

Quality Assurance

Final Internal Audit Report

2024/25

Swansea Bay University Health Board



Limited Assurance

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Review Reference

Fieldwork

Executive Sign Off

Audit Committee

Executive Lead

Audit Team

SBU-2425-09

November – January 2024

7 March 2025

20 March 2025

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Executive Summary

Purpose

The review considered how the Quality Assurance Framework links to quality and safety risks and objectives, and assessed the extent to which it is contributing to quality improvement and Board assurance.

Overview

The Welsh Government's, 'A Healthier Wales: our plan for Health and Social Care' (2021) is *putting quality and safety above all else – providing high-value evidence-based care for our patients at all times*. The recent Health and Social Care (Quality and Engagement) (Wales) Act 2020, which came into force in April 2023, places an enhanced duty of quality and an organisational duty of candour on NHS bodies to strengthen their approach in providing high quality and safe care.

Swansea Bay University Health Board's (the health board) Quality Strategy 2023-2028, as approved by the Board in January 2023, establishes the health board's need to have *systems and structures in place that provide the health board with assurance on the quality of services, from ward level to board level*, including compliance with legislation and professional standards, benchmarking with other organisations where appropriate and multidisciplinary unannounced assurance audits.

The health board's Quality Management Systems (QMS) incorporates four key elements which should be established and embedded across the health board: Quality Improvement, Quality Control, Quality Planning; and Quality Assurance. The QMS is made up of several documents including the Quality and Safety Process Framework (QSPF) which sets out the *process by which Board assures through good governance that services are of high quality and safe for all*. The QSPF also establishes the corporate commitment to undertake a programme of monthly assurance audits across the organisation, the arrangements for which are set out with the Quality Assurance Framework.

Our audit has identified a lack of evidence to demonstrate audits being undertaken at a Service Group level to underpin the corporate quality assurance arrangements, but we note that the Audit Management and Tracking (AMaT) system is being introduced to strengthen the arrangements to record and monitor these audits.

We have concluded limited assurance on this area. The matters requiring management attention include:

- Strengthen the documentation within the plan of corporate quality assurance visits undertaken by the Quality, Safety and Improvement Team (QSIT) to better articulate the rationale to support the decision-making process for those areas that are included in the audit plan.
- Poor completion rates of the Service Group level audits, which include Infection Prevention and Control, Matron, Nursing, Sepsis and Governance.
- Action plans following completion of quality assurance visits are not always returned by Service Groups in a timely manner.
- A lack of oversight and reporting of the status of Service Group level audits, their outcomes and results, and the implementation status of the associated actions.

Full details of matters arising are detailed with the Findings & Agreed Action Plan.

Scope & Assurance Summary

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

Related Findings

Assurance

1	A programme of assurance visits is developed, which aligns with the health board's Quality Strategy, organisational risks and concerns, and approved at an appropriate forum.	1	Reasonable
2	Results of assurance visits undertaken, including action/improvement plans, and progress against the agree quality assurance programme, are reported to the relevant divisions, clinical forums and committees.	2,3	Limited
3	Actions are monitored to ensure implementation and benefits realisation, and results of all assurance visits undertaken are triangulated with learning from other quality governance mechanisms to inform future planning.	3,4	Limited

Management Actions

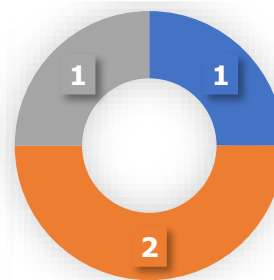


High Priority



Medium Priority

Themes



■ Strategy

■ Planning, Delivery & Deadline Management
■ Performance Monitoring

Risk Types

Quality or Safety Issues

Findings & Agreed Action Plan

Objective 1: A programme of assurance visits is developed, which aligns with the health board's Quality Strategy, organisational risks and concerns, and approved at an appropriate forum.

Reasonable

Overview / Summary of Observations

Corporate Quality Assurance Visits

The Quality Assurance Framework (QAF) sets out the step-by-step process for corporate unannounced assurance visits across the organisation which have multi-disciplinary attendance. Toolkits to aid staff undertaking the visits have been prepared to align with the requirements of Duty of Candour, Duty of Quality and the NHS Wales Health and Care Standards which include: Timely and Effective Care; Person Centre and Equitable Care; Workforce and Leadership and other areas such as Infection Prevention Control, Safeguarding and patient/staff/estate issues.

