Pwyllgor Archwilio a Sicrwydd Risg/ Audit and Risk Assurance Committee

DYDDIAD Y CYFARFOD: DATE OF MEETING:	**13 AUGUST 2026**
TEITL YR ADRODDIAD: TITLE OF REPORT:	Progress Update on Human Tissue Authority Internal Audit
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	James Severs, Executive Director of Allied Health Professions and Health Science
SWYDDOG ADRODD: REPORTING OFFICER:	Craig Baker, Cellular Pathology and Mortuary Service Delivery Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/ For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

An internal audit of Human Tissue Authority (HTA) governance, compliance and operational arrangements within the Health Board's licensed mortuary facility was undertaken between August and September 2025, as part of the Internal Audit Programme.

The audit focused on compliance with HTA standards, governance arrangements, documentation, security, consent processes and operational controls within the licensed service.

The audit findings and recommendations have been reported through the appropriate governance structures and oversight has been maintained via the HTA Assurance Group.

Cefndir / Background

The audit was commissioned to provide independent assurance regarding compliance with the Human Tissue Act 2004 and associated HTA licensing requirements.

Following receipt of the finalised audit report in September 2025, a comprehensive gap analysis was undertaken and an improvement action plan developed to address identified findings.

The action plan was monitored through the HTA Operational and HTA Assurance Groups.

Asesiad / Assessment

Internal Audit concluded their review in September 2025 and presented their final report at the Audit and Risk Assurance Committee (ARAC) meeting in October 2025.

An action plan was developed to address the audit findings and recommendations, with oversight provided through the HTA Operational and HTA Assurance Groups in an effort to strengthen existing processes and procedures where improvement opportunities had been identified. Subsequently:

- All audit findings and recommendations were actioned and implemented by the Mortuary team on 12 December 2025.
- Evidence demonstrating completion was uploaded onto the Audit Management and Tracking (AMaT) system.
- Assurance monitoring was undertaken through the established HTA governance groups.
- All actions and recommendations have been completed in relation to the internal HTA audit.
- A follow-up review was undertaken on 5 February 2026 and confirmed that all actions had been implemented (Appendix 1), and no further action tracking was required.
- The follow up report was released on 2 April 2026 and presented to ARAC on 14 April 2026
- Internal Audit formally closed the audit on 19 June 2026.

The audit process has contributed to strengthening the Health Board's assurance arrangements relating to HTA compliance and has supported continued regulatory readiness across licensed activities.

Argymhelliad / Recommendation

The Audit and Risk Assurance Committee is asked to **TAKE ASSURANCE** that all internal audit recommendations and findings have been actioned and fully implemented within the defined timelines, resulting in the audit being formally closed.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	3.1 The Committee shall review the adequacy of the Health Board's strategic governance and assurance arrangements and processes for the maintenance of an effective system of good governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical) that supports the achievement of the organisation's objectives. 3.3 In carrying out this work, the Committee will primarily utilise the work of Internal Audit, Clinical Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality	7. All apply

Quality and Engagement Act (sharepoint.com)	
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Striving teams 3. Great care 4. Positive futures 2. Healthier communities
Nodau Cynllunio 2026/27 Planning Goals 2026/27	1. Healthy, Thriving Teams 2. Customer Service Excellence 6. Safe, Timely, High Quality Care 7. Future Orientated 8. Fit for Purpose, Modern Facilities and Services
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	3. Create people-centred employment and development opportunities that support workforce transformation, reflect the changing needs of
Model Cymdeithasol ar gyfer Iechyd a Llesiant: (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau) A Social Model for Health and Wellbeing: (*complete for strategic change and/or significant service changes)*	7. All Apply
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	HTA Regulations
Rhestr Termau: Glossary of Terms:	HTA – Human Tissue Authority AMaT - Audit Management and Tracking system. ARAC - Audit and Risk Assurance Committee
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	HTA Operational Group HTA Assurance Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	Positive: Compliance with HTA regulations mitigates the potential risk of receiving a financial penalty for non-compliance following a HTA Inspection.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Positive: Continued compliance with the HTA regulations, demonstrates that the service is meeting the required standards and expectations to deliver the most effective and dignified care to our deceased patients.
Gweithlu: **Workforce:**	Positive: Compliance with the HTA regulations provides the workforce with a service that is operationally complaint with HTA regulations and standards.
Tegwch Iechyd: **Health Equity:**	Neutral: No service change is being deployed and therefore no potential impacts on health equity.
Risg: **Risk:**	Positive: Compliance with HTA regulations and standards minimises the risk of an adverse event occurring within the service. No risk on the risk register regarding HTA compliance.
Cyfreithiol: **Legal:**	Positive: Compliance with the HTA regulations provides the organisation minimal risk of legal impact as the services is fully complaint with HTA regulations and standards.
Enw Da: **Reputational:**	Positive: Compliance with the HTA regulations provides the organisation assurance that there is a minimal risk of reputational damage due to the services being compliant with the HTA standards and regulations.
Gyfrinachedd: **Privacy:**	Positive: Compliance with the HTA regulations reduces the potential impact on individual's privacy rights or confidentiality and/or the potential for an information security risk due to the way in which information is being used.
Cydraddoldeb: **Equality:**	Neutral: No service change is being deployed and therefore no protected personal characteristics will be impacted.