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Gwasanaethau Archwilio a Sicrwydd  
Shared Services  
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Audit and Assurance Services



GIG  
CYMRU  
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WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

## **INTERNAL AUDIT PROGRESS REPORT 2020/21**

**Swansea Bay University Health Board**

**November Audit Committee**

**NHS Wales Shared Services Partnership**

**Audit and Assurance Services**



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## 1. INTRODUCTION

- 1.1 The purpose of this report is to inform the Committee of progress with the 2020/21 Internal Audit Plan as recorded at November 2020.
- 1.2 Included in this set of papers are three final reports from the 2020/21.
- 1.3 The one outstanding report from the 2019/20 plan, which is rated as providing 'limited' assurance (Discharge Planning) was presented in draft to the May meeting of this committee. Despite recent communication, we are yet to receive management responses to enable finalisation of the report.
- 1.4 Appendix A details the second revision of the 2020/21 Audit plan and shows the status of work to date. At the time of this report, progress against the Plan is as follows:

Number of audits finalised	5
Number of audits issued at draft	1
Number of audits in progress	10
Number of audits not started	17
Year-end reporting	2
<b>Total number of audits in 2020/21 plan</b>	<b>35</b>

## 2. OUTCOMES FROM COMPLETED REVIEWS

- 2.1 Five reviews in total have been finalised. These are shown in the table below along with the allocated assurance rating where applicable. The full versions of these reports either have been presented to a previous Audit Committee meeting or are included in today's papers as separate items.

Review	Assurance rating	Committee
Human Tissue Act Compliance: Mortuary (follow up)	Reasonable	November
COVID-19 Governance Review	Advisory – not rated	September
Welsh Risk Pool Reimbursement Claims	Substantial	November
Annual Quality Statement	Assurance rating not applicable	November
Environmental Sustainability Reporting	Assurance rating not applicable	September

### 3. DELIVERY OF THE 2020/21 AUDIT PLAN

Full details are available at Appendix A.

- 3.1 The following report has been issued in draft and is pending management response. The final version will be presented to the January meeting.

Review
Vaccinations & Immunisations (follow up)

- 3.2 The following audit reviews are in varying stages of progress:

Audit Review	Objective overview
Primary Care Cluster Plans & Delivery	The overall objective of this audit is to review primary care cluster plans, their relationship with the health board annual plan, and arrangements in place to monitor their delivery.
Planned Care (Resetting Essential Services)	To review arrangements in place to manage the re-setting of essential services. The scope of this audit will consider quality impact assessment (Indicative)
Charitable funds	The overall objective of this audit is to review arrangements in place to ensure that charitable donations are identified, recorded and accounted for, in accordance with the requirements of donors, relevant legislation, and the Charity Commission.
Infection prevention & control	To review arrangements in place to ensure adequate levels of cleanliness are maintained across the health board.
Safeguarding	The overall objective of this audit is to review health board arrangements for the safeguarding of children and vulnerable adults.
IM&T Control & Risk Assessment	The overall objective of the audit is to establish the processes and mechanisms in place for management of IG/ ICT within the organisation. The review will seek to provide

Audit Review	Objective overview
	a baseline picture of the organisation's status and provides suggestions for areas of improvement or future development.
Nurse Staffing Levels	To assess whether the health board has implemented the recommendations made following our review undertaken in 2019/20. The objective of the original audit was to review arrangements in place to ensure that the Health Board has appropriate processes in place to ensure that it is complying with the requirements of the Nurse Staffing Levels (Wales) Act 2016.
ARCH Programme	Dovetailing with internal audit, assessing the robustness of arrangements to deliver the ARCH Programme requirements, the same may include an assessment of programme management and delivery arrangements or emphasis on individual project elements.
Capital systems	To evaluate the systems and controls in place within the UHB, with a view to delivering an assurance to the Audit Committee that risks material to the objectives of the areas of coverage are appropriately managed. For example - business case process; governance arrangements; project management; appointments.
Fire safety	The focus of the audit will seek to determine that effective mechanisms operate to provide management with appropriate assurance in relation to performance of required duties.

#### 4. PROPOSED CHANGES TO REVISED 2020/21 PLAN

- 4.1 The second revision of the 2020/21 Internal Audit Plan, as agreed with the Executive Team, is included in this set of papers as a separate item for Committee approval.
- 4.2 As previously agreed, we will continue to flex the plan in light of the current situation and prioritise on a risk basis.

#### 5. ENGAGEMENT

- 5.1 Board and sub committees attended and meetings held during the

reporting period:

Board/Sub Committee:

- Quality & Safety

## 5.2

Health board internal meetings:

- Emma Woollett, Chair – 8 October
- Martin Sollis, Audit Committee Chair – 27 October
- Pam Wenger, Director of Corporate Governance – 13 October

Wales Audit Office Meetings:

- Carol Moseley; Jason Blewitt – 06 November

## 5.3 Health Inspectorate Wales Meetings:

- Scott Howe – 6 November

In addition to the above, the usual meetings with Executive Directors to discuss individual audit reviews.

## 6. POST AUDIT SURVEYS

6.1 Following the completion of each audit report, we issue a feedback survey to the Executive lead/key contact. Feedback is important as it helps us to improve our service and allows us to deal with any issues. We have issued five feedback forms at the end of October for reports finalised to date and are awaiting responses.

6.2 We encourage auditees to take the opportunity to feedback on their experience, as this will allow us to consider improvements to the way we work.

## 7. RECOMMENDATION

7.1 The Audit Committee is invited to:

- Note progress with the 2020/21 plan; and
- Approve the second revision of the 2020/21 plan.




