

# Internal Audit Plan 2026/27

## Swansea Bay University Health Board

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# 1. Introduction

This document sets out the Internal Audit Plan for 2026/27 (the 'Plan') detailing the audits to be undertaken and information of the corresponding resources. It also contains the Internal Audit Mandate and Charter which defines the over-arching purpose, authority and responsibility of Internal Audit and the Key Performance Indicators for the service.

The Accountable Officer (the Chief Executive) is required to certify, in the Annual Governance Statement, that they have reviewed the effectiveness of the organisation's governance arrangements, including the internal control systems, and provide confirmation that these arrangements have been effective, with any qualifications as necessary including required developments and improvement to address any issues identified.

The purpose of Internal Audit is to provide the Accountable Officer and the Board, through the Audit Committee, with an independent and objective annual opinion on the overall adequacy and effectiveness of the organisation's framework of governance, risk management, and control. The opinion should be used to inform the Annual Governance Statement.

Additionally, the key findings and agreed actions from internal audit reviews may be used by Health Board management to improve governance, risk management, and control within their operational areas.

The Global Internal Audit Standards (the 'Standards') became effective in January 2025 and apply to UK public sector audits from 1 April 2025 to align with the financial year. These Standards replaced the previous Public Sector Internal Audit Standards. They are supported by a UK public sector application note (the 'Application Note'), which provides sector-specific interpretations and additional requirements. The Standards require that a risk-based internal audit plan is developed to support the achievement of the organisation's objectives.

Accordingly, this document sets out the risk-based approach and the Plan for 2026/27. The Plan will be delivered in accordance with the Internal Audit Mandate and Charter and the agreed KPIs, which are monitored and reported to you. All internal audit activity will be provided by Audit & Assurance Services, a part of NHS Wales Shared Services Partnership (NWSSP).

## 1.1 National Assurance Audits

The proposed Plan includes assurance audits on some services that are provided by other organisations on behalf of NHS Wales. These are: Digital Health and Care Wales (DHCW); NHS Wales Shared Services Partnership (NWSSP); and the NHS Wales Joint Commissioning Committee (JCC). These audits will be included in Appendix A when agreed formally. These audits are part of the risk-based programme of work for DHCW, NWSSP and Cwm Taf Morgannwg UHB (for the JCC), but the results, as in previous years, are reported to the relevant health organisations and are used to inform the overall annual Internal Audit opinion for those organisations.

## **2. Developing the Internal Audit Plan**

### **2.1 Link to the Global Internal Audit Standards**

The Plan has been developed in accordance with Principle 9: Plan Strategically, which includes Standard 9.4 – Internal Audit Plan, of the Standards, and the accompanying Application Note, which provides public sector interpretations and additional requirements for the Standards, to enable the Head of Internal Audit to meet the following key objectives:

- the need to establish risk-based plans to determine the priorities of the internal audit activity, consistent with the organisation's goals;
- provision to the Accountable Officer of an overall independent and objective annual opinion on the organisation's governance, risk management, and control, which will in turn support the preparation of the Annual Governance Statement;
- audits of the organisation's governance, risk management, and control arrangements which afford suitable priority to the organisation's objectives and risks;
- improvement of the organisation's governance, risk management, and control arrangements by providing line management with recommendations arising from audit work;
- confirmation of the audit resources required to deliver the Internal Audit Plan;
- effective co-operation with Audit Wales as external auditor and other review bodies functioning in the organisation; and
- provision of both assurance (opinion based) and consulting engagements by Internal Audit.

### **2.2 Risk based internal audit planning approach**

Our risk-based planning approach recognises the need for the prioritisation of audit coverage to provide assurance on the management of key areas of risk, and our approach addresses this by considering:

- the organisation's risk assessment and maturity;
- the organisation's response to key areas of governance, risk management and control;
- the previous years' internal audit activities; and
- the audit resources required to provide a balanced and comprehensive view.

Our planning considers the NHS Wales Planning Framework and other NHS Wales priorities and is mindful of significant national changes that are taking place. In addition, the Plan aims to reflect the significant local changes occurring as identified through the Integrated Medium-Term Plan (IMTP) and Annual Plan, and other changes within the organisation, assurance needs, identified concerns from our discussions with management, and emerging risks.

We will ensure that the plan remains fit for purpose by recommending changes where appropriate and reacting to any emerging

issues throughout the year. Any necessary updates will be reported to the Audit Committee in line with the Internal Audit Mandate and Charter.

While some areas of governance, risk management and control will require annual consideration, our risk-based planning approach recognises that it is not possible to audit every area of an organisation's activities every year. Therefore, our approach identifies auditable areas (the 'audit universe'). The risk associated with each auditable area is assessed and this determines the appropriate frequency for review.

In addition, we will, if requested, also agree a programme of work through both the Director of Corporate Governance (Board Secretary) and Directors of Finance networks. These audits and reviews may be undertaken across all NHS bodies or a particular sub-set, for example at Health Boards only.