An annual plan has been developed by the Quality, Safety & Improvement Team (QSIT), which sets out the intended ward areas to be visited and was approved at the weekly Quality and Safety Executive huddle in October 2024. We note that this meeting has restricted senior level attendance as such ensuring that visits remain unannounced at Service Group level. The inclusion of wards within the plan is not supported by documented rationale that can be linked to health board priorities, risks or the health board's Quality Strategy (see **Key Finding 1**). Visits are undertaken monthly which allows for a maximum of 12 of these internal inspections per year.

Service Group Quality Assurance Arrangements

The health board's Quality Strategy also sets out the responsibility of Service Groups for undertaking assurance activity and audits. Discussions with all Service Group Quality Leads, and review of some divisional Quality and Safety papers, has indicated that such activity includes: Service Group Director of Nursing 15-step challenge (resources to support staff to listen to patients and carers and understand potential improvements and a way of involving patients, carers and families in quality assurance processes); and Service Group specific audits.

From December 2023, work has been ongoing to create new Service Group assurance visits, which has involved input from the QSIT and wider Service Group engagement to ensure audits align with health board expectations and priorities, the Health and Care Standards, Duty of Candour and Duty of Quality. These audits have been created within the Audit Management and Tracking (AMaT) system, an online tool that simplifies the undertaking of audits, collation and monitoring of actions and improves oversight of audit completion and compliance. Previously, the audits were completed within the Healthcare Monitoring System (HCMS).

Key Findings	Risk & Impact	Agreed Management Action
<p>1 Rationale and coverage of support quality assurance visits</p> <p>The paper prepared for approval of the forthcoming plan stated that <i>'the list of areas to be audited has been developed in order to provide a balance of areas visited across service groups and patient groups. They also reflect whether an area has been visited in the preceding six months.'</i></p> <p>As per discussion with the Head of Quality and Safety (Corporate Nursing) the rationale for including ward areas within the quality assurance visit plan could be based on a number of considerations including:</p> <ul style="list-style-type: none"> • Areas that have been highlighted as a risk area either through Service Group or corporate review; • A change in incident/complaints/concerns trends; • Health board quality priorities; • Other indicators such as Safeguarding or IPC concerns; • Clinical sponsor/Director request; and • Areas/wards that haven't previously been reviewed. <p>However, consideration of such was not clearly documented within the plan presented for approval.</p> <p>We recognise that the wider multi-disciplinary attendance and capacity within the QSIT restricts the number of visits able to be undertaken each year, however due to the absence of a clear link with the Quality Strategy and organisational priorities and risks, it is not possible to determine the level of coverage these corporate assurance visits provide, including at ward/patient service area level, especially when considered alongside the lack of supporting documentation for audits undertaken at Service Group level (see Key Finding 3).</p>	<p>Quality assurance visits do not align with health board risks, priorities or areas of concern.</p>	<p>Agreed Action:</p> <p>To demonstrate the basis for completion of the assurance visit, the completed report will be annotated as to whether it is (a) routing, (b) director requested or (c) a trigger has been met. The detail will feature in the paper presented to the Corporate Huddle when reviewing ongoing plan; as well within the monitoring spreadsheet managed by the QSIT.</p>
<p>Theme: Strategy</p>	<p>Medium Priority</p> <p>Control Design</p>	<p>Expected Evidence of Implementation:</p> <p>Documentation supporting the plan of visits; individual audit reports; monitoring spreadsheet.</p> <p>Officer: Head of Quality and Safety</p> <p>Date: 31 July 2025</p>

Overview / Summary of Observations

Corporate Quality Assurance Visits

The Quality Assurance Framework Standard Operating Procedure sets out the process and timeline for reporting matters requiring attention following a Quality Assurance (QA) visit, which include issuing immediate actions, conducting a debrief with the Ward (via Teams) and to issue a report within a month of the visit. It also includes the requirement for Service Groups to return completed action plans within two months.

The QSIT review and approve the action plans prior to their presentation to the Patient Safety and Compliance Group (PSCG) as part of the QAF process, to ensure that actions align with expectation. Where this not the case, the action plans are returned to the Service Group for review. Amendments have been made to the format of the action plans, by pre-populating the findings section which has helped to reduce the number of action plans returned to Service Groups. However, our review has also determined that action plans are not being returned to the QSIT in a timely manner (see **Key Finding 2**). We note that the QSIT are currently piloting the AMaT system for the use of the corporate quality assurance visits, to help facilitate timely completion/acceptance of action plans and improve reporting and monitoring arrangements.

Progress against the Quality Assurance plan is discussed informally at the Q&S Exec Huddle as and when required. A progress report was also presented to the PSCG in September, and review of minutes confirming that verbal updates were given at each bi-monthly meeting throughout the year. Refer to objective 3 for further arrangements on monitoring of the implementation of actions.

