

Mental Health – 111 Service

Final Internal Audit Report

Swansea Bay University Health Board



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Executive Summary

Report Opinion

Limited



More significant matters require management attention.

Moderate impact on residual risk exposure until resolved.

Trend

N/A

Assurance summary¹

Objectives	Assurance
1 Roles & responsibilities	Limited
2 Performance of service delivery	Limited
3 Complaints, feedback and patient experience	Reasonable
4 Value for money	Reasonable
5 Assurance reporting	Limited

Purpose

To review whether the NHS 111 Wales 'press 2' service is delivering the expected benefits in the context of the wider unscheduled care service profile within the health board's mental health services.

Overview

We have issued limited assurance on this area. The significant matters which require management attention include:

- Service Specification to be finalised and approved at an appropriate forum.
- Limited discussion at both Service Group and Health Board level on performance of the service
- Performance reporting to include compliance against defined targets to facilitate escalation where required; and to consider inclusion of the data arising from the professional line into the wider performance reporting.
- Completion of national training by call handlers to allow the correct recording of Subjective User Distress Scale scores.
- Review of the Service Group risk register to ensure it is appropriately reflective of the prevalent risk of the service not meeting the national targets set.

For further details, see Appendix A.

Key Matters Arising

Objective	Control Design or Operation	Recommendation Priority
1 Policies and Procedures	1, 5 Operation	Medium
2 Enhancement to Performance Reporting	2 Operation	High
3 Subjective User Distress Scale (SUDS)	2 Operation	Medium
4 Oversight	2, 5 Operation	High Medium

¹The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

1. Introduction

- 1.1 Launched in November 2022, the NHS 111 Wales 'press 2' service for urgent mental health needs is available 24 hours a day, 7 days a week for all ages. By providing access to a mental health professional, without the need for a GP referral, it can help support people to manage a mental health crisis and in many cases be an alternative to attending emergency departments or calling the police.
- 1.2 Since its launch, it has been reported that 8 in 10 callers have not needed further advice or treatment from an emergency care service – with 97% of callers reporting lower levels of distress after the call.
- 1.3 The service is an integral part of the Swansea Bay University Health Board's (the health board) mental health unscheduled care 'front door' and is closely linked with the Crisis Service and the Community Mental Health Teams in particular. The health board is working towards a vision of maximising the benefits through further development of this single point of access.
- 1.4 The potential risks considered in the review were as follows:
- Patients do not receive appropriate advice / support leading to patient harm / avoidable attendance at emergency departments.
 - The Board are not provided with assurance that the service is operating as intended.
 - Patient outcomes are not captured, and lessons are not learned from patient safety incidents.

2. Detailed Audit Findings

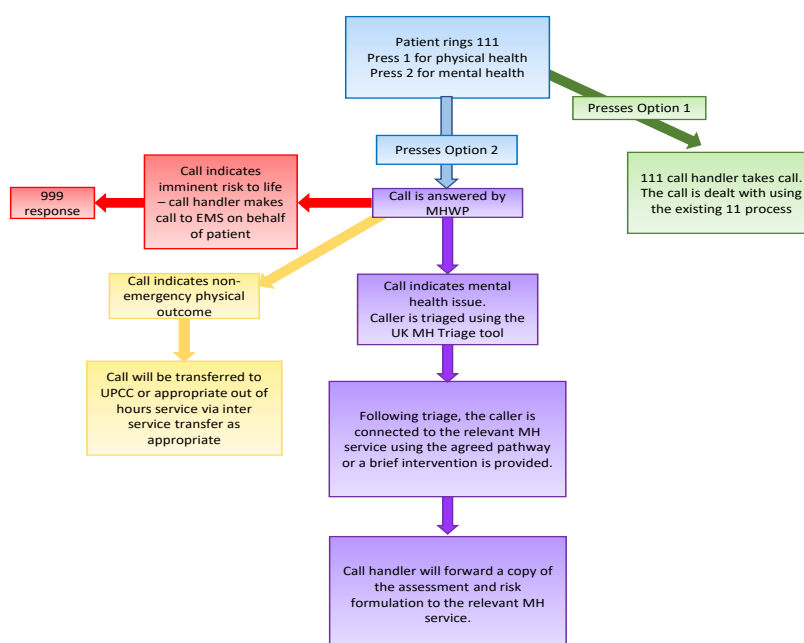
- 2.1 The table below summarises the recommendations raised by priority rating:

