

Internal Audit Progress Report

Audit Committee

November 2021

Swansea Bay University Health Board

NWSSP Audit and Assurance Services



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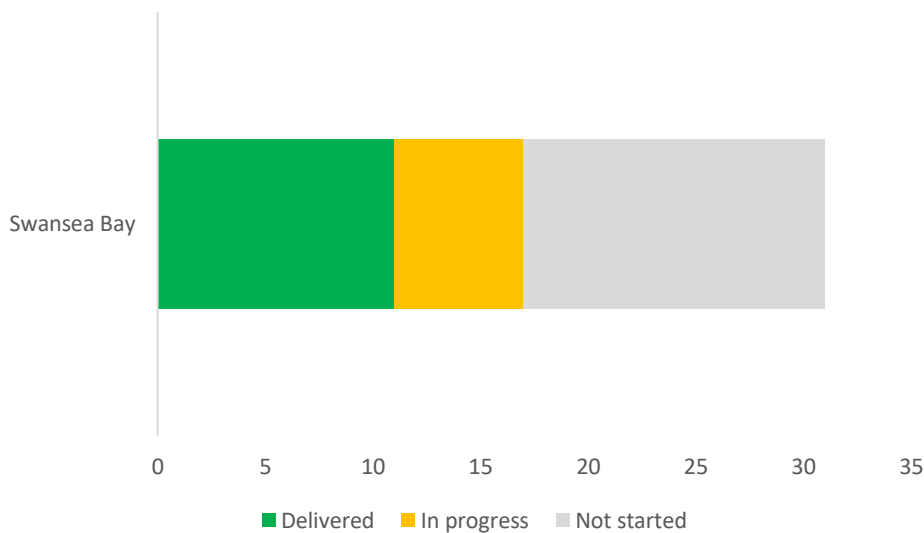
1. Introduction

The purpose of this report is to:

- highlight progress of the 2021/22 Internal Audit Plan to the Audit Committee; and
- provide an overview of other activity undertaken since the previous meeting.

2. Progress against the 2021/22 Internal Audit Plan

There are 31 reviews in the 2021/22 Internal Audit Plan, and overall progress is shown below.



Detailed progress in respect of each of the reviews in the 2021/22 Internal Audit Plan is summarised in Appendix A.

3. Proposed changes to approved plan

- Our review of decarbonisation moves from the 2021/22 plan to quarter 1 of 2022/23. This is recognising that UHBs/Trusts are not required to publish their Decarbonisation Action Plans until March 2022 and the timing of expenditure of the initial capital allocations provided by Welsh Government (i.e. seeking assurance on the expenditure against these approvals could only be fully considered post March 2022). It is evident that there would be more value in us progressing these audits from Q1 2022/23 onwards.
- Electronic Staff Record (Manager Self-Serve) – at the request of management, this review is deferred to the 2022/23 plan Internal Audit Plan. We are informed that a plan of work will be submitted to the Director of Finance and Director of Workforce by the end of October for approval.

Once approved, the plan will be considered by the Executive Team in November.






4. 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.

5. Key Performance Indicators

- Correct on 31 October 2021

Indicator	Status	Actual	Target
Operational Audit Plan agreed for 2021/22		March	By 30 June
Audits reported over planned		7	8
Work in progress		5	
Report turnaround: time from fieldwork completion to draft reporting [10 days]		7 out of 7	80%
Report turnaround: time taken for management response to draft report [15 days]		3 out of 5	80%
Report turnaround: time from management		4 out of 4	80%

response to issue of final report [10 days]			
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Key:

- $v > 20\%$
- $10\% < v < 20\%$
- $v < 10\%$

6. Recommendation

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

Appendix A: Progress against 2021/22 Internal Audit Plan

Review	Status	Rating	Key matters arising	Anticipated Audit Committee ¹
Risk management and BAF	Not started			TBC
Quality & Safety Governance Framework	In progress			January 2022
Financial reporting & monitoring	Not started			TBC
Delivery Framework	In progress			January 2022
NIS Directive	Not started			March 2022
Controlled Drugs Governance Framework	In progress			January 2022
Welsh Language Standards Compliance	Not started			TBC
Standards of Business Conduct - Declarations	Not started			TBC
Covid-19 review	Not started			TBC
Partnership governance- SBUHB & HDHB	Not started			TBC
Mental health legislative compliance	Draft issued			January 2022
Annual planning approach	Final report	Reasonable	We identified no significant issues for reporting in our review. Matters arising concerned areas for refinement and further development.	November
Planned care recovery arrangements	In progress			January 2022
Digital Strategy implementation	In progress			January 2022

¹ May be subject to change

Review	Status	Rating	Key matters arising	Anticipated Audit Committee ¹
Procurement & tendering	Final issued	Limited	No procedure / guidance documents available; Lack of training available to staff; Single tender action forms processed with missing information and lack of authorisation; Lack of financial vetting being undertaken; Gaps within declarations of interest; Not all single tender actions reported to Audit Committee	November
External Standards assurance	Not started			TBC
Safety notices & alerts	Not started			January 2022
Child & Adolescent Mental Health Services (CAMHS)	Draft issued	Limited	Lack of SLA or service specification in place between CTMUHB and the health board detailing the services to be provided; Internal roles and responsibilities in respect of CAMHS governance are not clear or documented; Lack of assurances provided on the quality of service being provided to the CAMH patient; No evidence that risks associated with CAMHS commissioning are discussed.	January 2022
E-prescribing	Draft issued			January 2022
I.T. project management	Management request to delay to Q4			March
Service management	Final report	Reasonable	Once projects are initiated there is no reallocation of project owner to ensure user requirements can be redefined or amended; There are inconsistencies in the use of classifications and prioritisation within Service point; There is no guidance on call handling management and follow up of resolution of calls is the responsibility of individual teams; KPIs do not measure compliance with all key targets within the Standard Operating Procedures; The ICT department does not fully utilise problem	November

Review	Status	Rating	Key matters arising	Anticipated Audit Committee ¹
Service Group governance arrangements	N/A	N/A	We will provide on-going advice to the project group	N/A
General Dental Services	Final report	Reasonable	We identified no significant issues for reporting in our review. Matters arising concerned areas for refinement and further development.	November
Staff wellbeing & occupational health	Final report	Reasonable	Seeking feedback to assess the effectiveness of the health and wellbeing initiatives the health board has invested in; seeking feedback on recommendations made by the service in response to referrals received; manager training; and monitoring and reporting progress made in implementing the OH Transformation Plan.	September
Electronic Staff Record (ESR) – manager self service	N/A		To be deferred to 2022/23	N/A
Capital & Estates				
Waste management	In progress			January 2022
Decarbonisation	N/A		To be deferred to 2022/23	N/A
Follow Up Action Tracker	Not started			TBC
Follow up (Capital)	Not started			TBC
Follow up (Estate's assurance)	Not started			TBC
Elective Orthopaedic Unit development	Final report	Reasonable	Improvements to the applied governance arrangements; Board approval to the deviations taken from the Welsh Government business case guidance and SFIs and reporting of the value for money case for the project; Management of an appropriate audit trail for decisions taken in relation to the development of the revenue solution and sign-off of the Strategic Outline Case; and	November

Review	Status	Rating	Key matters arising	Anticipated Audit Committee ¹
			Development of the risk register to ensure key risks are reflected.	
Singleton Hospital replacement cladding	Final report	Reasonable	Continue to manage high risk issues (such as witness testing and the impact of high winds) to minimise impact on the overall programme; These matters will likely impact on cost – but it is envisaged these will be offset by efficiencies from the repetitive nature of the work; Given the above, it is important that priced risks are monitored against remaining contingency; There was also a need to ensure that reporting to Welsh Government mirrored that reported to Project Board – highlighting key risks/ pressures.	November
Environmental/modernisation infrastructure programme	Final report	Reasonable	The need to: assess and quantify residual risk and monitor against contingency; monitor costs against approved funding and contracts; and monitor and pay according to a defined and costed activity schedule.	September

¹ May be subject to change