



Partneriaeth  
Cydwasaethau  
Gwasanaethau Archwilio a Sicrwydd  
Shared Services  
Partnership  
Audit and Assurance Services



Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

## **INTERNAL AUDIT PROGRESS REPORT 2020/21**

**Swansea Bay University Health Board**

**March 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	12
Number of audits issued at draft	5
Number of audits in progress	14
Number of audits not started	1
Year-end reporting	2
<b>Total number of audits in 2020/21 plan</b>	<b>34</b>

## 2. OUTCOMES FROM COMPLETED REVIEWS

- 2.1 Since the January meeting of the Committee, two 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.

<b>Review</b>	<b>Assurance rating</b>
Primary Care Cluster Plans & Delivery	Reasonable
Infection control - cleaning	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 management response is overdue:
- The full versions of these reports are included in the committee's papers as separate items.

<b>Review</b>	<b>Assurance rating</b>
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Vaccinations & Immunisations (FUP) – <b><i>included in this set of papers for Committee consideration given time lapse of management responses</i></b>	Reasonable
IM&T Control & Risk Assessment – <b><i>included in this set of papers for Committee consideration as 15-day management response time elapsed</i></b>	Advisory

3.2 The following reports have been issued in draft:

<b>Review</b>
Adjusting services – Quality Impact Assessment (QIA) – <b><i>responses not yet due.</i></b>
WHO Checklist Compliance (FUP) – <b><i>responses not yet due.</i></b>
Fire safety – <b><i>responses not yet due.</i></b>

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

<b>Audit Review</b>	<b>Objective overview</b>
Risk management & BAF	To review the overall board assurance framework and risk management arrangements
Hosted Body: Operational Delivery Network (Major Trauma)	To review operation of the governance arrangements agreed for this hosted body.
Mass vaccinations programme	The overall objective of this audit is to review arrangements in place to deliver the Covid-19 mass vaccination programme
Follow up of previous 'limited' assurance reports	To assess progress with implementation of previously 'limited' assurance rated reports.
Financial Plan: Delivery Framework	The overall objective of this audit is to review high level controls operating corporately to monitor and manage financial delivery.
Concerns & Redress	To review corporate arrangements in place to ensure incidents and complaints are managed in accordance with Welsh Government requirements and Health Board policies and procedures.

Audit Review	Objective overview
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
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.
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.
Environmental / Infrastructure Modernisation Programme	An assessment of the delivery of the latest phase of the Infrastructure Modernisation Programme.
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.
Water Safety (Follow Up and Additional site Testing)	Recognising the limited assurance Water Safety Audit delivered during 2019/20, it is proposed that a follow up review be undertaken including additional testing at UHB premises not incorporated within the original audit.

#### **4. PROPOSED CHANGES TO REVISED 2020/21 PLAN**

- 4.1 *I.T Application Systems (Signal)* - in discussion with management, it is proposed to remove this review from the 2020/21 plan due to later than expected implementation.
- 4.2 *Agency staff management* – in discussion with management and given that alternative assurances are available, we are proposing removal of this review.
- 4.3 *Mass vaccinations programme* – it is proposed that this review replace our follow up review of Covid 19 response governance arrangements which will be covered in the 2021/22 plan.

#### **5. ENGAGEMENT**

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

Board/Sub Committee:

- Quality & Safety – N/A

- 5.2

Health board internal meetings:

- Martin Sollis, Audit Committee Chair – 6 & 26 January
- Pam Wenger, Director of Corporate Governance – 20 January, 2 & 18 February
- Chair's Group - 9 February

Wales Audit Office Meetings:

- Anne Beegan – 11 February

- 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 nine feedback forms and received six responses, all of which have been positive. The most recent responses indicated that the key contact found auditors and their work to be professional, supportive, helpful, useful, timely, sensible, realistic and pleasant.

- 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 The draft plan was discussed at both Executive Team and Chairs Group and the final version is included in papers for the Committee to consider for approval.
- 7.2 The plan will remain flexible throughout 2021/22 in response to new and emerging risks. We will re-visit the approved plan on a regular basis to allow discussion of priorities.

