



The Shrewsbury & Telford Hospital NHS Trust


Revised Internal Audit Plan 2022/2023– (August 2022)


Contents

1. Executive Summary
2. Your Assurance and Solutions Service
3. Internal Audit Risk Assessment
4. Internal Audit Plan On A Page
5. Operational Internal Audit Plan 2022/23

Appendix A: Strategic Three Year Internal Audit Plan

Appendix B: Internal Audit Key Performance Indicators

 0151 285 4500

 miaa.admin@miaa.nhs.uk

 www.miaa.nhs.uk

 @MIAANHS

1 Executive Summary

1.1 Working in partnership with you

MIAA Assurance, providing cost effective assurance, insight and foresight. These services are delivered in partnership with you to ensure they are personal and responsive, ensuring the best possible customer experience.



Working with you

- ✓ Strong relationships
- ✓ In depth knowledge and understanding of Trust
- ✓ Strong risk assessment
- ✓ Tailored plan focused on your risks
- ✓ Core assurances integral to your Assurance Framework
- ✓ Focus on areas for improvement
- ✓ Flexible and responsive
- ✓ Strong service KPIs and delivery
- ✓ Insights from our wider client base, at both organisation and system levels
- ✓ Benchmarking insights
- ✓ Events and Networking
- ✓ Advisory support
- ✓ Fully compliant External Quality Assessment

1.2 Your Risk Assessment

A strong risk assessment underpins the Internal Audit Plan. This has focused upon your Assurance Framework as this represents **The Shrewsbury and Telford Hospital Plan (the Trust)** own assessment of the risks to achieving its strategic objectives. These are summarised in Appendix A. We have clearly set out the risks which have been prioritised within the audit plan and those which are not.

1.3 Your Internal Audit Plan

Your Internal Audit service includes core assurances, national and regional risk areas and strategic risks from your Assurance Framework. The draft plan is based on an initial risk assessment and provides indicative coverage for the Trust. The plan will remain flexible to allow for responses to emerging challenges that the Trust may face.

Your operational annual plan in Section 5 forms part of the Trust's three year Strategic Plan (shown in Appendix A). This will be reviewed as part of our ongoing risk assessment process to ensure that it remains focused on the Trust's key risks and challenges and adds value.

We will actively engage across the organisation to ensure we have a full and detailed understanding of your risks and can ensure we focus our work to best effect.

MIAA insights, including benchmarking, briefings and events will be integral to your plan.

Your fees for 2022/23 are **£87,545** (plus uplift as per planning guidance to be advised).

1.4 Your Internal Audit Team



Anne-marie Harrop
Engagement Lead
Regional Assurance Director
Anne-marie@miaa.nhs.uk



Lin Elliott
Engagement Manager
Senior Audit Manager
Linda.elliott@miaa.nhs.uk

2 Your Assurance, Anti Fraud and Solutions Services

The health and social care landscape in England continues to change, and the impact of COVID-19 is likely to be felt for many years to come.

