

Internal Audit Progress Report

Audit Committee

January 2024

Swansea Bay University Health Board

NWSSP Audit and Assurance Services



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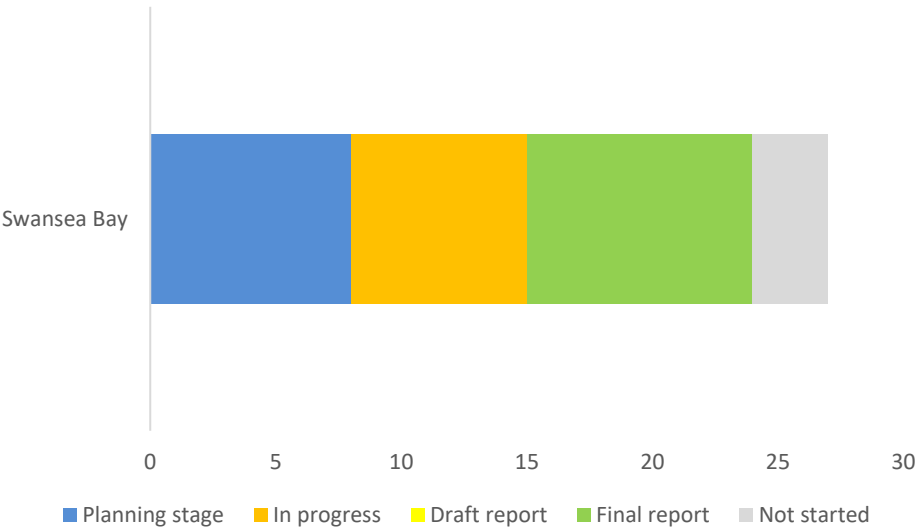
1. Introduction

The purpose of this report is to:

- highlight progress of the 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

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 14 December 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 five recommendations reported as overdue and, noting the plans in place to address, there was an expectation that they would all be addressed by the date of this review. This has not been achieved. Tables 1A and 1B, within Appendix B, set out the status of the recommendations.

However, we draw to your attention that whilst the two outstanding recommendations within the Control of Contractors report (MA5 and MA8) had not been addressed at the tracker closure date, from our review of the content of the Operational Estates report and observation of the December 2023 Performance and Finance Committee meeting, we have seen sufficient evidence to be satisfied that the recommendations can be closed at the next tracker review date.

Further, subject to approval of the relevant policies and procedures at the January 2024 Estates Board meeting, the two remaining Financial Safeguarding recommendations (MA13 and MA14) can also be closed.

To address the final outstanding recommendation (Waste Management – MA6), following an unsuccessful recruitment exercise an alternative resource option needs to be determined to enable the health board to address the required actions.

The next proposed closure date of the tracker is 22 February 2024 before the March 2024 Audit Committee.

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.

We have met with all Executive Directors to discuss areas for review in 2024/25. We will discuss the long list of reviews with the Director of Corporate Governance and Independent Members before producing a draft Audit Plan for Audit Committee approval at the March 2024 meeting.




6. Key Performance Indicators

- Correct on 31 December 2023

Indicator	Status	Actual	Target
Operational Audit Plan agreed for 2023/24		March	By 30 June
Audits reported over planned		9	12
Work in progress		7	
Report turnaround: time from fieldwork		9 out of 9	80%

completion to draft reporting [10 days]			
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.

Appendix A: Progress against 2023/24 Internal Audit Plan

Review	Status	Rating	Key matters arising	Outline timing	Anticipated Audit Committee ¹
Risk Management and Assurance	Planning			Q4	May / July 2024
Service Group Governance Arrangements (Deferred from 2021/22)	Planning			Q3/4	March / May 2024
Quality Management System	Planning			Q3/4	March / May 2024
Decarbonisation	In progress			Q3	March 2024
Finance and Performance Monitoring Framework	Not started			Q3	May 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 and 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	March 2024
Agency Staff Management	In progress			Q1	March 2024
Savings Programme	Final report	Reasonable	Reviewing and finalised documented guidance; Delegation letters not returned by budget	Q2	November 2023

¹ May be subject to change

Review	Status	Rating	Key matters arising	Outline timing	Anticipated Audit Committee ¹
			holders; Provision of financial training; Developing templates to ensure savings information is robustly recorded, evaluated and reported.		
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	Final report	Limited	Assess collaborative resources to ensure the service is appropriately designed to meet the duties of the Act; Review, clarify and document arrangements with partners; Develop and monitor key priorities for the current academic year; Finalise documented guidance to provide clarity on process; Establish infrastructure to ensure data quality; Enhance reporting mechanisms to enable effective oversight.	Q1/2	January 2024

Review	Status	Rating	Key matters arising	Outline timing	Anticipated Audit Committee ¹
Access to Primary Care	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	Planning			Q3	May 2024
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	May 2024
Mortuary Service	Deferred	N/A	N/A	N/A	N/A
Signal System	Planning			Q3/4	May / July 2024
Software Development	Planning			Q3/4	May / July 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	March 2024
Sickness Absence Management	Final report	Reasonable	Evaluating the quality, impact and effectiveness of the early interventions introduced to improve	Q1	November 2023

Review	Status	Rating	Key matters arising	Outline timing	Anticipated Audit Committee ¹
			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.		
Recruitment and Retention (deferred from 2022/23)	Planning			Q4	May 2024
Follow Up Action Tracker	Not started			Q4	May / July 2024
Consultant Job Planning	In progress			Q3/4	March 2024
Capital & Estates					
Capital Assurance: Singleton Cladding	In progress			Q4	March / 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 / July 2024

Review	Status	Rating	Key matters arising	Outline timing	Anticipated Audit Committee ¹
Morrison Hospital Infrastructure Modernisation – Phase 2 Stage 2 (Sub Station 6) Project	Planning			Q3/4	May 2024

¹ 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 14 December 2023				Internal audit assessment of recommendations as at 14 December 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)	-	-	-		-	-	-
Financial Safeguarding (issued November 2019)	-	2	-		-	2 ¹	-
Control of Contractors (issued March 2020)	-	2	-		-	2 ^{2 3}	-

¹ These two recommendations (MA13 & MA14) relate to the development of stores procedures, draft versions of which have been prepared by the Assistant Director of Estates. As previously reported, 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. It is anticipated that this will be undertaken at the meeting scheduled for 17 January 2024.

² At the last date of reporting, work on the development of the required formal reporting (MA5) remained ongoing. An Estates specific exception report was presented to the Operational Health & Safety Group meeting (7 November 2023) for consideration; and was also scheduled for presentation to the Performance & Finance Committee (19 December 2023), which is post the tracker closure date. Completeness of review, by all relevant parties is required prior to closure of the recommendation.

³ 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. The detail of such has been included in the Estates exception report referenced under MA5 above.

Table 1B: Other Estates Assurance reports

Internal audit report	Number and status of 'live' recommendations on the health board's tracker as at 14 December 2023				Internal audit assessment of recommendations as at 14 December 2023		
	In progress	Overdue	Closed		In progress	Overdue	Closed
Waste Management (issued February 2022)	-	1	-		-	1 ⁴	-
Decarbonisation	1	-	-		Note ⁵		

⁴ As previously reported, 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 preventing the establishment of appropriate arrangements to manage the reporting and management of such. Management advised the health board has been unsuccessful in re-appointing to the position of Technical Services Waste Officer. An alternative resource option therefore needs to be determined to enable the health board to address the required actions.

⁵ 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, the fieldwork for which is due to commence January 2024.