Therefore, our Plan is made up of several key components:

- 1) Consideration of key governance and risk areas: We have identified several areas where an annual consideration supports the most efficient and effective delivery of an annual opinion. These cover the Governance, the Board Assurance Framework, Risk Management, Clinical Governance and Quality, Financial Sustainability, Performance Monitoring & Management, and an overall assessment of Digital and Information Technology. In each case we anticipate a short overview to establish the arrangements in place including any changes from the previous year with detailed testing or further work where required.
- 2) Organisation based audit work – this covers key risks and priorities from the Board Assurance Framework and the Corporate Risk Register, together with other auditable areas identified and prioritised through our planning approach. This work combines elements of governance and risk management with the controls and processes put in place by management to effectively manage the areas under review.
- 3) Follow up - this work involves reviewing a sample of high and medium priority findings that the organisation has reported as closed on the recommendation tracker, to confirm that actions have been implemented appropriately and to assess the impact these actions have on governance and control arrangements.
- 4) Work agreed with the Directors of Corporate Governance, Directors of Finance, other executive peer groups, or Audit Committee Chairs in response to common risks faced by several organisations. This may be advisory work to identify areas of best practice or shared learning.
- 5) The impact of audits undertaken at other NHS Wales bodies that may impact on the Health Board, namely NWSSP, DHCW, and the JCC.
- 6) Where appropriate, Integrated Audit & Assurance Plans will be agreed for major capital and transformation schemes and charged for separately. Health bodies are able to add a provision for audit and assurance costs into the final business case for major capital bids.

These components are designed to ensure that our internal audit programmes comply with all the requirements of the

Standards, supports the maximisation of the benefits of being an all-NHS Wales wide internal audit service, and allows us to respond in an agile way to requests for audit input at both an all-Wales and organisational level.

### **2.3 Link to the Health Board's systems of assurance**

The risk based internal audit planning approach integrates with the Health Board's systems of assurance; therefore, we have considered the following:

- A review of the Health Board's vision, values and forward priorities as outlined in the Annual Plan and three year Integrated Medium-Term Plan (IMTP);
- An assessment of the Health Board's governance and assurance arrangements and the contents of the corporate risk register;
- Risks identified in papers to the Board and its Committees (in particular the Audit Committee and the Quality and Safety Committee);
- Key strategic risks identified within the corporate risk register and assurance processes;
- Discussions with Executive Directors regarding risks and assurance needs in areas of corporate responsibility, including compliance and ethics programmes;
- Cumulative internal audit knowledge of governance, risk management, and control arrangements (including a consideration of past internal audit opinions);
- New developments and service changes;
- Legislative requirements to which the organisation is required to comply;
- Planned audit coverage of systems and processes provided through NWSSP, DHCW, and the JCC;
- Work undertaken by other supporting functions of the Audit Committee including Local Counter-Fraud Services (LCFS) and the Post-Payment Verification Team (PPV), where appropriate;
- Work undertaken by other review bodies, including Audit Wales and Healthcare Inspectorate Wales; and
- Coverage necessary to provide assurance to the Accountable Officer in support of the Annual Governance Statement.

### **2.4 Audit planning meetings**

In developing the Plan, in addition to consideration of the above, the Head of Internal Audit has met and spoken with Health Board Executive Directors to discuss current areas of risk and related assurance needs. The Plan has been provided to the Health Board's Executive Team and Independent Members to ensure that Internal Audit's focus is best targeted to areas of risk.

### **3. Audit risk assessment**

The prioritisation of audit coverage across the audit universe is based on both our and the organisation's assessment of risk and assurance requirements as defined in the Board Assurance Framework and corporate risk register.

The maturity of these risk and assurance systems allows us to consider both inherent risk (impact and likelihood) and mitigation (adequacy and effectiveness of internal controls). Our assessment also considers corporate risk, materiality or significance, system complexity, previous audit findings, and potential for fraud.

### **4. Planned internal audit coverage**

#### **4.1 Internal Audit Plan 2026/27**

The Plan is set out in Appendix A and identifies the audit assignments, lead executive officers, outline scopes, and proposed timings. It is structured under the six components referred to in section 2.2.

Where appropriate the Plan refers to key strategic risks identified within the corporate risk register and related systems of assurance, together with the proposed audit response within the outline scope.

When developing the audit scope, in discussion with the responsible executive director(s) and operational management, the scope, objectives and audit resource requirements, and timing will be refined in each area.

The scheduling takes account of the optimum timing for the performance of specific assignments in discussion with management, and Audit Wales requirements if appropriate.

The Audit Committee will be kept apprised of performance in delivery of the Plan, and any required changes, through routine progress reports to each Audit Committee meeting.

Most of the audit work will be undertaken by our regionally based teams with support from our national capital and estates team, in terms of capital audit and estates assurance work, and from our Digital and IT team, in terms of information governance, IT security and digital work.

#### **4.2 Keeping the plan under review**

Our risk assessment and resulting Plan is limited to matters emerging from the planning processes indicated above.

Audit & Assurance Services is committed to ensuring its service focuses on priority risk areas, business critical systems, and the provision of assurance to management across the medium term and in the operational year ahead. As in any given year, our Plan will be kept under review and may be subject to change to ensure it remains fit for purpose. To this end, the need for flexibility and a revisit of the focus and timing of the proposed work will be necessary at some point during the year. Any changes to the Plan will be based upon consideration of risk and need and will be presented to the Audit Committee for approval.

Regular liaison with Audit Wales, as your External Auditor, will take place to coordinate planned coverage and ensure optimum

benefit is derived from the total audit resource.

## **5. Resource needs assessment**

The Plan has been put together based on the planning process described in this document. The Plan includes sufficient audit work to be able to give an annual Head of Internal Audit opinion in line with the requirements of Standard 11.3 – Communicating Results, and Application Note 10B – Overall conclusions and annual reporting.

Audit & Assurance Services confirms that it has the necessary human, financial and technological resources to deliver the agreed plan.

Provision has also been made for other essential audit work including planning, management, reporting and follow-up.

If additional work, support or further input necessary to deliver the plan is required during the year over and above the total indicative resource requirement a fee may be charged. Any change to the plan will be based upon consideration of risk and need and presented to the Audit Committee for approval.

