheme of Reservation and Delegation, and Standing Financial Instructions, which are reviewed at least annually to ensure they reflect current arrangements. The Health Board has recently reviewed and updated its scheme of delegation, addressing identified gaps. The scheme of delegation will need to be kept under review as the Health Board rolls out its new operations structure. There are clear processes and oversight arrangements to ensure compliance with declarations of interest and that policies are kept updated.
- 46 The Board and its committees continue to work effectively, with up-to-date Terms of Reference and work programmes. These appropriately reflect oversight responsibilities for the Health Board's targeted intervention monitoring framework and corporate and strategic risks. The Health Board is reviewing its committee

structure and arrangements, and will implement agreed changes in April 2025. Board and committee meetings continue to be well chaired and administered, with strengthened arrangements to escalate high-risk matters to the Board. Committee meetings are well supported by the Corporate Governance Team and there is good Executive Member and officer representation. The Board and its committees receive good quality, timely papers, which the Health Board is continuing to strengthen as part of ongoing improvement. The Board continues to hear from a range of patients and staff and has enhanced arrangements for patient safety walkabouts.

- 47 The Board is managing a significant period of change well and is taking positive steps to ensure it remains cohesive and effective through Board development opportunities and arrangements for continuous improvement. Preparations to establish a joint committee with Swansea Bay University Health Board are progressing well, with the inaugural meeting due to take place in January 2025.

Corporate systems of assurance

- 48 My work considered whether the Health Board has a sound corporate approach to managing risks, performance, and the quality and safety of services. I paid particular attention to the organisation's arrangements for:
- overseeing strategic and corporate risks;
 - overseeing organisational performance;
 - overseeing the quality and safety of services; and
 - tracking recommendations.
- 49 My work found that the Health Board continues to have appropriate arrangements for corporate oversight of risk, performance, tracking recommendations, and the quality and safety of services. However, the performance management framework needs to be updated to reflect current performance arrangements, and more frequent updates on the implementation of the Quality Improvement Strategic Framework should be provided.
- 50 The Board continues to have a mature approach to overseeing strategic and corporate risks and risk management arrangements. The Audit and Risk Assurance Committee continues to receive the Risk Assurance Report, which provides assurance on the effectiveness of the Risk Management Framework, and progress on implementing the revised Risk Management Strategy. The Health Board also has an up-to-date risk appetite statement, approved by the Board in January 2024. Board and corporate oversight of organisational performance has been strengthened, for example, by introducing an internal escalation framework. However, there is a need to update the performance management framework to ensure it reflects current arrangements.
- 51 There is appropriate corporate oversight and scrutiny of the quality and safety of services, and in compliance with the Health and Social Care (Quality and Engagement) Act (2020) the Health Board published its annual report setting out how it met the duties of quality and candour during 2023-24. However, there is a

need for more regular updates on the implementation of the Quality Improvement Strategic Framework, which was approved by the Board in March 2023. The Health Board has maintained robust arrangements for tracking audit and review recommendations, with internal escalation arrangements used to strengthen operational audit tracking arrangements.

Corporate approach to planning

- 52 My work considered whether the Health Board has a sound corporate approach to planning. I paid particular attention to the organisation's arrangements for:
- producing and overseeing the development of strategies and corporate plans, including the Integrated Medium Term Plan; and
 - overseeing the delivery of corporate strategies and plans.
- 53 My work found that development and delivery of the Health Board's plans continue to be supported by appropriate oversight, underpinned by a pragmatic approach to addressing planning team capacity issues. There is scope to review well-being objectives as part of a planned long-term strategy refresh.
- 54 The Health Board continues to have appropriate corporate arrangements to support the development of plans, such as its Annual Plan and Clinical Services Plans, which are underpinned by a pragmatic approach to overcome planning team capacity issues. The Health Board remains focused on its long-term strategy, however, it has indicated its intention to refresh it during 2025. It also has plans to review its well-being objectives, which were last refreshed in 2019. This presents an opportunity for the Health Board to review its well-being objectives as part of its long-term strategy refresh to ensure the strategic and well-being objectives are well aligned.
- 55 The Health Board's arrangement for overseeing its Annual Plan remain robust. Since last year, the Health Board has further streamlined its planning objectives. Its 2024-25 Annual Plan articulates ten focused strategic change programmes or planning objectives, focused on both current challenges, whilst planning for sustainable services in the medium and longer term. Committees maintain good oversight of the delivery of planning objectives, which have clearly articulated aims/expected outcomes, and the Annual Plan has a clear delivery plan.