	Recommendation Priority			Total
	High	Medium	Low	
Control Design	2	-	-	2
Operating Effectiveness	1	5	-	6
Total	3	5	-	8

- 2.2 Our detailed audit findings are set out below. All matters arising and the related recommendations and management actions are detailed in [Appendix A](#).

Objective 1: Roles and responsibilities of the service across all parties involved in its delivery are defined.

- 2.3 As noted in para 1.1, the 111 press 2 (111#2) service was launched in the health board in November 2022. We note that prior to the launch the health board had a professional line in place that allowed GPs, Police, Emergency Department, Local Authorities, Education colleagues etc. to contact a mental health professional to obtain advice on referrals or information around mental health issues. This line is still in operation and is resourced by the same operatives as the 111#2 line.
- 2.4 During the review we identified that although the 111#2 is a National Service, there is very limited guidance provided from Welsh Government to support requirements. We therefore sought to obtain a local (health board) policy or procedure that outlined the roles and responsibilities of the 111#2 service. We were provided with a copy of a draft Service Specification (dated January 2023), the aim of which is *to define the operational processes and procedures for the Mental Health 111 Press 2 Contact Service*. There is no evidence to suggest this document has been circulated for consideration. See **Matter Arising 1**
- 2.5 Review of the draft document confirmed inclusion of the 'Operational Structure' of the service, outlining the roles and responsibilities for the Clinical Leads, Senior Practitioners and Well-being Practitioners. This includes staff training and induction requirements for all staff. The service operating hours are highlighted with a note stating that *'the last 30 minutes of each shift is dedicated debriefing time for staff to debrief from anything that may have arisen during their shift, this will help maintain their own well-being when dealing with distressing calls'*. The document also outlines staff responsibilities for adhering to the health board's policies and procedures for raising safeguarding concerns for both children and adults.
- 2.6 To support the Well-being Practitioners with the management of calls received, the following Call Flow chart has been included within the Service Specification:



Note: EMS – Emergency Medical Services; MHWP – Mental Health Well-being Practitioner; UPCC – Urgent Primary Care Centre

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- 2.7 The draft document also outlines the requirement for the service to produce and monitor performance reports on a weekly basis; which are to be reviewed by the Clinical Leads and discussed with staff on an ongoing basis to identify themes, areas for improvement and areas of best practice. Appendix 8 of the Service Specification identifies the national minimum established data set, that all 111#2 services across Wales are required to record and monitor to determine performance levels (see **audit objective 2** for further details on performance management).
- 2.8 Whilst the required data to record and monitor to evaluate performance is defined, it is noted that the draft document does not define a reporting framework (see **audit objective 5** for further details on reporting); nor the requirements to issue data reports to the All Wales 111 National Team. See **Matter Arising 1**

Conclusion:

- 2.9 The 111#2 Service has now been in place for more than 15 months; however, no documentation is currently in place to support staff and outline the roles and responsibilities expected of staff in post. We note that there is a draft Service Specification in place, although with no defined timeline for approval, and on review there is a gap identified in terms of performance reporting lines both at a local and national level. We therefore assign **limited** assurance to this objective.

Objective 2: Performance of the service delivery is measured against health board and NHS Wales Standards of timeliness, quality and safety.