The Standards enable Internal Audit to provide consulting services to management. The commissioning of these additional services by the Health Board, unless already included in the plan, is discretionary. Accordingly, a separate fee may need to be agreed for any additional work.

Under the approach we have adopted since the formation of NWSSP we charge for the specialist Capital & Estates work delivered as a part of the agreed plan. For 2026/27, this additional charge is £40,215.93.

The audit of major programmes/projects will be facilitated through the Integrated Assurance and Approval Plans agreed at the respective business cases approved and funded by Welsh Government.

Therefore, the Health Board will be charged an additional amount of £40,215.93 which is over and above the 'top slice' recharge agreed as part of NWSSP's overall funding for 2026/27. Recharges may be adjusted to reflect annual NHS inflationary uplifts.

## 6. Action required

The Audit Committee is invited to consider the Internal Audit Plan for 2026/27 and:

- approve the Internal Audit Plan for 2026/27;
- approve the Internal Audit Mandate and Charter; and
- note the associated Internal Audit resource requirements and Key Performance Indicators.

Osian Lloyd

Head of Internal Audit

Audit and Assurance Services

NHS Wales Shared Services Partnership

## Appendix A: Internal Audit Plan 2026/27

Planned output, Outline scope, Review reference, Review type	Corporate Risk Register / BAF Reference	Executive Lead/Responsible Director	Planned start
<p>1 Operational Risk Management (Assurance)</p> <p>To provide assurance that risk management at Service / Care Group and divisional levels is effectively embedded following the recent reset and restructure, with appropriate escalation arrangements and reliable, accurate risk information.</p>		<p>Director of Corporate Governance</p>	<p>Q4</p>
<p>2 Service / Care Group Governance Arrangements: Primary, Community and Therapies (Assurance)</p> <p>The review will assess the adequacy and effectiveness of the Service / Care Group's governance and assurance framework, including a focus on the implementation and operationalisation of the new accountability framework. The review will also examine risk management arrangements and governance processes supporting planning and performance, quality and safety, and workforce oversight.</p>		<p>Director of Corporate Governance / Chief Operating Officer</p>	<p>Q3/4</p>
<p>3 External Inspections (Assurance)</p> <p>The audit will assess whether effective arrangements are in place to coordinate and respond to inspections and reviews undertaken by external bodies. This includes evaluating processes for recording findings, assigning and monitoring actions, reporting progress, and capturing thematic learning to inform improvement.</p>	<p>SRR 2.4</p>	<p>Director of Corporate Governance</p>	<p>Q1</p>
<p>4 Follow Up of Internal Audit Recommendations (Assurance)</p> <p>The audit will assess the adequacy and effectiveness of the organisation's arrangements for monitoring, recording, and reporting progress on the implementation of actions agreed in response to internal audit findings.</p>		<p>Director of Corporate Governance / Executive Team</p>	<p>Q1 - Q4</p>

Planned output, Outline scope, Review reference, Review type	Corporate Risk Register / BAF Reference	Executive Lead/Responsible Director	Planned start
<p>5 Financial Sustainability: Deloitte Output Alignment Review (Assurance)</p> <p>Scope to be confirmed as part of detailed planning. It is anticipated that the audit will consider one or more elements relating to financial planning, sustainability, savings, and budgetary control arrangements, informed by a review of Deloitte’s outputs and how these align with the Health Board’s financial sustainability objectives.</p>	SRR 5.1 HBRR 92	Director of Finance, Capital and Estates	Q3
<p>6 Theatre Stock Management (Assurance)</p> <p>The audit will assess the effectiveness of theatre stock management processes, including controls for ordering, monitoring, rotation, usage, reconciliation, and overall stock governance.</p>		Chief Operating Officer / Director of Finance, Capital and Estates	Q2/3
<p>7 Partnership Governance (Assurance)</p> <p>Review the Health Board’s approach to partnership governance, assessing how roles, responsibilities and oversight arrangements support effective coordination and delivery across key statutory and strategic partnerships. The review will also consider how partnership activity is monitored, reported and used to inform organisational planning, decision-making and assurance processes.</p>	SRR 3.1	Director of Planning and Partnerships	Q2
<p>8 Stakeholder Engagement to Support Service Transformation (Assurance)</p> <p>Review the Health Board’s approach to public and stakeholder engagement, assessing how insight is gathered, analysed and used to inform decision-making. The review will also consider how engagement activity aligns with the developing Clinical Strategic Plan and supports future service transformation.</p>	SRR 2.5	Director of Insight, Communications and Engagement	Q4

Planned output, Outline scope, Review reference, Review type	Corporate Risk Register / BAF Reference	Executive Lead/Responsible Director	Planned start
<p>9 Hywel Dda University Health Board (HDdUHB) and Swansea Bay University Health Board (SBUHB) Regional Joint Committee: Work Programme Delivery (Assurance)</p> <p>Following the joint advisory review undertaken in Q4 25/26 to assess the adequacy and clarity of governance structures, roles, responsibilities, and the early operational functioning of the Regional Joint Committee, a subsequent joint review will focus on progress in delivering the Joint Committee's work programme and the operational implementation of its decisions. This review may include the pathology service as a tracer area to test how governance and delivery arrangements are working in practice across both organisations.</p>	SRR 3.1	Director of Planning and Partnerships	Q3
<p>10 Perinatal Governance (Assurance)</p> <p>Review of perinatal governance arrangements across maternity and neonatal services, focusing on the end-to-end governance framework supporting quality, safety, and risk management. This will include committee structures; roles and accountabilities; escalation pathways; and the flow of information from services through executive assurance mechanisms to the Board.</p>	SRR 2.6	Director of Nursing and Patient Experience	Q2/3
<p>11 Safeguarding (Assurance)</p> <p>A review of the Health Board's safeguarding arrangements for adults and children, including testing key safeguarding processes, escalation routes, and the effectiveness of support provided by the central safeguarding team to ensure consistency of practice across services.</p>	SRR 2.4	Director of Nursing and Patient Experience	Q1
<p>12 Professional Concerns (Assurance)</p> <p>Assess the adequacy and effectiveness of processes for managing professional concerns raised about clinical staff, including a focus on</p>		Medical Director	Q1/2

