

Internal Audit Progress Report

Audit Committee

March 2022

Swansea Bay University Health Board

NWSSP Audit and Assurance Services



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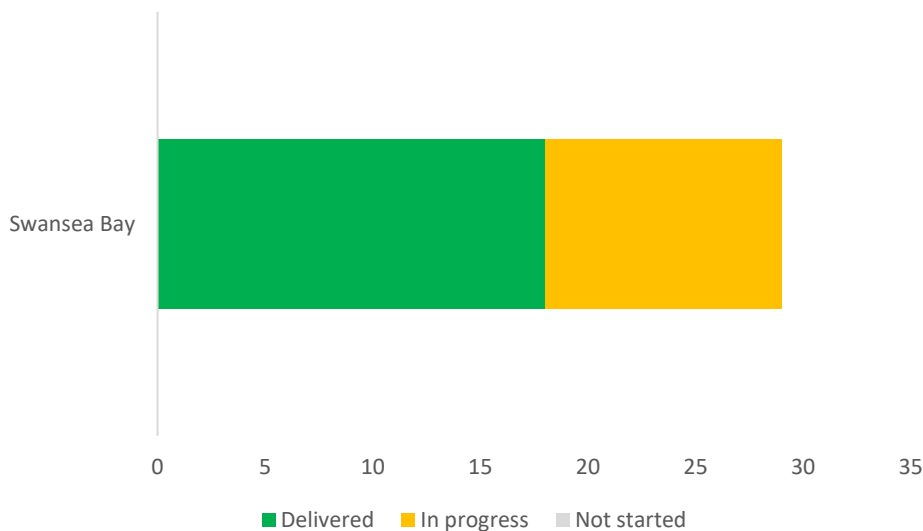
1. Introduction

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 29 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

No further changes are proposed in respect of the 2021/22 Internal Audit Plan.

4. Planning 2022/23

The draft plan has been discussed by the Management Board and Independent Members. The final version is included in papers for the Committee to consider for approval.

The plan will remain flexible throughout 2022/23 in response to new and emerging risks. We will re-visit the approved plan on a regular basis to allow discussion of priorities.






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 January 2022

Indicator	Status	Actual	Target
Operational Audit Plan agreed for 2021/22		March	By 30 June
Audits reported over planned		16	17
Work in progress		12	
Report turnaround: time from fieldwork completion to draft reporting [10 days]		16 <i>out of 16</i>	80%
Report turnaround: time taken for management response to draft report [15 days]		9 <i>out of 15</i>	80%
Report turnaround: time from management response to issue of final report [10 days]		14 <i>out of 14</i>	80%

Key:

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

7. Recommendation

- The Audit Committee is invited to note the above.

Appendix A: Progress against 2021/22 Internal Audit Plan

Review	Status	Rating	Key matters arising	Anticipated Audit Committee ¹
Risk management and BAF	Final report	Reasonable	Anomalies and omissions in service group level risk registers; Proliferation of risks being managed at the corporate level, some operational, some below the risk appetite; Lack of evidenced regular review by sub-committees of BAF risk areas assigned; Proliferation of enabling sub-objective evaluation tables in the BAF framework and a significant number of expired assurance gap action dates.	March 2022
Quality & Safety Governance Framework	Final report	Limited	Lack of progress in implementing associated elements of the Quality and Safety Process Framework; Chairing and membership of QSGG to be reviewed as a number of meetings not quorate; Minimal reference to Quality & Safety Process Framework at Service Group level.	January 2022
Financial reporting & monitoring	Draft issued			May 2022
Delivery Framework	Final briefing paper	N/A	There has been progress in establishing a revised Delivery Framework, a number of the elements which support this are in early stages of implementation and no final framework structure has been presented for approval.	January 2022
NIS Directive	In progress			May 2022
Controlled Drugs Governance Framework	Final briefing paper	N/A	The audit reviewed the health board's progress in strengthening CD Governance by assessing service group implementation of the phased measures agreed by the SLT; Only three of the four service groups had submitted all the deliverables of the 3 phases by quarter 1 but these had all been	January 2022

