

Internal Audit Progress Report

Audit Committee

May 2023

Swansea Bay University Health Board

NWSSP Audit and Assurance Services



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services
Partnership
Audit and Assurance Services



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Contents

<i>1. Introduction</i>	<i>3</i>
<i>2. Progress against the 2022/23 Internal Audit Plan</i>	<i>3</i>
<i>3. Proposed changes to approved plan</i>	<i>3</i>
<i>4. Follow up of Capital & 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 2022/23 Internal Audit Plan</i>	<i>6</i>
<i>Appendix B: Status of Capital & Estates recommendations</i>	<i>11</i>

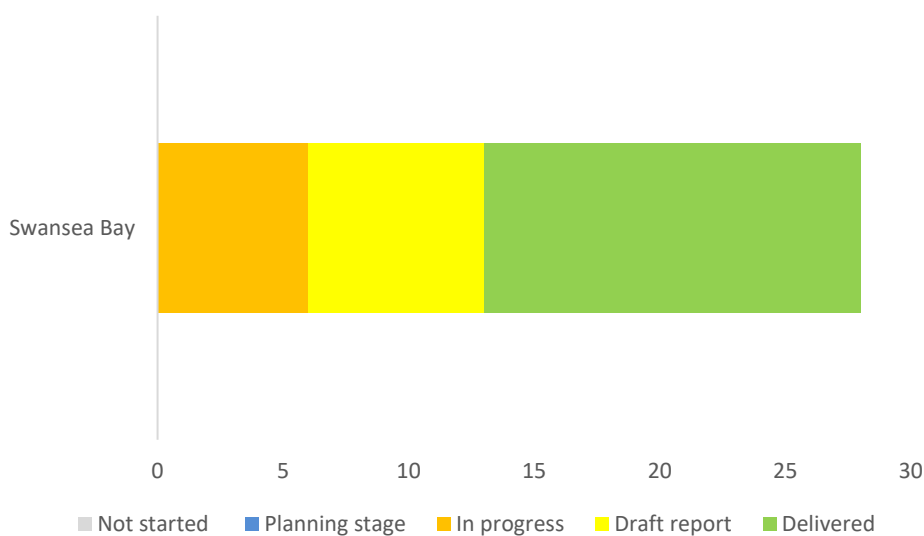
1. Introduction

The purpose of this report is to:

- highlight progress of the 2022/23 Internal Audit Plan to the Audit Committee; and
- provide an overview of other activity undertaken since the previous meeting.

2. Progress against the 2022/23 Internal Audit Plan

There are 28 reviews in the 2022/23 Internal Audit Plan, and overall progress is shown below.



Detailed progress in respect of each of the reviews in the 2022/23 Internal Audit Plan is summarised in Appendix A.

3. Proposed changes to approved plan

No further changes are proposed in respect of the 2022/23 Internal Audit Plan.

4. Follow up of Capital & Estates recommendations

Our most recent review of the Capital Assurance and Estates Assurance internal audit recommendations was undertaken following closure of the health board's tracker by the Head of Compliance on 21 April 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 Capital Assurance recommendations. As at the last tracker closure date (February 2023), all expected recommendations were closed therefore no further work has been required. As previously reported, the remaining recommendation is in relation to the Environmental Infrastructure report and relates to the completion of a lessons learnt exercise which management agreed would be undertaken for the Business

Justification Case 2 (noting that funding was only approved by Welsh Government in October 2022). Our last progress update set out an expectation that management would determine the target date this recommendation, in line with the project's expected completion date. However, a revised target date was still not evidenced at this review.

Tables 2A and 2B within Appendix B set out the status of the Estates Assurance recommendations. Of the total 12 recommendations detailed, we would have expected all to have been closed by the date of our review. However, closure has not been achieved for any, therefore all are reported as overdue. In accordance with the agreed implementation dates, and the proposed closure date of the tracker (23 June) before the July Audit Committee, there is an expectation that **all** recommendations will be closed by the next review.

The remaining recommendations have significantly surpassed the original agreed target dates – ranging from 265 days (MA1: Waste Management, issued February 2022) to 1,196 days (MA2: Financial Safeguarding, issued November 2019). It is acknowledged that, due to the passage of time and availability of resources, there have been changes to priorities associated with the originally agreed actions. Therefore, management will need consider the detail of each to determine whether the actions remain appropriate and have realistic target dates, noting that extensions have been applied to initial deadlines and on multiple occasions for some recommendations.



