Quality & Safety Governance – Bronglais General Hospital

Final Internal Audit Report

October 2023

Hywel Dda University Health Board

Partneriaeth Cydwasanaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services Partnership
Audit and Assurance Services

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Contents

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Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

Acknowledgement:
NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Executive Summary

Purpose

The audit has reviewed operational quality and safety governance arrangements to provide assurance that issues fundamental to the quality and safety of services are managed, monitored, and escalated.

Overview

Bronglais General Hospital Unscheduled Care (BGH USC) Directorate has an established Quality Forum with a terms of reference in place. The Quality Forum meet on a regular basis and have been quorate for the period tested.

However, the significant matters which require management attention include:

- the lack of clear governance structure and reporting arrangements from informal groups and meetings through to the Health Board;
- gaps in the quality and safety topics expected to be reviewed at directorate-level and reports /representation at meetings; and
- high open incident numbers with no clear plan or action to identify the root issue and address the backlog.

We have issued **Limited** assurance on this area.

Further matters arising concerning the areas for refinement and further development have also been noted (see Appendix A).

Report Opinion

		Trend
Limited 	More significant matters require management attention. **Moderate impact** on residual risk exposure until resolved.	n/a

Assurance summary[1]

Objectives		Assurance
1	Revised Governance Arrangements	Limited
2	Effective Assurance Reporting	Limited

[1]The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Key Matters Arising

		Objective	Control Design or Operation	Recommendation Priority
1	Reporting Arrangements	1 & 2	Operation	High
2	Governance Arrangements	1	Design	High
3	Table of Actions	2	Operation	Medium
4	Risk Register	2	Operation	Medium
5	Incidents Management	2	Operation	High
6	Performance Management	2	Operation	Medium

1. Introduction

1.1 Quality and safety must run through all aspects of the healthcare system and NHS bodies are expected to monitor quality and safety at Board level and throughout the entirety of services, partnerships, and care settings. This review sought to provide the Health Board with assurance that governance arrangements are effective in delivering high quality and safe services.

1.2 The 2020/21 internal audit of Quality & Safety Governance reported inconsistencies in the role and responsibilities of directorate quality and safety groups, including the arrangements for monitoring operational risk. The Audit Wales 'Review of Quality Governance' (October 2021) concluded that while corporate structures and resources provide effective support for quality governance and improvement, inconsistencies in operational arrangements and weaknesses in operational risk management limit the provision of assurance.

1.3 In response to these reviews the Health Board developed and mandated standard terms of reference and agendas for directorate quality and safety groups to ensure that the right information is received and considered, and facilitate assurance reporting and escalation of key issues.

1.4 The 2022/23 internal audit of the revised arrangements (HDUHB-2223-02 Quality & Safety Governance) reported inconsistencies in directorates (including Bronglais General Hospital) adopting the Health Board standard terms of reference and agenda templates for directorate quality, safety and experience groups and minutes did not always clearly document that key points were discussed and identified for further discussion/escalation. It also highlighted that minutes did not always demonstrate consideration of all items on the standard agenda template.

1.5 The associated potential risk considered in this review is that quality and safety governance arrangements at Bronglais are ineffective with issues not escalated to and addressed by the Health Board, potentially resulting in poor quality services and/or patient harm.

2. Detailed Audit Findings

Objective 1: The revised governance arrangements have been implemented and are complied with, and appropriately identify and monitor key risk areas to ensure the Health Board is delivering safe, effective and high-quality care

2.1 The BGH USC Directorate has an established quality and safety group (known as the 'Quality Forum') with a terms of reference (TOR) in place setting out the membership, purpose and frequency of meetings. However, the TOR is not consistent with the Health Board mandated template, which is designed to ensure consistent and robust quality and safety governance arrangements across the organisation:

- There is no reference to accountability, responsibility and authority, reporting arrangements and secretarial support.
- No organisation chart/structure or version control was evident documenting the governance and reporting structure of groups and meetings within the directorate for quality and safety.
- A number of key quality and safety responsibilities have not been referenced in the TOR including health & safety issues, safety alerts, NICE guidance and research & development (R&D).

2.2 A review of minutes and papers for the period November 2022 to May 2023 noted lack of attendance at meetings by key members from the R&D Department and Infection Prevention & Control (IPC) Team; whilst there was no evidence of reporting or discussion in relation NICE Guidelines, safety alerts/ notices, or reports from the IPC Team. **[Matter Arising 1]**

2.3 There are no formal groups supporting or reporting into the Quality Forum. We were advised that there are a number of informal meetings (e.g. weekly governance meeting and weekly quality update meeting), and a formal monthly scrutiny meeting for falls, medicines errors and pressure damage. However, these do not report into the Quality Forum. **[Matters Arising 2]**

2.4 The Quality Forum met on a monthly basis during the period November 2022 to May 2023 although two meetings (December 2022 and February 2023) were cancelled due to sickness and unavailability of members. All meetings held during this period were quorate.

Conclusion:

2.5 There is a lack of a clear reporting structure with many informal groups and meetings not reporting to the Quality Forum, key quality and safety standing items are not being reported on a consistent basis whilst there is also a lack of attendance from key members. Accordingly, we have concluded a **Limited** assurance level for this objective.

