

# Internal Audit Progress Report

## Audit Committee

January 2025

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  
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NHS  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



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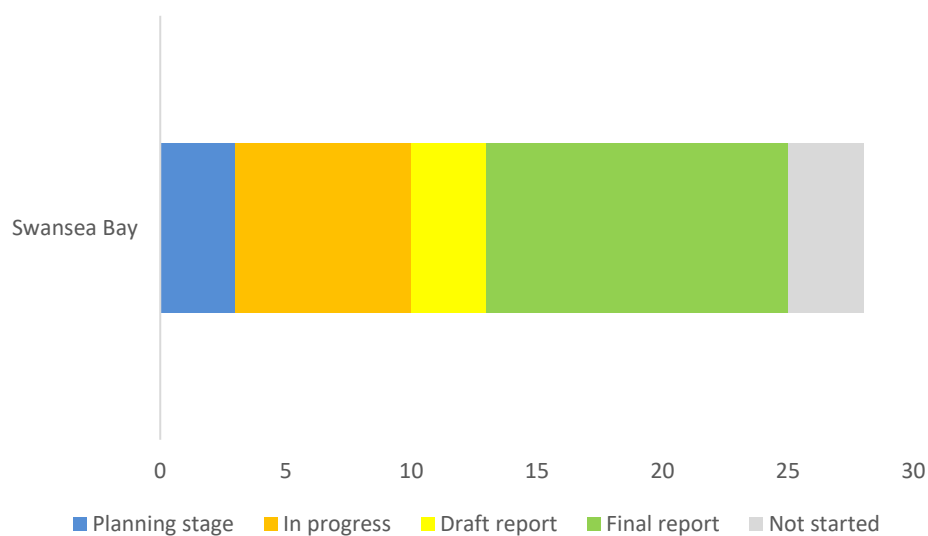
## 1. Introduction

The purpose of this report is to:

- highlight progress of the 2024/25 Internal Audit Plan to the Audit Committee; and
- provide an overview of other activity undertaken since the previous meeting.

## 2. Progress against the 2024/25 Internal Audit Plan

There are 28 reviews in the 2024/25 Internal Audit Plan, and overall progress is shown below.



Detailed progress in respect of each of the reviews in the 2024/25 Internal Audit Plan is summarised in Appendix A.

## 3. Proposed changes to approved plan

- Strategic Equality Action Plan – this audit is deferred to the 2025/26 Internal Audit Plan at the request of management. It is proposed that this is replaced with a review of Job Evaluation arrangements within the 2024/25 programme.
- Capital Systems– this audit is deferred to the 2025/26 Internal Audit Plan at the request of management, to allow time for the new framework that has been developed to embed.

## 4. 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 2025/26. 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 2025 meeting.

## 5. Key Performance Indicators

- Correct on 31 December 2024

Indicator	Status	Actual	Target
Operational Audit Plan agreed for 2024/25		March	By 30 June
Audits reported over planned		13	14
Work in progress		9	
Report turnaround: time from fieldwork completion to draft reporting [10 days]		10 out of 13	80%
Report turnaround: time taken for management response to draft report [15 days]		5 out of 9	80%
Report turnaround: time from management response to issue of final report [10 days]		9 out of 9	80%

Key:

-   $v > 20\%$
-   $10\% < v < 20\%$
-   $v < 10\%$

## 6. Recommendation

- The Audit Committee is invited to note the above; and
- Approve the proposed changes at section 3.

## Appendix A: Progress against 2024/25 Internal Audit Plan

Review	Status	Rating	Key matters arising	Outline timing	Anticipated Audit Committee <sup>1</sup>
Risk Management and Assurance	Not started			Q4	May / July 2025
Service Group Governance Arrangements	Planning			Q3/4	May 2025
Contract Management (All Wales review)	In progress			Q3	March / May 2025
Asset Management	Draft report	Limited		Q3/4	March 2025
Business Continuity Planning	In progress			Q3	March 2025
Tertiary Services	Final report	Limited	Documentation of roles and responsibilities for the RSSPPP programme need strengthening to clearly define the partnerships arrangements; The Specialised Services Strategy should be reviewed and finalised; The need to design a work plan that provides clear oversight of programme delivery; Develop and finalise documented procedures; The need to strengthen risk management arrangements; To ensure governance arrangements provide sufficient oversight over programme performance and delivery of priorities.	Q2	November 2024
Population Health Strategy	Draft report	Limited		Q1/2	March 2025
Learning from Incidents and Concerns	In progress			Q2	March 2025