Planned output, Outline scope, Review reference, Review type	Corporate Risk Register / BAF Reference	Executive Lead/Responsible Director	Planned start
the Performance Advisory Groups established within each Care / Service Group.			
<p>13 Care After Death Service (Assurance)</p> <p>Review the governance, statutory compliance and operational arrangements for the Care After Death service, assessing how the service is overseen, delivered and monitored to ensure safe, lawful and compassionate care. The review will also consider the adequacy of governance structures, escalation routes, workforce arrangements, and quality assurance processes, including how learning is identified, recorded and acted upon.</p>		Director of Allied Health Professions & Health Science / Director of Nursing and Patient Experience	Q2/3
<p>14 Review of Implementation and Governance of Community Services Developments Supporting the Urgent &amp; Emergency Care (UEC) Model (Assurance)</p> <p>To provide assurance on the Health Board's implementation of the agreed improvements arising from the Community Services Review, and the governance arrangements established to manage, monitor, and evaluate their contribution to the new UEC model and overall system flow.</p>	SRR 2.1 HBRR 80	Chief Operating Officer	Q3/4
<p>15 Review of Diagnostic Services (Assurance)</p> <p>Review the effectiveness of the structures, processes and plans in place to provide sustainable diagnostic services, to consider focus on endoscopy, imaging and pathology.</p>	HBRR 36, BAF 5	Chief Operating Officer	Q1/2
<p>16 Access to Primary Care: Dental (Assurance)</p> <p>The review will consider the structures and arrangements to manage the availability and accessibility of dental services to patients. This will</p>		Chief Operating Officer	Q2

Planned output, Outline scope, Review reference, Review type	Corporate Risk Register / BAF Reference	Executive Lead/Responsible Director	Planned start
include consideration of the management, oversight, and monitoring of the General Dental Services (GDS) Contract.			
<p>17 Mental Health Services Transformation Programme (Assurance)</p> <p>The overall objective of the review is to provide assurance on the adequacy and effectiveness of the governance, oversight, and delivery arrangements supporting the Health Board's Mental Health Services Transformation Programme. The review will consider whether the programme is being managed in a way that supports the successful delivery of its critical projects and intended outcomes.</p>	SRR 2.7	Chief Operating Officer	Q3
<p>18 Cyber Security (Assurance)</p> <p>To assess the Health Board's cyber security risk statement and understanding of risk, including the adequacy of governance, reporting arrangements, and the management and delivery of agreed cyber improvement plans.</p>	SRR 3.3 HBRR 60	Director of Digital	Q1
<p>19 Clinical Coding (Assurance)</p> <p>To review the Health Board's delivery of actions within the clinical coding improvement plan, to ensure clinical coding is timely, accurate and sustainable.</p>	SRR 3.3 HBRR 104	Director of Digital	Q3
<p>20 Artificial Intelligence and Robotic Process Automation (Assurance)</p> <p>To provide assurance that appropriate governance, controls and processes are in place to minimise risks and maximise benefits arising from the use of evolving technologies, including artificial intelligence and robotic process automation. <i>There is also the potential for this audit to be undertaken as a joint piece with Hywel Dda University Health Board.</i></p>	SRR 3.4	Director of Digital	Q4
21 Non-Digital IT / Shadow IT (Assurance)	SRR 3.3	Director of Digital	Q2

Planned output, Outline scope, Review reference, Review type	Corporate Risk Register / BAF Reference	Executive Lead/Responsible Director	Planned start
<p>To review whether effective governance arrangements exist for the identification, approval, management and use of IT system(s) operating outside of Digital Services. The review will consider data integrity, information security, and whether such systems are used appropriately and in line with the Health Board's strategy and objectives.</p>			
<p>22 Violence and Aggression Against Staff (Assurance)</p> <p>The audit will assess the adequacy and effectiveness of arrangements for reporting, investigating and responding to violent or aggressive incidents involving staff. This will include an examination of Datix reporting completeness and timeliness, evaluation of staff support processes, and consideration of preventative and protective controls such as security provision and CCTV coverage.</p>	<p>SRR 4.1 HBRR 64</p>	<p>Director of Workforce and Organisational Development</p>	<p>Q1/2</p>
<p>23 Compliance with Respect and Resolution Policy (Disciplinary Case Management) (Assurance)</p> <p>To assess compliance with the Respect and Resolution Policy in the management of disciplinary cases, focusing on procedural adherence, timeliness of case progression, evidence of compassionate leadership, and the effectiveness of governance oversight.</p>	<p>SRR 4.3</p>	<p>Director of Workforce and Organisational Development</p>	<p>Q3/4</p>
<p>24 Capital Provision: Capital Systems (Targeted Estates Fund) (Assurance)</p> <p>Acknowledging the Health Board's £16.524m Target Estates Funding (TEF) allocations provided by Welsh Government during 2025-27, we will seek to obtain assurance that appropriate controls are applied, and capital systems operate effectively in the allocation and delivery of the allocated funds.</p>	<p>SRR 3.2 HBRR 93</p>	<p>Director of Finance, Capital and Estates</p>	<p>Q3/4</p>
<p>25 Estates Assurance Provision: (coverage to be determined).</p> <p>A provision of time is currently provided for Estates Assurance coverage during 2026/27. Coverage will be determined and agreed with</p>	<p>SRR 3.2</p>	<p>Director of Finance, Capital and Estates</p>	<p>Q3/4</p>