- 2.10 As per para 2.7, there is a national minimum established data set that each health board is required to record so performance can be evaluated and monitored.
- 2.11 The health board uses the ADAstra system to record the required minimum data set. The Mental Health and Learning Disabilities (MH&LD) Service Group Business Partner extracts telephony performance reports from the ADAstra system on a weekly basis (see table 1), this is forwarded to senior staff within the Service Group and also the 111#2 National team. In addition, a daybook showing each individual call data (Start time, End time, Directory Number, Queue time, Talk time, hold time, work time) is issued on a weekly basis to the Service Group senior staff. We understand that an extended monthly report is also generated that included Subjective User Distress Scale (SUDS) scores, call category and referral outcomes (see para 2.37); and that this report is issued to the Associate Service Director for Mental Health and Team manager for the 111#2 Service. However, we have not seen evidence of this report being discussed. See **Matter Arising 2** and **audit objective 5**.
- 2.12 We were informed that Swansea Bay currently uses the CISCO telephony system that records the data (used to produce the day book and weekly data reports), this is not the case with all the health boards, with some using different telephony systems, this may cause a discrepancy in the recording of data.
- 2.13 The data issued to the National team is consolidated into an All-Wales 111#2 service dashboard. The following data was extracted for the period between April 2023 – March 2024:

Table 1 – Telephony performance for 111#2 NHS Wales

Health Board	Calls Offered	Calls Answered	Average Wait (mins)	Max Wait (mins)	Average Call Duration (mins)	Calls Abandoned	Abandoned (%)	Wait before abandonment (mins)
Aneurin Bevan	23,216	13,691	0.6	3	16	10,097	43.5%	9
Betsi Cadwaladr	14,018	12,989	0.7	74	21	7	0%	2
Cardiff & Vale	1,523	1,234	1.3	6	36	270	17.8%	7
Cwm Taf	10,929	9,768	1.9	106	17	1,162	10.6%	14
Hywel Dda	23,816	14,764	1.9	42	16	5,451	22.4%	14
Powys	4,445	3,516	0.9	20	12	724	17.3%	0
Swansea Bay	14,396	9,960	8.2	197	15	4,580	32.2%	73
Total	92,343	65,922	2.4	197	17	22,291	19.9%	19

2.14 Whilst the data recorded in the All-Wales Dashboard is as per the requirements of the minimum data set, the only targets set at a national level are to answer calls within 2 minutes (See para 2.15) and to achieve an 80% compliance rate for taking Subjective User Distress Scale (SUDS) scores (see para 2.16).

2.15 From review of Table 1, the following conclusions were obtained:

- The health board received the third highest call volume, however only answered the fourth highest volume;
- In terms of percentage of calls answered, Swansea Bay answered just under 70% of calls made during the period, ranking them 5th in Wales;

- Swansea Bay surpassed the national two-minute target for answering calls, the average time of 8.2 minutes wait was the highest in Wales, almost six minutes higher than the second highest average waiting health boards (1.9 minutes);
- The health board also had the longest maximum wait, with a patient waiting over 3 hours 15 minutes (197 minutes) to have their call answered, in comparison the second highest waiting health board (Cwm Taf) with a longest wait of 106 minutes;
- The average call duration in Swansea Bay (15 minutes) is below the national average (17 minutes)
- The health board had the third highest volume of abandoned calls (4,580) however in terms of percentage abandoned they were the second highest (32.2%) behind Aneurin Bevan (43.5%);
- It was noted that patients waited longer in the health board before abandoning the call (73 minutes) compared to others; and this wait, prior to abandonment, was almost an hour longer than the second highest recorded at both Hywel Dda and Cwm Taf (14 minutes).

2.16 At the outset of the review management advised that they were aware that the service was not achieving the 80% target set for taking SUDS scores and that performance was poor. A comparison to the other health boards was undertaken based on the data available on the All-Wales dashboard between April 2023 – March 2024:

Table 2 – SUDS Scores taken on 111#2 calls NHS Wales

Health Board	Average Pre-triage SUDS score	Average Post-triage SUDS score	Increase in SUDS score after call	Decrease in SUDS score after call	Total SUDS scores taken	Total Calls	% SUDS taken
Swansea Bay	6.3	4.7	20	2,871	2,891	9,960	29.03%
Aneurin Bevan	4.8	3.5	62	7,680	7,742	13,691	56.55%
Betsi Cadwaladr	7.4	5.4	73	11,281	11,354	12,989	87.41%
Cwm Taf	5.4	4	33	3,773	3,806	9,768	38.96%
Hywel Dda	5.8	3.9	45	5,192	5,237	14,764	35.47%
Powys	7.3	5.7	10	1,564	1,574	3,516	44.77%

