Meeting Date	**4th October 2018**	**Agenda Item**	
Report Title	**Audit & Assurance Assignment Summary Report**		
Report Author	Neil Thomas, Deputy Head of Internal Audit, NWSSP A&A		
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Presented by	Paula O'Connor, Head of Internal Audit, NWSSP A&A		
Freedom of Information	Open		
Purpose of the Report	To advise the Quality & Safety Committee of the outcomes of finalised Internal Audit reports.		
Key Issues	This paper presents the assurance outcomes from six audit assignments with a focus on quality & safety within their scope. The findings and conclusions of three are presented in summary form: • Annual Quality Statement • Putting Things Right: Integrity of DatixWeb • GP Managed Practice: Cymmer Health Centre Full reports & agreed action plans are appended for three that have derived *Limited* levels of assurance: • Vaccination & Immunisation • POVA: Deprivation of Liberty Safeguards (Follow Up) • Princess of Wales Delivery Unit Governance Review		

Specific Action Required ***(please ✓one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
			✓	

Recommendations	Members are asked to: • Note the findings and conclusions presented, and the exposure to risk pending completion of action by management. • Consider any further action required In respect of the subjects reported

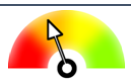
AUDIT & ASSURANCE ASSIGNMENT SUMMARY REPORT

1. INTRODUCTION

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

2. BACKGROUND: REPORTS ISSUED

Since the last meeting the following audit assignments have been finalised with a focus on quality & safety within their scope:

Subject	Rating[1]	Comments
Annual Quality Statement *(ABM-1819-019)*	**No rating assigned**	Summary
Putting Things Right: Integrity of DatixWeb *(ABM-1819-020)*		Summary
GP Managed Practice *(ABM-1819-035)*		Summary
Vaccination & Immunisation *(ABM-1819-012)*		Full report at Appendix B1
POVA: Deprivation of Liberty Safeguards (Follow Up) *(ABM-1819-026)*		Full report at Appendix B2
Princess of Wales Delivery Unit Governance Review *(ABM-1819-036)*		Full report at Appendix B3

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.

At the request of the Audit Committee, full audit reports with agreed management action plans are attached at Appendix B for those deriving *Limited* assurance levels. For the remainder the key findings and conclusions are summarised below in Section 3. Full reports can be made available to Quality & Safety Committee members for any of the above on request.

Actions have been agreed with Executive Directors in respect of audit recommendations made for Final reports issued. Progress against agreed actions is input into an online database by lead officers and visible to Executive Directors for monitoring. The Associate Director of Finance / Head of Accounting analyse and summarise 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

[1] Definitions of assurance ratings are included within Appendix A to this report

subsequent years. 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 Directors.

3. INTERNAL AUDIT FINAL REPORT SUMMARIES

3.1 ANNUAL QUALITY STATEMENT (ABM-1819-019)

No rating assigned

Board Lead: Director of Nursing & Patient Experience

3.1.1 Introduction, Scope and Objectives

This assignment originated from the internal audit plan agreed by the Audit Committee in March 2018.

The overall objective of this assignment was to assist the Health Board with accuracy checking and triangulation of data and evidence before publication of the AQS.

The scope was limited to verifying that the AQS is consistent with information already published and/or reported to the Board and its committees over the period. It did not audit the internal controls over data quality within the underlying information systems generating the data reported.

During the audit, consideration was given to compliance of AQS contents with extant Welsh Government requirements and the potential impact any gaps in information may have on the representativeness of the AQS with respect to the quality of Health Board services. These were highlighted during field work for management consideration and action if appropriate.

3.1.2 Findings & Conclusion

Internal Audit received its first version of the draft Annual Quality Statement (AQS) for audit review on 13th June 2018.

The draft AQS had been produced by members of the Nursing Directorate with input and oversight from the Deputy Director of Nursing. Audit noted that the process for producing the AQS for 2017/18 did not follow the formal process previously agreed by the Quality & Safety Committee in 2015 or the 1000 lives 'Creating your Annual Quality Statement'.

The Quality & Safety Committee received a draft AQS on 7th June 2018, presented to the Committee by the Director of Nursing who confirmed that the AQS required further work. Members of the Committee highlighted a number of issues for the Director of Nursing to consider. Internal Audit reviewed the draft AQS produced on 13th June 2018 to ensure they had been addressed.

Internal Audit checked the content of the AQS against the requirements of Welsh Health Circular WHC/2018/011 to identify any areas of the circular that had been omitted. Additionally, we reviewed a sample of statements and performance indicators presented within the draft AQS to ensure that they were both accurate and representative of what the Board had received during the year. Internal Audit highlighted a considerable number of queries and issues in the draft AQS that were discussed at a meeting with the Deputy Director of Nursing and her Team for agreement and confirmation that the adjustments would be made.