¹ May be subject to change

Review	Status	Rating	Key matters arising	Anticipated Audit Committee ¹
			submitted to the CDAO by the time the audit took place in quarter 3, excepting the CDMAP of the PCT service group; We were unable to determine whether service group's CD assurance plans were collectively addressing all areas of CD control weakness, due to their design being by exception, and noted that all plans contained a significant number of overdue actions; Operating procedure updates are in different stages of completion across the service groups.	
Welsh Language Standards Compliance	In progress			May 2022
Standards of Business Conduct - Declarations	In progress			May 2022
Covid-19 Follow Up	Final report	Advisory	We noted all actions have been progressed, 10 of the 16 updates provided by action owners were verified.	January 2022
Partnership governance- SBUHB & HDHB	Deferred	N/A	N/A	N/A
Mental health legislative compliance	Final report	Reasonable	Mapping exercise against legislation requirement to demonstrate compliance; Inconsistent reporting of training compliance and gaps in training needs.	March 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 2021
Planned care recovery arrangements	Final report	Reasonable	Service group engagement and recovery plan monitoring within the Outpatients Redesign & Recovery Group; Diagnostic Recovery Group Terms of Reference and GMO coverage; Structure and reporting of the Surgery & Theatres workstreams.	March 2022

Review	Status	Rating	Key matters arising	Anticipated Audit Committee ¹
Digital Strategy implementation	Deferred	N/A	N/A	N/A
Procurement & tendering	Final report	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 2021
External Standards assurance	In progress			May 2022
Safety notices & alerts	In progress			May 2022
Child & Adolescent Mental Health Services (CAMHS)	Final report	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	Final report	Reasonable	There are no regular formal meetings between the project lead and the supplier (CareFlow Medicines Management) for performance monitoring of the HEPMA system and review of audit logs and security issues; The database version in use is old and there is a lack of clarity over the vulnerability status; There is not an adequate system in place to ensure timely removal of leavers from the HEPMA system; There is no active monitoring of audit logs and no feed into the security monitoring system.	January 2022
I.T. project management	Management request to delay to Q4.			May 2022

Review	Status	Rating	Key matters arising	Anticipated Audit Committee ¹
In progress				
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 2021
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 2021
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 2021
Electronic Staff Record (ESR) – manager self service	Deferred	N/A	N/A	N/A
Follow Up Action Tracker	In progress			May 2022
Capital & Estates				
Waste management	Final report	Reasonable	The need to review waste management procedural guidance	March 2022

Review	Status	Rating	Key matters arising	Anticipated Audit Committee ¹
			and the associated intranet content; The reporting to relevant forum(s) of a need for wider training delivery in respect of environmental awareness / recycling; The reminding of established waste safety and segregation processes; Reporting of the costs/benefits of the introduction of the offensive (tiger stripe) waste stream; Enhanced monitoring and reporting arrangements.	
Decarbonisation	Deferred	N/A	N/A	N/A
Follow up (Capital)	In progress			May 2022
Follow up (Estate's assurance)	In progress			May 2022
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 Development of the risk register to ensure key risks are reflected.	November 2021
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 2021
Environmental / modernisation	Final report	Reasonable	The need to: assess and quantify residual risk and monitor against	September 2021

Review	Status	Rating	Key matters arising	Anticipated Audit Committee ¹
infrastructure programme			contingency; monitor costs against approved funding and contracts; and monitor and pay according to a defined and costed activity schedule.	
Development of Integrated Audit Plans e.g.: <ul style="list-style-type: none"> • Swansea Wellness Centre • SW Wales Regional Pathology Development • Modernising Adult Mental Health 	N/A	N/A	We will provide on-going guidance and advice to the health board.	N/A

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