*Data for Cardiff & Vale not included due to discrepancy in figures

2.17 As the table above shows, the SUD scores are taken less than 30% of the time within the health board; and this is the lowest percentage in Wales. See **Matter Arising 3**

2.18 A review of the SUDS score results does indicate that the vast majority SUDS scores, when captured, do decrease post triage. This is in line with the rest of

Wales, with the data available showing Swansea having the third highest average SUDS scores, after Betsi Cadwalader and Powys.

- 2.19 As noted in para 2.3, the health board had a professional line, Single Point of Access (SPOA), in place prior to introducing the 111#2 service. This is still in place with the same operatives covering both lines, with calls through to the SPOA having precedent over calls into the 111#2 service. We were informed that in addition to the 1,257 calls made in April 2024, 363 calls were received by the SPOA (circa 80% from GPs). These figures are not incorporated, or referenced, in the All-Wales Dashboard therefore not showing a true reflection of the health boards activity. The Peer review (see para 2.20) highlighted that the number of calls through the professional line is disproportionately higher than calls coming through 111#2, which is having a detrimental impact on call answer times for 111#2. See **Matter Arising 2**
- 2.20 To assess Service Delivery, a peer review of the service was undertaken in July 2023 by representatives from the All-Wales 111#2 group. The resultant report stated that the peer review team were pleased with the 111#2 service development within the health board and how it has incorporated the SPOA into the service. However, concerns were raised around performance and an action plan was provided to assist with the areas of concern.
- 2.21 A review of the action plan noted focus around the lack of Band 5 mental health wellbeing practitioners in post within the health board, which is affecting performance. The action plan also focused on staff in post not undertaking the necessary national training sessions, and the poor performance around taking SUDS scores (which had increased to 38% in April 2024). See **Matter Arising 3**
- 2.22 Management advised that these actions have been incorporated into an existing 111#2 Swansea Bay action plan. The status of the action plan follows a RAG rating, at the date of fieldwork, was as follows:

Table 3 – Swansea Bay 111#2 Action Plan

Area of Focus	Number of Actions	(Green) Closed	Amber	Red
Workforce	10	9	1	-
Performance	7	3	2	2
Service Development	7	6	1	-
Total	24	18	4	2

- 2.23 Based on the updates in the action plan, the service has now appointed the required number of Mental Health Wellbeing Assessors, within the approved funding envelope, resulting in the service being fully resourced as of November 2023.
- 2.24 It was noted that although the action plan is being monitored at a local level by the 111#2 Service Manager who subsequently updates when required and issues to the Associate Service Director for Mental Health. However, there was no

evidence of such being reported at Service Group level for assurance and monitoring, with no target dates for completion set for the remaining actions. See **Matter Arising 4** and **audit objective 5** for further details on reporting.

Conclusion:

2.25 Telephony performance reports are produced for consideration at a health board and national level. The reports produced are issued to senior staff within the health board, however only elements of which have been reported formally and only more recently at the Mental Health and Learning Disabilities Service Group Board (See audit objective 5); noting the poor performance of the service, both against national targets and compared to other health boards in Wales. An action plan was created based on concerns raised from a peer review, these were incorporated into the Service Group action plan for 111#2, with most the actions closed or progressed. However, the action plan is not monitored at a group or committee level, to confirm actions undertaken are appropriate to close the action or if actions undertaken are sustainable. We therefore assign **limited** assurance for this objective.

Objective 3: Complaints, feedback and patient experience are captured and changes to the service made where necessary.

2.26 To make a complaint about the service, the users are required to follow the official complaints process within the health board. A request was made to the Patients Feedback Department (Concerns Assurance Manager) for all complaints regarding the 111#2 service for the period April 2023 – April 2024. Only one complaint was registered on Datix with the detail relating to the attitude of the call handler. We note that, following review, the complaint was not upheld and therefore closed.