Planned output, Outline scope, Review reference, Review type	Corporate Risk Register / BAF Reference	Executive Lead/Responsible Director	Planned start
<p>management following the completion of the Audit Wales “<i>Structured assessment 2025 - deep dive review of the arrangements to manage estates</i>”. This will ensure that any further deep dive into issues raised at the Audit Wales review is appropriately accommodated.</p>			
<p>26 Adult Acute Mental Health Programme (Assurance)</p> <p>The review will assess the initiation of the project, with a focus on governance and project structures, stakeholder engagement, and the processes used to determine service needs and operational requirements. The audit will evaluate whether appropriate arrangements and controls have been established at this early stage of development.</p>	<p>SRR 3.2 HBRR 93</p>	<p>Director of Finance, Capital and Estates</p>	<p>Q3/4</p>
<p>Integrated Audit &amp; Assurance Plans (IAAP)</p>			
<p>Development of Integrated Audit Plans (Assurance)</p> <p>In accordance with the NHS Wales Infrastructure Investment Guidance (2018), Audit will work with the Health Board to “assess the risk profile of the scheme and provide appropriate levels of review”. A small provision of days is included within the 2026/27 plan to enable us to work with the Health Board to develop audit plans for inclusion within the respective business case submissions for major projects / programmes.</p>		<p>Director of Finance, Capital and Estates</p>	<p>See IAAPs</p>

## Appendix B: Key performance indicators (KPI)

KPI	SLA required	Target 2026/27
Audit plan 2026/27 agreed/in draft by 30 April	✓	To deliver plan
Audit opinion 2026/27 delivered by 31 May	✓	To deliver opinion
Audits reported versus total planned audits, and in line with Audit Committee expectations	✓	varies
% of audit outputs in progress	No	varies
Report turnaround fieldwork to draft reporting [10 working days]	✓	85%
Report turnaround management response to draft report [15 working days maximum]	✓	80%
Report turnaround draft response to final reporting [10 working days]	✓	95%

# Appendix C: Internal Audit Mandate and Charter

## 1 Introduction

1.1 This Mandate and Charter is produced and updated annually to comply with the Global Internal Audit Standards (introduced from 1 April 2025 for the UK Public Sector). The Standards (with specific reference to Standard 6.1 Internal Audit Mandate and 6.2 Internal Audit Charter) require the production and maintaining of an Internal Audit Mandate and Charter that, at a minimum, sets out:

- The purpose of Internal Auditing;
- a commitment to adhere to the Global Internal Audit Standards;
- the Mandate, including the scope and types of services to be provided, and the Board's responsibilities and expectations regarding management's support of the internal audit function; and
- the organisational position and reporting relationships, including Independence.

The Mandate and Charter are complementary to the relevant provisions included in the organisation's own Standing Orders and Standing Financial Instructions.

1.2 The terms 'board' and 'senior management' are required to be defined under the Standards and therefore have the following meaning in this Mandate and Charter:

- Board means the Board of Swansea Bay University Health Board with responsibility to direct and oversee the activities and management of the organisation. The Board has delegated authority to the Audit Committee in terms of providing a reporting interface with internal audit activity; and
- Senior Management means the Chief Executive as being the designated Accountable Officer for Swansea Bay University Health Board. The Chief Executive has made arrangements within this Mandate and Charter for an operational interface with internal audit activity through the Director of Corporate Governance (Board Secretary).

1.3 Internal Audit seeks to comply with all the appropriate requirements of the Welsh Language (Wales) Measure 2011. We are happy to correspond in both Welsh and English.

## 2 Purpose and responsibility

2.1 Internal audit is an independent, objective assurance and advisory function designed to add value and improve the operations of the Health Board. Internal audit helps the organisation accomplish its objectives by bringing a systematic and disciplined approach to evaluate and improve the effectiveness of governance, risk management and control processes. Its mission is to enhance and protect organisational value by providing risk-based and objective assurance, advice and insight.

- 2.2 Internal Audit is responsible for providing an independent and objective assurance opinion to the Accountable Officer, the Board and the Audit Committee on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control. In addition, internal audit's findings and recommendations are beneficial to management in securing improvement in the audited areas.
- 2.3 The organisation's risk management, internal control and governance arrangements comprise;
- the policies, procedures and operations established by the organisation to ensure the achievement of objectives;
  - the appropriate assessment and management of risk, and the related system of assurance;
  - the arrangements to monitor performance and secure value for money in the use of resources;
  - the reliability of internal and external reporting and accountability processes and the safeguarding of assets;
  - compliance with applicable laws and regulations; and
  - compliance with the behavioural and ethical standards set out for the organisation.
- 2.4 Internal audit also provides an independent and objective consulting service specifically to help management improve the organisations risk management, control and governance arrangements. The service applies the professional skills of internal audit through a systematic and disciplined evaluation of the policies, procedures and operations that management have put in place to ensure the achievement of the organisations objectives, and through recommendations for improvement. Such consulting work contributes to the opinion which internal audit provides on risk management control and governance.