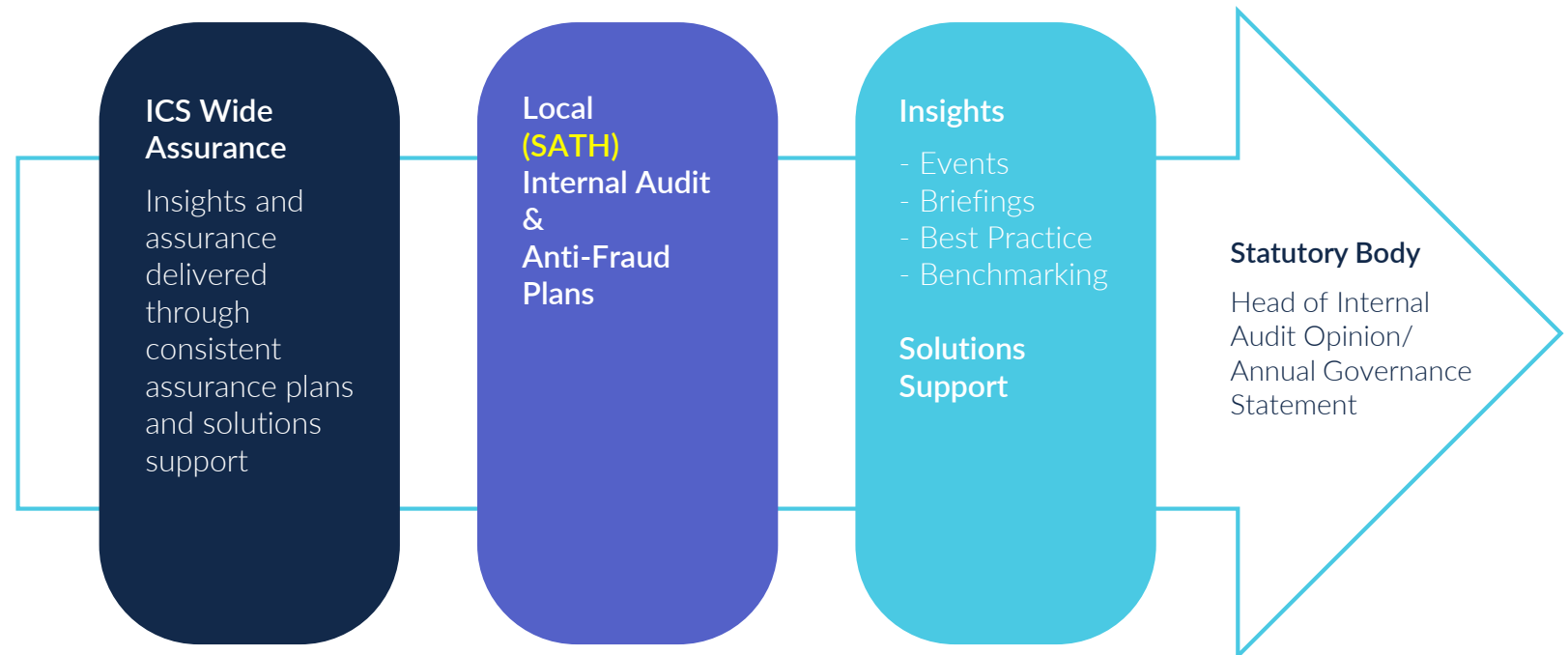
Our vision is for MIAA to continue to be a Trusted Advisor through the retention of personalised, local focus and relationships with the added benefits provided by an at scale provider.

This is about MIAA continuing to build on its shared services capability to create a comprehensive offering, which provides insight and supports transformational change whilst operating efficiently.

MIAA continue to review and re-engineer our audit service and the way we provide assurance to meet your needs in the changing landscape.

This is about risk assessment at every level and regrouping audit, anti-fraud plans and advisory commissions to support organisations and local systems.

Internal Audit, Assurance and Solution Plans



Internal Audit



Anti Fraud



Healthcare Quality



Technology Services



Clinical Coding



Advisory Services



Insights

3 Internal Audit Risk Assessment

The Shrewsbury and Telford Hospital NHS Trusts internal audit plan is built from a risk assessment which has considered national and local system risks, place based developments and your local strategic risk assessment, along with our breadth of experience and understanding of the challenges you face.

A key focus of our strategic risk assessment is understanding your vision and ensuring that the internal audit plan contributes to your objectives. This in turn ensures that the assurances provided are built around your risks.