Planned output	Outline timing	Start of field work	End of field work	Draft report issued	Mgt response received	Final report issued	Assurance rating	Planned Audit Committee	Status
<b>Corporate governance, risk management and regulatory compliance</b>									
AGS (Annual Governance Statement)	Q4								Year –end reporting
Governance Leadership & Accountability (Health & Care Standards)	Q4								Year –end reporting
Risk Management & Board Assurance Framework	Q3								
Health & Safety Framework (follow up)	Q3								
Controlled Drugs Governance Framework	Q3								
Human Tissue Act Compliance: Mortuary (follow up)	Q2	10/07	29/07	28/08	21/09	30/09	Reasonable	November	Final report issued
Hosted Body: Operational Delivery Network (Major Trauma)	Q3								
COVID-19 Governance Review	Q2	23/06	04/08	13/08	N/A	28/08	N/A	September	Final report issued
COVID-19 Governance Review (follow up to focus on decision making and field hospitals)	Q4								
<b>Strategic planning, performance management and reporting</b>									
Primary Care Cluster Plans & Delivery	Q2								In progress

Planned output	Outline timing	Start of field work	End of field work	Draft report issued	Mgt response received	Final report issued	Assurance rating	Planned Audit Committee	Status
Vaccinations & Immunisations (follow up)	Q2	25/08	15/09	30/09			Reasonable	November	Draft report issued
Planned Care ( <i>Resetting Essential Services</i> )	Q3								In progress
<b>Financial governance and management</b>									
Financial Plan: Delivery Framework	Q4								
Charitable Funds	Q2								In progress
Welsh Risk Pool Reimbursement Claims	Q3	07/10	23/10	26/10	26/10	26/10	Substantial	November	Final report issued
<b>Clinical governance, quality and safety</b>									
Annual Quality Statement	Q2	1/10	16/10	23/10	14/10	15/10	Not rated	November	Final report issued
Concerns & Redress	Q4								
Infection Control	Q2								In progress
World Health Organisation Surgical Checklist Compliance (follow up)	Q3								
Safeguarding	Q2								In progress
Mortality Reviews	Q4								
<b>Information governance and I.T. security</b>									
IM&T Control & Risk Assessment	Q3								In progress



Planned output	Outline timing	Start of field work	End of field work	Draft report issued	Mgt response received	Final report issued	Assurance rating	Planned Audit Committee	Status
IT Application Systems	Q3								
<b>Operational service and functional management</b>									
Integrated Care Fund expenditure (carried forward)	Q3								
<b>Workforce management</b>									
Agency Staff Management	Q4								
Nurse Staffing levels Act	Q3								In progress
Locum On Duty	Q3/4								
<b>Capital and estates management</b>									
Environmental Sustainability Reporting	Q2	10/07	21/07	13/08	28/08	01/09	Not rated	September	Final report issued
Follow up (Capital)	Q4								
Major Strategic Investment Programmes: ARCH Programme	Q2								In progress
Environmental / Infrastructure Modernisation Programme	Q3/4								
Capital Systems	Q2								In progress
Follow up (Estates Assurance)	Q4								
Water Safety (Follow Up and Additional site Testing)	Q2/3								
Fire Safety	Q3								In progress
Development of Integrated Audit Plans (proactive support	Q1-4								Ongoing

<b>Planned output</b>	<b>Outline timing</b>	<b>Start of field work</b>	<b>End of field work</b>	<b>Draft report issued</b>	<b>Mgt response received</b>	<b>Final report issued</b>	<b>Assurance rating</b>	<b>Planned Audit Committee</b>	<b>Status</b>
for inclusion within business cases)									

Indicator	Status	Actual	Target	Red	Amber	Green
Report turnaround: time from fieldwork completion to draft reporting [10 days]		3 out of 6	80%	v>20%	10%<v<20%	v<10%
*Report turnaround: time taken for management response to draft report [15 days]		5 out of 5	80%	v>20%	10%<v<20%	v<10%
*Report turnaround: time from management response to issue of final report [10 days]		5 out of 5	80%	v>20%	10%<v<20%	v<10%

\* Correct at 01/11/20



Within agreed timescales

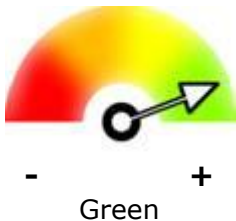
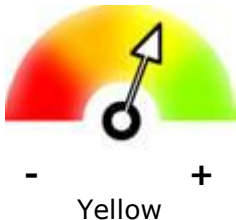
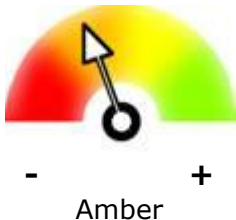
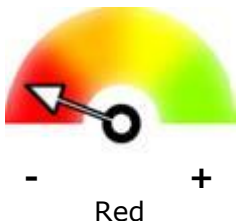


Less than 5 days over agreed timescale



More than 5 days over agreed timescale

## Assurance Ratings

RATING	INDICATOR	DEFINITION
Substantial assurance		The Board can take <b>substantial assurance</b> that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with <b>low impact on residual risk</b> exposure.
Reasonable assurance		The Board can take <b>reasonable assurance</b> that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with <b>low to moderate impact on residual risk</b> exposure until resolved.
Limited assurance		The Board can take <b>limited assurance</b> that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with <b>moderate impact on residual risk</b> exposure until resolved.
No assurance		The Board has <b>no assurance</b> that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Action is required to address the whole control framework in this area with <b>high impact on residual risk</b> exposure until resolved.



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