### 3 Independence and Objectivity

- 3.1 Independence is described in the Global Internal Audit Standards as the freedom from conditions that threaten the ability of the internal audit activity to carry out internal audit responsibilities in an unbiased manner. To achieve the degree of independence necessary to effectively carry out the responsibilities of the internal audit activity, the Head of Internal Audit will have direct and unrestricted access to the Board and Senior Management, in particular the Chair of the Audit Committee and Accountable Officer.
- 3.2 Organisational independence is effectively achieved when the auditor reports functionally to the Audit Committee on behalf of the Board. Such functional reporting includes the Audit Committee:
- approving the internal audit mandate and charter;
  - approving the risk based internal audit plan;
  - approving the internal audit resource plan;
  - receiving outcomes of all internal audit work together with the assurance rating; and

- reporting on internal audit activity's performance relative to its plan.
- 3.3 While maintaining effective liaison and communication with the organisation, as provided in this Mandate and Charter, all internal audit activities shall remain free of untoward influence by any element in the organisation, including matters of audit selection, scope, procedures, frequency, timing, or report content to permit maintenance of an independent and objective attitude necessary in rendering reports.
- 3.4 Internal Auditors shall have no executive or direct operational responsibility or authority over any of the activities they review. Accordingly, they shall not develop nor install systems or procedures, prepare records, or engage in any other activity which would normally be audited.
- 3.5 This Mandate and Charter makes appropriate arrangements to secure the objectivity and independence of internal audit as required under the standards. In addition, the shared service model of provision in NHS Wales through NWSSP provides further organisational independence.
- 3.6 In terms of avoiding conflicts of interest in relation to non-audit activities, Audit & Assurance has produced a Consulting Protocol that includes all of the steps to be undertaken to ensure compliance with the relevant Standards that apply to non-audit activities.

## 4 Authority and Accountability

- 4.1 Internal Audit derives its authority from the Board, the Accountable Officer and Audit Committee. These authorities are established in Standing Orders and Standing Financial Instructions adopted by the Board.
- 4.2 The Minister for Health and Social Services has determined that internal audit will be provided to all health organisations by the NHS Wales Shared Services Partnership (NWSSP). The service provision will be in accordance with the Service Level Agreement agreed by the Shared Services Partnership Committee and in which the organisation has permanent membership.
- 4.3 The Director of Audit & Assurance leads the NWSSP Audit and Assurance Services and after due consultation will assign a named Head of Internal Audit to the organisation. For line management (e.g. individual performance) and professional quality purposes (e.g. compliance with the Global Internal Audit Standards), the Head of Internal Audit reports to the Director of Audit & Assurance.
- 4.4 The Head of Internal Audit reports on a functional basis to the Accountable Officer and to the Audit Committee on behalf of the Board. Accordingly, the Head of Internal Audit has a direct right of access to the Accountable Officer, the Chair of the Audit Committee and the Chair of the organisation if deemed necessary.
- 4.5 The Audit Committee approves all Internal Audit plans and may review any aspect of its work. The Audit Committee also has regular private meetings with the Head of Internal Audit.
- 4.6 In order to facilitate its assessment of governance within the organisation, Internal Audit is granted access to attend any

committee or sub-committee of the Board charged with aspects of governance.

## 5 Relationships

- 5.1 In terms of normal business the Accountable Officer has determined that the Director of Corporate Governance will be the nominated executive lead for internal audit. Accordingly, the Head of Internal Audit will maintain functional liaison with this officer.
- 5.2 In order to maximise its contribution to the Board's overall system of assurance, Internal Audit will work closely with the organisation's Director of Corporate Governance in planning its work programme.
- 5.3 Co-operative relationships with management enhance the ability of internal audit to achieve its objectives effectively. Audit work will be planned in conjunction with management, particularly in respect of the timing of audit work.
- 5.4 Internal Audit will meet regularly with the external auditor, Audit Wales, to consult on audit plans, discuss matters of mutual interest, discuss common understanding of audit techniques, method and terminology, and to seek opportunities for co-operation in the conduct of audit work. Internal Audit will make available their working files to the external auditor for them to place reliance upon the work of Internal Audit where appropriate.
- 5.5 The Head of Internal Audit will establish a means to gain an overview of other assurance providers' approaches and output as part of the establishment of an integrated assurance framework.
- 5.6 The Head of Internal Audit will take account of key systems being operated by organisation's outside of the remit of the Accountable Officer, or through a shared or joint arrangement, such as the Digital Health and Care Wales, NHS Wales Shared Services Partnership, and NHS Wales Joint Commissioning Committee.
- 5.7 Internal Audit strives to add value to the organisation's processes and help improve its systems and services. To support this Internal Audit will obtain an understanding of the organisation and its activities, encourage two-way communications between internal audit and operational staff, discuss the audit approach and seek feedback on work undertaken.
- 5.8 The Audit Committee may determine that another Committee of the organisation is a more appropriate forum to receive and action individual audit reports. However, the Audit Committee will remain the final reporting line for all our audit and consulting reports.

## 6 Standards, Ethics, and Performance

- 6.1 Internal Audit must comply with the Global Internal Audit Standards and the UK Public Sector Application Note in discharging its responsibilities.
- 6.2 Internal Audit will operate in accordance with the Service Level Agreement (updated 2024) and associated performance standards agreed with the Audit Committee and the Shared Services Partnership Committee. The Service Level Agreement includes several Key Performance Indicators, and we will agree with each Audit Committee which of these they want

reported to them and how often.

