

Cwm Taf Morgannwg University Health Board

Audit & Risk Committee
Internal Audit Progress Report

December 2021

NWSSP Audit and Assurance Services

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Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors.

Acknowledgement

NHS Wales Audit & Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Disclaimer notice - please note

This audit report has been prepared for internal use only. Audit & Assurance Services reports are prepared, in accordance with the Service Strategy and Terms of Reference, approved by the Audit & Risk Committee.

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1 Introduction

- 1.1 This progress report provides the Audit & Risk Committee (the 'Committee') with the current position of the work undertaken by Internal Audit as at **29 November 2021**. This report provides information on the status of progress of our reviews.
- 1.2 We report the progress made to date against individual assignments along with details regarding the delivery of the plans and any required updates.

2 Reports Issued

- 2.1 Since the October meeting of the Committee two reports have been finalised, three are in draft, and we have ongoing fieldwork in 11 areas. A summary of the reviews that have been reported is provided below in Table 1.

Table 1 – Summary of reports issued

Assignment	Assurance rating
CAMHS – governance and risk follow up	Reasonable
CAMHS – workforce follow up	Limited

3 Delivering the Plan

- 3.1 Our programme of work for 2021/22 is ongoing. The detail of the scheduling and progress of the audit work is outlined in the assignment status schedule, which is included at Appendix A.
- 3.2 Similar to last year, the ongoing pandemic is having an impact on the delivery of the plan. We continue to take both a pragmatic and agile approach, and will endeavour to support the Health Board while meeting our commitment to provide assurance to the Chief Executive and Board.
- 3.3 In addition to our planned work, we have produced three reports, for information, that summarise common findings from work we have undertaken across health organisations. These relate to: fire safety; water management; and the control of contractors. Our work at the Health Board on contractors was advisory. We plan to undertake an assurance review in 2022/23.

4 Monitoring

- 4.1 Our final reports are issued with a post audit questionnaire, which is our way of getting feedback on the audit process so that we can look to make improvements. While we anticipate some responses, these have yet to come through.

Appendix A**Table 2: 2021/22 Planned reviews**

Assignment	Status	Assurance	Notes
Fire safety management	Draft	Limited	Draft report issued 27.07.21. Report agreed but awaiting management response.
CAMHS – follow up - Workforce	Final	Limited	This is the follow up of a limited assurance report that was issued in 2020/21.
CAMHS – follow up – Governance and risk	Final	Reasonable	This is the follow up of a limited assurance report that was issued in 2020/21.
Bridgend transfer of IT	Draft	Limited	Draft report issued 13.10.21. Awaiting management response.
Concerns	Draft	Limited	Draft report issued 19.11.21
Continuing healthcare	WIP	-	Additional review requested by management. Fieldwork complete. Report being drafted.
Recruitment and retention of staff	WIP	-	This is an advisory review to support management with the implementation of its updated process. Report being drafted.
Digital strategy	WIP	-	Fieldwork started in October.
Financial systems – budgetary control and requisitioning	WIP	-	Budgetary control fieldwork complete. We were asked to pause our work due to system upgrade. Work now restarted.
Overtime and expenses	WIP	-	Fieldwork started in November.
Innovation and improvement	WIP	-	Fieldwork started in October.

Assignment	Status	Assurance	Notes
Waste management	WIP	-	Replaced with waste management review across all health board plans. Covid impact with disposal of PPE and other general waste.
Network and Information Systems (NIS) directive	Planned	-	Brief agreed. Fieldwork scheduled to start in December.
Clinical service group review	Planned	-	Brief agreed. Agreed change of focus to clinical support services in RTE, so we revised timing to January.
IT Service management – follow up	Planned	-	Follow up of prior year limited assurance report.
Implementation of the operating model	Planning	-	Health Board has ongoing internal review of operating model. We understand paper to Board in Dec/Jan, the outcome will determine the timing and focus of our work.
Quality and patient safety governance framework	Planning	-	Have had meeting with executive. Focus to be on quality governance across ILGs. Awaiting information to draft brief.
Performance management	Planning	-	Held initial meeting with Director of Strategy and Transformation, review planned for Q3. Brief in development. Awaiting feedback from CTM to determine refined focus.
PoW theatres fire suppression and decontamination	Planning	-	Awaiting outline information so we can determine the scope.
Risk management	-	-	Agreed to delay to Q4 to enable revised risk approach to bed in.

Assignment	Status	Assurance	Notes
Governance arrangements	-	-	Q4 review – Planned to consider digital and data or people and culture committees.
Welsh risk pool claims	-	-	Q4 review
IG toolkit	-	-	Q4 review
Patient pathway appointment management process follow-up	-	-	This is the second follow up of our review that was originally undertaken in October 2019. Our original follow up in January 2021 showed that there had been limited progress on the agreed management actions. The October 2021 Health Board IA tracker shows planned completion of actions by December, so will follow up after that date.
Patient journey - outpatients	-	-	Q4 review - To consider the process, control and monitoring review of service delivery. To also consider follow ups not booked and management of backlog.
Medical and dental rostering follow-up	-	-	Q4 review - Follow up of prior year limited assurance report.
Service configuration to meet cancer targets	Delay	-	Understand that work is being undertaken by the Delivery Unit and there is a Health Board internal review so propose to delay.
Financial savings	Delay	-	Following discussion with DoF view to do next year. Internal financial savings process review to be completed first.

Table 3: Status of PCH plan 2021/22

This table summarises the progress made against our Prince Charles Hospital development Internal Audit plan.

Assignment	Status	Assurance	Notes
PCH – Validation of management actions	Final	Substantial	-
PCH: Financial Management	WIP	-	Fieldwork ongoing. There have been delays receiving information due to competing pressures on management.
PCH: Governance	WIP	-	Fieldwork ongoing. There have been delays receiving information due to competing pressures on management.
PCH: Technical Compliance	WIP	-	Fieldwork ongoing. There have been delays receiving information due to competing pressures on management.
PCH: Quality	Planning	-	-

Table 4: Status of hosted bodies 2021/22 reviews

Assignment	Status	Assurance	Planned Timing	Notes
EASC – governance	WIP	-	Q2	Fieldwork ongoing. Has been delayed due to management absence.
WHSSC – Quality assurance unit	Planning	-	Q4	Meeting with management on 10.01.22.
WHSSC – Risk management	Planning	-	Q3	Meeting with management on 08.12.21.

Table 5: 2021/22 reviews previously reported

Assignment	Status	Assurance	Planned Timing	Notes
Annual Governance Statement	Complete	N/A	-	No formal report
Management of capital – Sunnyside Health& Wellbeing centre project	Final	Reasonable	-	-
Vaccinations	Final	Substantial	-	-
WHSSC – Cancer & Blood services	Final	Substantial	-	-
Welsh Language Act	Final	Reasonable	-	-
Single cancer pathway: data quality and integrity	Final	Limited	-	-

Assignment	Status	Assurance	Planned Timing	Notes
Integrated locality group (ILG)	Final	Reasonable	-	-