



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	20 June 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.

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. The progress report provides confirmation of the reporting of all audits from the Internal Audit Plan for 22/23.

Argymhelliad / Recommendation

The Audit & Risk Assurance Committee is asked to take assurance with regard to the completion of the delivery of the Internal Audit plan for 22/23 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.
Partïon / 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

June 2023

Audit & Assurance Services Internal Audit Progress Report

CONTENTS

1. Introduction
2. Outcomes from Finalised Audits
3. Internal Audit plan 2022-23 - Delivery and Planning Update
4. Delivery and Planning Update 23/24.

Appendix A - Assignment Status Schedule 22/23



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 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 22/23 Audit Plan

- 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	
Records Digitisation	Limited	
Loans of Theatre Trays & Consumables	Limited	
Strategic Transformation Programme Governance	Limited	
Financial Management	Reasonable	
Agency & Rostering	Reasonable	
Lessons Learned	Reasonable	

3. Internal Audit Plan 2022/23 - Delivery Update

- 3.1** The delivery of the Internal Audit Plan for 2022/23 has been completed, with all audits in the updated plan reported. The audit assignment status schedule at Appendix A sets out a summary of progress against the audit plan.
- 3.2** The Head of Internal Audit Opinion and Annual Report for 22/23 is on the agenda for ARAC proving an overall Reasonable Assurance Opinion.

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

- 4.1** Work to progress the delivery of the Internal Audit Plan for 2023/24 is underway, with audit planning work having already commenced for a number of the audits in the plan. The fieldwork covering the Targeted Intervention Actions audit has been completed with a draft report issued. A full schedule of progress against the 23/34 will be reported at the next meeting.

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

Audit Output	Audit Type	Outline timing	ARAC	Executive Lead	Progress Status	Assurance	H	M	L
Public Inquiry Preparedness	2	Q1/2	Aug	Corporate Governance	FINAL	Substantial	-	-	-
Quality and Safety Governance Framework	3	Q2	Oct	Nursing Quality & Patient Experience	FINAL	Reasonable	-	2	-
Planned Care Service Reset and Recovery	3	Q2	Dec	Director of Operations	FINAL	Reasonable	-	2	-
Agency Nursing & Rostering	2	Q4	June	Director of Workforce & OD	FINAL	Reasonable	-	5	-
Overpayment of Salary	1	Q1/2	Aug	Director of Workforce & OD	FINAL	Limited	3	1	-
Financial Management	3	Q2/3	June	Director of Finance	FINAL	Reasonable	-	2	-
Continuing Health Care	2	Q3	Dec	Primary, Community and Long Term Care	FINAL	Reasonable	-	2	1
Directorate Governance Withybush	2	Q1/2	Oct	Director of Operations	FINAL	Reasonable	1	5	-
Directorate Governance Glangwili	2	Q1/2	Aug	Director of Operations	FINAL	Reasonable	1	4	1
Individual Patient Funding Requests (IPFR)	2	Q2/3	Feb	Medical Director	FINAL	Reasonable	1	-	-
Safety Indicators	2	Q3	Feb	Nursing Quality & Patient Experience	FINAL	Reasonable	1	2	-

Audit & Risk Assurance Committee Progress Report

Patient Experience	2	Q3	Apr	Nursing Quality & Patient Experience	FINAL	Reasonable	-	2	-
Lessons learned	2	Q3	June	Nursing Quality & Patient Experience	FINAL	Reasonable	-	2	1
Falls	2	Q1/2	Oct	Nursing Quality & Patient Experience	FINAL	Reasonable	1	5	-
Job planning	2	Q3/4	May	Medical Director	FINAL	Limited	2	1	1
Fitness for Digital	2	Q2	Dec	Director of Finance	FINAL	---			
Cyber Security	2	Q2	Oct	Director of Finance	FINAL	Substantial		1	1
IT Infrastructure	2	Q1/2	Aug	Director of Finance	FINAL	Reasonable	1	3	2
Records Digitisation	1	Q3/4	June	Director of Finance	FINAL	Limited	2	2	-
Fire Governance	2	Q1/2	Aug	Director of Operations	FINAL	Substantial	-	1	-
Regional Integration Fund	2	Q2/3	Feb	Primary, Community and Long Term Care	FINAL	Reasonable	1	1	-
Welsh Language follow up	1	Q2	Feb	Chief Executive	FINAL	Reasonable	-	-	-
Tritech follow up	1	Q3	Oct	Medical Director	FINAL	Substantial	-	-	-
Non-clinical temporary staffing follow up	1	Q3	Feb	Director Workforce and OD	FINAL	Reasonable	-	2	-
IT WPAS follow up	1	Q1/2	Aug	Finance Director	FINAL	Substantial	-	1	-
Prevention of Self Harm follow up	1	Q3/4	April	Nursing, Quality & Patient Experience	FINAL	Reasonable	-	3	-
Glangwili Hospital - Women and Children Development	3	Q4	Feb	Director of Operations	FINAL	Reasonable	-	2	1

Audit & Risk Assurance Committee Progress Report

Estates Assurance – Decarbonisation	2	Q2	Dec	Directors of Finance & Planning	FINAL	n/a	-	-	-
Withybush General Hospital Fire Precautions: Phase 1	2	Q1	Aug	Director of Operations	FINAL	Reasonable	-	8	4
Withybush Fire Works Phase 1	2	Q4	April	Director of Operations	FINAL	Reasonable	1	6	2
Glangwili Fire Precautions	2	Q2	Feb	Director of Operations	FINAL	Reasonable	-	8	3
Major Project/Programme Provision – HMWW	2	Q3/4	April	Director of Planning	FINAL	n/a			
Blackline Financial System	2	Q2/3	Dec	Director of Finance	FINAL	Substantial	-	-	-
Follow up Overpayments of Salary	1	Q3/4	Feb	Director of Workforce & OD	FINAL	Reasonable	-	-	-
Strategic Transformation Programme Governance	2	Q3	June	Director of Finance	Final	Limited	2	-	-
Theatre Tray Loans	2	Q4	June	Director of Operations	Final	Limited	6	3	1



Office details: West Team
Ty Gorwel
St David's Park
Carmarthen
Carmarthenshire
SA31 3HB

Contact details: james.johns@wales.nhs.uk
Webpage: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)