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 30 April 2023

Indicator	Status	Actual	Target
Operational Audit Plan agreed for 2022/23		March	By 30 June
Audits reported over planned		17	22
Work in progress		11	

Report turnaround: time from fieldwork completion to draft reporting [10 days]		15 out of 17	80%
Report turnaround: time taken for management response to draft report [15 days]		8 out of 15	80%
Report turnaround: time from management response to issue of final report [10 days]		15 out of 15	80%

Key:

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

7. Recommendation

- The Audit Committee is invited to note the above.

Appendix A: Progress against 2022/23 Internal Audit Plan

Review	Status	Rating	Key matters arising	Outline timing	Anticipated Audit Committee ¹
Risk Management and Assurance	In progress			Q3/4	July 2023
Service Group Governance Arrangements Deferred from 2021/22)	Deferred	N/A	N/A	N/A	N/A
Quality and Safety Governance Framework	Draft report	Reasonable		Q3/4	July 2023
Freedom of Information Requests	Final report	Reasonable	Disclosure log is not kept up to date; Training compliance is below the Welsh Government target; Quarterly performance reports lack sufficient granularity; Limited evidence of review and scrutiny of performance.	Q1/2	September 2022
Claims Management	Final report	Reasonable	Updating policies and procedures; Timeliness for dealing with claims; Identifying themes and trends and enhanced monitoring of ongoing claim caseloads and compliance.	Q1/2	May 2023
Stakeholder Engagement and Communication	Final report	Reasonable	Incomplete records of stakeholder engagements, events and contacts in respect of service change proposals; Lapse in Stakeholder Reference Group annual activity reporting; Stakeholder Reference Group governance weaknesses.	Q1/2	September 2022
Infection Prevention and Control	Final report	Reasonable	A high number of actions within the Service Group IPC work programmes have yet to achieve their set targets;	Q2	May 2023

¹ May be subject to change

Review	Status	Rating	Key matters arising	Outline timing	Anticipated Audit Committee ¹
			Non-compliance with IPC training requirements; There is no method of monitoring identified actions from the IPC audit programmes undertaken.		
Covid-19 Cost Management: Response Funding and Deployment	Draft report	Reasonable		Q1	July 2023
Covid-19 Cost Management: Recovery Funding and Deployment	In progress			Q2	July 2023
Rostering	Final report	Reasonable	The Nursing & Midwifery Rostering Policy should be updated to reflect current practices and the standardisation of scrutiny arrangement within the Service Groups; Rosters should be approved in a timely manner in line with the requirements set out in the published roster calendars.	Q2/3	May 2023
Continuing Health Care	In progress			Q2	July 2023
Recruitment and Retention of Staff	Deferred	N/A	N/A	N/A	N/A
Electronic Staff Record: Self Service	Final report	Advisory	Some arrangements at the health board differ to those typically in place across Wales, particularly in respect of annual leave and sickness absence, where, historically and until recently, manual and paper records were maintained for some staff. There is also opportunity to make more use of ESR to capture and monitor training requirements. The ongoing review and maintenance of the management hierarchy structure will also be key. The health board could also benefit from a more	Q1	November 2022

Review	Status	Rating	Key matters arising	Outline timing	Anticipated Audit Committee ¹
			structured and coordinated approach to reporting.		
Access to Cancer Services	In progress			Q4	July 2023
Transition from Child and Adolescent to Adult Mental Health Services	Final report	Limited	There is no recording or monitoring of the patient transition process; Compliance with Safeguarding Children training requirements; Both regional and health board policies require updating to align with Welsh Government guidance; The health board does not have a Transition and Handover Senior Lead; Timescales for transition do not reflect local protocol or external guidance; Care and Treatment Plan Quality Assurance Mechanisms; DBS clearance: Reporting to Mental Health Legislative Committee.	Q3	May 2023
Health and Safety	Final report	Limited	Minimal reporting against agreed KPIs; Limited progress in addressing areas within the health and safety plan, including audit programme and training; Health and safety policy content and availability; HSOG terms of reference overdue and clarity required on supporting groups; Estates reporting to Health and Safety Operational Group (HSOG) in need of refinement; Service Group health and safety group alignment and operation; Resourcing.	Q1	September 2022
End of Life Care	Draft report	Reasonable		Q3	July 2023
Clinical Audit	Draft report	Limited		Q4	July 2023

