



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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	21 June 2022
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Audit & Assurance Services Progress Report
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Head of Internal Audit
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	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.

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: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	10. Not Applicable Choose an item. Choose an item. Choose an item.

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
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 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. ARAC Chair. Executive Directors and Senior Managers relevant to the individual audits.

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

<b>Gyfrinachedd: Privacy:</b>	Not applicable
<b>Cydraddoldeb: Equality:</b>	Not applicable

# **Hywel Dda University Health Board Audit & Risk Assurance Committee**

**21 June 2022**

## **Audit & Assurance Services Internal Audit Progress Report**



**GIG  
CYMRU  
NHS  
WALES**

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership



**GIG  
CYMRU  
NHS  
WALES**

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board



## CONTENTS

1. Introduction
2. Planning and Delivery Update

### **Appendix A** - Assignment Status Schedule



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, along any updates required to the plan.

## **2. Internal Audit Plan 2022/23 - Planning and Delivery Update**

- 2.1** Work to progress the delivery of the Internal Audit Plan for 2022/23 has commenced, with a schedule of audits planned for each ARAC meeting prepared for the year ahead. Planning work has already commenced for a many of the audits in the plan, including a number of audits already at the work in progress stage and on schedule for the August meeting of the Committee.
- 2.2** The assignment status schedule at Appendix A sets out the planned audit work for the year, current progress and the scheduled ARAC meeting identified for reporting of individual audits.
- 2.3** 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. Regular meetings continue to take place with Audit Wales, including a joint meeting with Audit Wales and Health Inspectorate Wales. In addition, ongoing discussions with the Local Counter Fraud team are taking place.
- 2.4** 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**

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



## Audit & Risk Assurance Committee Progress Report

---

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

---

## Audit & Risk Assurance Committee Progress Report

---

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

## Audit & Risk Assurance Committee Progress Report

---

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

### Description of Audit Categories.

A brief explanation of each audit type is shown 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.



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

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