

Cwm Taf Morgannwg University Health Board

Audit & Risk Committee
Internal Audit Progress Report

December 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 **05 December 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 October meeting of the Committee five reports have been finalised and we have ongoing fieldwork in relation to four 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
Clinical service group – Radiology:	-	-	-	-	
• Governance arrangements	1	3	-	4	Reasonable
• Risk management	1	-	-	1	Reasonable
• Workforce management	4	2	-	6	Limited
• Planning and performance	1	1	-	2	Reasonable
• Compliance with financial control procedures	1	1	-	2	Reasonable
Wellbeing	-	3	2	5	Reasonable
iCTM quality improvement team	2	3	-	5	Reasonable
Cyber security	-	1	1	2	Reasonable
Decarbonisation	-	-	-	-	Advisory

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	91% (10/11)	80%	v>20%	10%<v<20%	v<10%
Report turnaround: time taken for management response to draft report [15 days per Internal Audit Charter]	Red	56% (5/9)	80%	v>20%	10%<v<20%	v<10%
Report turnaround: time from management response to issue of final report [10 days]	Green	100% (9/9)	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.

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	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	Went to October Committee
6	Medical records management	Reasonable	1	Final	Went to 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
8	Board awareness of digital	-	2	WIP	February Committee

Plan Ref.	Review	Rating	Review period	Status	Notes
4	Reasonable offer	-	± 2	WIP	February Committee
12	Medical variable pay	-	2	WIP	February Committee
26	Follow up - Fire safety	-	-	WIP	February Committee
28	Follow up - Bridgend transfer of IT	-	4	WIP	February Committee
N/A	Follow up - Facilities governance	-	3	Planning	Brief issued
24	Welsh Risk Pool	-	4	Planning	Brief issued
14	Risk management	-	± 4	Planning	Move to Q4 as prior year was delayed to 21/22 Q4. Brief issued.
18	Health system	-	3	Planning	Initial planning meeting held on 22.11.22
15	Performance monitoring and management	-	3	Planning	Planning meeting held on 22.11.22. Drafting brief.
13	Recruitment and retention	-	± 4	Planning	Planning meeting 11.07.22. Management request to move to Q4

Plan Ref.	Review	Rating	Review period	Status	Notes
10	Service configuration to meet cancer targets	-	≥ 4	Planning	Management request to move to Q4. Discussed with COO 01.12.22.
7	Financial systems (financial savings)	-	≥ 4	Planning	Request move to Q4 for implementation of OM.
17	Contract and SLA arrangements	-	3	Planning	Have received background information.
25	Decontamination	-	4	Planning	Planning meeting 21.12.22
11	Waiting list management	-	≥ 4	Planning	Discussed with COO 01.12.22.
N/A	Follow up - Patient pathway appointment management process	Q4	4	Fieldwork planned for January 2023	
21	Clinical governance and quality	-	4	-	Planning meeting 21.12.22
5	National incident framework	-	± 4	-	Moved to Q4 as DU have looked at and new framework needs time to embed. Planning meeting 21.12.22
29	Follow up - Concerns	-	4	-	-

Plan Ref.	Review	Rating	Review period	Status	Notes
22	Operating model	-	4	Defer	Following discussion with COO, plan to do this review following completion of phase 2.
N/A	Follow up - PoW theatres	-	4	Defer	Will defer to early 23/24 as project has paused.

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	WIP	-	Plan to bring to February Audit Committee.
Governance	Planned	-	Plan to bring to February Audit Committee.

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. Awaiting information.
35	WHSSC – Mental health	-	Planning	Had scoping meeting. Fieldwork in January 2023