

Cwm Taf Morgannwg University Health Board

Audit & Risk Committee
Internal Audit Progress Report

August 2022

NWSSP Audit and Assurance Services

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Appendix A – Tables showing detailed progress against audit plans



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 **8 August 2022**. 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 June meeting of the Committee five reports have been finalised and two are in draft. We have ongoing fieldwork in relation to six reviews. A summary of the position of the finalised reports, including a summary of number of recommendations, is provided below in Table 1.

Table 1 – Summary of finalised reports

Assignments	High	Medium	Low	Total	Assurance rating
Risk management (2021/22)	-	3	2	5	Reasonable
CSG & ILG quality assurance (2021/22)	-	4	2	6	Reasonable
Follow up – CAMHS workforce	2	1	-	-	Reasonable
Follow up - Medical and dental rostering	3	2	-	5	Reasonable
Princess of Wales theatres fire suppression and decontamination (2021/22)	1	14	2	17	Limited

3 Delivering the Plans

2021/22

- 3.1 The reports identified above are on the agenda for the committee and draw to a close our work relating to 2021/22.
- 3.2 We have summarised our work in a number of tables set out in Appendix B.

2022/23

- 3.3 Our programme of work for 2022/23 is ongoing. At the time of this paper we have finalised one report, we have issued two draft reports, and have ongoing fieldwork in relation to six reviews.

3.4 Our agreed performance indicators are set out in table 2 below:

Table 2 – Performance Indicators 2022/23

Indicator	Status	Actual	Target	Red	Amber	Green
Report turnaround: time from fieldwork completion to draft reporting [10 days]	Red	67% (2/3)	80%	v>20%	10%<v <20%	v<10%
Report turnaround: time taken for management response to draft report [15 days per Internal Audit Charter]	Green	100% (1/1)	80%	v>20%	10%<v <20%	v<10%
Report turnaround: time from management response to issue of final report [10 days]	Green	100% (1/1)	80%	v>20%	10%<v <20%	v<10%

4 Feedback

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. In 22/23 we have recently issued the questionnaire in relation to the one finalised report.

Appendix A**Table 2: 2022/23 reviews on main programme of work**

Ref.	Review	Rating	Status	Notes
27	Follow up - CAMHS - Workforce	Reasonable	Final	-
30	Follow up - Single cancer pathway: data quality and integrity	Reasonable	Draft	Draft report issued 26.07.22
1	Digital operating model	TBC	Draft	Report to be issued. Delay in issue due to annual leave.
3	Clinical service group review	-	WIP	Fieldwork concluding
32	WHSCC – Quality unit	-	WIP	-
16	Innovation and improvement	-	WIP	-
33	WHSSC – Neurosciences	-	WIP	Fieldwork concluding
6	Medical records management	-	WIP	Draft brief issued 03.05.22
2	Decarbonisation	-	Planned	Brief agreed. CTM request to start fieldwork 05.09.22
4	Reasonable offer	-	Planning	Draft brief issued 10.06.22.
8	Board awareness of digital	-	Planned	Brief agreed
9	Governance and culture	-	Planning	-
12	Medical variable pay	-	Planning	Planning meeting 08.08.22

Ref.	Review	Rating	Status	Notes
13	Recruitment and retention	-	Planning	Planning meeting August.
10	Service configuration to meet cancer targets	-	Planning	Management request to move to Q3 for implementation of new OM.
20	Cyber security	-	Planned	Brief has been agreed. Work planned for Q3.
23	Sunnyside	-	Planning	Possible delay until contractor appointed and construction begins
7	Financial systems – budgetary control	-	Planning	CTM request move to Q4 for implementation of OM.
14	Risk management			
15	Performance monitoring and management			
17	Contract and SLA arrangements			
18	Health system			
19	Outpatients			
21	Clinical governance and quality			
34	WHSSC – Renal			
22	Operating model			

Ref.	Review	Rating	Status	Notes
5	National incident framework			Agreed to push back to Q4 as DU have looked at and new framework needs time to bed in.
11	Waiting list management			Push back as internal review being undertaken first.
24	Welsh Risk Pool			
25	Decontamination			
26	Follow up - Fire safety			
28	Follow up - Bridgend transfer of IT			
29	Follow up - Concerns			
31	EASC review			
35	WHSSC – Mental health			

NOT IN ORIGINAL PLAN

N/A	Follow up - Facilities governance	TBC		
N/A	Follow up - PoW theatres	TBC		
N/A	Follow up - Patient pathway appointment management process	TBC		

Table 3: Status of PCH plan 2022/23

This table sets out the position of our work relating to the Prince Charles Hospital development that was outstanding at the time of the previous meeting of the committee.

Assignment	Status	Assurance	Notes
Validation of management action	Planned	-	Brief agreed. Fieldwork to start September.
Governance	-	-	-
1B Final Account	WIP	-	Fieldwork ongoing
Change, risk and contingency	Planning	-	Fieldwork to start September.

Appendix B







