

Cwm Taf Morgannwg University Health Board

Audit & Risk Committee
Internal Audit Progress Report

April 2023

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 **11 April 2023**. 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 January meeting of the Committee five reports have been finalised, two reports have been issued in draft, and we have ongoing fieldwork in relation to eight 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
Board Assurance Framework	-	1	2	3	Substantial
Reasonable offer	2	3	-	5	Limited
Board awareness of digital	-	2	-	2	Reasonable
Follow up – Bridgend transfer of IT	1	1	-	2	Reasonable
EASC – Ambulance handover improvement arrangements	-	-	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	95% (18/19)	80%	v>20%	10%<v<20%	v<10%
Report turnaround: time taken for management response to draft report [15 days per Internal Audit Charter]	Amber	61% (11/18)	80%	v>20%	10%<v<20%	v<10%
Report turnaround: time from management response to issue of final report [10 days]	Green	100% (18/18)	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 issued the questionnaires in relation to the finalised reports, and have received seven responses to date.

5 Other activity

Meetings

5.1 We continue to meet regularly with the officers of the Health Board, Counter Fraud, Audit Wales colleagues.

Planning for 2023/24

5.2 Our plan is on the agenda for the April committee.

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

Plan Ref.	Review	Rating	Review period	Status	Notes
27	Follow up - CAMHS - Workforce	Reasonable	1	Final	August Committee
30	Follow up - Single cancer pathway: data quality and integrity	Reasonable	1	Final	August Committee
1	Digital operating model	Limited	1	Final	October Committee
6	Medical records management	Reasonable	1	Final	October Committee
16	iCTM improvement team	Reasonable	3-1	Final	December Committee
3	Clinical service group review - Radiology	Reasonable/ Limited	1	Final	December Committee
9	Wellbeing	Reasonable	2	Final	December Committee
20	Cyber security	Reasonable	3	Final	December Committee
2	Decarbonisation	Advisory	± 2	Final	December Committee
26	Follow up - Fire safety	Reasonable	-	Final	February Committee

Plan Ref.	Review	Rating	Review period	Status	Notes
12	Medical variable pay – agency costs	Limited	2	Final	February Committee
8	Board awareness of digital	Reasonable	2	Final	April Committee
4	Reasonable offer	Limited	± 2	Final	April Committee
28	Follow up - Bridgend transfer of IT	Reasonable	4	Final	April Committee
14	Board Assurance Framework	Substantial	3 4	Final	April Committee
24	Welsh Risk Pool	Reasonable	4	Draft	Draft report issued 05.04.23
N/A	Follow up - Facilities governance	-	3	WIP	Fieldwork started 16.01.23
15	Performance monitoring and management	-	3	WIP	Fieldwork concluding
17	Contract and SLA arrangements	-	3	WIP	Have been delays obtaining information
N/A	Follow up - Patient pathway appointment management process	-	4	WIP	Fieldwork ongoing

Plan Ref.	Review	Rating	Review period	Status	Notes
5	National incident framework	-	± 4	WIP	Delays in getting reports from Datix.
29	Follow up - Concerns	-	4	WIP	Fieldwork started 28.03.23
7	Financial systems (financial savings)	-	± 4	WIP	Fieldwork started 02.03.23
11	Interventions Not Normally Undertaken (INNU)	-	± 4	WIP	Fieldwork started 11.04.23
25	Decontamination	-	4	Planning	Brief agreed. Ready to start
18	Health system	-	3	Defer	Is being done as part of 23/24 plan
10	Service configuration to meet cancer targets	-	± 4	Defer	Is being done as part of 23/24 plan

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	Draft	Reasonable	Combined draft report issued 06.04.23
Governance	Draft	Reasonable	
Community benefits	Draft	Reasonable	
Programme performance	Draft	Reasonable	

Table 5: Hosted bodies plan 2022/23

Ref.	Review	Rating	Status	Notes
32	WHSCC – Quality unit	Reasonable	Final	-
33	WHSSC – Neurosciences	Reasonable	Final	-
31	EASC review	Substantial	Final	April Audit Committee

Ref.	Review	Rating	Status	Notes
35	WHSSC – Mental health	-	Defer	Defer to next year as mental health strategy yet to be finalised.