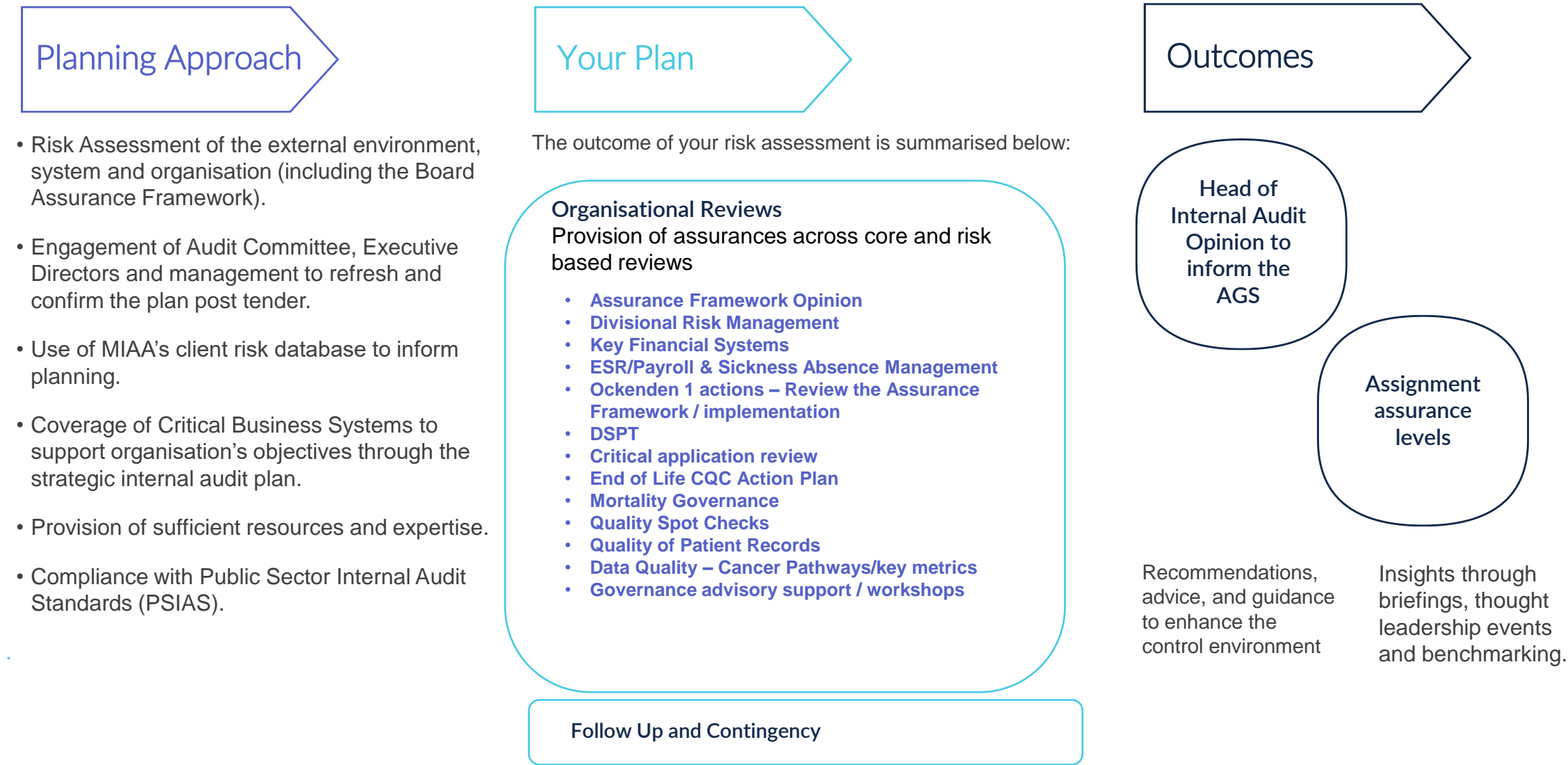
The initial strategic risk assessment and internal audit risk assessment has considered:

- **Organisation intelligence** – including review of your Assurance Framework, Trust and strategic plans and Board papers.
- **Assurance mapping** – utilisation of the 3 lines of assurance model and professional standards to ensure focused coverage.
- **Mandated assurance** – including core systems assurances, NHSE/I expectations (e.g. system transformation) and contract (e.g. Data Security and Protection Toolkit) and Public Sector Internal Audit Standards requirements.
- **Previous Internal Audit coverage** – we have reviewed your previous Internal Audit coverage to ensure the proposed plan does not duplicate coverage.
- **Follow Up** – Internal Audit coverage will also include follow up of outstanding internal audit actions.