Corporate approach to managing financial resources

- 56 My work considered whether the Health Board has a sound corporate approach to managing its financial resources. I paid particular attention to the organisation's arrangements for:
- achieving its financial objectives;
 - overseeing financial planning;
 - overseeing financial management; and
 - overseeing financial performance.

- 57 My work found that whilst the financial position for 2024-25 remains extremely challenging, the Health Board is taking positive steps to improve its financial position and to develop a roadmap to ensure financial sustainability. There remains a clear approach for financial planning and managing and monitoring the financial position, but there is a need to strengthen the approach to delivering cost savings opportunities.
- 58 The Health Board did not achieve its revenue financial objectives and duties for 2023-24, and with an ongoing challenging financial position, will not achieve them in 2024-25. However, the Health Board is taking positive steps to improve its financial position. Working to a planned financial deficit of £64 million for 2024-25, at Month 7, the Health Board was reporting to be on track to achieving its year-end deficit and was reporting an underspend against its £5.3 million monthly profiled deficit (£4.3 million). This is an improvement from Month 4, when the gap was £10.7 million, and the average monthly deficit was £5.7 million.
- 59 The Health Board has maintained a clear financial planning process and is taking steps to become financially stable, although progress is behind schedule and there is an urgent need to strengthen its approach to delivering sustainable cost savings opportunities. The Health Board continues to have appropriate arrangements to oversee and scrutinise financial management and controls, which have been further strengthened through arrangements to support targeted intervention. The Health Board maintains good arrangements for monitoring and scrutinising its financial position, with greater scrutiny on issues contributing to the financial challenges.

Appendix 1

Reports issued since my last annual audit report

Exhibit 2: reports issued since my last annual audit report

The following table lists the reports issued to the Health Board in 2024.

Report	Date
Financial audit reports	
Audit of Financial Statements Report	July 2024
Opinion on the Financial Statements	July 2024
Our intention is to issue the Audit of Charitable Funds Financial Statements Report and Opinion on the Charitable Funds Financial Statements in January 2025.	Audit opinion planned for 31 January 2025.
Performance audit reports	
<u>Review of Operational Governance</u>	May 2024
<u>Review of Cost Savings Arrangements</u>	July 2024
Structured Assessment 2024	November 2024
Other	
2024 Audit Plan	April 2024

My wider programme of national value-for-money studies in 2024 included reviews that focused on the NHS and pan-public-sector topics. These studies are typically funded through the Welsh Consolidated Fund and are presented to the Public Accounts Committee to support its scrutiny of public expenditure. Reports are available on the [Audit Wales website](#).

Exhibit 3: performance audit work still underway

There are several performance audits that are still underway at the Health Board. These are shown in the following table, with the estimated dates for completion of the work.

Report	Estimated completion date
Urgent and emergency care: Unscheduled Care: Flow out of hospital – West Wales Region	April 2025
Discharge planning: Progress update	April 2025
Urgent and emergency care: Arrangements for managing demand	April 2025
Review of planned care services recovery	April 2025
Review of arrangements for capital programme prioritisation	May 2025
Review of the arrangements for managing outpatient appointments	July 2025
Review of digital transformation	July 2025

Appendix 2

Audit fee

The 2024 Audit Plan set out the proposed audit fee of £417,663 (excluding VAT). My latest estimate of the actual fee, on the basis that some work remains in progress, is in keeping with the fee set out in the outline.

Appendix 3

Audit of accounts risks

Exhibit 4: audit of accounts risks

My 2024 Audit Plan set out the risks of material misstatement and/or irregularity for the audit of the Health Board's 2023-24 accounts. The table below lists these risks and sets out how they were addressed as part of the audit.

