




ABM University Health Board	
<b>Date of Meeting: 5<sup>th</sup> April 2018</b> <b>Name of Meeting: Quality &amp; Safety Committee</b> <b>Agenda item : 8.1</b>	
<b>Subject</b>	<i>Internal Audit Assignment Summaries</i>
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<b>Approved &amp; Presented by</b>	<b>Paula O'Connor, Head Of Internal Audit</b>

## 1. SITUATION

The purpose of this report is to advise the Quality & Safety Committee of the outcomes of finalised Internal Audit and Specialist Service Unit reports.

## 2. REPORTS ISSUED

Since the last meeting the following audit reports have been finalised:

Subject	Rating <sup>1</sup>
<b>Internal Audit</b>	
Health & Safety review (ABM-1718-009)	
Primary Care: Core Quality & Delivery Measures (ABM-1718-027)	
Safety Alerts (Follow Up) (ABM-1718-111)	

The overall level of assurance assigned to reviews is dependent on the severity of the findings as applied against the specific review objectives and should therefore be considered in that context.

The report findings and conclusions are summarised below in Section 3. Full copies of the reports can be made available to Quality & Safety Committee members on request.

Actions have been agreed with Executive Directors in respect of audit recommendations made. Progress against agreed actions is input into an online database by lead officers and visible to Executive Officers for monitoring. The Associate Director of Finance analyses and summarises the status for Audit Committee meetings as a matter of routine.

Audit & Assurance undertake follow-up reviews on key issues within areas deriving limited assurance ratings as part of its agreed plan of work for subsequent years.

<sup>1</sup> Definitions of assurance ratings are included within Appendix A to this report

Additional follow up reviews may be undertaken at the request of the Audit Committee. The timing of follow up work is planned in liaison with Executive Officers.

### **3. INTERNAL AUDIT FINAL REPORT SUMMARY**

#### **3.1 HEALTH & SAFETY REVIEW (ABM-1718-009)**



Board Lead: Director of Strategy

##### **3.1.1 Introduction, Scope and Objectives**

Internal Audit first reviewed this subject in 2012/13. A limited level of assurance was derived. Follow up audit reviews in subsequent years continued to report limited assurance, until in 2016/17 when a reasonable level of assurance was derived (audit reference 031/2016). At the conclusion of that last review, further actions were agreed to address remaining issues.

Recognising the passage of time following the original review, this audit reviewed arrangements afresh, to provide assurance that the framework for health & safety management remains embedded following the organisational changes of subsequent years.

The overall objective of this audit was to assess the adequacy of framework in place within the Health Board for the management of health and safety, taking account of relevant NHS and other supporting regulatory and procedural requirements, as appropriate.

The audit reviewed arrangements in place to ensure that:

- The Health Board has up to date, approved health and safety policies that set a clear direction and clarify responsibilities at all levels of the organisation.
- There is a Health & Safety Committee with approved terms of reference, which operates in accordance with those terms and instigates, develops and ensures action is taken to improve H&S arrangements.
- Plans are developed to ensure the implementation of policy and improved management of health & safety risk.
- The Health Board measures and monitors the effectiveness of its implementation of policy & plans.
- The Board, or Quality & Safety Committee, receives information to provide assurance on health & safety matters.

The audit reviewed corporate arrangements for ensuring health and safety risks are identified, assessed and managed, focusing on selected elements of the Health and Safety Policy. Service Delivery Unit processes and structures for managing health and safety were not within the scope of the review, though the mechanisms in place to receive assurances corporately were considered.

### 3.1.2 Overall Opinion

The Board can take **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **moderate impact on residual risk** exposure until resolved.

The overall level of assurance that can be assigned to a review is dependent on the severity of the findings as applied against the specific review objectives and should therefore be considered in that context.

