



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	15 August 2023
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 23/24.

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 2023/24 year and assurance from the finalised audit reports.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Internal Audit reports cover a range of organisational risks.
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Parthau Ansawdd: Domains 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

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Internal Audit Plan & Charter. Individual Internal Audit reports. Evidence gathered as part of the delivery of audit assignments.
Rhestr Termiau: Glossary of Terms:	Contained within the reports.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	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 2023

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 2023/24 Internal Audit Plan
- 1.2** 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	
Escalated Status Actions	Reasonable	

3. Internal Audit Plan 2023/24 - Planning and Delivery Update

- 3.1** In addition to the audits reported as final and draft, a number of audits have been planned and are at the early stages of field work. The assignment status schedule at Appendix A sets out the 23/24 plan.
- 3.2** 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
Nice Guidance	Draft	Awaiting response and sign off, due to annual leave.	Oct
Quality and Safety Bronglais	wip	Further work required to clarify findings.	Oct

- 3.3** As a result of ongoing planning discussions with the Director of Corporate Governance, to take into account changing priorities and operational pressures, a number of audits are under review in terms of scope and timing, along with some adjustments being required to the plan. In addition a number of follow up audits are required to be accommodated relating to audits finalised after the plan had been prepared e.g. Strategic Programme Governance, and also potential in year

follow ups. These planning conversation are still being finalised at this stage and will be discussed at a meeting the Committee chair, prior to updating the plan.

- 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 along with some Committees have been observed. Ongoing meetings with Counter Fraud and Audit Wales have also continued.

Appendix A – HDUHB Internal Audit Plan 2023/24 – Assignment Status Schedule

Audit Output	Audit Ref	Outline timing	Planned ARAC	Executive Lead	Progress Status	Assurance	H	M	L
Escalated Status Actions	1	Q1/2	Aug	Corporate Governance /CEO	Final	Reasonable		2	1
Board Oversight	2	Q2	Oct	Corporate Governance /CEO	Planning				
Quality and Safety Governance Bronglais	3	Q2	Aug	Nursing, Quality & Patient Experience	wip				
Quality and Safety - New Quality Standards	4	Q3/4	April	Nursing, Quality & Patient Experience					
TUEC - Discharge Management	5	Q2/3	April	Director of Operations					
Workforce Strategies – Site Stabilisation	6	Q3	Dec	Workforce & OD					
Agency / Rostering	7	Q3/4	Feb	Workforce & OD					
Financial Management	8	Q3	Feb	Director of Finance					
Transforming Urgent & Emergency Care	9	Q2/3	Dec	Director of Operations					
Records Management	10	Q4	April	Director of Operations					
Cleanliness / Cleaning Standards	11	Q4	Feb	Director of Operations					
Locum Medical Staff	12	Q3	Oct	Medical Director	Planning				

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Deprivation of Liberty Safeguards	13	Q1/2	Oct	Director of Operations	Brief Issued				
NICE Guidance	14	Q1/2	Aug	Medical Director	Draft				
Medicines Management	15	Q4	April	Medical Director					
Mortuary Services	16	Q2	Dec	Director of Operations	planning				
Primary Care – Managed Practices	17	Q4	April	Director of Operations	planning				
Accelerated Cluster Development	18	Q2/3	Dec	Director of Operations	planning				
Decarbonisation	19	Q3	Dec	Director	planning				
Out of Hours Service	20	Q4	April	Director of Operations					
Integrated localities	21	Q3/4	Feb	Director of Operations					
Mental Health & LD Service - Timely Access	22	Q2	Oct	Director of Operations	Brief Issued				
Elective Waiting List Management	23	Q3	Feb	Director of Operations					
Emergency Planning	24	Q2	Oct	Public Health	planning				
IT/Digital - Cloud / azure migration –	25	Q2/3	Dec	Finance	planning				
IT Digital - Technical resilience	26	Q3	Dec	Finance	planning				
Directorate Governance Arrangements	27	Q3/4	Feb	Operations					

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Theatres	28	Q2/3	Feb	Operations					
Mental Health Contracting & Commissioning	29	Q2	Dec	Operations					
Action Plan Implementation.	-	Q1-4	--	Corporate Governance					
Major Programme/Project Provision	30	3/4	Feb	Director of Planning					
Estates Assurance - Estate Condition	31	2/3	Oct	Director of Operations	WIP				
Integrated Audit & Assurance Plans - Cross Hand Health & Wellbeing Centre GGH Fire Enforcement (BJC1)	-		Dec Feb						



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