

PUBLIC HEALTH WALES
Internal Audit Recommendations / Actions Log
April 2021

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Ref	Date added	Report	Report Assurance Rating	Recommendation	Action Priority	Management Action Agreed	Exec Lead	Original Agreed Implementation Date	Revised Implementation Date	Status	Actions completed	Issues Arising This Period	Next Steps & Expected Milestones	STATUS
401	Oct-20	Management of Alerts Follow up Audit	Reasonable assurance	Refer to recommendation 357 in Closed actions for original recommendation. The medical device register should be completed and presented to the appropriate committee for approval as soon as practically possible. Management should decide which business area will maintain the register to ensure that it is kept up to date.	MEDIUM	The medical device register should be completed and presented to the appropriate committee for approval as soon as practically possible. Management should decide which business area will maintain the register to ensure that it is kept up to date.	Executive Director of Quality, Nursing and Allied Health Professionals	01-Apr-21					<p>April 2021 update: Work is being progressed to scope what medical devices are held in non-clinical areas of the organisation. A medical devices register is under development. This will be reported to the Quality, Safety and Improvement Committee at their meeting in June. Request change of date to June 2021.</p> <p>December/January update: Mapping of medical devices in non-clinical areas should be completed by March 2021. The completion and review of the medical devices register will be dependent on resources being available to assist within Public Health Services.</p>	Request change of date(ACGC5 May 2021)
417	Mar-21	Processing information under Section 251 of the National Health Service Act 2006	Substantial assurance	The Trust should communicate their concerns to Welsh Government, reiterating the requirement for the implementation of new arrangements in Wales or for Welsh Government to formally accept the risks associated with the continuation of the process under the NHS England Health Research Authority Confidentiality Advisory Group (CAG)	MEDIUM	This recommendation is accepted and a formal letter will be drafted for the Senior Information Risk Owner to send to the appropriate level of Welsh Government.	Executive Director of Quality, Nursing and Allied Health Professionals	28-Feb-21					Action completed	Request to close action (ACGC5 May 2021)
261	Sep-17	Diabetic Eye Screening Wales Review 2017/18	Reasonable assurance	All DESW service public information documentation should be updated to ensure that it complies with the Trust's approach to other screening programmes.	LOW	DESW PIG group has identified and prioritised all DESW patient information for review. Draft revision of priority 1 (Patient Invitation Letter) has already begun. 'Key Messages' also in draft. Prioritised list is substantial and will inevitably take some time to work through completely. However – the main 5-6 documents should encompass approximately 90% of patient communication and is currently anticipated to take 7-9 months for review and sign-off (subject to the availability of advisory/reference groups, etc.). This is an estimate for completion of all these main documents – individual reviewed documents will be implemented as they achieve sign off. See earlier for website development.	Executive Director of Public Health Services / Medical Director	Jun-18	<p>Dec-2019- (ACGC-04-06-19)</p> <p>30 June-2020 (ACGC-46-04-20)</p> <p>January-2021 (ACGC-46-10-20)</p> <p>April 21 (ACGC 19.1.21)</p>		<p>Previous Updates:September 2020 update: Test environment created for IT system with updated version of clinical system in place; enabling safe upload to be progressed February 2019 Update: DESW PIG re-energised; have agreed all templates ready for submission to Core PIG. Diabetes reference group feedback on letters received and being addressed. April 2019 Update: See 'Issues' and 'Next Steps'. August 2019 update: Invitation letters have been revised, updated and implemented in August 2019. Results letters have been finalised following review from Diabetes Reference Group, have gone through Plain English, and currently being translated. On track to be implemented September 2019. Pathway letters have gone through approvals route pending final sign off and then will go through Plain English and translation. On track to be implemented September 2019. December 2019 update: Improved invitation letters implemented. Results and pathway letters finalised, translated and received Plain English Crystal Mark. Content for information leaflet confirmed.</p> <p>December 2019 Update: Plan to implement improved results and pathway letters was undertaken in September but due to errors in the results letter the roll out had to be stopped and the previous letter formats continued to be used. An incident management team was convened to manage the incident, which has now been closed. Identified issues from root cause analysis include that IT system does not have a test environment and that supplier expertise required to make the changes and programme resource needed to oversee the change.