

# Internal Audit Progress Report

## Audit Committee

September 2023

Swansea Bay University Health Board

NWSSP Audit and Assurance Services



Partneriaeth  
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## Contents

<i>1. Introduction</i>	<i>3</i>
<i>2. Progress against the 2023/24 Internal Audit Plan</i>	<i>3</i>
<i>3. Proposed changes to approved plan</i>	<i>3</i>
<i>4. Follow up of Capital &amp; Estates recommendations</i>	<i>3</i>
<i>5. Engagement</i>	<i>4</i>
<i>6. Key Performance Indicators</i>	<i>4</i>
<i>7. Recommendation</i>	<i>5</i>
<i>Appendix A: Progress against 2023/24 Internal Audit Plan</i>	<i>6</i>
<i>Appendix B: Status of Estates recommendations</i>	<i>8</i>

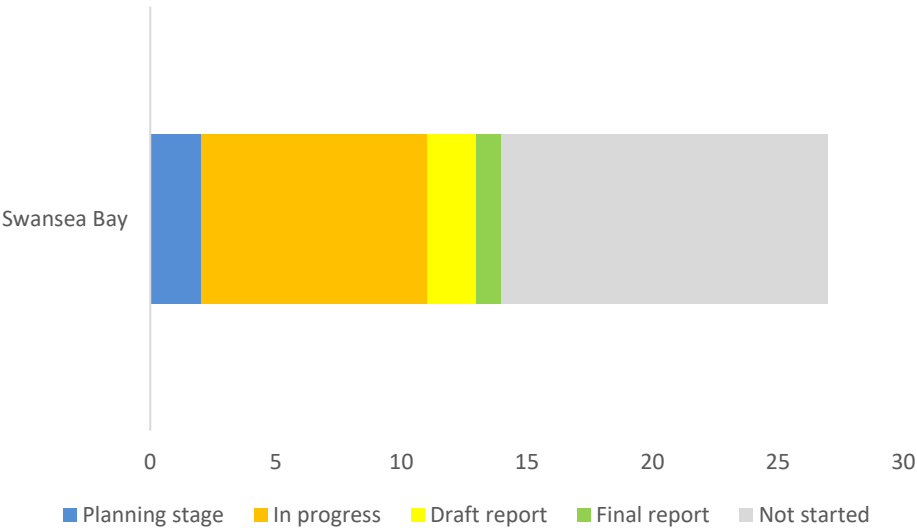
# 1. Introduction

The purpose of this report is to:

- highlight progress of the 2023/24 Internal Audit Plan to the Audit Committee; and
- provide an overview of other activity undertaken since the previous meeting.

# 2. Progress against the 2023/24 Internal Audit Plan

There are 27 reviews in the 2023/24 Internal Audit Plan, and overall progress is shown below.



Detailed progress in respect of each of the reviews in the 2023/24 Internal Audit Plan is summarised in Appendix A.

# 3. Proposed changes to approved plan

No further changes are proposed in respect of the 2023/24 Internal Audit Plan.

# 4. Follow up of Capital & Estates recommendations

As reported in the Head of Internal Audit Opinion for 2022/23 (annual summary report included in the agenda pack to this Audit Committee meeting), our Capital Assurance follow up work concluded substantial assurance. This rating was concluded on the basis that all recommendations that were expected to be addressed during the course of financial year had been concluded as closed. Therefore, a periodic review of the health board’s capital assurance internal audit recommendations will not be undertaken going forward, as they will instead be considered as part our standard approach to follow up.

Our Estates Assurance follow up work (annual summary report also included in the agenda pack to this meeting) concluded limited assurance. Whilst 57% of the total (28) recommendations were closed during 2022/23, there was an expectation that all would have been closed during the course of the financial year, recognising also that they had significantly surpassed the original agreed target dates. The 12 outstanding recommendations, therefore, will continue to be subject to regular periodic review to confirm the status of the actions being implemented by management against agreed timescales.

Our most recent review of the Estates Assurance internal audit recommendations was undertaken following closure of the health board's tracker by the Head of Compliance on 11 August 2023. This date aligns with the Audit Committee reporting cycle. Full details of the updates provided by management are recorded within the tracker.

Tables 1A and 1B within Appendix B set out the status of the Estates Assurance recommendations. Of the total 12 recommendations detailed, closure was achieved for five (42%%).

The remaining seven recommendations continue to be reported as overdue; three of which can be concluded as closed pending receipt of further evidence confirming approval of the actions being taken (Water Safety (MA8.1), Control of Contractors (MA5) and Waste Management (MA1)). For the remaining four, it is acknowledged that there is a clear plan to address. Therefore, in accordance with the agreed implementation dates, and the proposed closure date of the tracker (20 October) before the November Audit Committee, there is an expectation that **all** recommendations will be closed by the next review.






## 5. Engagement

The following meetings have been held/attended during the reporting period:




- Observation of Board and Committee meetings;
- Audit scoping and debrief meetings;
- Liaison with senior management; and
- Liaison with external regulators.

## 6. Key Performance Indicators

- Correct on 31 August 2023

Indicator	Status	Actual	Target
Operational Audit Plan agreed for 2023/24		March	By 30 June
Audits reported over planned		3	4
Work in progress		9	
Report turnaround: time from fieldwork completion to draft reporting [10 days]		3 out of 3	80%
Report turnaround: time taken for management response to draft report [15 days]		1 out of 1	80%
Report turnaround: time from management response to issue of final report [10 days]		1 out of 1	80%

Key:

-  v>20%
-  10%<v<20%
-  v<10%

## 7. Recommendation

- The Audit Committee is invited to note the above.