<sup>1</sup> May be subject to change

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Review	Status	Rating	Key matters arising	Outline timing	Anticipated Audit Committee <sup>1</sup>
Quality Assurance Framework	In progress			Q3	March 2025
Mortality Reviews	Final report	Reasonable	No overarching policy in place; Training provided to Learning from Death Panel members is not recorded; Instances of non-compliance with the mortality reviews process; A lack of monitoring on the status of referrals that progress to Level 3, as well as required action plans and their subsequent implementation; and A lack of reporting, at Service Group Level.	Q1	September 2024
Discharge Planning	Final report	Reasonable	The development of a discharge toolkit or policy to strengthen guidance available; Approval and promotion of the Criteria Led Discharge protocol; The health board does not undertake formal discharge planning training or quality improvement programmes; Review of records identified occasions where expected discharge dates had not been assigned, and the need to improve documentation; Action plans from recent discharge planning / patient flow reviews have been developed, however some initial timescales have not been met; Reporting against UEC Programme 3 ('Acute Hospital Flow and Discharge') is limited to updates for the Morriston site only, and do not reflect current action status.	Q2	January 2025
			Attendance at Pan Cluster Planning Groups, and the need to fill vacant posts;		

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Review	Status	Rating	Key matters arising	Outline timing	Anticipated Audit Committee <sup>1</sup>
Primary Care Cluster Plans	Final report	Reasonable	The delivery status of schemes / priorities should be enhanced to include the defined actions, owners and timescales to complete; Absence of performance measures for priorities and outcomes; and Limited reporting at both Service Group level and to Board Committees.	Q1	September 2024
Acute Medical Services Redesign Programme – Benefits Realisation	In progress			Q3	March 2025
Child and Adolescent Mental Health Service Transition	Final report	Reasonable	The Directorate remains reliant on agency staff, at enhanced rates, for delivery of a key national target. Recruitment challenges have impacted the development of a substantive workforce; The CAMHS Directorate Board terms of reference are in draft and do not include reporting requirements; Action to address capacity issues within the ADHD Medication Monitoring service; Enhancements to reporting of patient feedback and service quality measures identified, recognising difficulties in data collection/extraction from manual systems.	Q2	November 2024
Fertility Service	Final report	Reasonable	Delays and inconsistencies were noted in the WFI audit plan, although we acknowledge that the Quality Manager was already planning to review the plan in order to improve its effectiveness.	Q3/4	January 2025
			Documentation of roles and responsibilities and to clarify the financial arrangements between the		

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Mortuary Service (Joint review with Hywel Dda UHB)	Final report	Limited	health boards; The programme management structure for the mortuary element of the Regional Pathology Programme requires review; Funding issues have clearly impacted capacity to deliver the Programme. Key leadership roles have not been recruited resulting in the lack of robust business continuity arrangements; Review governance structures, to ensure they are effective and provide sufficient oversight.	Q3	January 2025
Clinical Coding	Final report	Limited	There are a number of vacancies and recruitment is impacted by external factors. As such there is insufficient resource to meet Welsh Government targets. The issues are generally understood within the department and actions have commenced, however there is no formal improvement plan and we have noted limited reporting and escalation of the challenges.	Q1/2	September 2024
Business Intelligence Plan Implementation	Planning			Q4	May / July 2025
Records Management (non-health)	Final report	Limited	There is guidance in place for the management of the acute health record, and although these contain general guidance, the applicability to non-acute and corporate records is not fully recognised by staff; There is no overall records management process which has led to records being stored in numerous locations, both within the health board and	Q3	November 2024

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			with external providers. In some cases there is no formal contract with the external providers. There is also the need to ensure appropriate security and storage for records; Records are tracked as they move, however they are transferred in unsealed containers, and we note that some departments are holding records longer than required.		
Data Quality	In progress			Q2	March 2025
Speaking Up Safely	Final report	Limited	Review of the action plan submitted to the Welsh Government, including consideration of the recommendations raised in the Guardian Service annual report; Enhance the understanding of line managers of the requirements of the Speaking Up Safely framework; The need to improve the capture and recording of concerns raised via the various internal mechanisms; Strengthening of the governance reporting and structure within the Service Groups, to ensure compliance.	Q2/3	January 2025
<i>Strategic Equality Action Plan</i>	<i>See section 3 above – management have requested to defer to the 2025/26 Internal Audit Plan. Replaced by Job Evaluation below.</i>				
Follow Up	Planning			Q4	May / July 2025
Job Evaluation	Not started			Q4	May / July 2025
<b>Capital &amp; Estates</b>					
Capital Systems	<i>See section 3 above – management have requested to defer to the 2025/26 Internal Audit Plan.</i>				

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Neath Port Talbot District General Hospital (DGH) Private Finance Initiative (PFI)	In progress			Q4	May 2025
Estates Assurance: Energy Management	Final Report	Reasonable	Enhancing energy issue reporting; Utilising technology to streamline managing of energy billing processes; The conducting of site walk-arounds; Benchmarking with similar Hospitals across other NHS Wales Health Boards; Consideration of additional energy risks for inclusion at the Estates Risk Register.	Q3	January 2025
Estates Assurance: Estates Condition (Governance and Assurance Arrangements)	Draft report	Reasonable		Q4	March 2025
Morrison Hospital: Burns / ICU (Phase 1)	Final report	Reasonable	Project Board lacked oversight of non-works and Health Board costs; Procurement reports for the appointment of contractors and advisors were not made available to the Project Board; Project Manager's Instructions over £5k relied upon verbal approval and were poorly documented.	Q3	November 2024

<sup>1</sup> May be subject to change