

Cwm Taf Morgannwg University Health Board

Audit & Risk Committee  
Internal Audit Progress Report

February 2022

NWSSP Audit and Assurance Services

## Contents

1	Introduction	3
2	Reports Issued	3
3	Delivering the Plan	3
4	Monitoring	3
5	Developing the plan for 2022/23	4

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.

Audit reports are prepared by the staff of the NHS Wales Shared Services Partnership – Audit and Assurance Services, and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of Cwm Taf Morgannwg University Health Board and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

## 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 **17 February 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 December meeting of the Committee six reports have been finalised, five 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
Continuing healthcare	Reasonable
EASC - governance	Reasonable
WHSSC – All Wales Positron Emission Tomography (PET) Service	Reasonable
PCH - governance	Reasonable
Fire safety management	Limited
Concerns	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 being flexible with our resourcing where we can. We will endeavour to support the Health Board while meeting our commitment to provide assurance to the Chief Executive and Board.

## 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.

## 5 Developing the plan for 2022/23

- 5.1 Our planning discussions with the Health Board are ongoing and will conclude within the next few weeks. We aim to present the plan at the next meeting of the Committee.

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

<b>Assignment</b>	<b>Status</b>	<b>Assurance</b>	<b>Notes</b>
Fire safety management	Final	Limited	-
Bridgend transfer of IT	Final	Limited	-
Concerns	Final	Limited	-
Continuing healthcare	Final	Reasonable	Review additional to original plan.
Recruitment and retention of staff	Draft	N/A	This is an advisory review to support management with the implementation of its updated process. Draft report issued 31.01.22.
Digital strategy	Draft	Reasonable	Draft report issued 16.02.22.
Innovation and improvement	Draft	Reasonable	Draft report issued 17.02.22.
IT Service management – follow up	Draft	Reasonable	Follow up of prior year limited assurance report. Draft report issued 08.02.22
Facilities governance	WIP	-	Review added to original plan.
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	-	-

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	WIP	-	-
PoW theatres fire suppression and decontamination	WIP	-	Awaiting outline information so we can determine the scope.
Medical and dental rostering follow-up	WIP	-	Q4 review - Follow up of prior year limited assurance report.
Quality and patient safety governance framework	WIP	-	Fieldwork started 09.02.22.
Clinical service group review	Planned	-	Brief agreed. Agreed change of focus to clinical support services in RTE, so we revised timing to February.
Risk management	Planned	-	Agreed to delay to Q4 to enable revised risk approach to bed in. Brief agreed.
Welsh risk pool claims	Planned	-	Brief agreed
IG toolkit	Planned	-	Brief agreed
Patient pathway appointment management process follow-up	Planned	-	The October 2021 Health Board IA tracker shows planned completion of actions by December, so will follow up after that date.

---

<b>Assignment</b>	<b>Status</b>	<b>Assurance</b>	<b>Notes</b>
Performance management	Planning	-	Brief in development. Additional scoping meeting delayed due to leave.
Implementation of the operating model	Defer	-	Health Board has ongoing internal review of operating model. This has been delayed due to Covid pressures. Plan to do our work in 22/23 following completion of internal review.
Governance arrangements	Defer	-	Have considered arrangements through our general and Covid work earlier in year. Mindful of Audit Wales work, so plan to look again in 22/23.
Patient journey - outpatients	Defer	-	Due to timing this overlaps with our follow up work on patient pathway. Revisit in 22/23.

**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: Governance	Final	Reasonable	-
PCH: Financial Management	Draft	Reasonable	Draft report issued 16.02.22
PCH: Technical Compliance	WIP	-	Fieldwork ongoing. There have been delays receiving information due to competing pressures on management.
PCH: Quality	WIP	-	Fieldwork ongoing

**Table 4: Status of hosted bodies 2021/22 reviews**

Assignment	Status	Assurance	Planned Timing	Notes
EASC – governance	Final	Reasonable	Q2	Has been delayed due to management absence.
WHSSC - PET	Final	Reasonable	-	Review was additional to our original plan.
WHSSC – Risk management	WIP	-	Q3	-
WHSSC – Quality assurance unit	Planning	-	Q4	Meet with management in January to scope.

**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	-	-

---

<b>Assignment</b>	<b>Status</b>	<b>Assurance</b>	<b>Planned Timing</b>	<b>Notes</b>
Single cancer pathway: data quality and integrity	Final	Limited	-	-
Integrated locality group (ILG)	Final	Reasonable	-	-
CAMHS – follow up - Workforce	Final	Limited	-	-
CAMHS – follow up – Governance and risk	Final	Reasonable	-	-