Audit risk	Proposed audit response	Work done and outcome
<p>Management Override The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk.</p>	<p>The audit team will:</p> <ul style="list-style-type: none">• test the appropriateness of journal entries and other adjustments made in preparing the financial statements;• review accounting estimates for bias; and• evaluate the rationale for any significant transactions outside the normal course of business.	<p>My audit team:</p> <ul style="list-style-type: none">• tested journal entries;• reviewed accounting estimates, particularly primary care payments; and• did not identify any transactions outside the normal course of business. <p>No material issues arose from the work carried out.</p>

Audit risk	Proposed audit response	Work done and outcome
<p>Financial Duty</p> <p>There is a significant risk that you will fail to meet your financial duty to break even over a three - year period. The position at month 11 shows a year-to-date deficit of £62 million and a forecast year-end deficit of £366 million which is inconsistent with the Minister's published control total. This, combined with the outturns for 2021-22 and 2022-23 predicts a three-year deficit of £150 million. Where you fail this financial duty, we will place a substantive report on the financial statements highlighting the failure and qualify your regularity opinion. Your current financial pressures increase the risk that management judgements and estimates could be biased in an effort to achieve the financial duty.</p>	<p>The audit team will:</p> <ul style="list-style-type: none"> • continue to monitor the Health Board's financial position for 2023-24 and the cumulative three-year position to 31 March 2024; • undertake testing on areas of the financial statements which contain judgements such as year-end accruals; to ensure transactions have been reported in the correct accounting period; and • consider the impact of any relevant uncorrected misstatements over the three years. 	<p>I placed a substantive report on the financial statements explaining the failure to meet the three-year revenue resource limit and the circumstances under which it arose.</p>

Audit risk	Proposed audit response	Work done and outcome
<p>Losses and Special Payments (LaSPaR)</p> <p>From 1 December 2023, the Losses and Special Payments Register (LaSPaR) which is used to calculate the losses and many of the provisions balances in the accounts has been decommissioned nationally.</p> <p>For the remainder of 2023-24, a model Excel spreadsheet will be used to record losses, special payments and to calculate year-end balances.</p> <p>There is a risk that the transactions and balances related to losses and special payments are materially misstated due to:</p> <ul style="list-style-type: none"> • the data transfer between the LaSPaR system and the Excel model not being complete and accurate; and/or • the Excel model miscalculating balances due to spreadsheet/modelling errors and/or incorrect data entry. 	<p>The audit team will:</p> <ul style="list-style-type: none"> • test the completeness and accuracy of data transfer from the LaSPaR system to the Excel-based spreadsheets; • consider the design and implements of controls (if any) in place to mitigate error; • review the year-end spreadsheet to ensure that there are no significant errors or issues in the compilation of figures for the accounts; and • review transactions back to supporting evidence (eg Quantum reports) on a sample basis. 	<p>My audit team:</p> <ul style="list-style-type: none"> • tested the completeness and accuracy of data transfer from the LaSPaR system to the Excel-based spreadsheets; • considered the design and implements of controls (if any) in place to mitigate error; • reviewed the year-end spreadsheet to ensure that there are no significant errors or issues in the compilation of figures for the accounts; and • reviewed transactions back to supporting evidence (eg Quantum reports) on a sample basis. <p>No material issues arose from the work carried out.</p>

Audit risk	Proposed audit response	Work done and outcome
<p>Remuneration Report and Related Parties Transactions</p> <p>Some of the disclosures in the financial statements, such as the Remuneration Report and related parties are judged to be material by nature, with a far lower level of materiality. These disclosures are therefore inherently prone to material misstatement.</p>	<p>The audit team will:</p> <ul style="list-style-type: none"> examine all entries in the remuneration report to verify that they are materially accurate, and that remuneration has been paid at the approved levels; verify that all necessary signed declarations have been received, evaluated and disclosed appropriately and accurately. 	<p>My audit team:</p> <ul style="list-style-type: none"> examined all entries in the remuneration and verified their accuracy; confirmed that remuneration had been paid at the approved levels; and verified that all necessary signed declarations had been accurately and appropriately disclosed. <p>No material issues arose from the work carried out.</p>
<p>Reinforced Autoclaved Aerated Concrete (RAAC)</p> <p>Due to the significant presence of RAAC within Withybush Hospital, the Health Board has requested a specific valuation from the District Valuer with regards to RAAC. Detailed surveys have already been undertaken across the whole site assessing the extent and the state of repair of the RAAC.</p>	<p>The audit team will:</p> <ul style="list-style-type: none"> review the valuation received by the District Valuer; and ensure that the valuation has been correctly accounted for within the 2023-24 financial statements. 	<p>My audit team:</p> <ul style="list-style-type: none"> reviewed the valuation received by the District Valuer; and ensured that the valuation had been correctly accounted for within the 2023-24 financial statements. <p>No material issues arose from the work carried out.</p>



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We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.