4 Internal Audit Plan on a Page

For The Shrewsbury & Telford Hospital NHS Trust, this is the planning approach we will adopt:



5 Operational Internal Audit Plan 22/23

Review & Scope	Strategic Objective & BAF Risk / Rationale	Planned Delivery	Executive Lead
Governance & Leadership			
Assurance Framework: To evaluate the effectiveness of the Board's Assurance Framework	HOIA Opinion Requirement/ PSIAS requirement	Q4	Director of Governance & Communications
End of Life Pathway / CQC Actions : To review the implementation status of the CQC action plan for End of Life Pathway.	Objectives 1 & 2 – Risk Scores 16 Executive Request	Q2	Medical Director
Divisional Risk Management: To review the Risk Management Policy and processes and the operating effectiveness of these within the Divisions.	Objective 1 – Risk Score 16	Q3	Director of Governance & Communications
Ockenden / Progress Review: To review the assurance framework and progress of actions for the first Ockenden report.	Objectives 1 & 2 – Risk Scores 16 Executive Request	Q2	Director of Nursing Medical Director
Governance advisory support / Workshops: MIAA to provide advisory support on governance processes.	Executive Request	Q2/3	Director of Governance & Communications/ Audit Committee Chair
Finance, Performance & Sustainability			
Key Financial Controls: To provide assurance that the most significant key controls are appropriately designed and operating effectively in practice. In addition, to ensure that the financial position of the organisation is being reported appropriately during the financial year.	Core Assurance Objective 5 – Risk Score 16	Q3	Director of Finance
Data Quality – Performance/Key Metrics for Cancer Waiting Lists: To provide assurance on the data quality processes for selected metrics; including validation and accuracy of reporting of these.	Executive Request	Q3	Chief Operating Officer

Review & Scope	Strategic Objective & BAF Risk / Rationale	Planned Delivery	Executive Lead
Quality			
Quality Spot Checks: A spot check review /observations of cleanliness, safety and patient care across the Trust. To include for example: Sepsis, VTE, Medicines storage., handover and Training. Key areas / priorities to be agreed.	Objective 7 – Risk Score 16	Q3	Director of Nursing
Mortality Governance: To evaluate the effectiveness of the Trust's governance arrangements for case review and reporting on mortality.	Executive Request	Q3	Medical Director
Quality of Patient Records: To assess the systems and processes in place for maintaining Patient Records and the overall quality and reliability of these aligned to patient safety.	Objective 1 – Risk Score 16 Objective 7 – Risk Score 16	Q3`	Director of Nursing

The Internal Audit Risk assessment and plan will be reviewed on an ongoing basis throughout the year and any requests for change discussed and approved via the Audit Committee. A formal 6 month review of the plan will also take place.

Review & Scope	Strategic Objective & BAF Risk / Rationale	Planned Delivery	Executive Lead
People			
ESR Payroll – Sickness Absence To review the internal controls being operated for ESR Payroll transactions to ensure accuracy an authorisation of payments made. Also to provide assurance on the key controls for validation of pay processes. and recording sickness .	Objective 3 – Risk Score 16 Objective 4 – Risk Score 20	Q3	Director of Workforce
Information and Technology			
Data Protection and Security Toolkit: To review the governance process, policies and systems in place, the validity of the assertions of the DPST submission and any wider risk exposures	Mandated Requirement	Q4	Director of Governance & Communications
Critical Application Review: To select a critical application based on risk criteria and provide assurance on the key control environment and the technical/cyber reliability and robustness of the operating effectiveness.	Objective 6 – Risk Score 16	Q2	Director of Finance
Follow up & Contingency			
Follow up and Contingency	PSIAS requirement	Q1 – Q4	Director of Finance
Planning & Reporting			
Planning, Management, Reporting & Meetings	PSIAS requirement	Q1 – Q4	Director of Finance

The Internal Audit Risk assessment and plan will be reviewed on an ongoing basis throughout the year and any requests for change discussed and approved via the Audit Committee. A formal 6 month review of the plan will also take place.

