

# Internal Audit Progress Report

## Audit Committee

March 2024

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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WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



## Contents

<i>1. Introduction</i>	3
<i>2. Progress against the 2023/24 Internal Audit Plan</i>	3
<i>3. Proposed changes to approved plan</i>	3
<i>4. Planning 2024/25</i>	3
<i>5. Follow up of Estates recommendations</i>	4
<i>6. Engagement</i>	4
<i>7. Key Performance Indicators</i>	4
<i>8. Recommendation</i>	5
<i>Appendix A: Progress against 2023/24 Internal Audit Plan</i>	6

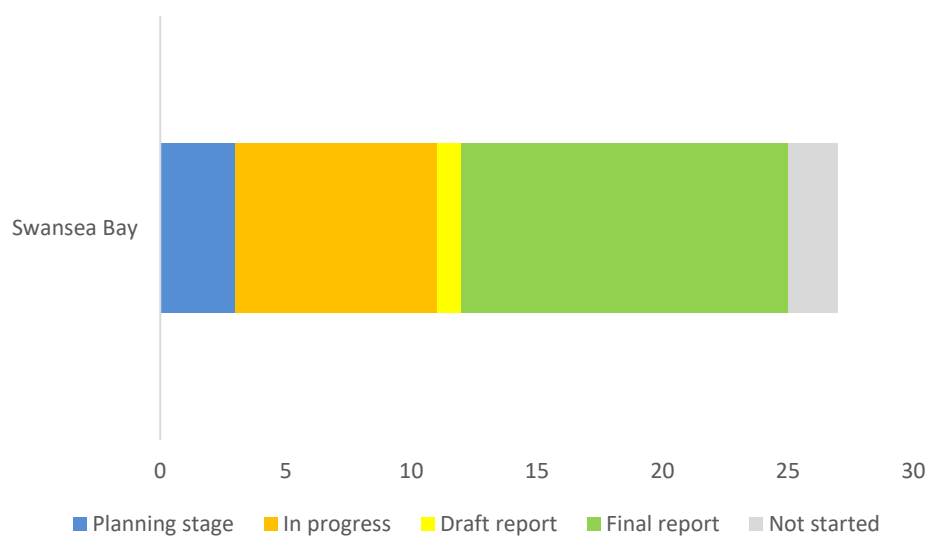
## 1. Introduction

The purpose of this report is to:

- highlight progress of the 2023/24 Internal Audit Plan to the Audit Committee; and
- provide an overview of other activity undertaken since the previous meeting.

## 2. Progress against the 2023/24 Internal Audit Plan

There are 27 reviews in the 2023/24 Internal Audit Plan, and overall progress is shown below.



Detailed progress in respect of each of the reviews in the 2023/24 Internal Audit Plan is summarised in Appendix A.

## 3. Proposed changes to approved plan

- Recruitment and Retention – this audit is deferred given Audit Wales are currently finalising their report following their review of the effectiveness of workforce planning arrangements.
- Performance Management Framework – this audit is deferred at the request of management, due to Welsh Government recently escalating the health board to targeted intervention for performance and outcomes.

## 4. Planning 2024/25

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

The plan will remain flexible throughout 2024/25 in response to new and emerging risks. We will re-visit the approved plan on a regular basis to allow discussion of priorities.

## 5. Follow up of Estates recommendations

As reported in the annual summary report included in the agenda pack to this Audit Committee meeting, our Estates Assurance follow up work concluded reasonable assurance. This rating was concluded on the basis that nine of the 12 recommendations that were expected to be addressed during the course of financial year had been concluded as closed. Therefore, a periodic review of the health board's estates assurance internal audit recommendations will not be undertaken going forward, as they will instead be considered as part our standard approach to follow up.






## 6. 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.

## 7. Key Performance Indicators

- Correct on 29 February 2024

Indicator	Status	Actual	Target
Operational Audit Plan agreed for 2023/24		March	By 30 June
Audits reported over planned		13	16
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]		8 out of 11	80%
Report turnaround: time from management		10 out of 10	80%

response to issue of final report [10 days]			
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Key:

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

## 8. Recommendation

- The Audit Committee is invited to note the above.

## Appendix A: Progress against 2023/24 Internal Audit Plan

Review	Status	Rating	Key matters arising	Outline timing	Anticipated Audit Committee <sup>1</sup>
Risk Management and Assurance	Planning			Q4	May / July 2024
Service Group Governance Arrangements (Deferred from 2021/22)	Planning			Q3/4	May / July 2024
Quality Management System	In progress			Q3/4	May / July 2024
Decarbonisation	In progress			Q3	May 2024
Performance Management Framework			Request to defer – see section 3		
Commissioning - LTA contracts	Final report	Reasonable	Formal approval and communication of the commissioning framework; Standardisation of contract agreement templates; Opportunities to enhance current performance reporting and the need to provide assurance on the quality of commissioned services; inconsistency in frequency of LTA meetings and lack of discussion on quality and performance; and reporting of the final outturn position.	Q1/2	September 2023
Health and Social Care Regional Integration Fund (RIF)	Final report	Reasonable	The memorandum of understanding between Regional Partnership Board partners requires updating; The Collaborative Working Framework is yet to be drafted, to capture the refreshed approach to partnership working; Opportunities to enhance	Q2/3	March 2024