</p> <p>March 2020 Update: Action due for end of June 2020</p>	<p>April update This action is now complete. The IT system in DESW was successfully upgraded to version 4.7 of Optimise in March 2021. This worked well with the upgrade happening over the weekend of 13-14 March to reduce impact on clinics and had programme and IT support. This upgrade has enabled the new letters which have been developed with patient consultation to be implemented. Request to close this action</p> <p>Previous Updates: December/January update: Completion has been delayed due to COVID, including delay in availability of programme & informatics resource and implementation of test server. Upload of letters to IT system included in IT upgrade project because test server replicates version 4.7 not 4.0 (current live version) to ensure incident/service disruption does not result from new letter upload. New system install was planned for Dec 2020. However this implementation has now been moved to March 2021 due to capacity constraints in IT team to support the upgrade. Request to ACGC to extend target date due to issues as above to April 2021. September 2020 update: Completion delayed due to COVID, including delay in availability of programme & informatics resource and implementation of test server. Upload of letters to IT system included in IT upgrade project because test server replicates version 4.7 not 4.0 (current live version) to ensure incident/service disruption does not result from new letter upload. New system install was planned for Dec 2020. Request to ACGC to extend target date due to issues as above to January 2021. (ACGC 15 October 2020) March 2020 Update: No update was available due to COVID. May 2019 - The Committee agreed to the revised implementation date of December 19. August 2019 update: Letters will have been revised and new letters implemented by end of September 2019. DESW on track for revised information leaflet launch in December 2019 as planned. Leaflet designer has been commissioned and the new design is currently being prepared. Screening engagement team are co-ordinating some detailed participant feedback through focus groups to finalise the content. December 2019 update: Final incident meeting (18/12) resulted in development of high level forward plan. Timescales for safe delivery of full letter upload are planned for Q1 2020/21 to ensure availability of appropriate management capacity to oversee change programme and address root cause issues from upload incident. Final implementation dates will be dependent upon supplier confirmation of work scheduling. Delay in progression of the letters effects implementation of new leaflet as the new format of the letters is needed to enable changes to the envelope. A request is made to the Committee for an extension for completion to the end of Q1 2020/21 which is end of June 2020 - the reasons for the extension are outlined in the Issues Arising column. (Approved by Committee Jan 2020)</p>	Request to close action (ACGC5 May 2021)	
353	Jan-20	Management of Contracts Final Report 2019/20	Reasonable assurance	To ensure appropriate scrutiny Trust divisions and departments should have a regular formal means of reporting contract management performance issues supported by escalation into a nominated Trust Group/Sub Committee in the event of non-resolution at a local or Divisional management level. Consideration should be given as to the need and frequency of reporting. This could be determined by a contract value, or risk based threshold.	HIGH	Contracts are currently managed and scrutinised within the relevant Directorates and Procurement Champions Group to ensure value for money as required depending on the value/ risk of contract reporting and monitoring mechanisms will be determined on a case-by-case basis. Risks as a result of contract performance issues are escalated as required and considered by the relevant sub group/committee. Within the Screening Division, the divisional contract management procedure outlines the method for identifying the appropriate level of contract monitoring. This uses a value/risk threshold to identify contracts that receive heightened management scrutiny. Public Health Wales to consider whether this procedure could be adopted more widely across the organisation and implemented accordingly or explore alternative options and implement as required.	Deputy Chief Executive and Executive Director of Finance	Nov-19	March 21 (ACGC 15.10.20)			<p>September 2020 update: Due to the response to COVID-19, Procurement Champions Group has been paused. The finance team continue to provide scrutiny of budgets and all spend and recently a budget scrutiny exercise has been undertaken to review spend/ contracts and any potential future spend. This covers all areas of Public Health Wales and we continue to work closely with colleagues in Procurement to ensure we can ensure value for money.</p> <p>September 2020 Update: No issues reported during this period</p>	Due to the response to COVID-19, Procurement Champions Group has been paused. The finance team continue to provide scrutiny of budgets and all spend and recently a budget scrutiny exercise has been undertaken to review spend/ contracts and any potential future spend. This covers all areas of Public Health Wales and we continue to work closely with colleagues in Procurement to ensure we can ensure value for money. This is now being taken forward through implementation of the Operational Plan. Request action to be closed.	Request to close action (ACGC5 May 2021)