## 7 Scope

- 7.1 The scope of Internal Audit encompasses the examination and evaluation of the adequacy and effectiveness of the organisation's governance, risk management arrangements, system of internal control, and the quality of performance in carrying out assigned responsibilities to achieve the organisation's stated goals and objectives. It includes but is not limited to:
- reviewing the reliability and integrity of financial and operating information and the means used to identify measure, classify, and report such information;
  - reviewing the systems established to ensure compliance with those policies, plans, procedures, laws, and regulations which could have a significant impact on operations, and reports on whether the organisation is in compliance;
  - reviewing the means of safeguarding assets and, as appropriate, verifying the existence of such assets;
  - reviewing and appraising the economy and efficiency with which resources are employed, this may include benchmarking and sharing of best practice;
  - reviewing operations or programmes to ascertain whether results are consistent with the organisation's objectives and goals and whether the operations or programmes are being carried out as planned;
  - reviewing specific operations at the request of the Audit Committee or management, this may include areas of concern identified in the corporate risk register;
  - monitoring and evaluating the effectiveness of the organisation's risk management arrangements and the overall system of assurance;
  - ensuring effective co-ordination, as appropriate, with external auditors and other regulators; and
  - reviewing the Annual Governance Statement prepared by senior management.
- 7.2 Internal Audit will devote particular attention to any aspects of the risk management, internal control and governance arrangements affected by material changes to the organisation's risk environment.
- 7.3 If the Head of Internal Audit or the Audit Committee consider that the level of audit resources or the Mandate and Charter in any way limit the scope of internal audit or prejudice the ability of internal audit to deliver a service consistent with the definition of internal auditing, they will advise the Accountable Officer and Board accordingly.

## 8 Approach

8.1 To ensure delivery of its scope and objectives in accordance with the Mandate and Charter and Standards, Internal Audit has produced an Audit Manual (called the Quality Manual). The Quality Manual includes arrangements for planning the audit work. These audit planning arrangements are organised into a hierarchy as illustrated in Figure 1.

**Figure 1: Audit planning hierarchy**

NHS Wales Level	NWSSP overall audit strategy	Arrangements for provision of internal audit services across NHS Wales requirements of the Mandate & Charter
Organisation Level	Entity strategic 3-year audit plan	Entity level medium term audit plan linked to organisational objectives priorities and risk assessment
	Entity annual internal audit plan	Annual internal audit plan detailing audit engagements to be completed in year ahead leading to the overall HIA opinion
Business Unit Level	Assignment plans	Assignment plans detail the scope and objectives for each audit engagement within the annual operational plan

8.2 NWSSP Audit & Assurance Services has developed an overall audit strategy which sets out the strategic approach to the delivery of audit services to all health organisations in NHS Wales. The strategy also includes arrangements for securing assurance on the national transaction processing systems including those operated by DHCW and NWSSP on behalf of NHS Wales.

8.3 The main purpose of the Strategic 3-year Audit Plan is to enable the Head of Internal Audit to plan over the medium term on how the assurance needs of the organisation will be met as required by the Standards and facilitate:

- the provision to the Accountable Officer and the Audit Committee of an overall opinion each year on the organisation's risk management, control and governance, to support the preparation of the Annual Governance Statement;
- audit of the organisation's risk management, control and governance through periodic audit plans in a way that affords suitable priority to the organisation's objectives and risks;
- improvement of the organisation's risk management, control and governance by providing management with constructive recommendations arising from audit work;

- an assessment of audit needs in terms of those audit resources which 'are appropriate, sufficient and effectively deployed to achieve the approved plan';
  - effective co-operation with external auditors and other review bodies functioning in the organisation; and
  - the allocation of resources between assurance and consulting work.
- 8.4 The Strategic 3-year Audit Plan will be largely based on the Board Assurance Framework where it is sufficiently mature, together with the organisation-wide risk assessment.
- 8.5 An Annual Internal Audit Plan will be prepared each year drawn from the Strategic 3-year Audit Plan and other information and outlining the scope and timing of audit assignments to be completed during the year ahead.
- 8.6 The strategic 3-year and annual internal audit plans shall be prepared to support the audit opinion to the Accountable Officer on the risk management, internal control and governance arrangements within the organisation.
- 8.7 The annual internal audit plan will be developed in discussion with executive management and approved by the Audit Committee on behalf of the Board.
- 8.8 The NWSSP Audit Strategy is expanded in the form of a Quality Manual and a Consulting Protocol which together define the audit approach applied to the provision of internal audit and consulting services.
- 8.9 During the planning of audit assignments, an assignment brief will be prepared for discussion with the nominated operational manager. The brief will contain the proposed scope of the review along with the relevant objectives and risks to be covered. In order to ensure the scope of the review is appropriate it will require agreement by the relevant Executive Director or their nominated lead and will also be copied to the Director of Corporate Governance.

## 9 Reporting

- 9.1 Internal Audit will report formally to the Audit Committee through the following:
- An annual report will be presented to confirm completion of the audit plan and will include the Head of Internal Audit opinion provided for the Accountable Officer that will support the Annual Governance Statement;
  - The Head of Internal Audit opinion will:
    - a) State the overall adequacy and effectiveness of the organisation's risk management, control and governance processes;
    - b) Disclose any qualification to that opinion, together with the reasons for the qualification;
    - c) Present a summary of the audit work undertaken to formulate the opinion, including reliance placed on work by other assurance bodies;
    - d) Draw attention to any issues Internal Audit judge as being particularly relevant to the preparation of the Annual

## Governance Statement;

- e) Compare work undertaken with the work which was planned and summarise performance of the internal audit function against its performance measurement criteria; and
  - f) Provide a statement of conformity in terms of compliance with the Global Internal Audit Standards and associated internal quality assurance arrangements.
- For each Audit Committee meeting a progress report will be presented to summarise progress against the plan. The progress report will highlight any slippage and changes in the programme. The findings arising from individual audit reviews will be reported in accordance with Audit Committee requirements; and
  - The Audit Committee will be provided with copies of individual audit reports for each assignment undertaken unless the Head of Internal Audit is advised otherwise. The reports will include an action plan on any recommendations for improvement agreed with management including target dates for completion.

