



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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	24 August 2021
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Audit & Assurance Services 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 Internal Audit Plan for 2021/22.

**Cefndir / Background**

The work undertaken by Internal Audit is in accordance with its plan of work, 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 audits completed since the previous meeting of the committee.

**Asesiad / Assessment**

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 note the progress with the plan for current year and the assurance available from the finalised Internal Audit reports

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
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: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Not Applicable

<b>Gwybodaeth Ychwanegol:</b> <b>Further Information:</b>	
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.

<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

**August 2021**

## **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. Outcomes from Finalised Audits
3. Internal Audit plan 2021-22 - Delivery and Planning 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 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 2021/22 Internal Audit Plan
- 1.2** The report also includes details of the progress the delivery of individual audits, outcomes from finalised audits along any updates required to the plan.

## 2. Outcomes from Finalised Audits

- 2.1** Five Internal Audit Reports have been finalised since the previous meeting of the committee and are highlighted in the table below along with the allocated assurance ratings, were applicable. The full versions of these reports are included on the agenda as separate items.

ASSIGNMENT	ASSURANCE RATING	
Field Hospital Decommissioning	N/A	--
Welsh Language Standards	Limited	
Use of Consultancy	Limited	
HTA Compliance	Reasonable	
Single Tender Actions Final	Reasonable	

### 3. Internal Audit Plan 2021/22 - Planning and Delivery Update

- 3.1** Work to progress the delivery of the Internal Audit Plan for 2021/22 is underway in line with plan, with the assignment status schedule at Appendix A setting out current progress.
- 3.2** From the thirty-eight audits in the 2021/22 plan, six audits have been reported at draft or final stage, with seventeen currently either in progress or at the planning stage. Two of the five finalised audit reports were allocated a rating of Limited Assurance, and it is considered that a detailed follow up of these would be appropriate in line with the timescales set for delivering the actions with each report.
- 3.3** The plan has been kept under review and adjustments made operationally to ensure all planned audits are delivered for the October meeting of ARAC. The planned scheduling of the Corporate Governance audit is currently being reviewed to ensure the revised committee structure is embedded, prior to being reviewed.
- 3.4** Seven audits were planned to be delivered at the meeting if the committee, with the current position of the audits that have not made the deadline summarised in the table below.

Audit delayed	Planned ARAC	Current position	Rating	Reason	Revised ARAC
W&C Directorate	August	Initial draft report prepared	Reasonable (at draft stage)	Fieldwork took longer than planned.	OCT
Medical Staff Recruitment	August	Field work, completed. Report being prepared	--	Delay in receipt of information and also field work taking longer than planned.	OCT

- 3.5** Since the previous meeting of the committee, the regular programme of meetings with the Board Secretary have continued, as well as a meeting with the committee chair. Executive Directors and senior managers have been met with in relation to audits currently being delivered. In addition, regular meetings continue to take place with Audit Wales.
- 3.6** The Audit & Assurance team having been working 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.
- 3.7** As a result of discussions with the ARAC Committee chair, it was agreed in order to provide the committee with information regarding the scale and complexity of

the audits delivered as part of the current year plan, the audits will be assigned a category of type 1, 2 or 3.

A brief explanation of each 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 in appendix A.

### 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 type 1. 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.



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

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

## Audit & Risk Assurance Committee Progress Report

Planned audit output	Audit Ref.	Audit Type	Outline timing	Current progress	Executive Lead	Planned ARAC	Assurance	H	M	L
<b>Use of Consultancy</b>	<b>10</b>	<b>1</b>	<b>Q1/2</b>	<b>FINAL</b>	<b>Director of Finance</b>	<b>Aug</b>	<b>Limited</b>	<b>1</b>	<b>3</b>	<b>-</b>
<b>Single Tender Actions</b>	<b>38</b>	<b>1</b>	<b>Q1/2</b>	<b>FINAL</b>	<b>Director of Finance</b>	<b>Aug</b>	<b>Reasonable</b>	<b>1</b>	<b>2</b>	<b>-</b>
Commissioning	11	1	Q3		Director of Finance	Dec				
<b>Welsh Language Standards</b>	<b>12</b>	<b>1</b>	<b>Q1</b>	<b>FINAL</b>	<b>CEO</b>	<b>Aug</b>	<b>Limited</b>	<b>3</b>	<b>2</b>	<b>1</b>
Clinical Audit	13	1	Q3		Director of Nursing, Quality & Patient Experience	Feb				
Infection Prevention & Control	14	2	Q3		Director of Nursing, Quality & Patient Experience	April				
Falls	15	2	Q3/4		Director of Nursing, Quality & Patient Experience	Feb				
Mental Health Patient Administration System	16	1	Q2	wip	Director of Finance	Oct				
IT Infrastructure	17	1	Q3/4	Planning	Director of Finance	Feb				
The Security of Network & Information Systems (NIS) Regulations	18	1	Q4	Planning	Director of Finance	April				

## Audit & Risk Assurance Committee Progress Report

---

Planned audit output	Audit Ref.	Audit Type	Outline timing	Current progress	Executive Lead	Planned ARAC	Assurance	H	M	L
IT Back Up Arrangements	19	1	Q2/3	Planning	Director of Finance	Dec				
Mental Health and Learning Disabilities (MHL) Directorate	20	2	Q2	wip	Director of Operations	Oct				
Directorate Review Women and Children's Services Directorate	21	2	Q1/2	Initial Draft	Director of Operations	Aug	Reasonable			
Public Health	22	2	Q3/4		Director of Public Health	April				
Directorate Review Therapies	23	2	Q2	wip	Director of Therapies	Oct				
Primary Care Clusters	24	2	Q3/4		Director of Primary Care, community and Long-Term care	Feb				
Continuing Health Care	25	1	Q3/4		Director of Primary Care, Community and Long-Term care	Feb				
Partnership Governance	26	2	Q3/4		Director of Primary Care, Community & Long-Term care	April				
Records Management	27	2	Q2/3		Director of Operations of	Feb				
Consultants Job Planning	28	1	Q3/4		Medical Director	April				

# Audit & Risk Assurance Committee Progress Report

---

Planned audit output	Audit Ref.	Audit Type	Outline timing	Current progress	Executive Lead	Planned ARAC	Assurance	H	M	L
Medical Staff Recruitment	29	2	Q1/2	Wip	Director of Operations	Aug				
<b>HTA compliance</b>	<b>30</b>	<b>1</b>	<b>Q1/2</b>	<b>FINAL</b>	<b>Medical Director</b>	<b>Aug</b>	<b>Reasonable</b>	<b>1</b>	<b>2</b>	<b>1</b>
Workforce Planning	31	2	Q3		Workforce & OD Director	Dec				
Organisational Values & Staff Wellbeing	32	1	Q2/3		Workforce & OD Director	Feb				
Directorate Governance PPH	33	2	Q2	wip	Director of Operations	Oct				
Delayed transfers of Care/ Discharge Process	34	3	Q1/2	wip	Director of Operations/ Director of Primary Care, Community and Long-Term care	Oct				
Waste Management	35	1	Q3	Planning	Director of Operations	Feb				
Decarbonisation	36	2	Q4	Planning	Director of Operations	April				
Women & Children Phase II	37	3	Q4		Director of Operations	April				



Office details: West Wales Team  
St Brides Building  
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](#)