Following that meeting on 20th June 2018 Internal Audit provided the Deputy Director of Nursing with schedules of the matters discussed at the meeting; at the closure of audit fieldwork the Nursing Directorate continued to action those adjustments highlighted by Internal Audit. (Detail of the adjustments being progressed at the close of fieldwork were attached to the Draft version of this report).

In addition, Audit noted there was no evidence of engagement with Stakeholders during audit fieldwork.

At the closure of audit fieldwork the Deputy Director of Nursing advised that the draft AQS would not be submitted to Quality & Safety Committee or Audit Committee for sign-off before Health Board approval. However, she confirmed that she would engage with the Executive Team to seek their views and approval for sign-off of the final draft before it was submitted to the Health Board on 31st July 2018.

3.1.3 Opinion

This report is the result of a limited scope audit of the Health Board's Annual Quality Statement for the year 2017/18. The breadth of the subject matter and timescales for the production of the AQS inherently limit the extent and depth of independent verification possible. Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of subject matter and the methods used for determining such information.

The scope of our assurance work has not included governance over quality or the detail testing of systems generating performance indicators information.

Based on the outcome of our limited scope audit review we would confirm that:

The sample of statements and performance indicators reviewed by Internal Audit were largely consistent with information presented to Board or its Committees (13 out of 20). For those not substantiated to Board papers, Internal Audit were provided with correspondence received by the Nursing Directorate to support input.

The AQS addressed many of the requirements of the Welsh Government circular. However, several areas for improvement were highlighted to the Deputy Director of Nursing for consideration. Some of these were key and require improvement before publication to ensure the AQS is representative.

However, it should be noted due to time restraints the AQS was submitted to the Board on 31st July 2018 without having final draft sign-off by any of the Board's committees or stakeholder engagement. We were informed that key changes would be reviewed by the three Executive Directors prior to its submission to the Board.

The Deputy Director of Nursing agreed to provide confirmation that all adjustments were complete. Following issue of the draft audit report, feedback was returned on action taken. Internal Audit has not reviewed the changes made, but the management assurances of action taken and/or intended as part of the 2018/19 AQS development process were attached to the Final report issued to the Director of Nursing & Patient Experience.

For 2018/19 the Welsh Government has set the tighter timescale of June 2019 for the submission of the AQS. Internal Audit has recommended that the Health Board review its processes to ensure that the 1000 lives guidance for 'Creating your Annual Quality Statement' is considered and the information required for 2018/19 is built up as the year progresses opposed to an end of year task. An action plan has been agreed with the Director of Nursing & Patient Experience.

3.2 PUTTING THINGS RIGHT: INTEGRITY OF DATIXWEB (ABM-1819-020)

Board Lead: Director of Nursing & Patient Experience

3.2.1 Introduction, Scope and Objectives

This assignment originated from the 2018/19 internal audit plan agreed by the Audit Committee in March 2018.

The NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011, issued under Welsh Statutory Instrument 2011 No. 704 (W.108), came into force on 1 April 2011 and apply to all Health Boards, NHS Trusts in Wales, independent providers in Wales providing NHS funded care and primary care practitioners in Wales. The Regulations introduced a single and consistent method for grading and investigating concerns, as well as encouraging more openness and involvement of the person raising the concern.

DatixWeb online reporting system went live on the 1st December 2014 and is the system that enables the Health Board to monitor patient safety activities. The system consists of seven modules:

1. Incidents
2. Complaints
3. Claims
4. Risk
5. Patient Experience
6. Safety Alerts
7. Dashboards

The overall objective of this audit was to review compliance with the relevant standard operating procedures by Service Units and the promptness of actions taken to address concerns highlighted by the Datix Team.

The audit reviewed compliance with the requirements of the standard operating procedures in place to ensure that:

- Management audits are undertaken by the Unit Governance Teams to ensure data within DatixWeb is accurate and complete;
- Concerns identified following local audit reviews undertaken by the Datix Team are communicated to Unit Governance Leads; and
- Unit Governance Teams act upon audit findings and provide assurance to the Datix Team on their progress and/or completion.

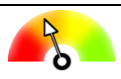
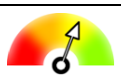
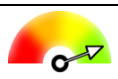
This review considered the information and activities of key corporate groups, including the Datix/Snap User Group, in addition to an analysis of available information extracted from the DatixWeb system before selecting Service Delivery Units to test.

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.

