



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 June 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Audit & Assurance Services 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 progress report provides the Audit & Risk Assurance Committee (ARAC) with an update in relation to the delivery of the Internal Audit Plan for 2021/22.

Cefndir / Background

The work undertaken by Internal Audit is in accordance with its approved plan, which is prepared following a detailed planning process and subject to Committee approval.

Asesiad / Assessment

The Internal Audit progress report provides the Committee with assurance that the delivery of audit work is progressing as planned, along with the schedule of audit reports planned for each meeting.

Argymhelliad / Recommendation

The Audit & Risk Assurance Committee is asked to note the progress with the plan for current year.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference Cyfeirnod Cylch Gorchwyl y Pwyllgor	5.16 The Committee shall ensure that there is an effective internal audit and capital/PFI 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. 5.17 This will be achieved by: 5.17.1 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; 5.17.2 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;
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):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Internal Audit plan. Evidence gathered as part of the delivery of audit assignments.
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Executive Directors and Senior managers relevant to the individual audits. Board Secretary.

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

22 June 2021

Audit & Assurance Services Internal Audit Progress Report



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Cydwasaethau
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Bwrdd Iechyd Prifysgol
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 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 2021/22 Internal Audit work programme.
- 1.2** The report includes details of the progress made to date against individual assignments, along with details regarding the delivery of the plan and any required updates.

2. Planning and Delivery Update

- 2.1** Work to progress the delivery of the Internal Audit Plan for 2021/22 has commenced, with a schedule of audits planned for each ARAC meeting prepared for the year ahead.
- 2.2** Planning work has commenced for all audits scheduled for the August meeting of ARAC as well as some of those for future meetings, with a number already at the work in progress stage.
- 2.3** 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.

Appendix A – HDUHB Internal Audit Plan 2021/22 – Assignment Status Schedule

Planned audit output	Audit Ref.	Outline timing	Current progress	Executive Lead	ARAC	Assurance	H	M	L
Risk Management & Board Assurance Framework	1	Q4		Board Secretary	April				
Corporate Governance	2	Q1/2	Planning	Board Secretary	Oct				
Quality & Safety Governance Framework	3	Q3		Director of Nursing, Quality & Patient Experience	Dec				
Financial Planning, Reporting and Monitoring.	4	Q2/3		Director of Finance	Dec				
Performance Reporting and Monitoring	5	Q3		Director of Finance	Dec				
Annual Recovery Plan / Planning Objectives	6	Q2/3		CEO/Director of Strategic & Operational Planning	Dec				
Field Hospital Decommissioning	7	Q1	Planning/wip	Director of Finance & Director of Operations	Aug				
Waiting List Risk Management	8	Q2	Planning	Director of Operations	Oct				
Restart of Elective Work /Planned Recovery	9	Q2		Director of Operations	Oct				

Planned audit output	Audit Ref.	Outline timing	Current progress	Executive Lead	ARAC	Assurance	H	M	L
Use of Consultancy	10	Q1/2	Planning /wip	Director of Finance	Aug				
Single Tender Actions	38	Q1/2	Planning / wip	Director of Finance	Aug				
Commissioning	11	Q3		Director of Finance	Dec				
Welsh Language Standards	12	Q1	wip	CEO	Aug				
Clinical Audit	13	Q3		Director of Nursing, Quality & Patient Experience	Feb				
Infection Prevention & Control	14	Q3		Director of Nursing, Quality & Patient Experience	April				
Falls	15	Q3/4		Director of Nursing, Quality & Patient Experience	Feb				
Mental Health Patient Administration System	16	Q2		Director of Finance	Oct				
IT Infrastructure	17	Q3/4		Director of Finance	Feb				
The Security of Network & Information Systems (NIS) Regulations	18	Q4		Director of Finance	April				
IT Back Up Arrangements	19	Q2/3		Director of Finance	Dec				

Planned audit output	Audit Ref.	Outline timing	Current progress	Executive Lead	ARAC	Assurance	H	M	L
Mental Health and Learning Disabilities (MHLD) Directorate	20	Q2	Planning	Director of Operations	Oct				
Directorate Review Women and Children’s Services Directorate	21	Q1/2	wip	Director of Operations	Aug				
Public Health	22	Q3/4		Director of Public Health	April				
Directorate Review Therapies	23	Q2	Planning	Director of Therapies	Oct				
Primary Care Clusters	24	Q3/4		Director of Primary Care, community and Long-Term care	Feb				
Continuing Health Care / Term Care Pathway	25	Q3/4		Director of Primary Care, Community and Long-Term care	Feb				
Partnership Governance	26	Q3/4		Director of Primary Care, Community & Long-Term care	April				
Records Management	27	Q2/3		Director of Operations	Feb				
Consultants Job Planning	28	Q3/4		Medical Director	April				
Medical Staff Recruitment	29	Q1/2	Planning	Medical Director	Aug				

Planned audit output	Audit Ref.	Outline timing	Current progress	Executive Lead	ARAC	Assurance	H	M	L
HTA compliance	30	Q1/2	WIP	Medical Director	Aug				
Workforce Planning	31	Q3		Workforce & OD Director	Dec				
Organisational Values & Staff Wellbeing	32	Q2/3		Workforce & OD Director	Feb				
Directorate Governance PPH	33	Q2	Planning	Director of Operations	Oct				
Delayed transfers of Care	34	Q1/2		Director of Operations/ Director of Primary Care, Community and Long-Term care	Oct				
Waste Management	35	Q3		Director of Operations	Feb				
Decarbonisation	36	Q4		Director of Operations	April				
Women & Children Phase II	37	Q4		Director of Operations	April				



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