Review	Status	Rating	Key matters arising	Outline timing	Anticipated Audit Committee ¹
Controlled Drugs	Final report	Reasonable	Instances of illegible or missing staff signatures in ward and theatre CD order stationery and registers; Instances where hospital pharmacy team CD balance checks are not recorded in CD registers; and Service Group CDMAP action plans not up to date and varying governance and oversight arrangements across Service Groups.	Q2	November 2022
Digital Strategy Implementation (Analytics) (Deferred from 2021/22)	Final report	Substantial	No matters arising.	Q4	May 2023
Cyber Security	Final report	Reasonable	The use of the risk management process to manage the improvement plan results in some loss of clarity over timing of progress and detail of risk.	Q3	January 2023
Management of Physical Health Records	Final report	Reasonable	Ensuring the lack of fire suppression risk is appropriately managed; and Ensuring that the boxes and envelopes used to transport files are securely sealed.	Q4	May 2023
Information Governance	Final report	Limited	Inadequate resources within the IG Team and no full capacity and resilience assessment; no health board wide policy on handling subject access requests; IG risk reporting; and lack of full performance measures.	Q2	January 2023
Clinical Systems Implementation – Benefits Realisation	In progress			Q4	July 2023
Follow Up Action Tracker	In progress			Q4	July 2023
Capital & Estates					

Review	Status	Rating	Key matters arising	Outline timing	Anticipated Audit Committee ¹
Primary and Community Care Infrastructure Projects - Swansea Wellness Centre	Draft report	Limited		Q4	July 2023
Decarbonisation	Final report	N/A - An action plan of common themes across NHS Wales.	Whilst some progress has been observed with implementation of Decarbonisation Action Plans, this has been restricted by the availability of financial and staff resources. The recommendations made, relating to governance, localised strategy, monitoring and reporting and project delivery, aim to aid management in driving forward the strategies, whilst also highlighting some of the competing pressures / risks.	Q2/3	November 2022
Follow up (Capital)	In progress. See section 4 and appendix B				
Follow up (Estates assurance)	In progress. See section 4 and appendix B				
Singleton Hospital - Cladding	Final report	Reasonable	Handover of key documents to the incoming Project Director; Reporting to Board the costs associated with the legal action; Inclusion of the value of costed risks in cost reports when presenting the forecast outturn position; Undertaking a mid-point lessons learned review.	See IAP	September 2022
Development of Integrated Audit Plans	N/A	N/A	We will provide on-going guidance and advice to the health board.		N/A

¹ May be subject to change

Appendix B: Status of Capital & Estates recommendations

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

Internal audit report	Number and status of 'live' recommendations on the health board's tracker as at 21 April 2023			Internal audit assessment of recommendations as at 21 April 2023		
	In progress	Overdue	Closed	In progress	Overdue	Closed
Reports included in the 2021/22 Capital Assurance Follow Up report:						
Capital Systems (issued November 2020)	-	-	-	-	-	-
Environmental Infrastructure Phase 2 (issued August 2021) <i>including follow up of:</i>	-	-	-	-	-	-
<i>Environmental Infrastructure (issued June 2019)</i>	1	-	-	1 ²	-	-

Table 1B: Other Capital Assurance reports

Internal audit report	Number and status of 'live' recommendations on the health board's tracker as at 21 April 2023			Internal audit assessment of recommendations as at 21 April 2023		
	In progress	Overdue	Closed	In progress	Overdue	Closed
Elective Orthopaedic Unit (issued October 2021)	-	-	-	-	-	-
Singleton Cladding (issued August 2022)	-	-	-	-	-	-

² This recommendation (MA8) relates to a lessons learnt exercise which management agreed will be undertaken for the BJC2 (Morrison Hospital Infrastructure Modernisation). This business case is split in two phases with Welsh Government approval for Phase 2 Stage 2 received in October 2022. Management should determine the expected date for completion of the project (and hence the recommendation) for inclusion in the tracker.

Table 2A: 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 21 April 2023				Internal audit assessment of recommendations as at 21 April 2023		
	In progress	Overdue	Closed		In progress	Overdue	Closed
<i>Reports included in the 2021/22 Estates Assurance Follow Up report:</i>							
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)	-	3	-		-	3	-
Control of Contractors (issued March 2020)	-	3	-		-	3	-
<i>Report included in the 2021/22 Capital Assurance Follow Up report – responsibility now transferred to the Director of Finance</i>							
Capital Systems: Declaration of Interest & Risk Management (issued April 2019)	-	-	-		-	-	-

Table 2B: Other Estates Assurance reports

Internal audit report	Number and status of 'live' recommendations on the health board's tracker as at 21 April 2023			Internal audit assessment of recommendations as at 21 April 2023		
	In progress	Overdue	Closed	In progress	Overdue	Closed
Waste Management (issued February 2022)	-	5	-	-	5	-
Decarbonisation (issued October 2022)	1	-	-	3		

³ 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 actions taken by management, and progress on the remaining recommendation, will be undertaken as part of the Decarbonisation review included in the 2023/24 Internal Audit plan.