2.27 Should complaints be received regarding the service; the Associate Service Director for Mental Health will be advised. The detail of such will be reviewed by himself and the 111#2 manager and learning/best practice will be determined and disseminated to the team appropriately.

2.28 At present the 111#2 Service across Wales is not seeking any caller feedback, to assess the call handler or the services performance. Management advised that there is work ongoing to develop a national text delivery system for patient feedback and further consideration is required to identify those callers which could be considered suitable for the request, e.g. no children or 999 response; and also how such would be recognised on the ADAstra system.

2.29 Management advised that all call handlers have a period of protected time during their shifts (30 minutes at the end of their shift). During this time, they are not to undertake calls therefore providing a time to reflect and discuss their calls with other team members; which gives an opportunity to discuss different approaches to calls handled or to pass on best practice in certain situations.

Conclusion:

2.30 The health board's complaints procedure is in place if required. We note that few complaints have been made about the 111#2 service (1 in the last 12 months). The Service Group is aware of the process required to review and resolve

complaints when required. Whilst caller feedback is not formally sought we understand that work is ongoing for the development of a text delivery service to obtain patient feedback. Noting this is outside of the gift of the health board and being addressed at a national level, we assign **reasonable** assurance for this objective.

Objective 4: The service is delivering value for money and the expected benefits to the health board's Mental Health service are being realised.

- 2.31 The 111#2 Service was set up to provide the population with 24/7 access for any urgent mental health concerns they have about themselves or someone they know. By providing access to mental health professionals, without the need for a GP referral, it can help support people to manage a mental health crisis with the aim to lower attendance at emergency departments or calling the police.
- 2.32 During the review we were informed that it is difficult to prove the benefits of the 111#2 service at present, but a way of identifying this would be an analysis to see if there is a decrease in mental health patients presenting at Emergency Departments or requesting appointments within a primary care setting (GPs appointments). We note that the service is still evolving and at present drilling down to this level of data is not possible.
- 2.33 The All-Wales Joint Committee are looking into developing a process where benefits realisation can be obtained at a local and national level. The Joint Committee have been in discussion with NHS England who are also exploring the same issue.

Conclusion:

- 2.34 At present there is no mechanism in place to ascertain the benefit of the 111#2 service. However, the All-Wales Joint Committee are currently in the process of identifying methods to obtain data to show the benefits of the service to each health board, in terms of a decrease of mental health patients attending the Emergency Department or fewer request for appointments to the GPs. Noting this is outside of the gift of the health board and is in discussion at a national level we assign **reasonable** assurance for this objective.

Objective 5: Regular assurance reporting regarding the service is in place; and ongoing risks to the service are managed appropriately.

- 2.35 The Service Group have recently started producing 'Activity Access Reports' (since January 2024) which are issued to the MH&LD Service Group Management Board. A review of the three reports issued to us identified that the reports include graphs plotting the following telephony performance for 111#2:
- 111 press 2 activity (calls presented, calls handled, calls abandoned);
 - Average times (queue time, speed of answer, handle time, time to abandon);
 - Maximum Times (queue time, handle time, time to abandon);
 - Average calls abandoned per day.

-
- 2.36 However, we noted that the graphs fail to show how the health board is performing against set targets (see para 2.14) or compared to the other health boards (see Table 1). The reports also fail to show the compliance rates for non-telephony data such as the 80% compliance rate to capture SUDS scores (see Table 2), referral outcomes or category of call (A-G). A review of the Service Group Management Board papers also noted that the report was not presented to the February meeting; and that there has been limited discussion on the performance of the service during the meetings of January, March and April. See **Matter Arising 4**.
- 2.37 On discussion with the Service Group, we were informed that the 111#2 service is reported on at the monthly Mental Health (MH) Divisional Management Board. We reviewed the minutes for the meetings held during the period July 2023 to March 2024) to identify the level and frequency of reporting. Although aspects of the 111#2 service have been briefly discussed (i.e. reference to the Peer Review and the Internal Audit review to be undertaken), review of the minutes did not evidence routine reporting of service performance. See **Matter Arising 4**
- 2.38 A review of the papers, minutes and agendas for the Board and its Sub-Committees between April 2023 to April 2024 failed to identify any reporting on the 111#2 Service. See **Matters Arising 2 and 4**
- 2.39 The health board provides a performance report on a weekly basis to the 111#2 National team. The Service Group is also represented at the monthly All Wales MH111#2 Project Board meetings. The meetings follow a set format where National updates and local service performance updates are provided; and was the forum to which the completed peer reviews were presented.
- 2.40 In terms of risk management, we failed to identify the appropriate reporting of the risk of the service not meeting Welsh Government targets; and there are no entries present within the Service Group Risk Register. See **Matter Arising 4**

