

MANAGEMENT ACTION PLAN

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Report Issued:	02/08/2018	Overall Assurance Opinion:	Limited
Lead Executive:	Sandra Husbands	Version:	FINAL V1.0

Key Finding Ref	Findings	Impact (Internal Audit)	Recommendation	Priority	Management Response	Responsible Officer	Deadline
1a (d)	The Strategic Immunisation Group Terms of Reference agreed in November 2017 did not include reference to its subgroup the Staff Flu Group. An updated Terms of Reference which amends this was provided to Internal Audit but there was no confirmation that this had been circulated and agreed at the subsequent SIG meeting in February 2018, or by the group's Executive Sponsor, the Director of Public Health.	Potential to improve clarity and shared understanding of governance arrangements.	The updated terms of reference should be reviewed and agreed by the Strategic Immunisation Group and approved by the group's Executive Sponsor, the Director of Public Health.	M	The staff flu immunisation group had initially been included in the previous TOR, however were omitted when the format of the TOR had been updated. SIG terms of reference will be circulated to SIG for agreement and approved by the DPH in the September SIG	Sandra Husbands, Executive Director of Public Health	04/09/2018
1b (d)	SIG terms of reference are not explicit on the officer identified to represent the Childhood Immunisation Group.	Lack of clarity regarding responsibilities	We would recommend the Chair/Vice Chair of ChIG be recorded explicitly within terms of reference as representatives reporting on behalf of that group into SIG.	M	Terms of reference to be updated to include the recommendations made and circulated to SIG for agreement and approved by the DPH in the September SIG	Nina Williams, Chair of Strategic Immunisation Group	04/09/2018
1c (d)	The SIG is not identified correctly in the Quality & Safety Forum reporting structure.	Potential to improve clarity and shared understanding of governance arrangements.	Arrangements should be made to communicate amendments to the Quality & Safety Forum administrator so that the Forum reporting structure chart identifies the titles and reporting lines of Health Board groups correctly.	L	Chair of SIG to inform the Chair of Quality and Safety forum	Nina Williams, Chair of Strategic Immunisation Group	10/08/2018
1d (d)	The Terms of Reference for the Strategic Immunisation Group reference the position of Vice Chair. A review of papers does not identify any nomination for this position.	Potential to improve clarity and shared understanding of governance arrangements.	The Strategic Immunisation Group should agree a Vice Chair. This should be documented in an updated terms of reference.	L	Vice Chair to be agreed prior to the September SIG. Terms of reference to be updated, circulated to SIG members and agreed by the Executive Director	Sandra Husbands, Executive Director of Public Health	04/09/2018
1e (d)	Current ToR indicate frequency of meetings as quarterly. Discussions indicate a desire to progress improvements more quickly.	Potential to progress improvements more quickly.	We would recommend consideration be given to adjusting frequency to bi-monthly to assist monitor and drive improvements more responsively.	L	This will be discussed at the September SIG with a view to meet with the Chairs of each subgroup 4-6 weeks after SIG to review the action plan.	Nina Williams, Chair of Strategic Immunisation Group	04/09/2018
2a (o)	The subgroups of the Strategic Immunisation Group have documented terms of reference, but these were not approved by the SIG.	Potential to improve clarity and shared understanding of governance arrangements and requirements of parent group.	To ensure the subgroups operate in accordance with the requirements of the SIG, we would recommend that their terms of reference be approved by the SIG.	M	The sub-group's terms of reference to be agreed by SIG in September's meeting	Nina Williams, Chair of Strategic Immunisation Group	04/09/2018
2b (o)	MMR Task & Finish terms of reference did not include meeting documentation standards (e.g. minutes / action logs, attendance lists) or reporting arrangements.	Potential to improve clarity and accountability of reporting.	Terms of reference should be reviewed, revised and approved by SIG.	M	There are no further planned meetings of the MMR Task and Finish group - this work will be taken up by the ChIG, which (as all subgroups) will ensure ToRs include all appropriate meeting documentation standards and are signed off by SIG	Paula Davies, Health Visitor Lead Swansea & Chair of Childhood Immunisation Group	04/09/2018
2c (o)	Strategic Immunisation Group subgroups are required to develop delivery plans for their specific areas of responsibility. The Strategic Immunisation Group terms of reference requires it to agree and scrutinise ABM immunisation and delivery plan within each subgroup. In 2017 it did not receive or approve the Childhood Immunisation Plan. Plans for 2018/19 were not yet developed at the point of audit and minutes of meetings indicate that it was waiting to receive the SIG plan before developing its own for 2018/19.	Potential to improve accountability for action and reporting from Subgroup to SIG.	We would recommend that the SIG give the ChIG clear direction in terms of planning requirements. Once developed the Childhood Immunisation Plan 2018/19 should be agreed by the Childhood Immunisation Group and presented to the Strategic Immunisation Group for its approval.	M	The ChIG plan is currently in the process of being revised and will be presented at the next SIG for approval	Paula Davies, Health Visitor Lead Swansea & Chair of Childhood Immunisation Group	04/09/2018
2d (d)	The Strategic Immunisation Group terms of reference agreed by its membership in November 2017 outline that it should receive progress reports from each immunisation subgroup. A review of papers note that subgroup reports are often verbal and form part of a wider update. The more recent draft TOR are more explicit in the requirement for written reports. These had not been agreed at the point of audit and the implementation of this requirement was not yet evident.	Potential to improve clarity and accountability of reporting.	The Strategic Immunisation Group should allocate standing agenda items for receiving written reports from its subgroups.	M	This action has already been implemented. The most recent SIG which was held on 2.7.18 required papers for submission from each representative which were circulated to SIG members prior to the meeting. Further clarity can be achieved by implementing a standard reporting format.	Nina Williams, Chair of Strategic Immunisation Group	04/09/2018