### 9.2 The process for audit reporting is summarised below:

- Following the closure of fieldwork and the resolution of any queries, Internal Audit will discuss findings with operational managers to confirm understanding and shape the reporting stage.
- Operational management will receive discussion draft reports which will include any proposed recommendations for improvement within 10 working days following the discussion of findings. A copy of the draft report will also be provided to the relevant Executive Director.
- The draft report will give an assurance opinion on the area reviewed (unless it is a consulting review). The draft report will also indicate priority ratings for individual report findings and recommendations.
- Operational management will be required to respond to the draft report in consultation with the relevant Executive Director within 15 working days of issue, identifying actions, identifying staff with responsibility for implementation and the dates by which action will be taken.
- The Head of Internal Audit will seek to resolve any disagreement with management in the clearance of the draft report. However, where the management response is deemed inadequate, or disagreement remains then the matter will be escalated to the Director of Corporate Governance. The Head of Internal Audit may present the draft report to the Audit Committee where the management response is inadequate or where disagreement remains unresolved. The Head of Internal Audit may also escalate this directly to the Audit Committee Chair to ensure that the issues raised in the report are addressed appropriately.
- Reminder correspondence will be issued after the set response date where no management response has been received. Where no reply is received within 5 working days of the reminder, the matter will be escalated to the Director of Corporate Governance. The Head of Internal Audit may present the draft report to the Audit Committee where no management response is forthcoming.

- Internal Audit issues a Final report to Executive Director within 10 working days of receipt of complete management response. Within this timescale Internal Audit will quality assess the responses, and if necessary, return the responses, requiring them to be strengthened.
- Responses to audit recommendations need to be SMART:
  - Specific
  - Measurable
  - Achievable
  - Relevant / Realistic
  - Timely.
- The final report will be copied to the Accountable Officer and Director of Corporate Governance and placed on the agenda for the next available Audit Committee.

9.3 Internal Audit will make provision to review the implementation of agreed action within the agreed timescales. However, where there are issues of particular concern provision maybe made for a follow-up review within the same financial year. Issue and clearance of follow up reports shall be as for other assignments referred to above.

9.4 Timescales are to be included in all initial scopes sent prior to commencing an audit.

## 10 Access and Confidentiality

10.1 Internal Audit shall have the authority to access all the organisation's information, documents, records, assets, personnel and premises that it considers necessary to fulfil its role. This shall extend to the resources of the third parties that provide services on behalf of the organisation.

10.2 All information obtained during a review will be regarded as strictly confidential to the organisation and shall not be divulged to any third party without the prior permission of the Accountable Officer. However, open access is granted to the organisation's external auditors.

10.3 Where there is a request to share information amongst the NHS bodies in Wales, for example to promote good practice and learning, then permission will be sought from the Accountable Officer before any information is shared.

## 11 Irregularities, Fraud & Corruption

- 11.1 It is the responsibility of management to maintain systems that ensure the organisation's resources are utilised in the manner and on activities intended. This includes the responsibility for the prevention and detection of fraud and other illegal acts.
- 11.2 Internal Audit shall not be relied upon to detect fraud or other irregularities. However, Internal Audit will give due regard to the possibility of fraud and other irregularities in work undertaken. Additionally, Internal Audit shall seek to identify weaknesses in control that could permit fraud or irregularity.
- 11.3 If Internal Audit discovers suspicion or evidence of fraud or irregularity, this will immediately be reported to the organisation's Local Counter Fraud Service (LCFS) in accordance with the organisation's Counter Fraud Policy & Fraud Response Plan and the agreed Internal Audit and Counter Fraud Protocol.

## 12 Quality Assurance

- 12.1 The work of internal audit is controlled at each level of operation to ensure that a continuously effective level of performance, compliant with the Global Internal Audit Standards, is being achieved.
- 12.2 The Director of Audit & Assurance will establish a quality assurance and improvement programme designed to give assurance through internal and external review that the work of Internal Audit is compliant with the Global Internal Audit Standards and to achieve its objectives. A commentary on compliance against the Standards will be provided in the Annual Audit Report to the Audit Committee.
- 12.3 The Director of Audit & Assurance will monitor the performance of the internal audit provision in terms of meeting the service performance standards set out in the NWSSP Service Level Agreement. The Head of Internal Audit will periodically report service performance to the Audit Committee through the reporting mechanisms outlined in Section 9.

## 13 Resolving Concerns

- 13.1 NWSSP Audit & Assurance was established for the collective benefit of NHS Wales and as such needs to meet the expectations of client partners. Any questions or concerns about the audit service should be raised initially with the Head of Internal Audit assigned to the organisation. In addition, any matter may be escalated to the Director of Audit & Assurance. NWSSP Audit & Assurance will seek to resolve any issues and find a way forward.
- 13.2 Any formal complaints will be handled in accordance with the NWSSP complaint handling procedure. Where any concerns relate to the conduct of the Director of Audit & Assurance, the NHS organisation will have access to the Managing Director of Shared Services.

## 14 Review of the Internal Audit Mandate and Charter

14.1 This Internal Audit Mandate and Charter shall be reviewed annually and approved by the Board, taking account of advice from the Audit Committee.

Simon Cookson  
Director of Audit & Assurance  
NHS Wales Shared Services Partnership  
March 2026

## Disclaimer

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Mandate and Charter as approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales 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 Swansea Bay 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.

The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given regarding the advice and information contained.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management of Swansea Bay University Health Board. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

### Global Internal Audit Standards



Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Global Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023. Please note that new Global Internal Audit Standards apply from April 2025, and all future audit work will comply to these new Standards.