



PWYLLGOR ARCHWILIO A SICRWYDD RISG AUDIT AND RISK ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	16 August 2022
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 2022/23.

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 delivery of the 2022/23 audit plan has commenced with a schedule of audits planned for each Audit & Risk Assurance Committee.

The findings and assurance ratings from the Internal Audit Reports provide 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 2022/23 year, the outcomes from individual audit reports and approve updates to the plan as required.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	<p>3.17 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>3.18 This will be achieved by:</p> <p>3.18.1 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>3.18.2 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>3.18.3 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>3.18.4 ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation; and</p> <p>3.18.5 annual review of the effectiveness of internal audit.</p>
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability All Health & Care Standards Apply Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable Choose an item. Choose an item. Choose an item.
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply Choose an item. Choose an item. Choose an item.

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	10. Not Applicable Choose an item. Choose an item. Choose an item.
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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 Termau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Board Secretary. Executive Directors and Senior Managers relevant to the individual audits.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Not applicable
Gweithlu: Workforce:	Not applicable
Risg: Risk:	Not applicable
Cyfreithiol: Legal:	Not applicable

Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable

Hywel Dda University Health Board Audit & Risk Assurance Committee

August 2022

Audit & Assurance Services Internal Audit Progress Report



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Hywel Dda
University Health Board



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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 2022/23 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** 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	
Salary Overpayments	Limited	
Fire Precaution Phase 1 Withybush	Reasonable	
Fire Governance	Substantial	
Public Inquiry Preparedness	Substantial	
MH&LD WPAS (Follow up)	Substantial	

3. Internal Audit Plan 2022/23 - Planning and Delivery Update

3.1 Work to progress the delivery of the Internal Audit Plan for 2022/23 is underway in line with plan, with the assignment status schedule at Appendix A setting out current progress, and the scheduled ARAC meeting identified for reporting of individual audits.

3.2 From the in the 2022/23 plan, six audits have been reported at draft or final stage, with sixteen currently either in progress or at the planning stage. One of finalised audit reports was allocated a rating of Limited Assurance, and it is considered that a detailed follow up be appropriate in line with the timescales set for delivering the actions within the report.

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

Audit	Planned ARAC	Current position	Rating	Reason	Revised ARAC
IT Infrastructure	Aug	wip	--	Delay in obtain key information and access to systems.	Oct
Directorate Governance Glangwili	Aug	Draft report	--	Unavailability of key individuals	Oct

3.4 Though ongoing planning discussions with Health Board the following adjustments are required to the plan:

- To include a further audit of the Blackline Financial System to be undertaken during September and October.
- To move the Discharge Management audit to Q4, to allow for actions to be taken across the Health Board.
- To bring forward the Trittech follow up audit to report at the December ARAC meeting
- To move the Welsh Language follow up audit back and report to the February Committee.

The Committee is asked to approve the required adjustments to the plan.

Further to the points above, discussions are ongoing with regards to the timing of some IT audits as a result of the absence of a key member of UHB IT staff.

3.5 Following discussions at the previous meeting of the Committee regarding actions remaining on the recommendation tracker, The Assurance and Risk team are undertaking an exercise reviewing these outstanding recommendations and gaining further information regarding their status. Following the completion of this work, Audit & Assurance will undertake testing to review the current position and obtain evidence to evaluate whether these actions have been fully completed.

- 3.6** The regular programme of meetings with the Board Secretary have continued, along with meetings taking place with Executive Directors and senior managers in relation to audits currently being delivered and planned. UHB Board meetings have been observed during July and August Meetings. Ongoing discussions with Counter Fraud and Audit Wales have also continued.
- 3.7** The Audit & Assurance team having continued to work with the Governance and Risk team to ensure a coordinate approach to recommendation follow up, attending meetings jointly and supporting the process by requesting evidence in order to provide a view as to where specific recommendations on the tracker can be closed.

