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Shared Services
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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

INTERNAL AUDIT PROGRESS REPORT 2020/21

Swansea Bay University Health Board

January 2021 Audit Committee

NHS Wales Shared Services Partnership

Audit and Assurance Services



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1. INTRODUCTION

- 1.1 The purpose of this report is to inform the Committee of progress with the 2020/21 Internal Audit Plan as recorded at January 2020.
- 1.2 Appendix A details the 2020/21 Audit plan and shows the status of work to date. At the time of this report, progress against the Plan is as follows:

Number of audits finalised in total	10
Number of audits issued at draft	3
Number of audits in progress	10
Number of audits not started	11
Year-end reporting	2
Total number of audits in 2020/21 plan	36

2. OUTCOMES FROM COMPLETED REVIEWS

- 2.1 Since the November meeting of the Committee, five reviews have been finalised. These are included in the table below along with the allocated assurance rating where applicable. The full versions of these reports are included in the committee's papers as separate items.

Review	Assurance rating
Health & Safety Framework follow up	Reasonable
Controlled Drugs Governance Framework – briefing paper	N/A
Charitable funds	Substantial
Nurse Staffing Act	Substantial
Capital systems	Reasonable

3. DELIVERY OF THE 2020/21 AUDIT PLAN

Full details are available at Appendix A.

- 3.1 The following reports have been issued in draft and pending management response:

Review
Primary Care Cluster Plans & Delivery
Vaccinations & Immunisations (FUP)
Infection control - cleaning

3.2 The following audit reviews are in varying stages of progress:

Audit Review	Objective overview
Planned Care – adjusting services	To review arrangements in place to manage the re-setting of essential services. The scope of this audit will consider quality impact assessment.
WHO Checklist Compliance (FUP)	To review action taken to improve arrangements following the 2019/20 internal audit review.
Safeguarding	To review Health Board arrangements to ensure the safeguarding of patients within its care.
Mortality reviews	To review arrangements in place to learn lessons following patient deaths and provide assurance to the Board
IM&T Control & Risk Assessment	To review and assess the control environment for the management of IM&T within the organisation
Locum On Duty	To review progress with implementation of the Locum on Duty electronic system, and assess the extent to which the system of control as implemented via the electronic system addresses control weaknesses raised in the audit review of medical agency locums.
ARCH Programme	Assessing the robustness of arrangements to deliver the ARCH Programme requirements, the same may include an assessment of programme management and delivery arrangements or emphasis on individual project elements.

Audit Review	Objective overview
Follow Up (Capital)	To deliver assurance to the Audit Committee that appropriate management action has been taken to address agreed audit recommendations arising from the capital reports previously issued.
Follow Up (Estates Assurance)	To deliver assurance to the Audit Committee that appropriate management action has been taken to address agreed audit recommendations arising from the estates assurance reports previously issued.
Fire safety	Recognising the limited assurance Fire Safety Audits previously delivered, the progression of a follow up review including additional testing at UHB premises not incorporated within the original audits.

4. PROPOSED CHANGES TO REVISED 2020/21 PLAN

- 4.1 Given limited progress with implementation of the Controlled Drugs Framework, we are proposing to defer our review to 2021/22. Included in our pack is a Briefing Paper detailing the current position, which will be helpful as an update for members.

5. ENGAGEMENT

- 5.1 Board and sub committees attended and meetings held during the reporting period:

Board/Sub Committee:

- Quality & Safety - December

5.2

Health board internal meetings:

- Martin Sollis, Audit Committee Chair – 6 January
- Pam Wenger, Director of Corporate Governance – 7 January

Wales Audit Office Meetings:

- Carol Moseley – N/A

- 5.3 Health Inspectorate Wales Meetings:

- Scott Howe – N/A

In addition to the above, the usual meetings with Executive Directors to discuss individual audit reviews.

6. POST AUDIT SURVEYS

- 6.1 Following the completion of each audit report, we issue a feedback survey to the Executive lead/key contact. Feedback is important as it helps us to improve our service and allows us to deal with any issues. We have issued seven feedback forms and received four responses, all of which have been positive. The key contact found auditors to be professional, supportive, improvement-focussed, flexible, pragmatic, considered, respectful, thorough, and proportionate, and that their reviews demonstrated good communication, clarity and assurance.
- 6.2 We encourage auditees to take the opportunity to feedback on their experience, as this will allow us to consider improvements to the way we work.

7. 2021/22 INTERNAL AUDIT PLANNING

- 7.1 We have met with a number of Executive Directors to discuss areas for review in 2021/22, and will complete meetings during January.
- 7.2 We will discuss the long list of reviews with the Board Secretary, CEO and Independent Members before producing a draft Audit Plan for Audit Committee approval at the March 2021 meeting.




