

Governance Arrangements during Covid-19 Pandemic  
Advisory Review

Internal Audit Report – Action Plan

Swansea Bay University Health Board  
Audit and Assurance Services  
2020/21

No.	Section	Internal Audit Findings	Health Board Action	Date for Completion	Lead	Status Update – November 2020
4.1	<b>Board and Committee Meetings</b>	Development of reports received by the Quality & Safety Committee (board and other standing committees where appropriate) in those areas where reporting to date has been high-level or focused on process development to include information on performance / outcomes e.g. waiting list risk of harm.	Board and Committee reporting will remain fluid through the COVID19 pandemic. The Board and Committees will consider their information requirements on an ongoing basis with a formal review is planned for early 2021 subject to COVID19 pressures.	April 2021	Director of Corporate Governance	Completed. 'Deep dive' reports for a number of key areas such as unscheduled care, cancer and planned care now included on the work programme for the Quality and Safety and Performance and Finance committees.
4.2	<b>Scheme of Reservation and Delegation (SoRD) and Decision Making Arrangements</b>	<p>Following the receipt of completed decision logs by the Director of Finance, decision-making records are reviewed and consideration given to any further action required to address capacity &amp; capability to complete records contemporaneously, and to ensure that consistency of approach and any qualitative aspects of completion are addressed for the future.</p> <p>A review of template documentation used for decision logs and for individual decision-making records, and directions on how they should be used may be appropriate.</p> <p>Following the reporting of decision logs to Audit Committee in September, producing guidance for the level of information required to be documented in the Decision Log and an indication of when information should be escalated to the Committees/Board. This can be used for mobilisation of the process in event of potential future peaks.</p>	<p>Decision logs will be updated and compiled centrally. A summary of the material items recorded in the decision logs will be reported to the Audit Committee periodically.</p> <p>A review of the process for decision logs and decision making recording is planned for November 2020 and revised guidance will be issued.</p>	April 2021	Director of Corporate Governance	Guidance and template to be developed by the end of November 2020 for decisions logs and to be incorporated into the corporate governance standard operating procedure.
		<p>Following completion of the NWSSP Procurement review of expenditure and the associated documentation, it would be appropriate to clarify for a future peak what processes and documentation are required to ensure compliance with Standing Orders, the demonstration of value for money, and the identification and management of potential conflicts of interest.</p> <p>If alternative processes to those currently required by Standing Orders are considered necessary for future procurement decisions,</p>	<p>Audit Committee to consider the procurement issues that arose from the COVID19 pandemic. The Health Board will continue to report non-compliance to the Audit Committee.</p> <p>Prepare a retrospective report to the Board to address any issues of non-compliance with the Standing Orders. The Standing Orders will be kept under regular review by the Director of Corporate Governance.</p>	<p>April 2021</p> <p>November 2020</p>	<p>Director of Finance</p> <p>Director of Corporate Governance</p> <p>Chief of Staff</p>	<p>Completed. Audit Committee received a report in September 2020. Further reports to follow on compliance as part of routine business.</p> <p>Complete, Board ratified the financial decisions at the Board Meeting in September 2020.</p> <p>This is work in progress.</p>

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		Board approval should be sought and Standing Orders amended. The list of covering officers developed to provide resilience be reviewed for completeness and that any developmental needs of covering staff be identified and addressed so that they can cover effectively in the absence of substantive leads.	Executive Team to review the list of deputies to ensure that this is accurate and that individuals understand their responsibilities.	December 2020		
4.3	<b>Risk Management</b>	Management review record-keeping arrangements, including the format and use of RAID logs, and take steps to promote consistency and address any matters in respect of quality/completeness. Building on guidance already available, management should consider providing additional direction for Silver cell leads on key activities and record-keeping e.g. checklists.  Clarifying the approach to documenting the risks associated with decisions made and issuing directions and template documentation from Gold Command.	Record and decision making log arrangements will be reviewed in early 2021 to ensure that they are fit for purpose and provide for greater consistency across the Health Board. Compliance with current arrangements will be reinforced.	April 2021	Director of Public Health/Deputy Director of Transformation	Review planned for 2021.
		In the event of further peaks and the standing down of Board Committees, the more frequent receipt of the wider health board risk register at Executive Board and full Board meetings.	The Health Board will ensure appropriate reporting of its risk register should there be further peaks in the pandemic. This will also be considered as part of the review mentioned in the previous point.	April 2021	Director of Corporate Governance	Completed. Risk register is now a standing item for Executives and Board meetings should the committees be stood down.
4.4	<b>Annual Accounts and Reporting</b>	No actions recommended.				
4.5	<b>Financial Systems and Processes</b>	Management use the experience of this pandemic to inform the development of a documented business continuity plan for Finance (alongside the other departments and units) and give additional consideration to building resilience to mitigate against the risk of loss of key individuals.	A more robust Finance continuity plan will be approved and shared with staff.	30 November 2020	Director of Finance	A draft Finance Business Continuity Plan has been issued to the senior Finance leadership team for comments. This includes BREXIT arrangements.
		Recognising the abatement of the first Covid-19 peak, review of the continued use of 7004 Covid-19 Health Board Readiness cost centre would be appropriate. Alternative cost centres have already been introduced for particular aspects of Covid-19 management which align responsibility for expenditure with operational management e.g. field hospitals / dedicated Covid-19 wards. There may be scope to spread this approach further. If it is decided there is a continued requirement for a central fund we would recommend that the electronic controls within Oracle are adjusted to record the name of the responsible officer authorising expenditure for the cost centre.	The Health Board will continue with the current approach as the arrangements are known to staff across the Health Board and it is felt that the current arrangements are working well. Once the pandemic has subsided a review of the arrangements will be undertaken to assess whether the current approach should be amended for the future.	April 2021	Director of Finance	Review planned for 2021.