Appendix A – HDUHB Internal Audit Plan 2022/23 – Assignment Status Schedule

Audit Ref	Audit Output	Audit Type	Outline timing	Planned ARAC	Executive Lead	Progress Status	Assurance	H	M	L
1	Public Inquiry preparedness	2	Q1/2	Aug	Board Secretary	FINAL	Substantial	-	-	-
2	Quality and Safety Governance Framework	3	Q2	Oct	Nursing Quality & Patient Experience	Wip				
3	Discharge Management	3	Q2/3	Dec	Director of Operations	Planning				
4	Service Reset and Recovery	3	Q2	Dec	Director of Operations	Planning				
5	Workforce Strategies	3	Q2/3	Dec	Director of Workforce & OD	planning				
6	Agency Nursing	2	Q2	Oct	Director of Workforce & OD	planning				
7	Rostering	2	Q3/4	Apr	Director of Workforce & OD	planning				
8	Overpayment of Salary	1	Q1/2	Aug	Director of Workforce & OD	FINAL	Limited	3	1	-
9	Financial Management	3	Q2/3	Dec	Director of Finance					
10	Continuing Health Care	2	Q3	Dec	Primary, Community and Long Term Care					

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11	Directorate Governance – Withybush	2	Q1/2	Oct	Director of Operations	Wip				
12	Directorate Governance – Glangwili (Carmarthen)	2	Q1/2	Aug	Director of Operations	Draft				
13	Records Management	2	Q4	Apr	Director of Operations					
14	Individual Patient Funding requests (IPFR)	2	Q2/3	Feb	Medical Director					
15	Commissioning (Mental Health)	2	Q3	Feb	Director of Operations					
16	Safety Indicators	2	Q3	Feb	Nursing Quality & Patient Experience					
17	Patient Experience	2	Q3	Apr	Nursing Quality & Patient Experience					
18	Lessons learned	2	Q3	Feb	Nursing Quality & Patient Experience					
19	Falls	2	Q1/2	Oct	Nursing Quality & Patient Experience	wip				
20	Job planning	2	Q3/4	Apr	Medical Director					
21	Public Health	1	Q4	Apr	Public Health					
22	Fitness for Digital	2	Q2	Oct	Director of Finance	planning				
23	Cyber Security	2	Q2	Oct	Director of Finance	planning				

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24	IT Infrastructure	2	Q1/2	Aug	Director of Finance	wip				
25	Records Digitisation	1	Q3	Dec	Director of Finance					
26	Fire Governance	2	Q1/2	Aug	Director of Operations	FINAL	Substantial	-	1	-
27	Accelerated Cluster Development	2	Q3/4	April	Primary, Community and Long Term Care	Planning				
28	Regional Integrated Fund	2	Q2/3	Dec	Primary, Community and Long Term Care					
29	Welsh Language follow up	1	Q2	Dec	Chief Executive Officer	Planning				
30	Tritech follow up	1	Q3	Feb	Medical Director	Planning				
31	Non-clinical temporary staffing follow up	1	Q3	Feb	Director Workforce and OD					
32	IT WPAS follow up	1	Q1/2	Aug	Finance Director	FINAL	Substantial	-	1	-
33	Prevention of Self Harm follow up	1	Q3/4	April	Nursing, Quality & Patient Experience					
34	Glangwili Hospital - Women and Children Development	3	Q4	Feb	Director of Operations					
35	Estates Assurance - Decarbonisation	2	Q2	Oct	Directors of Finance & Strategic,	Planning				

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					Development and Operational Planning					
36	Withybush General Hospital Fire Precautions: Phase 1	2	Q1	Aug	Director of Operations	FINAL	Reasonable	-	8	4
37	Withybush Fire Enforcement Works Phase 1	2	Q4	Feb	Director of Operations					
38	A Healthier Mid & West Wales Programme	2	Q4	Feb	Strategic, Development and Operational Planning					
39	Glangwili Fire Enforcement Works	2	Q2	Oct	Director of Operations	planning				
40	Major Project/Programme Provision	2	Q2/3	Dec	Strategic, Development and Operational Planning					

Description of Audit Categories.

A brief explanation of each audit type is show below and the definition will be included in each progress report. The planned category type is shown against each audit in the status schedule above.

Audit type 1

Typically, a standard audit, in terms of planned time requirements, coverage and complexity. Some routine coverage and testing included. Much of the testing is likely to be quantitative in nature. The time requirement used for planning purposes is twenty days.

Audit Type 2

Typically planned time requirements, coverage, and complexity are greater than type1. May include broader coverage of audit areas and increased requirements for the volume and complexity of testing or documentation review and a larger number of meetings. Testing is likely to be both quantitative and qualitative in nature requiring judgements. Potential increase in the level of risk of audit area. The time requirement used for planning purposes is twenty-five days.

Audit type 3

Similar to type 2 with coverage of an audit area with even more volume, complexity, and a greater level of risk. The time requirement used for planning purposes is thirty days.



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