

**Cyfeirnod:** IR898

**Dyddiad cyhoeddi:** 6 Tachwedd 2023

## Gwasanaethau Mamolaeth Bwrdd Iechyd Prifysgol Bae Abertawe

Ysgrifennaf mewn ymateb i'ch cais am wybodaeth dyddiedig 12 Hydref 2023, am:

*Unrhyw gofnodion / dogfennaeth / gohebiaeth fewnol / gohebiaeth allanol a ddelir gan Archwilio Cymru mewn cysylltiad â gwasanaethau mamolaeth ym Mwrdd Iechyd Prifysgol Bae Abertawe dros y ddwy flynedd ddiwethaf.*

Atodaf ddyfyniad o Aseiad Risg Archwilio 2022-23 sy'n cyfeirio at y gwasanaeth mamolaeth, sy'n dod o dan gwmpas eich cais. Rydym yn dal deunydd ychwanegol hefyd sy'n dod o dan gwmpas eich cais, ond rwyf yn cadw'r wybodaeth honno yn ôl am y rhesymau canlynol:

Byddai'r wybodaeth, pe byddai'n cael ei datgelu, yn debygol o niweidio swyddogaethau Archwilydd Cyffredinol Cymru mewn cysylltiad ag archwiliad. Byddai datgelu gwybodaeth o'r fath yn annog peidio â chydweithio ag archwilwyr. Mae cydweithrediad o'r fath yn angenrheidiol er mwyn cynnal prosesau archwilio effeithlon ac effeithiol. Felly mae'r wybodaeth yn dod o dan yr eithriad a ddarperir gan Adran 33 o Ddeddf Rhyddid Gwybodaeth 2000 (swyddogaethau archwilio). Mae yna fudd i'r cyhoedd o wybodaeth gyhoeddus ehangach am sut mae archwilwyr y sector cyhoeddus yn gweithio. Fodd bynnag, mae budd y cyhoedd mewn cynnal gwaith archwilio cyhoeddus effeithiol drwy osgoi colli'r cydweithrediad a fyddai'n deillio o ddatgelu yn fwy na budd y cyhoedd sy'n gysylltiedig â datgelu. Felly, rwyf wedi penderfynu bod cydbwysedd budd y cyhoedd yn golygu y dylid cynnal yr eithriad a ddarperir gan Adran 33.

Gwybodaeth bersonol yw'r wybodaeth. O dan adran 40(2) o Ddeddf Rhyddid Gwybodaeth 2000, ni allaf ddarparu rhagor o fanylder oherwydd byddai datgelu gwybodaeth y gellid adnabod yr unigolion dan sylw ohoni yn annheg ac yn torri'r egwyddorion diogelu data.

Os oes gennych unrhyw ymholiadau, mae croeso i chi gysylltu â mi.

Yn gywir,

Swyddog Gwybodaeth

## Audit Risk Assessment: 2022-23 Audit Year

**Health Body:** Swansea Bay University Health Board

**Completion date:** February 2023

**Completed by:** [REDACTED]

**Reviewed by:** [REDACTED] 17th April 2023

The Code of Audit Practice (CoAP) requires auditors to develop an annual programme of work, based on an assessment of risks of the body not making proper arrangements for securing effective use of resources. Auditor General Guidance XC18 (November 2019): 'Proper Arrangements in the Use of Resources' sets out requirements in further detail.

The two main aspects required within the audit work programme are:

an assessment of proper arrangements for the use of resources (which is discharged through structured assessment); and  
the development of a risk-based programme of work that focusses on the economy, efficiency, and effectiveness of services.

Auditors should use the Audit Risk Assessment (ARA) tool set out in this document to record audit risks relating to value for money (VFM). The ARA tool is made up of two parts - a form for recording audit intelligence (**Appendix 1**), and a form for recording a summary of major and significant audit risks which will form the basis for consideration of local audit review and inform regional risk assessments (**Appendix 2**).

Auditors should spend up to 3 days completing the risk assessment for a Health Board, and up to 2 days completing the risk assessment for a Trust or Special Health Authority.

As a starting point, auditors should use the cumulative intelligence from ongoing audit body engagement and the most recent structured assessment as an evidence base. This will then need to be supplemented with addition intelligence obtained through:

Holding audit planning discussions with select key representatives as part of ongoing stakeholder engagement (e.g. Chief Executive Officer, Board Secretary, Director of Finance, Audit Committee Chair) to seek their view on the significant risks the organisation is facing [NB – These discussions should be undertaken by Audit Leads].

Considering the findings from our 2022 structured assessment work (3.5 hours).

Reviewing the audit body's Board Assurance Framework and Corporate Risk Register (2 hours).

Reviewing [key aspects of performance information](#) and health body performance report (3.5 hours).

Considering past audit work, and any requirement to undertake a follow-up review (1.5 hour).






Any intelligence from ongoing engagement with other stakeholders inc. Welsh Government, Healthcare Summit, HIW, Ombudsman (3.5 hours).

The amount of time allocated to each activity is indicative.

1) For each arrangement / area of activity listed in **Appendix 1**, auditors should:

Record a summary of key intelligence gathered via the activities set out above. If there is no audit intelligence for a particular arrangement / area of activity, then colour code this blue.

Assign a priority rating for each arrangement / area of activity in line with the following descriptors:

	No significant risks or concerns relating to VFM.
	There are some concern, but the organisation is aware of these, is taking action to address the issue and is providing assurance on progress.
	There are some major issues, and the actions of the audit body are proving ineffective.
	There are significant issues relating to economy, efficiency, and / or effectiveness. Audit work in this area is timely and would create value by promoting savings, improvement, and transferable lessons.
	No or limited audit intelligence.

2) Complete the audit risk assessment in **Appendix 2** for major (orange) and significant (red) audit risks. Also include arrangements / areas of activity coded as blue as it may be useful for us to consider undertaking work in those areas

## Appendix 2 – Audit Risk Assessment

Audit Risk	Why is this an audit risk?	Proposed action for Audit Wales	Value and impact of proposed action
<p><b>Maternity Services</b></p>	<p>There are significant staffing issues within maternity services which at the time of writing was resulting in the closure of the Tiron Birthing centre as there is insufficient staff. Recent Board updates have highlighted the Critical midwifery staffing levels “There continues to be challenges in achieving the required baseline staffing levels in the obstetric unit and community”. A review of the Health Boards QS papers contains very little detail on what work the HB is doing to assure quality and outcomes within maternity services.</p>	<p>A review of maternity services to assess plans for addressing the staffing levels, but also to provide assurance on the quality monitoring and measurements. Also a critical review of any improvement and action plans.</p>	<p>Maternity services are by their nature high risk. Previous issues at CTM Health Board have highlighted the implications if things go wrong., and there have been high level reviews across in England. If there are issues, there is a reputational risk for Audit Wales if we have not undertaken work in this area to obtain assurance or highlight concerns.</p>