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		In the meantime, it should be noted that email correspondence provides the record of accountability for transactions authorised in this way and so it should be retained in a structured, accessible way.				
		Out of date banking signatories listed within financial control procedures have been highlighted for amendment as part of management's ongoing programme of review of financial control procedures.	The Finance Team are currently reviewing the FCPs alongside a review of other governance areas such as SFIs and desktop procedures. The authorised signatory list will be updated by the end of 2020.	December 2020	Director of Finance	Action on target to be completed by the end of 2020.
4.6	<b>Covid-19 Expenditure (Revenue and Capital)</b>	<p>Considerations have been raised earlier relating to the use of the general Covid-19 cost centre, and the requirement to act on the outcome of the NWSSP review of expenditure when it is completed.</p> <p>We have discussed with the Director of Finance the absence of financial values from decision logs associated with the Silver Infrastructure Group and the potential assurance that may be derived by preparation of a report that captures all capital decisions and financial values for retrospective scrutiny by the Audit Committee.</p>	<p>See previous recommendations.</p> <p>See 4.2 and 4.3 above.</p>	April 2021	Director of Finance	See above.
4.7	<b>Workforce</b>	Recognising the importance of vacancy control panels, we would recommend that their suspension is reviewed periodically and alternative control arrangements be documented.	A formal review of the vacancy control panel arrangements will be undertaken by SLT in November 2020.	November 2020	Director of Workforce & OD	Review of VCP arrangements including documentation is currently being undertaken.
		Noting the re-instatement of the Board's Workforce & OD Committee management provide a report on the approach taken to recruitment and pre-employment checks, with information on progress (and/or completion) of ongoing checks for staff commenced in post under the amended process. This will provide assurance on the management of risk.	The Health Board will report to the Workforce & OD Committee in November 2020 the approach taken to recruitment during the pandemic. This report will highlight and deviation from our normal practice.	November 2020	Director of Workforce & OD	This will be reported to the next Workforce & OD Committee.
		Provide a retrospective assurance report to the Board or appropriate Committee on the implementation of variations to standard contractual pay allowances.	The Health Board will report to the Workforce & OD Committee in November 2020 any variations to standard contractual pay during the pandemic.	November 2020	Director of Workforce & OD	The Health Board has not instigated any contractual pay changes outside of those approved and introduced on an all Wales basis. This will be reported at the next Workforce & OD Committee.
		It may be appropriate to review Financial Control Procedures to reflect the level of control expected in respect of electronic payroll spreadsheet returns and supporting records expected at a department level if the submission process itself does not demonstrate senior officer authorisation.	Linked to 4.5 above, the Health Board will continue with the current approach as the arrangements are known to staff across the Health Board and it is felt that the current arrangements are working well. Once the pandemic has subsided a review of the arrangements will be undertaken to assess whether the current approach should be amended for the future.	April 2021	Director of Finance	Review planned for 2021.

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		Develop a mechanism to track and report the extent to which staff have been re-deployed across the health board in response to need.	Once the pandemic has subsided a review of the arrangements to track the redeployment of staff.	April 2021	Director of Workforce & OD	Health Board Deployment / Redeployment policy now in place. Compliance will be monitored.
4.8	<b>Budget and Savings</b>	No actions recommended.				
4.9	<b>Partnership Arrangements</b>	No actions recommended.				
4.10	<b>Charitable Funds</b>	The Health Board's Fundraising Policy continues to develop to ensure that processes are documented for the appropriate management of non-financial donations.	As set out in the findings, the Health Board will review the Funding raising Policy.	March 2021	Director of Corporate Governance / Head of Fundraising	The production of the Fundraising Policy has been delayed due to the pandemic. Work will recommence on creating a policy after the second wave. This approach has been agreed at Charitable Funds Committee.
4.11	<b>Information Governance</b>	No actions recommended.				