

## **Cwm Taf Morgannwg University Health Board**

### **Internal Audit PROGRESS AND UPDATE REPORT**

**Audit & Risk Committee - January 2021**

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

<b>Contents</b>	<b>Page</b>
1. Introduction	1
2. Summary of work	1
3. 2020/21 Internal Audit plan amendments	2
4. Performance measures	2
5. 2021/22 Planning	

Table 1: Status of CTM 2020/21 reviews

**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.

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 the 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 and update 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 27 January 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.

## 2. Summary of work

- 2.1 Since the December meeting of the committee, across the Health Board and its hosted bodies, six reports have been finalised, three have been issued in draft and we have ongoing fieldwork in nine reviews.
- 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.
- 2.3 Due to the resource requirements of the vaccine roll out related to the Covid-19 pandemic, we have agreed with management that the draft report for IT service management, where factual accuracy has been confirmed by the Health Board, is brought to this committee. Management responses will be provided and the finalised report brought to a later committee.

Reports	Assurance rating
IT Baseline review (advisory)	N/A
Data quality – patient pathway appointment management process – progress update	Limited
CAMHS – management arrangements	Limited Limited Reasonable
CAMHS – compliance	Reasonable
Risk management	Reasonable
WHSSC – Financial systems	Substantial
IT service management (Draft)	Limited

### 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. While we are still making progress with our intended work programme there are a small number of proposed revisions based on the current position. The revisions are set out in Table 1, below.
- 3.2 We will 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%	16/17 (100%)	IT Baseline review > 10 days
Report turnaround: Time taken for management response to draft report (within 15 working days) Target:80%	11/14 (100%)	<ul style="list-style-type: none"> <li>- IT Baseline</li> <li>- Patient pathway follow up</li> <li>- WHSSC financial systems</li> </ul>
Report turnaround: Time from management response to issue of final report (within 10 working days) Target:80%	14/14 (100%)	-

### 5. 2021/22 Internal Audit plan

- 5.1 We have started our planning for our 2021/22 programme of work and have a number of meetings scheduled with management. We mean to present our plan to the April committee meeting.

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

Assignment	Status	Assurance	Planned Timing	Notes
IT Baseline review	Final	N/A	Q2	-
Data quality – patient pathway appointment management process – progress update	Final	Limited	Q2	-
CAMHS – management arrangements	Final	Limited Limited Reasonable	Q2	-
CAMHS – compliance	Final	Reasonable	Q2	-
Risk management	Final	Reasonable	Q3	-
WHSSC – Financial systems	Final	Substantial	Q3	-
IT service management	Draft	Limited	Q2	Report issued 24.11.20. Report has been fact checked. Management responses to be received in February.
Estates – management arrangements	Draft	Reasonable Reasonable Reasonable	Q3	Draft report issued 26.01.21
Estates – compliance	Draft	Substantial	Q3	Draft report issued 26.01.21
Prince Charles Hospital Development – capital project			Q1-4	Fieldwork concluding for governance and financial management reviews

Assignment	Status	Assurance	Planned Timing	Notes
<ul style="list-style-type: none"> <li>Governance;</li> <li>Financial Management;</li> <li>Technical Compliance; and</li> <li>Covid-19 Related Issues.</li> </ul>	WIP WIP WIP WIP	- - - -		
Continuous improvement in response to targeted intervention	WIP	-	Q3	Fieldwork concluding
Facilities directorate – workforce follow up	WIP	-	Q3	-
Welsh Risk Pool (WRP) claim process	WIP	-	<del>Q3</del> Q4	Management request to do in Q4 due to staff resourcing.
Financial systems	WIP	-	Q3/Q4	-
Management of capital – Sunnyside project	WIP	-	<del>Q2</del> Q4	-
Fire safety management	Scoped	-	<del>Q2</del> Q4	Fieldwork planned Q4 work. Brief has been agreed. To agree timing with Health Board to start fieldwork
<b>Governance arrangements – committee review</b>	Planning	-	Q4	<p>We have looked at committee functions as part of our Covid-19 governance review.</p> <p>We plan to consider governance and reporting of quality matters through our quality and patient safety framework review, now planned for early</p>

Assignment	Status	Assurance	Planned Timing	Notes
				21/22, and our review of Integrated Locality Groups.
Data quality and integrity – Swansea Bay area data for performance measures	Planning	-	Q3	Was planned for December but IA staff sickness
<b>Recruitment and Retention of staff</b>	Planning	-	Q3	Management request for work to be done April/May due to pandemic pressures.
<b>Quality and patient safety governance framework</b>	Planning	-	<del>Q3</del> Q4	Management request to move to Q1 of 2021/22 to allow framework to bed in.
Health & Care Standards	-	-	Q4	-
Clinical audit	-	-	Q4	-
Digital health strategy	Planning	-	Q4	-
Integrated Locality Group review	Planning	-	Q4	-
Medical rostering – follow up	Planning	-	Q4	-
Consultant job planning – follow up	-	-	Q4	-
WHSSC directorate – Women and Children	Planning	-	Q4	Meeting with WHSSC 01.02.21
EASC – Amber review	Planning	-	Q4	Have had initial meeting with management
Covid-19 governance – follow up	Planning	-	-	-

**Table 2: CTM 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		
Head and neck directorate follow up of governance recommendations	Final	N/A		