



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	23 June 2026
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 2025/26, any updates to the plan and outcomes from audit work.

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 and from 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 Risk Registers. Board and Committee Papers.
Rhestr Termiau: 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

June 2026

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 2025/26 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
Infection, Prevention and Control	 Limited
Decision Making for High Cost Drugs	 Limited
GP OOH	 Limited
Third Sector Commissioning	 Reasonable
Medical Workforce Stabilisation Variable Pay	 Reasonable
Follow up and agreed Action Implementation Tracking -	 Reasonable
Regional Joint Committee	n/a
Wellsky System	n/a

3. Planning and Delivery Update

- 3.1** All audit work as part of the 2025/26 plan has been delivered.
- 3.2** The assignment status schedule highlighting progress with the delivery of the 2025/26 plan is shown in Appendix A.
- 3.3.** The Head of Internal Audit Opinion and Annual Report has been issued giving an overall opinion of Limited Assurance for 2025/26.
- 3.4** Work has commenced on the delivery of the 2026/27 Internal Audit Plan, with the detailed scoping of a number of audit assignments taking place along with early field work commencing.

Appendix A – HDUHB Internal Audit Plan 2025/26 – Assignment Status Schedule

Audit Output	Planned start	Planned ARAC	Executive Lead/Responsible Director	Progress Status	Assurance	H	M
Joint Committee with SBUHB	Q3/4	Apr	Corporate Governance	Final	n/a		
Operational Governance Arrangements	Q2/3	Dec	Chief Operating Officer	Final	Limited	4	-
Escalation Governance	Q3/4	Feb	Corporate Governance /CEO	Final	Substantial	-	-
Level Three / Four Directorates	Q2/3	Dec	Chief Operating Officer	Final	Limited	3	4
Nursing Management	Q1/2	Aug	Nursing, Quality Safety & Experience	Final	Limited	1	2
Medical Workforce Stabilisation	Q3/4	April	Medical	Final	Reasonable	1	-
Validation of Emergency Departments performance and waiting time data	Q1/2	Oct	Chief Operating Officer	Final	Limited	2	4
Staff Sickness Management	Q1/2	Aug	Workforce & OD	Final	Limited	1	2
Commissioning– Long Term Agreement	Q2	Oct	Strategy & Planning	Final	Reasonable	1	-
Commissioning – Third Sector	Q3/4	May	Chief Operating Officer	Final		-	4
Decision making for high-cost drugs	Q2/3	Feb	Finance	Final	Limited	2	5

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GP Out of Hours	Q3/4	Apr	Chief Operating Officer	Final	Limited	2	5
Corporate Risk Ophthalmology	Q1/2	Aug	Chief Operating Officer	Final	Reasonable	-	2
Vaccination & Immunisation	Q1/2	Oct	Public Health	Final	Limited	5	4
Patient Experience	Q3/4	Feb	Nursing, Quality Safety & Experience	Final	Reasonable	1	4
Infection Prevention & Control	Q3/4	Apr/may	Nursing, Quality Safety & Experience	Final	Limited	2	2
Human Tissue Authority	Q2	Oct	Allied Health Professionals & Health Science	Final	Limited	2	4
Medical Devices Regulations	Q2/3	Dec	Chief Operating Officer	Final	Substantial		1
Managed Practices	Q1/2	Dec	Chief Operating Officer	Final	Reasonable	2	4
Follow up and agreed Action Implementation Tracking -			Corporate Governance	Final	Reasonable	-	-
Human Tissue Authority – recommendation follow up	Q4	Apr	Allied Health Professionals & Health Science	Final	n/a	-	-
Sickness Management - recommendation follow up	Q4		Nursing/Workforce	Final	n/a	-	-
Wellsky System			Finance	Final	n/a		
Cyber Security	Q2/3	Dec	Finance	Final	Substantial		1
Departmental /Shadow IT systems management	Q3	Feb	Finance	Final	Reasonable	2	1

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Estates Assurance - Space Utilisation	Q2/3	Feb	Strategy & Planning	Final	Advisory		
Major Infrastructure Investment Plan (MIIP)	Q3/4	April	Strategy & Planning	Final	Reasonable	1	9
Control of Contractors	Q1/2	Oct	Chief Operating Officer	Final	Advisory	-	-
Capital Governance	Q1	Oct	Strategy & Planning	Final	Advisory	-	-
Integrated Audit & Assurance Plans (SSU)- Withybush General Hospital Fire - Phase 2.	IAAPs		Strategy & Planning	Final	Reasonable	1	7



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