



Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	15 September 2022	Agenda Item	5.3
Report Title	Management Response to Internal Audit Report – NICE Guidance		
Report Author	Sharon Rağbetli, Clinical Audit & Effectiveness Manager		
Report Sponsor	Richard Evans, Executive Medical Director/Deputy CEO		
Presented by	Richard Evans, Executive Medical Director/Deputy CEO		
Freedom of Information	Open		
Purpose of the Report	To present to the Committee the response and associated actions resulting from the recent internal audit of NICE Guidance.		
Key Issues	<p>The internal audit exercise was undertaken during March and April 2022. It focused on the actions the health board was taking to ensure that NICE Guidance was appropriately captured and considered. It did not assess actual compliance with guidance</p> <p>NICE Guidance is set nationally but not mandated.</p> <p>Oversight within the health board is provided by the Clinical Outcomes and Effectiveness Group (COEG), established late 2020. The audit acknowledges that the group was evolving and that the supporting Audit Management and Tracking System (AMaT) was new and not fully functional at the time of the review.</p> <p>The management response and progress with associated actions are summarised within this report.</p>		
Specific Action Required (please choose one only)	Information	Discussion	Assurance
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <p>Note the report.</p>		

MANAGEMENT RESPONSE TO INTERNAL AUDIT REPORT OF NICE GUIDANCE

1. INTRODUCTION

The purpose of this report is to outline the management response and associated actions emerging from the recent internal audit into National Institute for Health and Care Excellence (NICE) Guidance.

2. BACKGROUND

The health board's governance structure for monitoring non-medicine specific NICE Guidance for Wales is via the Clinical Outcomes and Effectiveness Group (COEG). The group was established in late 2020 and at the time of the internal audit review, 15 meetings had been held.

In respect of its assurance role, the stated purpose of COEG includes ensuring that it is satisfied that arrangements for NICE Guidance are operating effectively to ensure the provision of high quality, safe healthcare and services across the whole of the health board.

The internal audit exercise focused on the actions the health board is taking to ensure that NICE Guidance is appropriately captured and considered. It did not assess actual compliance with guidance.

3. GOVERNANCE AND RISK ISSUES

An overall Limited Assurance rating was awarded. Areas for action identified include;

Audit objective 1: Appropriate governance arrangements are in place to ensure that the health board satisfies the requirements of the guidance.

Findings: Limited Service Delivery Group (SDG) representation, limited responses from SDGs in evidencing review of implementation of NICE guidance for feedback to COEG and timeliness of assessments

Audit objectives 2 and 3: Roles and responsibilities are clearly defined ensuring accountability of staff in relation to the guidance and operational policies and procedures are in place which clearly describe expected processes and methods.

Findings: The Standard Operating Procedure, clarifying roles and responsibilities should be completed

Audit objectives 4 and 5: Mechanisms are in place to capture compliance with the guidance and compliance is regularly reported through to the health board, with arrangements in place for the escalation of issues.

Findings: Absence of a mechanism to demonstrate ongoing compliance with the guidance. Lack of detail and clarity regarding the content of the responses in order to confirm that the guidance has been adopted by the health board and is being complied with.

Actions taken/planned include:

- The required actions from the report were summarised at the COEG meeting in May, with SDG MDs being reminded of their responsibilities in terms of attendance, timeliness of responses and evidencing discussion at appropriate forums as a regular standing agenda item. Following amendments, the final report was circulated to members of the group in June.
- Wording within the Terms of Reference (ToRs) was updated to clarify that SDG MDs could identify nominated deputies in their place. After opportunity for further comment, the ToRs were signed off at the July COEG meeting. The Executive Medical Director has written to SGMDs to remind them of their responsibility to ensure there is appropriate representation at all meetings.
- Secretariat support for COEG is provided by the Executive Medical Directors PA, while the action log is maintained by the Clinical Audit and Effectiveness team. Review and approval of the notes generated by the Chair will ensure that the information captured is accurate and reflects attendees and discussion of key points
- The Executive Medical Director has agreed a draft SOP for dissemination of non-medicines NICE guidance and for self-assessment against compliance. The new system, to be implemented in October 2022 will consist of:
 - Library Services will continue to circulate all published NICE guidance to clinicians in the Health Board for information.
 - Published NICE guidance (new and updated) will be distributed to the relevant Service Group(s)
 - Service Group Medical Director(s) will appoint a lead clinician to provide the response within 28 days of receipt.
 - Lead clinicians will complete a standard proforma (draft attached as Appendix 1), which will identify whether the Health Board is compliant, and what actions are being taken if necessary to reach compliance.
 - The returned proformas will be collated by the Clinical Audit and Effectiveness Department and reported to the Clinical Outcomes Group.
 - The Audit Management and Tracking system (AMaT) has been secured cost-free for a two-year period. It is now in use at various phases of maturity in all Welsh health boards. The system utilises a standardised template for the collation of information regarding compliance with NICE Guidance. It may be possible to capture all of the necessary information via AMaT rather than a separate Word document, which will allow easier collection and audit of information.
 - Any constraints will be considered and discussed at COEG.

Compliance with and responses to, NICE Guidance is a standing agenda item at COEG and will feature in reports to the new Patient Outcomes and Clinical Effectiveness Sub-group, commencing September 2022.

The recent appointment of two full time Deputy Medical Directors is the first step in strengthening the Executive Medical Directors Department. In the longer term, appointment of a Director level post will aid a review of the wider support structure to aid many of the work-streams for COEG, including NICE and other key guidance.

The audit tracker is attached at Appendix 2 for information.

4. FINANCIAL IMPLICATIONS

Currently none. A business case will be needed in time to secure funding for continued use of the AMaT system for its multiple work-streams, should it be deemed necessary.

5. RECOMMENDATION

The Audit Committee is asked to note the report.

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
The key risk considered in the review by Internal Audit was the potential for missed opportunities to adopt NICE Guidance.		
Financial Implications		
An existing post within the Clinical Audit and Effectiveness team has been temporarily uplifted utilising released funds from a vacated part time post accommodate the required work around the Audit Management and Tracking system (AMaT). The system has been provided free for a two-year period. During that time the benefits and impact of the system are expected to be wide ranging and a business case will be required to secure additional funding for its continued use, if deemed appropriate.		
Legal Implications (including equality and diversity assessment)		
None.		
Staffing Implications		
None.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
None.		
Report History	This is the first paper on the management response to the Internal Audit Report on NICE Guidance.	
Appendices	Appendix 1 - NICE Guidance Compliance Proforma Appendix 2 – Key findings	