The summary of assurance given against the corporate Datix Team and Service Delivery Unit roles and responsibilities is described in the table below.

Assurance Summary				
Corporate Datix Team				✓
Service Delivery Units		✓		

Corporate Datix Team

We can confirm that the Datix Team were fully compliant with the standard operating procedures, in addition to having an established risk-based audit work programme in place for 2018/19 with the findings of each individual audit made available to the various governance teams within the Health Board through the use of a shared folder. The sharing of the findings allows the governance teams to investigate and amend individual records to ensure that the integrity of the information within DatixWeb is accurate and complete.

We were informed that audit findings identified for some specialties, such as Obstetrics, would be managed by the Women & Child Health (W&CH) Governance Team rather than POW Governance Team. Consideration should be given to ensuring that the W&CH Directorate governance team also provide assurance to the Datix Team for addressed audit findings.

Service Delivery Units

We noted that the Service Delivery Units were not fully compliant with the standard operating procedure for addressing issues raised in the audit reports provided by the corporate Datix Team. Failure to complete the necessary actions poses a risk to the quality of data within the DatixWeb system.

One key finding was noted during this review:

- The June 2018 findings of *Audit 4 – Investigations & Actions Combined* identified 2697 issues relating to the incompleteness of the actions tab on the incident form. We noted that 2585 of these issues were incidents with 'No Harm' and 'Minor Harm' outcomes. Whilst we noted the positive changes to the DatixWeb incident form with the introduction of the 'Action Type' box in order to mitigate the risk above, many of the 2697 are historical issues that are still not amended and remain on the system.

In addition, the following have also been identified for further action:

- We noted that many of the Units and Directorates did not provide assurance to the Datix Team that identified issues had been addressed on the DatixWeb system – only POW and NPT Hospital Units regularly reported assurance.

- We noted eight instances out of 50 where assurance had been provided by the Governance Lead; however, the audit findings had not been addressed in DatixWeb.

Action has been agreed with the Director of Nursing & Patient Experience to address key actions by the end of September 2018. One low priority recommendation will remain to be addressed by the end of March 2019 (in line with boundary change work).

3.3 GP MANAGED PRACTICE: CYMMER HEALTH CENTRE (ABM-1819-035)

Board Lead: Chief Operating Officer

3.3.1 Introduction, Scope and Objectives

This assignment originated from the 2018/19 internal audit plan. The Health Board directly manages Cymmer Health Centre. In June 2017, the Health Centre was subject to an announced inspection by the Health Inspectorate Wales (HIW). Their report, incorporating the Health Board's management action plan, was published in September 2017. The report noted that the inspection found evidence that the Health Centre provided safe and effective care. However, it found some evidence that the practice was not fully compliant with all Health and Care Standards in all areas.

The overall objective of this audit was to review the arrangements in place for the direct management of the Cymmer GP Health Centre. The scope focused on arrangements in place to ensure improvements have been made following the June 2017 HIW inspection at Cymmer Health Centre.

The audit reviewed monitoring arrangements in place within the Unit firstly. Following this, we reviewed evidence in support of progress reported, undertaking desktop review of key documentation and a sample of changes made at the practice.

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.

Progress was evident in respect of most recommendations made by HIW. However, further action needs to be taken in order to address the some of the issues raised by HIW effectively.

There was one key finding identified during the audit:

- The risk register is the monitoring tool being used to monitor progress against actions from the HIW Inspection. However, while six of the actions have been marked as completed in the register, further action is required to address the associated issues in the HIW report effectively. Further action had not been added at the time of the audit.

Amongst those areas requiring management attention to complete we would highlight the following:

- The development of an action plan with assigned responsible officers and completion dates was not evident for the Fire Risk Assessment and security risks remain to be formally assessed and addressed;
- There is no plan to address completion of mandatory training.

Action has been agreed with the Chief Operating Officer to be completed by the end of October 2018.

4. RECOMMENDATION

4.1 The Quality and Safety Committee is asked to note:

- **The findings and conclusions of internal audit assignments summarised within the main body of this report**
- **The final reports appended, presenting the detailed findings, conclusions and management action plans agreed following *limited* assurance audit reports.**
- **The exposure to risk pending completion of agreed management actions.**

AUDIT ASSURANCE RATINGS

RATING	INDICATOR	DEFINITION
Substantial assurance	 - + Green	The Board can take **substantial assurance** 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 **low impact on residual risk** exposure.
Reasonable assurance	 - + Yellow	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.
Limited assurance	 - + Amber	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.
No assurance	 - + Red	The Board has **no assurance** 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 **high impact on residual risk** exposure until resolved.