396	Jun-20	Risk Management	Reasonable assurance	Following the review of risk training on Datix, all staff within the Trust need to be provided with the updated training. Health Improvement Division would benefit further training on how to identify a risk and the differences between risks and issues.	MEDIUM	However comprehensive training materials are available to all staff that cover datix, and risk management training for both owners and handlers is delivered regularly across the Trust and updated annually. Risk Management training is currently suspended however due to the response to the Covid-19 outbreak. At the earliest opportunity the training needs analysis will be reviewed with the Health and Wellbeing Directorate and further training will be delivered to staff who require it.	Executive Director of Quality, Nursing and Allied Health Professionals	01-Sep-20	April 21 (ACGC 15.10.20)				<p>April 2021 update - The once for Wales Incident Management System has been revised implementation to October 2021. Request change of date to November 2021</p> <p>December/January update A paper on the implementation of the Once for Wales system was received at November meeting of both BET and QSiC and implementation of the systems is ongoing. September 2020 update: PHW is currently working towards implementing the WG requirements for the Once for Wales Concern Management System (OFWCMS). This will require update training for all staff across the organisation and we are waiting for training materials and support to be provided by the OFWCMS team. The target date needs to be changed to April 2021. This will be subject to available resource in context of the COVID 19 response. New permissions model has been tested and implementation is due by 31 Dec 2020. Request revised implementation date of April 2021. (ACGC 15 October 2020)</p>	Request to close action (ACGC5 May 2021)
408	Oct-20	Annual Quality Statement Final Report 2020/21	Substantial assurance	The public should be provided with an update of previous year's AQS planned developments to show the progress made relating to these schemes.	LOW	We will develop the AQS further to include key updates on the previous year's AQS, to demonstrate progress on planned areas of development.	Executive Director of Quality, Nursing and Allied Health Professionals	01-Jan-21					<p>April 2021 update:</p> <p>January 2021 Update: A paper setting out the new proposed approach for the AQS has been drafted and will be submitted to BET</p>	Request to close action (ACGC5 May 2021)
410	Mar-21	Welsh Risk Pool (WRP) Claim Process	Substantial assurance	No Recommendations were raised.										Request to close action (ACGC5 May 2021)
411	Mar-21	Data quality and integrity within performance reports	Substantial assurance	Consideration should be given to whether a written record would be beneficial for checking the accuracy of the indicators, particularly as the number of indicators is expected to increase in the future	LOW	Following development of any new interactive dashboard in the PAD, it is proposed that formal written confirmation is received by the lead confirming sign off, including data quality. It is proposed that our existing process is adapted to incorporate this and it will be undertaken following the sign-off meeting.	Deputy Chief Executive and Executive Director of Finance	31-May-21					<p>April 2021 update - new arrangements to be established as part of the launch of version 3 of our performance and assurance dashboard, as part of these arrangements, a pro forma will be developed for completion by dashboard owners during the sign off phase, these arrangements will be in place by may 2021.</p>	Request to close action (ACGC5 May 2021)
413	Mar-21	Financial Systems	Substantial assurance	Management should ensure that the document 'Procedure for the purchase and control of fixed assets' is reviewed and finalised as soon as practicable. This document should then be made available to relevant staff through appropriate channels.	MEDIUM	The update of the Fixed Asset Financial Control Procedure (FCP) had initially been delayed to ensure any changes to processes as a result of the implementation of IFRS16 were captured. As IFRS16 has been further delayed due to Covid-19 and in acceptance of this recommendation, we will look to submit the Fixed Asset FCP for approval at the next Audit Committee. We will update the procedure after IFRS16 has been implemented and after the introduction of any new processes to support the new accounting standard being embedded.	Deputy Chief Executive and Executive Director of Finance	01-Mar-21					<p>April 2021 update The Fixed Asset Financial Control Procedure was updated during January/February 2021. It was approved by the Audit & Corporate Governance Committee in March. It is due to be shared on the Finance intranet page imminently. Action complete</p>	Request to close action (ACGC5 May 2021)

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414	Mar-21	Financial Systems	Substantial assurance	<p>Management should take appropriate action to try and resolve as many of the outstanding queries before the financial year end, prioritising those transactions prior to 2020</p>	<p>MEDIUM</p> <p>To provide some further context, the unallocated and unapplied receipts related to prior years as follows:- 2017 £41.50 2018 £811.93 2019 £7,263.34 2020 £92,464.58</p> <p>We accept this recommendation and will look to manage and resolve the unallocated and unapplied receipts, clearing as many as possible before financial year end.</p> <p>The review of unallocated and unapplied receipts has now been added as a standing agenda item to the Finance Divisions monthly Corporate Control meeting to ensure aged receipts are monitored and action is taken to clear these in a timely manner. As at the end of January, £3,603.87 of unallocated and unapplied receipts relating prior to 2020 have been cleared.</p>	Deputy Chief Executive and Executive Director of Finance	01-Mar-21		<p>April 2021 update As at year end, the balance of unallocated and unapplied receipts for transactions relating to prior to 2020 is £3,382. This means we have cleared over half of the transactions relating to prior 2020 (£4,735) since the audit took place. We are continuing to work to eliminate these balances and this is being reviewed and monitored via the monthly Finance Corporate Control meeting to ensure these balances are allocated accordingly. <u>Action complete</u></p>	Request to close action (ACGC5 May 2021)
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