The following risk areas were identified as part of the annual risk assessment (refer above), these were discussed and assessed in detail with Trust Executives and Non-Executives but are not currently prioritised within the Internal Audit Plan coverage.

Risk Area	Review Origin	Rationale
ICS System Governance	Risk Assessment	To support the Trust with the developing ICS / System governance. Not required in the 2022-23 Plan.
Conflicts of Interest	Risk Assessment	NHS Guidance recommends provider Trusts to conduct reviews of how they manage conflicts of interest every three years.
Medicines Optimisation	Risk Assessment	A topic for future consideration – not deemed an immediate priority for the 2022-23 Plan of work. The Director of Governance & Communications has proposed this allocation of days is used to support the Governance workstream in a range of supportive and/or assurance activity. Scope and timings for delivery to be refined.
Freedom to Speak Up	Risk Assessment	Include in the 23-24 Internal Audit Plan as a Q1 priority. Executives requested an implementation review of the CQC recommendations for the End-of-Life Pathway as a priority to replace the proposed Freedom to Speak Up review.
Hospital Transformation Programme	Risk Assessment	Executives requested this review to be removed from the 2022-23 Plan and replaced with a review of Data Quality for cancer waiting lists as a priority area.
Committee Effectiveness	Risk Assessment	Include in the 23-24 Internal Audit Plan as a Q1 priority. Executives requested this was replaced with a priority review of the first Ockenden report including the assurance framework behind this and the Trusts implementation of the required actions.

The Internal Audit Risk assessment and plan will be reviewed on an ongoing basis throughout the year and any further requests for change discussed and approved via the Audit Committee.

Appendix A – 3 Year Strategic Internal Audit Plan

We have mapped your strategic objectives and strategic risks to the 3 Year Strategic Internal Audit Plan. This will be reviewed as part of the risk assessment process to ensure that it remains focused on the Trust's key risks and challenges and adds value.

BAF REF	Strategic Risk	Risk Score	2022/23	2023/24	2024/25
Principal Objective: 1					
1	Poor standards of safety and quality of patient care across the Trust results in incidents of avoidable harm.	16	Mortality Governance End of Life Quality of Patient Records	Duty of Candour Committee Effectiveness	Clinical Governance & Reporting Framework
Principal Objective: 2					
2	The Trust is unable to consistently embed a safety culture with evidence of continuous quality improvement and patient experience.	16	Quality Spot Checks Ockenden Follow Up Data Quality	Falls Management Infection Control	Capacity & Capability
Principal Objective: 3					
3	The Trust is unable to attract, develop or retain its workforce in order to deliver outstanding services	16	ESR / Payroll	Recruitment & Retention	E Rostering
Principal Objective: 4					
4	A shortage of workforce capacity and capability leads to deterioration of staff experience, morale and wellbeing.	20	Sickness Absence Management	People Strategy Recovery Plan Values & Behaviour Framework	Workforce Planning

BAF REF	Strategic Risk	Risk Score	2022/23	2023/24	2024/25
Principal Objective: 5					
5	The Trust does not operate within its available resources leading to financial instability.	16	Key Financial Systems	Key Financial Systems	Key Financial Systems
Principal Objective: 6					
6	Some parts of the Trusts buildings, infrastructure and environment may not be fit for purpose.	16	Critical App – Cyclical Reviews	Estates Management Critical App – Cyclical Reviews	Critical App – Cyclical Reviews
Principal Objective: 7					
7	The ability to develop, maintain or replace digital systems impacts upon security, functionality and delivery of patient care.	16	Quality of Patient Records DPST	DPST	DPST
Principal Objective: 8					
8	The Trust cannot fully and consistently meet statutory and/or regulatory health care standards.	16	Divisional Risk Management Assurance Framework Opinion	Risk Maturity	