## Appendix A: Progress against 2023/24 Internal Audit Plan

Review	Status	Rating	Key matters arising	Outline timing	Anticipated Audit Committee <sup>1</sup>
Risk Management and Assurance	Not started			Q4	May 2024
Service Group Governance Arrangements (Deferred from 2021/22)	Not started			Q3/4	March / May 2024
Quality Management System	Not started			Q3/4	March / May 2024
Decarbonisation	Not started			Q3	March 2024
Finance and Performance Monitoring Framework	Not started			Q3	March 2024
Commissioning - LTA contracts	Final report	Reasonable	Formal approval and communication of the commissioning framework; Standardisation of contract agreement templates; Opportunities to enhance current performance reporting and the need to provide assurance on the quality of commissioned services; inconsistency in frequency of LTA meetings lack of discussion on quality and performance; and reporting of the final outturn position.	Q1/2	September 2023
Health and Social Care Regional Integration Fund (RIF)	Planning			Q2/3	January 2024
Agency Staff Management	In progress			Q1	November 2023
Savings Programme	In progress			Q2	January 2024
Prescribing	In progress			Q2	November 2023

<sup>1</sup> May be subject to change

Review	Status	Rating	Key matters arising	Outline timing	Anticipated Audit Committee <sup>1</sup>
Additional Learning Needs	In progress			Q1/2	November 2023
Access to Primary Care	In progress			Q1	November 2023
Waiting List Management	Not started			Q3	March 2024
Stroke Action Plan	In progress			Q2	November 2023
Mental Health - 111 Service	Not started			Q3	March 2024
Mortuary Service	Planning			Q3	January / March 2024
Signal System	Not started			Q3/4	March / May 2024
Software Development	Not started			Q3/4	March / May 2024
Technical Resilience	Draft report			Q1	November 2023
Digital Support Effectiveness / Efficiency	In progress			Q2	January 2024
Long Term Sickness Absence Management	In progress			Q1	November 2023
Recruitment and Retention (deferred from 2022/23)	Not started			Q4	May 2024
Follow Up Action Tracker	Not started			Q4	May 2024
Capital & Estates					
Capital Assurance: Singleton Cladding	Not started			Q4	May 2024
Estates Assurance: Estate Condition	Draft report			Q2	November 2023
Follow up (Estates assurance)	In progress	See section 4 and appendix B		Q1-4	May 2024
Morrison Hospital Infrastructure Modernisation – Phase 2 Stage 2 (Sub Station 6) Project	Not started			Q3/4	May 2024

<sup>1</sup> May be subject to change

## Appendix B: Status of Estates recommendations

**Table 1A: Reports included in the 2021/22 Estates Assurance Follow Up Report**

Internal audit report	Number and status of 'live' recommendations on the health board's tracker as at 11 August 2023				Internal audit assessment of recommendations as at 11 August 2023		
	In progress	Overdue	Closed		In progress	Overdue	Closed
Reports included in the 2021/22 Estates Assurance Follow Up report:							
Backlog Maintenance (issued October 2017)	-	-	-		-	-	-
Disability Discrimination Arrangements	-	-	-		-	-	-
Fire Safety (issued April 2021)	-	-	-		-	-	-
Water Safety (issued June 2021)	-	1	-		-	1 <sup>1</sup>	-
Financial Safeguarding (issued November 2019)	-	2	1		-	2 <sup>2</sup>	1
Control of Contractors (issued March 2020)	-	2	1		-	2 <sup>3 4</sup>	1

<sup>1</sup> The Water Safety Plan has been updated to incorporate a training matrix (as per the agreed audit recommendation). Closure of the recommendation is pending receipt of the minutes from the Water Safety Group to confirm approval of these changes.

<sup>2</sup> These two recommendations (MA13 & MA14) relate to the development of stores procedures. Procedures from another NHS Wales organisation have been shared with the health board. We are unable to close the recommendation until we have sight of the proposed procedures for the health board and the determined route for approval.

<sup>3</sup> Whilst management could provide evidence of a contractor audit having been undertaken (as per the agreed audit recommendation: MA8), the output has yet to be reported to an appropriate forum. Further, the level of detail will need to be enhanced to provide compliance rates, trend analysis etc.

<sup>4</sup> We have confirmed that action has been taken to mitigate the issues of poor induction rates / non-signing out post completion of work on site. Closure of the recommendation (MA5) is pending receipt of the Estates paper, to be presented to the Performance & Finance Committee (August 2023), which should provide further information of the actions taken, compliance rates etc.

**Table 1B: Other Estates Assurance reports**

Internal audit report	Number and status of 'live' recommendations on the health board's tracker as at 11 August 2023				Internal audit assessment of recommendations as at 11 August 2023		
	In progress	Overdue	Closed		In progress	Overdue	Closed
Waste Management (issued February 2022)	-	2	3		-	2 <sup>5</sup>	3
Decarbonisation	1	-	-		Note <sup>6</sup>		

<sup>5</sup> MA1 relates to the update and review of the Waste Management Policy. Whilst it is acknowledged the changes were taken for consideration by the Health & Safety Operations Group, they have yet to be formally approved. Closure of the recommendation is pending approval of the Policy at the Performance & Finance Committee (expected August 2023).

<sup>6</sup> Four recommendations were raised at this report, three of which management reported as 'complete' at the date of issue of the final report. Review of management action taken, and progress on the remaining recommendation, will be undertaken as part of the Decarbonisation review included in the 2023/24 Internal Audit plan.