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2e (d)	The Strategic Immunisation Group terms of reference outline that it should receive progress reports from each immunisation subgroup. There has been no agreement on the format/template used for future subgroup reports.	Potential to improve the effectiveness of reporting from Subgroup to SIG.	Consideration should be given to ensuring any formal reports received from subgroups to the Strategic Immunisation Group follow a consistent format and include any minutes or action logs from recent subgroup meetings.	M	Formal SBAR reports will be requested to ensure consistency from each subgroup/ SIG member	Nina Williams, Chair of Strategic Immunisation Group	04/09/2018
2f (o)	Issues escalated from Subgroups are reviewed at Strategic Immunisation Group meetings. Actions are assigned through the Strategic Immunisation Group however this is not formally communicated to the subgroups.	Potential to improve communication between SIG and subgroups.	Management should consider sharing minutes and action logs of Strategic Immunisation Group meetings with its sub groups to facilitate clear communication.	L	SIG acknowledges there needs to be a robust procedure in place for the sharing of information and agreed actions from each SIG. As a minimum, the SIG action log will be shared at each subgroup meeting. Full SIG minutes will also be shared. However, dependent on timescales and the agreement of minutes, this may be after the subgroup has met.	Nina Williams, Chair of Strategic Immunisation Group	04/09/2018
3a (d)	The Strategic Immunisation Group is required to oversee performance & ensure delivery of all immunisation programmes. This would be through an overall ABM Immunisation Plan. At time of fieldwork the 2018/19 plan is at draft stage. A review of papers has noted that previous plans are circulated but only the Winter Flu Plan appears to feature within papers with progress updates.	Potential to improve monitoring of delivery of immunisation plan (non-flu).	The Strategic Immunisation Group should allocate standing agenda item(s) for the review of all ABM Immunisation Plan(s) at future meetings.	M	Future SIG agendas will include this recommendation	Nina Williams, Chair of Strategic Immunisation Group	04/09/2018
3b (o)	The MMR Process Mapping report was circulated at the November 2017 meeting with further discussion planned for February 2018. However the report did not feature on the action list and February minutes do not record discussion of it.	Gap in action.	We would recommend the MMR process mapping report be brought back to the next meeting of the ChIG for discussion and action agreed and added to the work plan for 2018/19. We would recommend that in developing an immunisation plan for 2018/19 management ensure all key risk register actions are considered.	M	We support this recommendation. In order to reduce the risk of re-occurrence, all action logs are to be reviewed prior to setting agendas at SIG and all subgroup meetings. All SIG and sub group members to ensure minutes or notes accurately reflect the discussions and agreed actions of each meeting.	Nina Williams, Chair of Strategic Immunisation Group	04/09/2018
4a (o)	Issues with backlog of data were discussed at the January ChIG but action not assigned and recorded in notes. Formal record of follow up was not evident at next meeting.	Gap in action.	We would recommend that the action to address the backlog of data be included in the ChIG immunisation plan 2018/19.	M	This recommendation to be placed in the ChIG action plan, with the progress of action to be formally reported at SIG. In order to reduce the risk of re-occurrence, all actions to be agreed, assigned and noted at each ChIG with the assurances these are shared at SIG.	Paula Davies, Health Visitor Lead Swansea & Chair of Childhood Immunisation Group	04/09/2018
4b (o)	The May ChIG meeting discussed data quality issues in respect of immunisation records used for a GP cluster pilot. The Health Boards Primary Care Clinical member indicated in the preceding meeting that a review in her own practice had highlighted data cleansing issues.	Potential to improve the awareness of risks to Health Board objectives.	We would recommend cleansing of records within Primary Care be progressed via inclusion in the ChIG immunisation plan.	M	The process of data cleansing in primary care would impact on the child health department, as previous work undertaken has demonstrated that in many instances the information held on the child health system is also incorrect. Our plan is therefore to build a business case for resources to carry out data cleansing for the current back log of data, with a view of undertaking regular data cleansing to avoid discrepancies between Primary Care and Child Health records and ensure confidence that COVER data is an accurate reflection of our current performance. This business case will be presented to the Investment and Benefits group for consideration, following the next SIG meeting in September	Jason Crawl, Unit Nurse Director PCS	04/09/2018
4c (o)	The Strategic Immunisation Group uses Coverage of Vaccination Evaluation Rapidly reports to monitor Health Board performance. This report is reliant on information held within ABM Child Health databases. The increased workload of the Child Health team following the introduction of the Healthy Child Wales Programme has been detailed in an entry within its host Unit risk register. There has been a recent update including a review of the teams workload. No reference to the risk register entry was identified within SIG papers.	Lack of regular oversight of risks could lead to risks not being identified and managed appropriately.	We would recommend that SIG monitors action to address the Singleton risk register entry via inclusion within its 2018/19 immunisation plan.	M	The increased workload for the Child Health Team is not limited to the Healthy Child Wales Programme, but also to the increased number of vaccines offered in the routine immunisation schedule. We support the recommendation to include in the ChIG action plan with its progressed action to be reported at each SIG.	Nina Williams, Chair of Strategic Immunisation Group	04/09/2018