## **8. RECOMMENDATION**




- 8.1 The Audit Committee is invited to approve the:
- proposed change at Section 4; and
  - 2021/2022 Internal Audit 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
<b>Corporate governance, risk management and regulatory compliance</b>									
AGS (Annual Governance Statement)	Q4/5								
GLA & HCS	Q4/5								
Risk Management & BAF	Q4								In progress
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								In progress
COVID-19 governance review	Q2	23/06	04/08	13/08	N/A	28/08	N/A	November	Final
Mass vaccinations programme	Q4								In progress
Follow up of previous 'limited' assurance reports	Q4								In progress
<b>Strategic planning, performance management and reporting</b>									
Primary Care Cluster Plans & Delivery	Q2	19/10	03/12	07/12	04/01	14/01	Reasonable	March	Final
Vaccinations & Immunisations (FUP)	Q2	25/08	15/09	30/09			Reasonable	March	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
Adjusting services – Quality Impact Assessment (QIA)	Q3	11/12	19/02						Draft report
<b>Financial governance and management</b>									
Financial Plan: Delivery Framework	Q4								In progress
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
<b>Clinical governance, quality and safety</b>									
Annual Quality Statement	Q2	01/09	16/09	23/09	14/10	15/10	N/A	November	Final
Concerns & Redress	Q4								In progress
Infection control - cleaning	Q2	14/09	14/12	17/12	11/01	25/01	Reasonable	March	Final
WHO Checklist Compliance (FUP)	Q3								Draft report
Safeguarding	Q2								In progress
Mortality Reviews	Q4								In progress
<b>Information governance and I.T. security</b>									
IM&T Control & Risk Assessment	Q3	15/10	13/12	25/01			Advisory		Draft report
IT Application Systems	Q4								Proposal to delete
<b>Operational service and functional management</b>									

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
ICF expenditure (c/fwd)	Q4								Not due
<b>Workforce management</b>									
Agency Staff Management	Q4								Proposal to delete
Nurse Staffing levels Act	Q3	03/11	24/11	27/11	07/12	17/12	Substantial	January	Final
Locum On Duty	Q3								In progress
<b>Capital and estates management</b>									
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	23/01							In progress
Environmental / Infrastructure Modernisation Programme	Q4								In progress
Capital Systems	Q2	21/09	16/10	20/10	11/11	19/11	Reasonable	Jan 21	Final
Follow up (Estates Assurance)	Q4	30/11							In progress
Water Safety (Follow Up and Additional site Testing)	Q4								In progress
Fire Safety	Q3	05/10	27/01	29/01					Draft issued
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]		9 out of 12	80%	v>20%	10%<v<20%	v<10%
Report turnaround: time taken for management response to draft report [15 days]		10 out of 11	80%	v>20%	10%<v<20%	v<10%
Report turnaround: time from management response to issue of final report [10 days]		11 out of 11	80%	v>20%	10%<v<20%	v<10%

\* Correct at 01/02/2021



Within agreed timescales

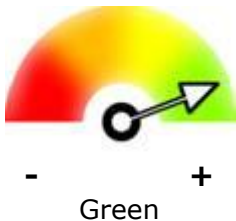
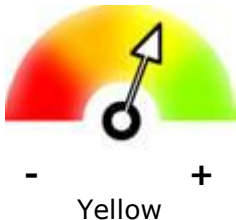
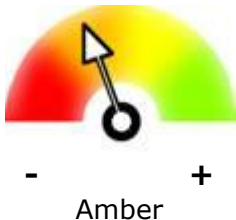
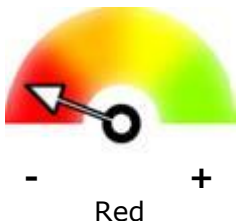


Less than 5 days over agreed timescale



More than 5 days over agreed timescale

## Assurance Ratings

RATING	INDICATOR	DEFINITION
Substantial assurance		The Board can take <b>substantial assurance</b> 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 <b>low impact on residual risk</b> exposure.
Reasonable assurance		The Board can take <b>reasonable assurance</b> 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 <b>low to moderate impact on residual risk</b> exposure until resolved.
Limited assurance		The Board can take <b>limited assurance</b> 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 <b>moderate impact on residual risk</b> exposure until resolved.
No assurance		The Board has <b>no assurance</b> 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 <b>high impact on residual risk</b> exposure until resolved.



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