Conclusion:

- 2.41 The Service Group regularly attend the All Wales 111#2 Project Board where performance is discussed at a national and local level. However, there has been limited formal reporting and discussion of 111#2 service within the health board, both at Service Group and Board / committee level. Whilst there has been recent inclusion of 111#2 performance data in the Activity and Access reports presented at the MH&LD Service Group we noted that it is not measured against national targets or compared to other health boards; and does not reflect call outcomes such as SUDS score, referral outcomes or call category. We therefore assign **limited** assurance to this objective.

Appendix A: Management Action Plan

Matter Arising 1: Policies and Procedures (Operation)		Impact	
<p>At the time of the review, the Mental Health and LD Service Group were in the process of developing a draft Service Specification.</p> <p>A review of the draft Service Specification identified that roles and responsibilities are outlined for the Clinical Leads, Senior Practitioners and Well-being Practitioners. It also outlines the data requirements needed to undertake performance reviews, however, there are no reporting lines identified to escalate performance levels within the Service Group through to Board / Committee level.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> Patients do not receive appropriate advice / support leading to patient harm / avoidable attendance at emergency departments 	
Recommendations		Priority	
1.1	The Service Group should ensure the Service Specification identifies a nominated group or Committee within the Service Group in which performance reports are issued and discussed, identifying a route to Board in which issues can be escalated.	Medium	
1.2	The Service Group should issue the Service Specification to a nominated group with the Service Group to review prior to approval and dissemination of the document.		
Agreed Management Action		Target Date	Responsible Officer
1.1	The Service Specification will identify the Senior Team’s weekly business meeting as the group where performance reports are discussed. Issues can be escalated to board via this route. A reporting flow chart will be produced and inserted as an appendix within the Service Specification.	July 2024	Associate Service Director for Mental Health
1.2	The Service Specification will be issued and approved by the Service Group’s senior team at weekly business meeting and at the Mental Health Division’s Board meeting.	July 2024	Associate Service Director for Mental Health

Matter Arising 2: Enhancement to Performance Reporting (Design)		Impact
<p>The health board has adopted the ADASTRA system to record the required minimum data set. The Service Group business partner extracts telephony performance reports from the system on a weekly basis, this is forwarded to the Service Group senior staff and the 111#2 National team. In addition, a daybook showing each individual call is issued on a weekly basis to the Service Group seniors. An extended monthly report is also generated that included SUDS scores, Category of Call and Referral outcomes. We were informed that this report is issued to the Associate Service Director for Mental Health and Team manager for the 111#2 Service.</p> <p>Review of the data noted that such fails to show how the health board are performing against any set targets (under 2 minutes wait time); or how the health board is performing against other health boards providing the 111#2 service. The data also fails to show the compliance rates for non-telephony data such as SUDS scores performance against the 80% compliance target (currently reporting 29% compliance rate), referral outcomes or category of call (A-G).</p> <p>In addition to the 111#2 service we acknowledge that the health board also have a professional line, Single Point of Access (SPOA), which give GP’s, Local Authorities, 111 operatives priority access to the service. Based on the recent Peer review, calls through to the SPOA is disproportionately higher than calls coming through 111#2 noting 363 calls were received by the SPOA in April 2024 (circa 80% from GPs). These figures are not incorporated, or referenced, in the All-Wales Dashboard therefore not showing a true reflection of the health boards activity.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> The Board are not provided with assurance that the service is operating as intended
Recommendations		Priority
2.1	Performance reporting should be extended to include compliance against the defined targets to facilitate discussion at an appropriate forum.	High
2.2	The health board should look to incorporate the calls received by the SPOA into the 111#2 figures to give a truer reflection on the health boards performance.	