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4d (o)	There are minimum standards for Childhood Immunisation administrative procedures and data collection which aim to provide consistency across Wales. Within the standards there is a requirement for compliance to be audited on an annual basis. The most recent Child Health Immunisation Process Standard (CHIPS) audit was undertaken in July 2016.	Potential to highlight issues of non compliance against all Wales standards.	We would recommend that requirement to complete an annual CHIPS audit is included in annual immunisation plans.	M	CHIPS audit has been completed in July 2018. The audit and recommendations will be presented to ChIG and SIG and recommendations will be included in the ChIG plan	Paula Davies, Health Visitor Lead Swansea & Chair of Childhood Immunisation Group	18/07/2018
4e (o)	The outcome of Child Health Immunisation Process Standard (CHIPS) audits are not shared with or reported to the Strategic Immunisation group or the Childhood Immunisation Group.	Ability to monitor agreed actions, or to escalate risks where that is not possible.	The Health Board Immunisation Co-ordinator should ensure that any outcome from completed CHIPS audits are shared with the Strategic Immunisation Group and the Children's Immunisation Group. Where non compliance is identified an action plan should be produced.	M	The CHIPS audit is not the sole responsibility of the immunisation coordinator. This is a partnership approach between the IC and the child health manager. The immunisation coordinator will share the CHIPS audit and respective action plan at SIG and ChIG, while the child health manager will escalate to children's services, SSDU.	Catherine Watts, Immunisation coordinator	04/09/2018