Whilst a limited assurance rating has been derived the audit has recognized significant improvements made in recent years to enhance the governance arrangements for health & safety. In particular, the improved content of the agendas for Health & Safety Committee meetings and the steps made to improve the presentation of risk and performance information. However, the monitoring arrangements for the improvement plan were not clearly demonstrable at Health & Safety Committee meetings and there were weaknesses in the reporting line to the Board/Quality & Safety Committee that require addressing.

This audit identified two key findings:

- An improvement plan has been developed and received by the HSC, but monitoring of progress against it is not evident within Health & Safety Committee (HSC) meetings.
- There were concerns raised within the Health & Safety reports to the Assurance & Learning Group which did not feature in the exception reports to Quality & Safety Forum (and so did not reach the Quality & Safety Committee (QSC)). The Health & Safety reports did not make specific recommendations in respect of further escalation – this could assist in determining what information to report further, noting that the direct reporting from HSC to the QSC is only required annually by the HSC terms of reference.

Action has been agreed by the Director of Strategy to address issues raised, with target completion date of the end of May 2018.

## 3.2 PRIMARY CARE: CORE QUALITY & DELIVERY MEASURES (ABM-1718-027)



Board Lead: Chief Operating Officer

### 3.2.1 Introduction, Scope and Objectives

In Our Plan for a Primary Care Service for Wales up to March 2018 the Welsh Government (WG) undertook to develop a national set of core quality and delivery standards and measures for primary care for all health boards to report on to their boards and WG. The current WG reporting requirements in respect of primary care are set out in the NHS Delivery Framework 2017-2020. In a paper to the ABMU Health Board in September 2016 entitled Primary Care Measures for Wales, the Director of

Primary Care & Community Services Delivery Unit reported the development of a portal accessible by GPs, presenting additional data, based on the Health Board's developmental work and that of Public Health Wales for use by practices and clusters. More recently (August 2017), the Unit Medical Director presented to the Quality & Safety Committee a developmental dashboard of key indicators for its consideration.

The overall objective of this audit was to confirm that the Health Board reports primary care performance information in line with the requirements of the NHS Wales Delivery Framework 2017-2020 and current Primary Care Measures for Wales, and to review the development and use of additional information sources alongside these to gain assurance regarding the quality & safety of primary care, and to support improvement.

The audit scope considered the following:

- Measures used and reported, in relation to those set out in the NHS Wales Delivery Framework and Primary Care Measures for Wales;
- The provision of practice-level information to primary care clusters to support monitoring and improvement;
- The use and development of supplementary measures and other sources of information, such as QOF, CGSAT, clinical audit, relevant aspects of the Post Payment Verification Visits, and Health Inspectorate Wales reports, to monitor the quality & safety of services as a whole and at practice level;
  - The use of practice visits to provide independent assessment of quality;
  - Monitoring arrangements in place within the Unit and assurance to the PC&C Unit Board;
  - Assurance provided to the Health Board and/or its Committees.

We focused on information relating to general practice. Whilst the audit has considered measures and how they are used/reported it did not include a review of performance management systems or the particular actions taken (other than reporting) to address issues that the information may highlight.

### 3.2.2 Overall Opinion

The Board can take **reasonable** assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with **low to moderate impact on residual risk** exposure until resolved.

The overall level of assurance that can be assigned to a review is dependent on the severity of the findings as applied against the specific review objectives and should therefore be considered in that context.

Alongside the use of measures required by the Welsh Government Delivery Framework, this audit has considered action taken to develop additional measures to support quality assurance and improvement in primary care, and as such this audit recognises work in progress within the assurance rating. Some arrangements remain to be finalised and embedded operationally, including the revised visiting programme

approach. It is recommended that arrangements are finalised & implemented this year. Consideration will be given within audit planning for the coming financial years in order to review the implementation of measures in more depth when embedded in operation.

The Primary Care & Community Services Delivery Unit demonstrated action being taken to improve the suite of data used to provide an overall picture of quality within individual practices and the development of a process based on this to prioritise visits to practices based on the risks indicated by the picture produced.