Service Group Audit Activities

As per *objective 1* Service Group specific audits which, prior to April 2024, were undertaken within the Healthcare Monitoring System (HCMS). However, we were advised that these were inconsistently completed, and we have not been provided with evidence to support their completion and outcomes. In addition, there is currently no reporting on the completion or results of Service Group level audits across the health board. (see **Key Finding 3**).

Since April 2024, new audits have gradually been added to AMaT by a designated project team, with Service Groups and wards also being added on a phased basis. The typical expectation is between six and eight audits to be undertaken on a monthly basis at ward level, and at the date of fieldwork, there were a total of 807 audits listed on AMaT for completion during October. The training package made available to staff for the completion of AMaT audits is easily accessible via e-learning and Teams sessions. Our review identified that those AMaT audits, which have been completed to date, have not been completed consistently (see **Key Finding 3**). We recognise that the health board is still in the process of rolling out the system, and that further work is required to develop a framework to support services in knowing how to record which audits are routine and which are ad-hoc.

In the absence of information being provided to support the HCMS audits, we have reviewed the functionalities of AMaT. There are several reporting functions within AMaT that assist Wards, Divisions and the wider Service Group in monitoring audits results and outputs. Following the completion of AMaT audits, where weaknesses are identified by the reviewer, actions are identified, assigned a priority rating and allocated to a relevant member of staff within the ward team along with timelines for completion. Upon sign in to the AMaT system, users are notified of the status of their assigned actions, indicating whether they are due or overdue. Additionally, the system automatically issues a 'weekly round-up' email to remind the member of staff that they have actions to complete.

Key Findings	Risk & Impact	Agreed Management Action
<p>2 Action plans following Corporate QA visits are not completed in a timely manner</p> <p>The QAF requires that action plans following corporate quality assurance visits are return to the QSIT within two months of issuing the quality assurance visit report. We selected a sample of three visits undertaken in year and we note that despite reminder emails being issued by the QSIT, only one of the wards had returned their action plan within the required timeframe.</p> <p>We note that the potential transition to AMaT for the completion of the corporate quality assurance visits, and their subsequent action plans, may assist in a more timely completion/acceptance of the same by the responsible Service Group.</p>	<p>QA visit findings are not being addressed in a timely manner.</p>	<p>Agreed Action:</p> <ol style="list-style-type: none"> 1. Service Group directors will provide assurance of the actions taken following an assurance visit to the Patient Safety and Compliance Group within two months of receipt of the report. Failure to do so will be formally escalated to the Quality and Safety Group. 2. Service Group directors will provide assurance on the completion of the actions taken following assurance audits to the Quality and Safety Committee as part of their routine reporting. <p>Expected Evidence of Implementation:</p> <ol style="list-style-type: none"> 1. PSCG reports and minutes, QSG minutes 2. QSC reports and minutes
<p>Theme: Planning, Delivery & Deadline Management</p>	<p>Medium Priority</p> <p>Control Operation</p>	<p>Officer: Service Group Directors</p> <p>Date: 1. 30 September 2025; 2. 31 December 2025</p>
<p>3 Service Group quality assurance arrangements</p> <p>The health board's Quality Strategy sets out the responsibility of Service Groups for undertaking assurance activity and audits. Evidence to support the existence and outcomes of these assurance arrangements has been limited. We were provided with evidence of two Nurse Assurance audits within the Primary Care and Therapies Service Group and one 15-step challenge from the Neath Port Talbot and Singleton Service Group; who also provided us with a document setting out an overview of arrangements.</p> <p>Further no information was provided to support the work completed on the HCMS prior to the introduction of AMaT. There is currently no reporting on the completion, results nor action status of Service Group level audits across the health board.</p> <p>Whilst recognising that the health board is still in the process of rolling out the AMaT system on a phased basis, and in the absence of any previous information, a review of the October 2024 data from the AMaT system noted that out of the total 807 audits available for completion across the Service Groups, only</p>	<p>Audits are not completed; and actions are not addressed in a timely manner which could impact the quality of service delivery and risk of patient harm.</p>	<p>Agreed Action:</p> <ol style="list-style-type: none"> 1. Service Group directors will provide reports to each Patient Safety and Compliance Group meeting of assurance visits undertaken, and the status of open actions from previous visits, using the Health Board tool in the period and the outcome. 2. Service Group Directors will include the number and outcome of their assurance visits as part of their routine reporting to Quality & Safety Committee.
		<p>Expected Evidence of Implementation:</p> <ol style="list-style-type: none"> 1. PSCG reports and minutes 2. QSC reports and minutes

Key Findings	Risk & Impact	Agreed Management Action
<p>476 (59%) had been completed. There are gaps on completion across each Service Group.</p> <p>Theme: Planning, Delivery & Deadline Management</p>	<p>High Priority</p> <p>Control Operation</p>	<p>Officer: Service Group Directors</p> <p>Date: 1. 30 September 2025; 2. 31 December 2025</p>

Objective 3: Actions are monitored to ensure implementation and benefits realisation, and results of all assurance visits undertaken are triangulated with learning from other quality governance mechanisms to inform future planning.

