

Cwm Taf Morgannwg University Health Board

Audit & Risk Committee Internal Audit Progress Report

April 2022

NWSSP Audit and Assurance Services

Contents

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

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 **21 April 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 February meeting of the Committee four reports have been finalised, four are in draft, and we have fieldwork ongoing in 10 areas. In addition, for our work on the PCH project we have one report in draft and fieldwork concluding for the two final audits. A summary of the reviews that have been reported is provided below in Table 1.

Table 1 – Summary of reports issued

Assignment	Assurance rating
Recruitment and retention of staff	N/A
Digital strategy	Reasonable
Innovation and improvement	Reasonable
IT Service management – follow up	Reasonable

3 Delivering the Plan

- 3.1 Our programme of work for 2021/22 is near completion. The detail of the scheduling and progress of the audit work is outlined in the assignment status schedule, which is included at Table 2 in Appendix A.
- 3.2 Similar to last year, the ongoing pandemic has impacted the delivery of the plan. We have taken both a pragmatic and agile approach with our resourcing where we have been able and plan to issue a full opinion.

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 Plan for 2022/23

- 5.1 Our plan is included in the Committee papers.

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

Assignment	Status	Assurance	Notes
Recruitment and retention of staff	Final	N/A	This is an advisory review to support management with the implementation of its updated process.
Digital strategy	Final	Reasonable	-
Innovation and improvement	Final	Reasonable	-
IT Service management – follow up	Final	Reasonable	-
Financial systems – budgetary control and requisitioning	Draft	Reasonable	Draft report issued 25.03.22.
Overtime and additional hours	Draft	Reasonable	Draft report issued 05.04.22.
Consultant job planning - follow up	Draft	Reasonable	Draft report issued 14.04.22
Facilities governance	WIP	-	Review added at request of management. Report is being drafted as fieldwork complete.
Waste management	WIP	-	Work is concluding. Has been delayed due to audit resource.
Network and Information Systems (NIS) directive	WIP	-	Work is concluding.

Assignment	Status	Assurance	Notes
PoW theatres fire suppression and decontamination	WIP	-	Work is concluding.
Welsh risk pool claims	WIP	-	Work is concluding.
Medical and dental rostering follow-up	WIP	-	Q4 review - Follow up of prior year limited assurance report. Work is concluding but has been delayed.
Patient pathway appointment management process follow-up	WIP	-	Q4 review - Follow up of prior year limited assurance report. Work is concluding but has been delayed.
Quality and patient safety governance framework	WIP	-	Work is concluding.
Risk management	WIP	-	Agreed to delay to Q4 to enable revised risk approach to bed in.
IG toolkit	WIP	-	Agreed to delay start so we could review the 2021/22 toolkit submission.
Clinical service group review - Radiology	-	-	Brief agreed. Has taken time to co-ordinate with management so will now be included in 2022/23 reporting.
Performance management	-	-	Have discussed focus with management. Will be picked up in Q1 2022/23.

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. We received management responses on 13.04.22 and plan to issue following executive sign-off.
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	
WHSSC - PET	Final	Reasonable	-	Review was additional to our original plan. Replaced quality unit review which will be done in early 22/23.
WHSSC – Risk management	Draft	Reasonable	Q3	Draft report issued 08.04.22

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	-	-

Assignment	Status	Assurance	Planned Timing	Notes
Single cancer pathway: data quality and integrity	Final	Limited	-	-
Integrated locality group Governance arrangements (ILG)	Final	Reasonable	-	-
CAMHS – follow up - Workforce	Final	Limited	-	-
CAMHS – follow up – Governance and risk	Final	Reasonable	-	-
Fire safety management	Final	Limited	-	-
Bridgend transfer of IT	Final	Limited	-	-
Concerns	Final	Limited	-	-
Continuing healthcare	Final	Reasonable	-	-