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

## Internal Audit Progress Report

Review	Status	Rating	Key matters arising	Outline timing	Anticipated Audit Committee <sup>1</sup>
			monitoring and reporting of RIF schemes through the new Strategic Partnership Group that has been established; Enhancements to the current scheme evaluation process; and action to develop a Health Board partnership risk.		
Agency Staff Management	In progress			Q1	May 2024
Savings Programme	Final report	Reasonable	Reviewing and finalised documented guidance; Delegation letters not returned by budget holders; Provision of financial training; Developing templates to ensure savings information is robustly recorded, evaluated and reported.	Q2	November 2023
Prescribing	Final report	Reasonable	There remain actions with outlier practices, included within the PCT 2022/23 Improvement Plan, to be completed; Enhancements could be made to the PCT 2023/24 Improvement plan to ensure actions have outlined targets; Only around half GP Practice Prescribing Leads provided action plans following the 2022 antimicrobial stewardship session; Issues with the operation of the health board's Antimicrobial Stewardship Group has delayed updating the Antimicrobial Stewardship Framework and future monitoring arrangements for the framework could be clarified.	Q2	November 2023

## Internal Audit Progress Report

Review	Status	Rating	Key matters arising	Outline timing	Anticipated Audit Committee <sup>1</sup>
Additional Learning Needs	Final report	Limited	Assess collaborative resources to ensure the service is appropriately designed to meet the duties of the Act; Review, clarify and document arrangements with partners; Develop and monitor key priorities for the current academic year; Finalise documented guidance to provide clarity on process; Establish infrastructure to ensure data quality; Enhance reporting mechanisms to enable effective oversight.	Q1/2	January 2024
Access to Primary Care	Final report	Reasonable	Review Access and Sustainability Forum terms of reference (ToR); NPT Practice Management representative at the Forum; Enhancements to the review and reporting of the Access achievement assessment process; GP Practices response to address CHC/Llais mystery shopper feedback.	Q1	November 2023
Waiting List Management	In progress			Q3	May 2024
Stroke Action Plan	Final report	Reasonable	Update and produce a more robust action plan; Review Stroke Delivery Group Board ToR and improve attendance; Performance reporting to include the national targets.	Q2	November 2023
Mental Health - 111 Service	Planning			Q3	May / July 2024
Mortuary Service			Deferred		
Signal System	In progress			Q3/4	May / July 2024

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Software Development	In progress			Q3/4	May / July 2024
Technical Resilience	Final report	Reasonable	Ensuring fire suppression is in place at key sites; Testing the resilience position to ensure it works as anticipated; Improving the documentation for disaster recovery.	Q1	November 2023
Digital Support Effectiveness / Efficiency	Final report	Reasonable	Digital Services are aware of the increased demand for support and appropriate processes are in place to govern its increasingly stretched capacity through risk and service management, there is an overall risk that support will fail with current resource levels. Out-of-hours support models operate on a mostly goodwill basis, and there is a risk that the health board is breaching the Working Time Regulations 1998.	Q2	March 2024
Sickness Absence Management	Final report	Reasonable	Evaluating the quality, impact and effectiveness of the early interventions introduced to improve attendance; Capture and monitoring of training compliance rates; Strengthen the approach undertaken to complete sickness audits; Limited reporting of the sickness improvement plans within the Service Groups.	Q1	November 2023
Recruitment and Retention (deferred from 2022/23)			Request to defer – see section 3		
Follow Up Action Tracker	In progress			Q4	May / July 2024

## Internal Audit Progress Report

Review	Status	Rating	Key matters arising	Outline timing	Anticipated Audit Committee <sup>1</sup>
			<p>Procedures and guidance require updating;</p> <p>Instances identified where job plans:</p> <ul style="list-style-type: none"> <li>• are not approved and are not subject to periodic review;</li> <li>• are not signed off ahead of the job plan start date;</li> <li>• do not include Board, Service, or personal outcomes;</li> </ul>		
Consultant Job Planning	Draft report	Limited	<p>A review of the split between Direct Clinical Care and Support Professional Activities should be undertaken; Instances where job plan change requests are submitted retrospectively; Instances were identified where the number of sessions on job plans did not agree to payslips, and inconsistent application of intensity bandings and payments; and a lack of monitoring, reporting and escalation.</p>	Q3/4	May 2024
Capital & Estates					
Capital Assurance: Singleton Hospital Replacement Cladding (Project final account)	Final report	Substantial	<p>Appropriate methodologies were generally confirmed as having been applied to determine the final sums due. Based on the sample selected, the Cost Adviser had generally obtained sufficient supporting evidence and provided challenge to support the current assessment of the anticipated final account sum. However, there were some instances where claims had yet to be</p>	Q4	March 2024

## Internal Audit Progress Report

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			supported by substantiation of actual costs (being presently supported by estimates of various types).		
Estates Assurance: Estate Condition	Final report	Limited	<p>We recognise the work the health board has been undertaking to manage the current estate condition against other competing priorities. However, the overall rating is in line with that determined across NHS Wales, given the common challenges faced by each organisation, and reflects that identified estate risks cannot be managed within existing funding.</p> <p>Other matters include: Regular updates on the delivery of the Estates Strategy to Board and Committee; A workforce review should be undertaken, to identify any gaps in ability to maintain the current and future estate; Clearly defined process for monitoring and reporting performance of the Estates Strategy in delivering improvements to the backlog position. Controls within the BAF to reduce the risk associated with the estates condition should be reviewed.</p>	Q2	November 2023
Follow up (Estates assurance)	Final report	Reasonable	See section 5	Q1-4	March 2024
Morrison Hospital Infrastructure Modernisation – Phase 2 Stage 2 (Sub Station 6) Project	In progress			Q3/4	May 2024

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