Additionally, the Quality & Safety Committee receive regular updates on development of a Committee-level suite of indicators designed to provide assurance on quality within general practice.

No key findings were identified during this review. However, the following have been identified for further action:

- We noted that four HIW reports published in May and June 2017 were reported to the Unit QSC in October 2017, whilst another HIW report published in August 2017 was due to be reported to the January 2018 meeting (following a cancellation of the meeting in December 2017). There is potential to improve the promptness of reporting.
- There was no subsequent performance reporting to the Health Board on performance against the Phase 1 Primary Care Measures for Wales, following the original report received in September 2016.

Action has been agreed with the Unit Service Director and Interim Chief Operating Officer to address issues raised with target completion date of the end of October 2018.

### **3.3 SAFETY ALERTS (FOLLOW UP) (ABM-1718-111)**



Board Lead: Director of Strategy

#### **3.3.1 Introduction, Scope and Objectives**

Alerts are received from a number of sources, including Welsh Government, the Medicines & Healthcare products Regulatory Agency, NHS Wales Shared Services Partnership (NWSSP) Specialist Estates Services, and NWSSP Procurement Services. Alerts and Notices emanating from the NHS Wales National Reporting & Learning System (NRLS) database arise from patient safety incidents reported by NHS organisations. Welsh Government use information on significant risks identified by the NRLS to develop national Patient Safety Solutions (“Solutions”) for dissemination across NHS Wales and expect confirmation back that organisations have complied within set timescales.

In 2016/17, a limited scope review of the systems in place for the receipt and distribution of alerts to accountable managers/ service leads was undertaken. The purpose was to provide assurance that important safety information is disseminated to the right people in a timely way.

The overall objective of this 2017/18 audit was to review action taken to address key issues identified during the 2016/17 review of safety alerts.

The scope of this audit was limited to the central receipt and dissemination of alerts as covered previously, and the follow up of actions previously agreed.

### 3.3.2 Overall Opinion

The Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with **low to moderate impact on residual risk** exposure until resolved.

The overall level of assurance that can be assigned to a review is dependent on the severity of the findings as applied against the specific review objectives and should therefore be considered in that context.

The previous audit made five recommendations, of which one was a high priority and four were medium priorities. Concluding testing, we can confirm that four recommendations had been addressed, whilst one was partially addressed.

The partially addressed action identified a risk relating to the distribution list for safety alerts within DatixWeb not reflecting the nominated leads names submitted by the Units. With regard to the Unit submitted list omissions, the Head of Health & Safety stated that until the nominated leads had completed the required training the names would not be added to DatixWeb. However, a nominated lead at Morriston Hospital confirmed that they had not been informed that any training was required. Similarly, DatixWeb included names that had received training prior to the restructure of the organisation in 2016.

Outside of the follow up audit fieldwork, one key finding emerged during the review that related to 'Field Safety Alerts' that were being distributed by a supplier directly to key individuals at hospital site locations and bypassing the Chief Executives central office of distribution.





Action has been agreed by the Director of Strategy to address issues raised with target completion date of the end of April 2018.

## 4. Recommendation

The Quality and Safety Committee is asked to note:

- The internal audit findings and conclusions
- The exposure to risk pending completion of agreed management actions

## AUDIT ASSURANCE RATINGS

RATING	INDICATOR	DEFINITION
Substantial assurance	 - + Green	The Board can take <b>substantial assurance</b> that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with <b>low impact on residual risk</b> exposure.
Reasonable assurance	 - + Yellow	The Board can take <b>reasonable assurance</b> that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with <b>low to moderate impact on residual risk</b> exposure until resolved.
Limited assurance	 - + Amber	The Board can take <b>limited assurance</b> that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with <b>moderate impact on residual risk</b> exposure until resolved.
No assurance	 - + Red	The Board has <b>no assurance</b> that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Action is required to address the whole control framework in this area with <b>high impact on residual risk</b> exposure until resolved.