

# Internal Audit Progress Report

## Audit Committee

November 2023

Swansea Bay University Health Board

NWSSP Audit and Assurance Services



GIG  
CYMRU  
NHS  
WALES

Partneriaeth  
Cydwasaethau  
Gwasanaethau Archwilio a Sicrwydd  
Shared Services  
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Bae Abertawe  
Swansea Bay University  
Health Board



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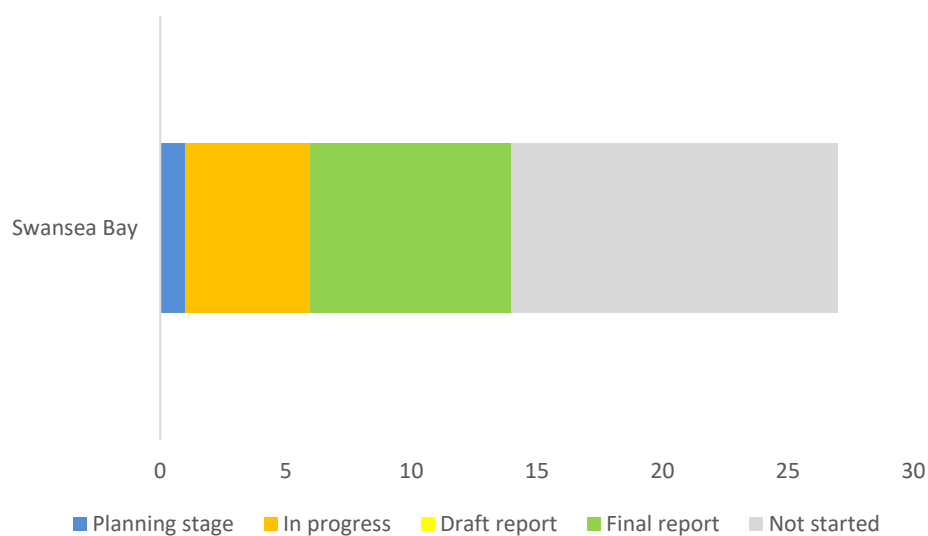
## 1. Introduction

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

The joint review of the Mortuary Service with Hywel Dda University Health Board is deferred to the 2024/25 Internal Audit Plan at the request of management, and replaced with a review of Consultant Job Planning. Work is ongoing to establish both the management structure of the joint Mortuary Service and plans for the development of the wider Regional Pathology Service. The Human Tissue Authority is also scheduled to undertake a compliance review of the arrangements in place at Swansea Bay University Health Board at the beginning of November.

## 4. Follow up of Capital & Estates recommendations

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 20 October 2023. This date aligns with the Audit Committee reporting cycle. Full details of the updates provided by management are recorded within the tracker.

Our previous update to Audit Committee noted that there were seven recommendations reported as overdue; three of which we concluded could be closed pending receipt of further evidence confirming approval of the actions being taken. Two (29%) of these recommendations have now been closed (Water Safety (MA8.1) and Waste Management (MA1)).

It was also anticipated that Control of Contractors (MA5) would be closed pending receipt of updated reporting on compliance rates. However, we note that the revised reporting template is currently being developed; and will form the basis of reporting to the Operational Health & Safety Group and onwards to the Performance & Finance Committee. Therefore, we are unable to close the recommendation at this time.

There was an expectation that the four remaining recommendations would also be addressed by the date of this review. However, this has not been achieved. Tables 1A and 1B, within Appendix B, set out the status of the recommendations.

The next proposed closure date of the tracker is in December (date to be confirmed by the health board) before the January 2024 Audit Committee. Noting the detail of the actions required to close these remaining recommendations, and the time period they have been outstanding to date, **all** recommendations should 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 October 2023

Indicator	Status	Actual	Target
Operational Audit Plan agreed for 2023/24		March	By 30 June
Audits reported over planned		8	9
Work in progress		5	
Report turnaround: time from fieldwork completion to draft reporting [10 days]		8 out of 8	80%
Report turnaround: time taken for management response to draft report [15 days]		6 out of 8	80%
Report turnaround: time from management response to issue of final report [10 days]		8 out of 8	80%

Key:

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

## 7. Recommendation

- The Audit Committee is invited to note the above; and
- Approve the proposed changes at section 3.