Agreed Management Action		Target Date	Responsible Officer
2.1	Weekly reports are produced to demonstrate the Health Boards compliance against the call handling/response targets. The Health Board's compliance against the SUDs score will be incorporated into these reports.	August 2024	Associate Service Director for Mental Health
2.2	The Service Group's Senior Information Analyst has agreed to produce a monthly report that will include data on 111#2 and SPOA.	August 2024	Associate Service Director for Mental Health

Matter Arising 3: Subjective User Distress Scale (SUDS) (Operation)		Impact	
<p>The national target for the 111#2 Services across Wales is to achieve an 80% compliance rate for obtaining SUDS scores on the 111#2 calls. During the 2023/24 period, Swansea only achieved a 29% compliance rate, less than any other health board providing the service in Wales. As reported in the July 2023 Peer Review, the health board’s call handlers had not undertaken the national training required, possibly contributing to the low SUDS performance. However, based on latest figures SUDS were only taken for 38% of calls in April 2024.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> • Patient outcomes are not captured, and lessons are not learned from patient safety incidents 	
Recommendations		Priority	
3.1	The Service Group should ensure that all staff undertaking 111#2 calls have taken the appropriate training, reiterating to all staff that SUDS need to be acquired on each call taken.	Medium	
Agreed Management Action		Target Date	Responsible Officer
3.1	SUDS training is an integral part of the induction training for all new starters within the 111#2 Team. The 111#2 Team manager has reiterated to all existing staff the requirement that all SUDS scores are acquired on each call	July 2024	Associate Service Director for Mental Health




Matter Arising 4: Oversight (Operation)		Impact
<p>We had oversight of a 'Activity and Access' report that have been produced since January 2024 and are presented to the Service Group Management Board The reports outline key telephony performance for the 111#2 service but, as noted in Matter Arising 2, there is limited reference to targets or comparative data from other NHS Wales organisations. Review of the papers and minutes for the Service Group Management Board noted that there is limited discussion on the performance and the service as a whole.</p> <p>Further, noting the performance as included in Tables 1 and 2, there was no evidence of such being reported at a Board or sub-committee level. The risk of the service not meeting Welsh Government targets has not been incorporated within the Service Group Risk Register.</p> <p>The Service Group has a local action plan in place for the 111#2 Service, which has incorporated actions required following the July 2023 Peer review. We note that the action plan has been updated (May 2024), however we failed to see oversight of the plan being issued to Group or Board-level within the Service Group to gain assurance that actions taken are suffice to close the action, with no set target dates assigned to the remaining actions.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> The Board are not provided with assurance that the service is operating as intended.
Recommendations		Priority
4.1	Performance reporting should be regularly issued and discussed at an appropriate forum within the Service Group; with concerns and issues escalated to a Health Board Sub Committee to ensure appropriate oversight and scrutiny.	High
4.2	The Service Group should seek to identify a Group or Board in which the action plan should be issued to for monitoring, and to gain assurance that actions undertaken are sufficient to close the items on the action log.	Medium
4.3	The development of a risk, to reflect the performance of the service and achievement of targets set at a national level, should be considered.	

Agreed Management Action		Target Date	Responsible Officer
4.1	Performance will be reported on a monthly basis at the Service Group’s Weekly Business Meeting and at a quarterly basis at the Mental Health Division’s performance review with the Senior Team. Performance will be reviewed at HB level at the quarterly performance review meetings with the Executive Team.	July 2024	Associate Service Director for Mental Health
4.2	The action plan will be reviewed by the Senior Management Team at Weekly Business Meeting and signed off at the Service Group’s Quality & Safety meeting.	August 2024	Associate Service Director for Mental Health
4.3	A risk assessment form will be completed to capture any identified risks on the Service Group’s risk register.	July 2024 (completed)	Associate Service Director for Mental Health

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory assurance	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Assurance not applicable	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.



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