

Cwm Taf Morgannwg University Health Board

Internal Audit PROGRESS REPORT

Audit & Risk Committee - April 2021

**NHS Wales Shared Services Partnership
Audit and Assurance Services**

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Please note:

This audit progress report has been prepared for internal use only. Audit & Assurance Services reports are prepared, in accordance with the Internal Audit Charter and the Annual Plan, 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 regarding the work undertaken by Internal Audit up to the submission of papers for the committee on 31 March 2021.
- 1.2. The report includes the progress made to date against individual assignments, along with relevant updates regarding the delivery of 2020/21 plan and our annual report.

2. Summary of work

- 2.1 Since the January meeting of the committee, across the Health Board and its hosted bodies, 11 reports have been finalised, and we have ongoing fieldwork in seven review areas.
- 2.2 All finalised reports along with the allocated assurance rating are set out in the table below. The full versions of these reports are included in the committee's papers as separate items.

Reports	Assurance rating
Estates – management arrangements	Reasonable Reasonable Reasonable
Prince Charles Hospital Development – capital project <ul style="list-style-type: none"> Governance; Financial Management; Technical Compliance; and Covid-19 Related Issues. 	Reasonable Reasonable Reasonable Substantial
Estates – compliance	Substantial
Welsh Risk Pool (WRP) claim process	Reasonable
WHSSC directorate – Women and Children	Substantial
IT service management*	Limited
Covid-19 governance – follow up	N/A
Financial systems	Reasonable

**The draft IT service management report was presented at the January committee meeting. As previously agreed, the final report, with management responses is included on the agenda for this meeting.*

3. 2020/21 Internal Audit plan

- 3.1 We presented an updated plan to the committee in December 2020. At that time we advised that, due to the continued disruption caused by the pandemic, we would keep the plan under review. The status of work is reported in table 1. While the pandemic has continued to affect the flow of our work we plan to issue a full head of Internal Audit annual opinion based on the work that has been undertaken up to the date that the opinion is issued.
- 3.2 We continue to review our resourcing across all of our plans to work out timings and delivery for each health organisation, whilst also being mindful of the possible future impact to delivery as a result of the pandemic.

4. Performance measures

- 4.1 In the table below we set out the current position of performance against the agreed measures for the 2020/21 programme of work.

Performance measure*	Reviews	Notes
Report turnaround: Time from fieldwork completion to draft reporting (within 10 working days) Target:80%	24/25 (96%)	IT Baseline review > 10 days
Report turnaround: Time taken for management response to draft report (within 15 working days) Target:80%	20/25 (80%)	<ul style="list-style-type: none">- IT Baseline- Patient pathway follow up- WHSSC financial systems- Estates reports x2
Report turnaround: Time from management response to issue of final report (within 10 working days) Target:80%	25/25 (100%)	-

5. 2021/22 Internal Audit plan

- 5.1 The plan for our 2021/22 programme of work is on the agenda for the April committee meeting.

Table 1: Status of CTM 2020/21 reviews to be reported at April 2021 committee or later

Assignment	Status	Assurance	Planned Timing	Notes
IT service management	Final	Limited	Q2	Draft report previously presented at January meeting.
Estates – management arrangements	Final	Reasonable Reasonable Reasonable	Q3	-
Estates – compliance	Final	Substantial	Q3	-
Prince Charles Hospital Development – capital project <ul style="list-style-type: none"> • Governance; • Financial Management; • Technical Compliance; and • Covid-19 Related Issues. 	Final Final Final Final	Reasonable Reasonable Reasonable Substantial	Q1-4	-
Welsh Risk Pool (WRP) claim process	Final	Reasonable	Q3 Q4	-
Covid-19 governance – follow up	Final	N/A	-	-
Financial systems	Final	Reasonable	Q3/Q4	-

Assignment	Status	Assurance	Planned Timing	Notes
Continuous improvement in response to targeted intervention	Drafting	-	Q3	-
Management of capital – Sunnyside project	WIP	-	Q2 Q4	Progress has been delayed by sickness in CTM team.
Fire safety management	WIP	-	Q2 Q4	Start had been delayed due to pandemic and sickness in CTM team.
Clinical audit	WIP	-	Q4	Fieldwork started 04.03.21
Digital response to Covid-19	WIP	-	Q4	Fieldwork started
Facilities directorate – workforce follow up	WIP	-	Q3	We have been unable to complete our testing work until the new roster was implemented in late March.
Data quality and integrity – Swansea Bay area data for performance measures	Planning	-	Q3	Initial delay due to IA sickness. Have met with management and brief issued.
Integrated Locality Group review	Planning	-	Q4	Audit brief issued 30.03.21. Has taken longer than planned for IA to develop brief.
Health & Care Standards	-	-	Q4	No formal report – To provide observations to the revised process Health Board process is later due to the pandemic.

Table 2: Status of hosted bodies 2020/21 reviews to be reported at April 2021 committee or later

Assignment	Status	Assurance	Planned Timing	Notes
WHSSC directorate – Women and Children	Final	Substantial	Q4	-
EASC – Recruitment review	WIP	-	Q4	Fieldwork started 12.03.21

Table 3: 2020/21 reviews previously reported

Assignment	Status	Assurance	Planned Timing	Notes
Annual Governance Statement	Final	N/A	Q1	Provided feedback and input to the Health Board's governance statement
Sustainability reporting	Final	Substantial	Q1	-
Annual Quality Statement	Final	Substantial	Q2	-
Pathology directorate – follow up	Final	Reasonable	Q2	-
Covid-19 governance review	Final	Advisory	-	Advisory review
Medical agency	Final	Reasonable	-	This was a 2019/20 review that was paused due to the pandemic.
PCH – Validation of management actions	Final	Substantial		

Assignment	Status	Assurance	Planned Timing	Notes
Head and neck directorate follow up of governance recommendations	Final	N/A		
IT Baseline review	Final	N/A	Q2	-
Data quality – patient pathway appointment management process – follow up review	Final	Limited	-	-
CAMHS – management arrangements	Final	Limited Limited Reasonable	Q2	-
CAMHS – compliance	Final	Reasonable	Q2	-
Risk management	Final	Reasonable	Q3	-
WHSSC – Financial systems	Final	Substantial	Q3	-