## 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)	In progress			Q2/3	January 2024
Agency Staff Management	In progress			Q1	January 2024
Savings Programme	Final report	Reasonable	Reviewing and finalised documented guidance; Delegation letters not returned by budget holders; Provision of	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>
			financial training; Developing templates to ensure savings information is robustly recorded, evaluated and reported.		
Primary Care Antimicrobial Prescribing	Final report	Reasonable	There remain actions with outlier practices, included within the PCT 2022/23 Improvement Plan, to be completed; Enhancements could be made to the PCT 2023/24 Improvement plan to ensure actions have outlined targets; Only around half GP Practice Prescribing Leads provided action plans following the 2022 antimicrobial stewardship session; Issues with the operation of the health board's Antimicrobial Stewardship Group has delayed updating the Antimicrobial Stewardship Framework and future monitoring arrangements for the framework could be clarified.	Q2	November 2023
Additional Learning Needs	In progress			Q1/2	January 2024
Access to Primary Care - GMS	Final report	Reasonable	Review Access and Sustainability Forum terms of reference (ToR); NPT Practice Management representative at the Forum; Enhancements to the review and reporting of the Access achievement assessment process; GP Practices response to address CHC/Llais mystery shopper feedback.	Q1	November 2023
Waiting List Management	Not started			Q3	March 2024

Review	Status	Rating	Key matters arising	Outline timing	Anticipated Audit Committee <sup>1</sup>
Stroke Action Plan	Final report	Reasonable	Update and produce a more robust action plan; Review Stroke Delivery Group Board ToR and improve attendance; Performance reporting to include the national targets.	Q2	November 2023
Mental Health - 111 Service	Not started			Q3	March 2024
Mortuary Service	Deferred	N/A	N/A	N/A	N/A
Signal System	Not started			Q3/4	March / May 2024
Software Development	Not started			Q3/4	March / May 2024
Technical Resilience	Final report	Reasonable	Ensuring fire suppression is in place at key sites; Testing the resilience position to ensure it works as anticipated; Improving the documentation for disaster recovery.	Q1	November 2023
Digital Support Effectiveness / Efficiency	In progress			Q2	January 2024
Sickness Absence Management	Final report	Reasonable	Evaluating the quality, impact and effectiveness of the early interventions introduced to improve attendance; Capture and monitoring of training compliance rates; Strengthen the approach undertaken to complete sickness audits; Limited reporting of the sickness improvement plans within the Service Groups.	Q1	November 2023
Recruitment and Retention (deferred from 2022/23)	Not started			Q4	May 2024
Follow Up Action Tracker	Not started			Q4	May 2024

Review	Status	Rating	Key matters arising	Outline timing	Anticipated Audit Committee <sup>1</sup>
Consultant Job Planning	Planning			Q3/4	March / May 2024
Capital & Estates					
Capital Assurance: Singleton Cladding	Not started			Q4	May 2024
Estates Assurance: Estate Condition	Final report	Limited	Regular updates on the delivery of the Estates Strategy, particularly any risks / impact resulting from delay / non-delivery to Board and Committee; The need to develop a long-term revenue model for the financial support needed to deliver the Estates Strategy; A workforce review should be undertaken, to identify any gaps in ability to maintain the current and future estate; Clearly defined process for monitoring and reporting performance of the Estates Strategy in delivering improvements to the backlog position. Controls within the BAF to reduce the risk associated with the estates condition should be reviewed.	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 20 October 2023			Internal audit assessment of recommendations as at 20 October 2023		
	In progress	Overdue	Closed	In progress	Overdue	Closed
<b>Reports included in the 2021/22 Estates Assurance Follow Up report:</b>						
Backlog Maintenance (issued October 2017)	-	-	-	-	-	-
Disability Discrimination Arrangements	-	-	-	-	-	-
Fire Safety (issued April 2021)	-	-	-	-	-	-
Water Safety (issued June 2021)	-	-	1	-	-	1
Financial Safeguarding (issued November 2019)	-	2	-	-	2 <sup>1</sup>	-
Control of Contractors (issued March 2020)	-	2	-	-	2 <sup>2 3</sup>	-

<sup>1</sup> These two recommendations (MA13 & MA14) relate to the development of stores procedures, draft versions of which have now been prepared by the Assistant Director of Estates. We have reviewed these documents and provided comments where appropriate, and these are being considered before they can be finalised and taken to the Estates Board for approval.

<sup>2</sup> It was anticipated that the agreed audit recommendation (MA5) would be closed pending receipt of the Estates Report, to Performance & Finance Committee, and inclusion of data regarding induction rates / non-signing out post completion of work on site. However, the report prepared was not deemed appropriate and management advise that a revised reporting template is being developed.

<sup>3</sup> As previously reported, whilst management could provide evidence of a contractor audit having been undertaken (as per the agreed audit recommendation: MA8), the output had yet to be reported to an appropriate forum. Further, the level of detail needed to be enhanced to provide compliance rates, trend analysis etc. This will be addressed as part of the reporting template being developed, as per MA5.

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

Internal audit report	Number and status of 'live' recommendations on the health board's tracker as at 20 October 2023			Internal audit assessment of recommendations as at 20 October 2023		
	In progress	Overdue	Closed	In progress	Overdue	Closed
Waste Management (issued February 2022)	-	1	1	-	1 <sup>4</sup>	1
Decarbonisation	1	-	-	Note <sup>5</sup>		

<sup>4</sup> Whilst the action plans required (to address the pre-acceptance audits) for this recommendation (MA6) are in place, there continues to be resource constraints within the team therefore mitigating the establishment of appropriate arrangements to manage the reporting and management of such.

<sup>5</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.