



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	13 August 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Audit & Assurance Services 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 Audit & Assurance Services progress report provides the Audit & Risk Assurance Committee (ARAC) with an update in relation to the delivery of the approved Internal Audit Plan for 24/25.

Cefndir / Background

The work undertaken by Internal Audit is in accordance with its annual plan, 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, amendments to the agreed plan and outcomes of any audits completed since the previous meeting of the committee.

Asesiad / Assessment

The findings and assurance ratings from the Internal Audit Reports provides 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 take assurance with regard to the delivery of the Internal Audit plan for 2024/25 year and the outcomes of the finalised audit reports.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	<p>3.16 The Committee shall ensure that there is an effective internal audit 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.</p> <p>3.17 This will be achieved by:</p> <p>3.17.1 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>3.17.2 review of the adequacy of executive and management responses to issues identified by audit, inspection and other assurance activity, in accordance with the Charter;</p> <p>3.17.3 Regular 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> <p>3.17.4 ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation; and</p> <p>3.17.5 annual review of the effectiveness of internal audit.</p>
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Internal Audit reports cover a range of organisational risks.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Internal Audit Plan & Charter. Individual Internal Audit reports. Evidence gathered from the Health Board as part of the delivery of audit assignments. Health Board Risks.
Rhestr Termau: Glossary of Terms:	Contained within the reports.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Director of Corporate Governance Executive Directors and Senior Managers relevant to the individual audits.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	n/a
Ansawdd / Gofal Claf: Quality / Patient Care:	n/a
Gweithlu: Workforce:	n/a
Risg: Risk:	n/a
Cyfreithiol: Legal:	n/a

Enw Da: Reputational:	n/a
Gyfrinachedd: Privacy:	n/a
Cydraddoldeb: Equality:	n/a

Hywel Dda University Health Board Audit & Risk Assurance Committee

August 2024

Audit & Assurance Services Internal Audit Progress Report

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Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors

Please note

This report has been prepared for internal use only. Audit & Assurance Services reports are prepared, in accordance with the Service Strategy and Terms of Reference, approved by the Audit & Risk Assurance Committee.


Audit reports are prepared by the staff of the NHS Wales Shared Services Partnership – Audit and Assurance Services, and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Hywel Dda University Health Board and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

1. Introduction and Background

1.1 This progress report provides the Audit & Risk Assurance Committee (ARAC) with the current position in relation to the delivery of the 2024/25 Internal Audit Plan. The report also includes details of the progress with the delivery of individual audits, outcomes from finalised audits and any updates required to the plan.

2. Outcomes from Finalised Audits

2.1 The Internal Audit Reports finalised since the previous meeting of the Committee are highlighted in the table below along with the allocated assurance ratings, where applicable. The full versions of these reports are included on the agenda as separate items.

ASSIGNMENT	ASSURANCE RATING	
Nurse Staffing Act	Reasonable	

3. Internal Audit Plan 2024/25 - Planning and Delivery Update

3.1 The assignment status schedule at Appendix A sets out the status and planned timelines of all audits in the 24/25 plan.

3.2 As a result of ongoing planning discussions, we have been asked to potentially defer the Estates & Facilities directorate review as a result of the Health Board undertaking of another review within that directorate.

3.3 The current position of the audits that have not made the Committee deadline are summarised in the table below.

Audit	Current status	Current Position/ comments	ARAC
Ultrasound Corporate Risk	Draft	Awaiting one management response, due to leave.	Oct

3.4 Regular meetings with the Director of Corporate Governance have continued, along with meetings taking place with Executive Directors and senior managers in relation to audits currently being planned and delivered. The UHB Board meetings and some Committees have been observed. Ongoing liaison meetings with Counter Fraud, Audit Wales and Health Inspectorate Wales have also continued.

Appendix A – HDUHB Internal Audit Plan 2024/25 – Assignment Status Schedule

Audit Output	Outline timing	Planned ARAC	Executive Lead	Progress Status	Assurance	H	M	L
Governance – Executive Team working	Q2-3	Dec	Corporate Governance /CEO	Planning				
Targeted Intervention Governance	Q1-3	Feb	Corporate Governance /CEO	WIP				
Annual Planning	Q3	Feb	Strategy & Planning	Planning				
Cash Management	Q2/3	Oct	Director of Finance	Planning				
Financial Management	Q2/3	Dec	Director of Finance	Planning				
UHB Procurement - Contract Management	Q3/4	Apr	Director of Finance	Planning				
Performance Management Arrangements	Q3/4	Feb	Director of Finance					
Speaking up safely	Q3/4	Oct	Nursing, Quality & Patient Experience	Planning				
Learning lessons	Q3	Feb	Nursing, Quality & Patient Experience					
Falls Management	Q2	Oct	Nursing, Quality & Patient Experience	WIP				
Cleanliness / Cleaning Standards	Q3/4	Apr	Chief Operating Officer					
Revised Operational Governance arrangements	Q3	Apr	Chief Operating Officer					

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Discharge Management	Q3/4	Dec	Chief Operating Officer					
Management of bed capacity (Pembrokeshire)	Q2/3	Dec	Chief Operating Officer					
Medical Workforce (Medical Locums Planned Care)	Q3	Feb	Medical Director					
Nursing Management	Q2	Oct	Nursing, Quality & Patient Experience	WIP				
Estates Facilities directorate	Q2		Director of Operations	Potentially defer				
Nurse staffing Act	Q2	Aug	Nursing, Quality & Patient Experience	Final	Reasonable		3	
Job planning	Q4	Apr	Medical Director					
Elective Waiting List Management	Q3/4	Feb	Chief Operating Officer					
Mortuary Services	Q3	Dec	Chief Operating Officer	Planning				
Primary Care Strategy including Managed Practices	Q4	Apr	Primary, Community and long Term Care					
Health & Safety	Q2	Oct	Therapies	wip				
Ultrasound Corporate Risk	Q2	Aug	Chief Operating Officer	Draft	Reasonable			
Emergency and Business Continuity Planning	Q2	Oct	Director of Public Health	planning				
Digital strategy	Q3/4	Apr	Director of Finance					

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IT/Digital - benefits realisation	Q2/3	Dec	Director of Finance	Planning				
IT/Digital – Data Quality/Use of Data	Q2/3	Feb	Director of Finance	planning				
Withybush General Hospital RAAC.	Q3/4	April	Chief Operating Officer					
Estates Assurance – Energy Management	Q3	Dec	Chief Operating Officer	planning				
Capital Systems	Q2/3	Dec	Chief Operating Officer	planning				



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