8. RECOMMENDATION

- 8.1 The Audit Committee is invited to:
 - approve the proposed change; and
 - note progress with the 2020/21 plan

Planned output	Outline timing	Start of field work	End of field work	Draft report issued	Mgt response received	Final report issued	Assurance rating	Audit Committee	Status
Corporate governance, risk management and regulatory compliance									
AGS (Annual Governance Statement)	Q4/5								
GLA & HCS	Q4/5								
Risk Management & BAF	Q4								
Health & Safety Framework (FUP)	Q3	26/11	14/12	16/12	04/01	04/01	Reasonable	January	Final
Controlled Drugs Governance Framework briefing paper	Q3					04/01	N/A	January	Final
HTA Compliance: Mortuary (FUP)	Q2	10/07	29/07	28/08	21/09	30/09	Reasonable	November	Final
Hosted Body: Operational Delivery Network (Major Trauma)	Q3								
COVID-19 governance review	Q2	23/06	04/08	13/08	N/A	28/08	N/A	November	Final
COVID-19 governance review follow up	Q4								
Follow up of previous 'limited' assurance reports	Q4								
Strategic planning, performance management and reporting									
Primary Care Cluster Plans & Delivery	Q2	19/10							Draft report
Vaccinations & Immunisations (FUP)	Q2	25/08	15/09	30/09			Reasonable		Draft report

Planned output	Outline timing	Start of field work	End of field work	Draft report issued	Mgt response received	Final report issued	Assurance rating	Audit Committee	Status
Planned Care – adjusting services	Q3								In progress
Financial governance and management									
Financial Plan: Delivery Framework	Q4								
Charitable Funds	Q2	08/09	17/11	26/11	03/12	15/12	Substantial	January	Final
Welsh Risk Pool Reimbursement Claims	Q3	07/10	23/10	26/10	26/10	26/10	Substantial	November	Final
Clinical governance, quality and safety									
Annual Quality Statement	Q2	01/09	16/09	23/09	14/10	15/10	N/A	November	Final
Concerns & Redress	Q4								
Infection control - cleaning	Q2	14/09	14/12	17/12					Draft report
WHO Checklist Compliance (FUP)	Q3								In progress
Safeguarding	Q2								In progress
Mortality Reviews	Q4								In progress
Information governance and I.T. security									
IM&T Control & Risk Assessment	Q3								In progress
IT Application Systems	Q4								
Operational service and functional management									
ICF expenditure (c/fwd)	Q4								

Planned output	Outline timing	Start of field work	End of field work	Draft report issued	Mgt response received	Final report issued	Assurance rating	Audit Committee	Status
Workforce management									
Agency Staff Management	Q4								
Nurse Staffing levels Act	Q3	03/11	24/11	27/11	07/12	17/12	Substantial	January	Final
Locum On Duty	Q3								In progress
Capital and estates management									
Environmental Sustainability Reporting	Q2	10/07	21/07	13/08	28/08	01/09	N/A	September	Final
Follow up (Capital)	Q4	30/11							In progress
Major Strategic Investment Programmes: ARCH Programme	Q2								In progress
Environmental / Infrastructure Modernisation Programme	Q4								
Capital Systems	Q2	21/09	16/10	20/10	11/11	19/11	Reasonable	Jan 21	Final
Follow up (Estates Assurance)	Q4								In progress
Water Safety (Follow Up and Additional site Testing)	Q2-3								
Fire Safety	Q3								In progress
Development of Integrated Plans	Q1-4	N/A							Ongoing

Indicator	Status	Actual	Target	Red	Amber	Green
Report turnaround: time from fieldwork completion to draft reporting [10 days]		8 out of 11	80%	v>20%	10%<v<20%	v<10%
Report turnaround: time taken for management response to draft report [15 days]		7 out of 7	80%	v>20%	10%<v<20%	v<10%
Report turnaround: time from management response to issue of final report [10 days]		7 out of 7	80%	v>20%	10%<v<20%	v<10%

* Correct at 04/01/2021



Within agreed timescales

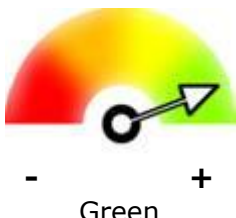
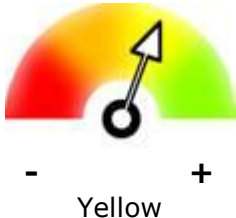
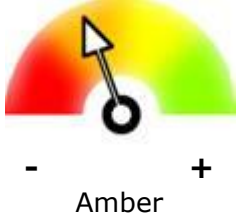
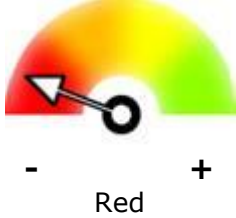


Less than 5 days over agreed timescale



More than 5 days over agreed timescale

Assurance Ratings

RATING	INDICATOR	DEFINITION
Substantial assurance		The Board can take substantial assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with low impact on residual risk exposure.
Reasonable assurance		The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.
Limited assurance		The Board can take limited assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with moderate impact on residual risk exposure until resolved.
No assurance		The Board has no assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Action is required to address the whole control framework in this area with high impact on residual risk exposure until resolved.



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