Limited

Overview / Summary of Observations

Corporate Assurance Visits

We were advised that whilst reporting is taken to PSCG on progress against the corporate quality assurance visit plan and in the presentation of the initial action plan, there is no ongoing monitoring of the Service Groups action plans at a corporate level (See **Key Finding 4**). The QAF sets out that revisits will take place within an appropriate timescale to confirm the implementation of key actions. Going forward, the QSIT plan to undertake a follow up visit at each ward, which includes the review of the action plan and progress made to implement. The one revisit undertaken this year identified that some actions marked as completed were not being sustained. We note that only one revisit has been undertaken in year which has been impacted by capacity issues within the QSIT (see **Key Finding 4**).

Until revisits are undertaken routinely by the QSIT, responsibility for monitoring of action plans following a corporate assurance visit falls to the relevant Service Group. Discussion with Heads of Nursing for the wards reviewed during this audit advised that arrangements are in place to ensure implementation of actions. Mechanisms include daily walkthroughs by Heads of Nursing and Matrons, ward team meetings or 1:1s with members of staff. Progress updates are provided at divisional Quality and Safety groups, however we have not been provided with evidence to support this process across all three areas selected for testing (see **Key Finding 3**).

Service Group Audit Activities

In the absence of HCMS data, a report generated from the AMaT system was provided to us setting out the position of actions as at December 2024. This highlighted that 74% of the total 1,955 actions are reported as closed, with 12% overdue, 5% unable to complete or no longer relevant, 2% partially complete and 5% new actions. However, discussion with Service Group Quality leads indicated that, in addition to the lack of reporting on the status and outcomes of audits, there is limited oversight of the implementation of the associated actions (see **Key Finding 3**). We also recognise that further work is required with the Service Groups to ensure the actions recorded are SMART (see *objective 2* for details on the development of a framework to assist with the usage of the system)

Triangulation of Learning and Benefit Realisation






The Chief Executive Officer hosts monthly Team Brief meetings, which require each Executive Lead team to present a summary of in month activity and performance to be shared across executive functions. In September 2024, the QSIT prepared a thematic learning summary of assurance activity and wider quality improvement work that has been completed in the year to date. In addition, work is ongoing to present a paper to PSCG in January 2025 to provide an overview of the learning themes identified across each of the quality assurance visits undertaken. This is intended to capture the benefits achieved following each visit, areas that require improvement and opportunities for learning.

Learning at ward level is currently achieved through the communication of action plans and the embedding of the processes and practices required to address, and we were advised that this is also shared within division and service group reporting pathways through action plan progress updates. However, we have noted limited evidence of sharing of learning from individual quality assurance visits, both across Service Groups and health board wide.

Key Findings	Risk & Impact	Agreed Management Action
<p>4 Corporate follow up visits not completed in line with QAF impacting on the sustainability of action implementation</p> <p>The QAF sets out that revisits to wards are undertaken following a QA visit within an appropriate timescale.</p> <p>Our review has identified that only one revisit has taken place since January 2024 which identified that some findings and actions marked as complete within the action plan, were not consistently complete and required re-addressing.</p> <p>Discussion with members of the QSIT has confirmed that this is primarily due to capacity issues within the team and the wider MDT attendance requirement. The QSIT are working towards undertaking revisits at each Ward but that this plan will be implemented during 2025, alongside changes to the QAF and reducing the diversity of the team required to undertake revisits.</p> <p>We also note there is currently no ongoing monitoring of progress against action plans by the Corporate QSIT. While the responsibility for ensuring action implementation sits with the service group, as the re-visits are not being consistently undertaken, there is a risk that implemented actions are not being sustained.</p>	<p>Implemented actions are not consistently sustained</p> <p>Medium Priority</p>	<p>Agreed Action:</p> <p>The Quality, Safety and Improvement Team will review the QAF to clarify the follow up arrangements for audits, based on their RAG rating and assurances given through Patient Safety and Compliance Group.</p> <p>Expected Evidence of Implementation:</p> <p>Revised QAF approved in QSG.</p> <p>Officer: Head of Quality and Safety Date: 31 July 2025</p>
<p>Theme: Performance Monitoring</p>	<p>Control Operation</p>	

Appendix A

Assurance Opinion

	Substantial	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Advisory	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 Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)

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Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