BAF REF	Strategic Risk	Risk Score	2022/23	2023/24	2024/25
Principal Objective: 9					
9	The Trust is unable to restore and recover services post-covid to meet the needs of the Community / service users.	20	Reviews identified above aligned to BAF risks 1 -10 and G2G x refer.	Community Services	Discharge Planning
Principal Objective: 10					
10	The Trust is unable to meet the required national urgent and emergency standards.	25	Reviews identified above aligned to BAF risks 1 -10 and G2G x refer.		

Appendix B – Internal Audit Key Performance Indicators

An efficient and effective internal audit service is delivered in partnership. It is important that clear expectations are established and a range of KPIs are in place to support this. It is important that organisations ensure an effective Internal Audit Service. Whilst input and process measures offer some assurance, the focus should be on outcomes and impact from the service. Our annual Head of Internal Audit Opinion will provide you with a range of impact and effectiveness measures, as well as confirmation of our compliance with Public Sector Internal Audit Standards and accreditations.

In addition, the following operational KPIs have been proposed for you.

Operational KPI	Target	Measurement and Frequency
Agreement of Annual Plan prior to the start of the year	100%	Annual (measured as per agreed Audit Committee date / Audit Committee Workplan)
Completion of annual plan within agreed timetable and budget	100%	Annual (measured through HOIA opinion) plus in year reporting to Audit Committee
Presentation of the Head of Internal Audit Opinion to the Audit Committee	100%	Annual (measured as per agreed Audit Committee date / Audit Committee Workplan)
Delivery of audit reports to audit committee as per the plan	100%	Quarterly (measured as per annual operational delivery plan)
Terms of reference agreed with management at least 10 working days before commencement of audit	100%	Quarterly (measured as per TeamMate system) – requires MIAA and Trust to deliver KPI (for urgent requests this may be shorter depending on the nature of the request)
Draft reports issued within 10 days of completion meeting	100%	Quarterly (measured as per TeamMate system)
Final audit report issued within 10 days of receiving management response	100%	Quarterly (measured as per TeamMate system)
Final audit reports are agreed by the nominated executive director, who will ensure consultation has taken place with relevant trust officers	100%	Quarterly (measured as per annual operational delivery plan)
Receipt of all internal audit reports in accordance with timelines for Audit Committee publication with completed cover sheets as required	100%	Quarterly (measured as per agreed Audit Committee dates)
Proportion or recommendations accepted by management	95%	Quarterly (measured as per TeamMate system) – the target allows for advisory recommendations (we would expect 100% of high risk recommendations).
Monitor and Follow Up implementation of accepted recommendations by due date	95%	Quarterly (measured through follow up reports) - requires Trust and MIAA to deliver KPI
Issue of client satisfaction survey following completion of each review	100%	Quarterly (measured as per agreed Audit Committee dates)
Operation of systems to ISO Quality Standards and compliance with Public Sector Internal Audit Standards.	100%	Quarterly (measured as per agreed Audit Committee dates)
Commitment to training and development of audit staff. Maintenance of 65% Qualified (CCAB, IIA etc) 35% Part Qualified	100%	Quarterly (measured as per agreed Audit Committee dates)

Public Sector Internal Audit Standards

Our work was completed in accordance with Public Sector Internal Audit Standards and conforms with the International Standards for the Professional Practice of Internal Auditing.

Limitations

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management and work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify all circumstances of fraud or irregularity. Effective and timely implementation of our recommendations by management is important for the maintenance of a reliable internal control system.

Reports prepared by MIAA are prepared for your sole use and no responsibility is taken by MIAA or the auditors to any director or officer in their individual capacity. No responsibility to any third party is accepted as the report has not been prepared for, and is not intended for, any other purpose and a person who is not a party to the agreement for the provision of Internal Audit and shall not have any rights under the Contracts (Rights of Third Parties) Act 1999.