



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



Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

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

**Swansea Bay University Health Board**

**September 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 September 2020.
- 1.2 Included in this set of papers are five final reports from the 2019/20 plan. These reports were delayed due to the Covid-19 situation. One report (Discharge Planning) remains in draft and management are considering responses. This report will be presented as final at the November meeting and will complete our reporting from 2019/20.
- 1.3 Appendix A details 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	2
Number of audits issued at draft	1
Number of audits in progress	7
Number of audits not started	32
Year-end reporting	2
<b>Total number of audits in 2020/21 plan</b>	<b>44</b>

## 2. OUTCOMES FROM COMPLETED REVIEWS

- 2.1 Two reviews from the 2020/21 plan have been finalised. These are included in the table below along with the allocated assurance rating where applicable. The full versions of these reports are included in the committee's papers as separate items.

Review	Assurance rating
Covid-19 governance review	N/A
Environmental Sustainability Report	N/A

## 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.

**Review**

HTA Compliance: Mortuary (follow up)

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

<b>Audit Review</b>	<b>Objective overview</b>
Vaccinations & immunisations (follow up)	The overall objective of the original audit was to review the health board's arrangements to monitor and promote the public uptake of vaccinations and immunisations. This follow up review will provide an assurance on action taken to address issues highlighted.
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.
Annual Quality Statement	The overall objective is to ensure that the AQS is complete and consistent with information reported to the Board and other committees and meets the requirements of Welsh Government.
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 a baseline picture of the organisation's status and provides suggestions for areas of improvement or future development.
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;

Audit Review	Objective overview
	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 There are no proposed changes to report.
- 4.2 The 2020/21 Plan will be kept under review for the remainder of the year due to exceptional circumstances.

#### 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:

- Tracy Myhill, CEO – 15 July
- Emma Woollett, Chair – 13 July
- Martin Sollis, Audit Committee Chair – 9 July
- Martyn Waygood, Quality & Safety Committee Chair – 15 July
- Reena Owen, Finance & Performance Committee Chair – 16 July
- Pam Wenger, Director of Corporate Governance – 12 August

Wales Audit Office Meetings:

- Carol Moseley – 13 August

- 5.3 Health Inspectorate Wales Meetings:

- Scott Howe – 15 July

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 2 feedback forms to accompany final reports 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.




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					Draft 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 issued
<b>Strategic planning, performance management and reporting</b>									
IMTP Development: Quality Impact Assessment (Follow Up)	Q4								
Primary Care Cluster Plans & Delivery	Q2								

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								In progress
Planned Care ( <i>Resetting Essential Services</i> )	Q3								
<b>Financial governance and management</b>									
Financial Plan: Delivery Framework	Q3								
Procurement & Tendering: No Purchase Order No Pay (follow up)	Q2								
Charitable Funds	Q2								In progress
Welsh Risk Pool Reimbursement Claims	Q3								
<b>Clinical governance, quality and safety</b>									
Annual Quality Statement	Q2								In progress
Quality & Safety Governance Framework	Q3								
Ward Quality Assurance Framework	Q4								
Concerns & Redress	Q3								
Infection Control	Q2								



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
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
IT Application Systems	Q3								
<b>Operational service and functional management</b>									
Singleton & Neath Port Talbot Unit Governance	Q3								
Primary Care Unit Governance: Follow Up	Q4								
Maternity Services	Q3								
GP Out Of Hours Services	Q4								
Integrated Care Fund expenditure (carried forward)	Q2								
<b>Workforce management</b>									
Agency Staff Management	Q3								
Medical Recruitment	Q4								
Nurse Staffing levels Act	Q3								

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
Locum On Duty	Q3								
<b>Capital and estates management</b>									
Environmental Sustainability Reporting	Q2	10/07	21/07	13/08	28/08	01/09			Final issued
Follow up (Capital)	Q4								
Development of Integrated Audit Plans	Q4								
Major Strategic Investment Programmes: ARCH Programme	Q2								
Singleton Hospital Cladding Façade	Q3								
Environmental / Infrastructure Modernisation Programme	Q3								
Informatics SOP	Q3								
Capital Systems	Q2								In progress
Follow up (Estates Assurance)	Q4								
Water Safety (Follow Up and Additional site Testing)	Q3								
Fire Safety	Q3								In progress

Indicator	Status	Actual	Target	Red	Amber	Green
Report turnaround: time from fieldwork completion to draft reporting [10 days]		1 out of 3	80%	v>20%	10%<v<20%	v<10%
*Report turnaround: time taken for management response to draft report [15 days]		1 out of 1	80%	v>20%	10%<v<20%	v<10%
*Report turnaround: time from management response to issue of final report [10 days]		2 out of 2	80%	v>20%	10%<v<20%	v<10%

Correct at 01/09/20

\*



Within agreed timescales







Less than 5 days over agreed timescale



More than 5 days over agreed timescale

## Assurance Ratings

RATING	INDICATOR	DEFINITION
Substantial assurance	 <p>-                      + Green</p>	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	 <p>-                      + Yellow</p>	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	 <p>-                      + Amber</p>	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	 <p>-                      + Red</p>	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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