

Cwm Taf Morgannwg University Health Board

Audit & Risk Committee
Internal Audit Progress Report

October 2022

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 **14 October 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 August meeting of the Committee six 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
Digital operating model	4	4	-	8	Limited
Medical records management	4	2	-	6	Reasonable
PCH Redevelopment – Phase 1b	-	1	1	2	Substantial
PCH Redevelopment - Validation	-	2	-	2	Substantial
WHSSC – Quality unit	-	1	-	1	Substantial
WHSSC - Neurosciences	-	1	-	1	Substantial

3 Delivering the Plan

- 3.1 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]	Green	89% (8/9)	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	71% (5/7)	80%	v>20%	10%<v <20%	v<10%
Report turnaround: time from management response to issue of final report [10 days]	Green	100% (7/7)	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 questionnaires in relation to the finalised reports.

Appendix A**Table 3: 2022/23 reviews on main programme of work**

Ref.	Review	Rating	Review period	Status	Notes
27	Follow up - CAMHS - Workforce	Reasonable	1	Final	Went to August Committee
30	Follow up - Single cancer pathway: data quality and integrity	Reasonable	1	Final	Went to August Committee
1	Digital operating model	Limited	1	Final	-
6	Medical records management	Reasonable	1	Final	-
16	iCTM improvement team	Limited	3-1	Draft	Draft issued 15.09.22
3	Clinical service group review - Radiology	Reasonable/ Limited	1	Draft	Areas reasonable except Workforce management area, which is limited. Draft issued 26.09.22.
8	Board awareness of digital	-	2	WIP	-
4	Reasonable offer	-	± 2	WIP	-
9	Wellbeing	-	2	WIP	-
12	Medical variable pay	-	2	WIP	-
20	Cyber security	-	3	WIP	-
26	Follow up - Fire safety	-	-	WIP	-

Ref.	Review	Rating	Review period	Status	Notes
13	Recruitment and retention	-	2 4	Planning	Planning meeting 11.07.22. Management request to move to Q4
10	Service configuration to meet cancer targets	-	2 4	Planning	Management request to move to Q4 for implementation of new OM and new director.
7	Financial systems (financial savings)	-	2 4	Planning	Request move to Q4 for implementation of OM.
2	Decarbonisation	-	1 2	Planning	Will now be an all Wales report – as little movement across Wales.
23	Sunnyside	-	4	Defer	Not being done this year. Very little activity.
25	Decontamination	-	4 3	Planning	Brought forward
28	Follow up - Bridgend transfer of IT	-	TBC	Planning	Brief agreed
14	Risk management	-	3 4	-	Move to Q4 as prior year was delayed to 21/22 Q4.
15	Performance monitoring and management	-	3	-	-
17	Contract and SLA arrangements	-	3	-	-
18	Health system	-	3	-	-

Ref.	Review	Rating	Review period	Status	Notes
21	Clinical governance and quality	-	4	-	-
22	Operating model	-	4	-	-
5	National incident framework	-	± 4	-	Moved to Q4 as DU have looked at and new framework needs time to embed.
11	Waiting list management	-	≥ 4	-	-
24	Welsh Risk Pool	-	4	-	-
29	Follow up - Concerns	-	4	-	-

Not in original plan

N/A	Follow up - Facilities governance	Q3	Planned	-
N/A	Follow up - PoW theatres	TBC	-	-
N/A	Follow up - Patient pathway appointment management process	TBC	-	-

Table 4: 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
1B Final Account	Final	Substantial	-
Validation of management action	Final	Substantial	-
Change, risk and contingency	Planning	-	Fieldwork to start September.
Governance	-	-	-

Table 5: Hosted bodies plan 2022/23

Ref.	Review	Rating	Status	Notes
32	WHSCC – Quality unit	-	Final	-
33	WHSSC – Neurosciences	-	Final	-
31	EASC review		Planning	Had initial meeting
35	WHSSC – Mental health		Planning	Had scoping meeting
34	WHSSC – Renal		Defer	Plan to do in 2023/24 following discussion with management.