Objective 2: Robust arrangements are in place that allow for effective assurance reporting of quality and safety issues to the Health Board, ensuring issues identified and discussed at service level are documented and escalated where necessary.

2.6 Arrangements for monitoring the following key quality and safety areas were reviewed to ensure issues are identified, discussed and escalated.

Table of Action

2.7 A review of 15 actions listed on the 'Table of Actions' during this period identified seven instances where actions had either not been closed or an update not provided at a subsequent meeting. **[Matter Arising 3]**

Risk Register

2.8 The directorate's risk register is regularly scrutinised by management with a member of the Assurance & Risk Team and also at the Quality Forum. A review of the risk register as at the 8 June 2023 identified:

- All recorded risks had been scored and allocated a directorate and management/service lead.
- A number of longstanding risks continue to appear on the register (e.g. Risk 200 & 205), whilst the inherent risks originally identified for some entries are not applicable now and require reviewing and/or updating (e.g. Risk 983).
- Target dates for risk actions have not been met and are outstanding including one action that was due in June 2021 (Risk 983). **[Matter Arising 4]**

Incident Reporting

2.9 The Quality Forum TOR outlines a very brief remit for the reporting of incidents only. However, unlike other directorate quality group TORs that are in line with Health Board requirements, there is no reference to the scrutiny of managed incidents at service level or mitigating actions being agreed. This is reflected in the meeting minutes and papers where no evidence of plans or actions to address the high number of incidents or analysis of incidents to identify trends and hotspots across the directorate to ensure action is taken to prevent recurrence.

2.10 During fieldwork, we observed reservations on the efficiency and effectiveness of the Datix system, believing that completion of Datix records is very time consuming for staff in the current climate with staff shortages and work pressures.

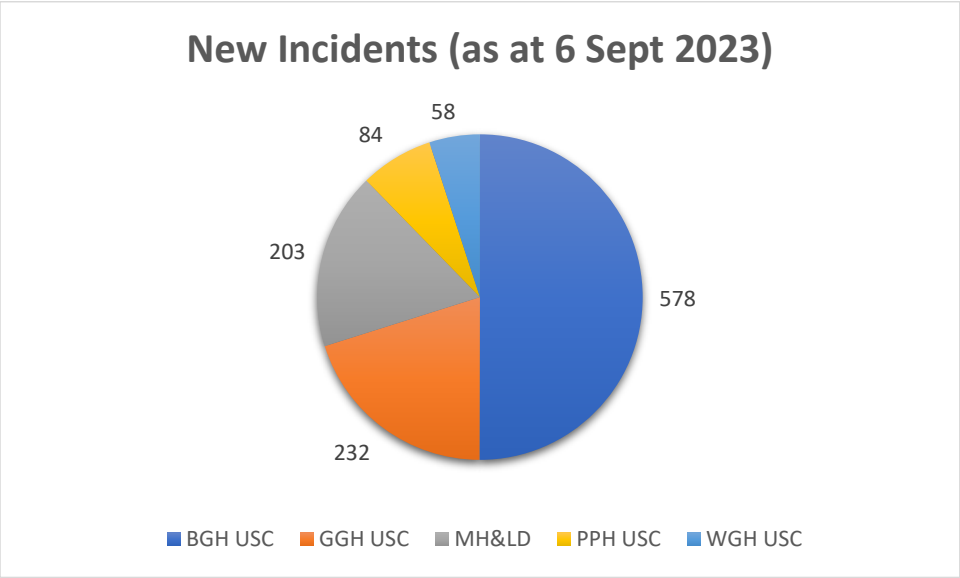
2.11 The reservations about the Datix systems, coupled with the ineffective manner of the Quality Forum in discharging its role to reduce the number of incidents, is reflected in the high number of open records on the system. Action has been taken with the introduction of a Senior Nurse for Quality in April 2023 who has been tasked with addressing the backlog of incidents.

2.12 A review of the new RLDatix system as at 6th September 2023[1] confirmed 1182 open incidents, with 578 listed as a 'new incident' that have yet to be investigated.

[1] RLDatix extract report received upon request from the Quality Assurance Information System Team

A breakdown of USC Directorates and the Mental Health & Learning Disabilities Directorate highlighted that BGH USC accounted for approximately 50% of new incidents – see Figure 1 below. **[Matter Arising 5]**

Figure 1: Breakdown of open incident on Datix system



2.13 An '*Incident Report – BGH*' is produced by the Assurance, Safety and Improvements Team that provides a breakdown of incidents attributed to the directorate. The report in April 2023 noted that of the open incidents on the Datix system, 67 had been open for more than 100 days. In addition, the number of directorate incidents (with the status of 'open' and 'being reviewed') recorded on the old Datix system stands at 565. **[Matter Arising 5]**

Health, Safety and Security

2.14 A Health and Safety representative regularly attends the Quality Forum with a supporting paper that provides updates on health and safety issues including RIDDOR[2], Health and Safety Executive (HSE) notifications and fire safety.

2.15 A review of the Quality Forum minutes confirm that a number of health and safety issues had been recorded and actioned in the table of actions and risk register.

Internal and External Reports

2.16 The Assurance & Risk Team maintain an 'Audit Tracker' that monitors and tracks the implementation of management actions required from recommendations raised in internal and external reports. A copy of the 'Audit Tracker' is submitted to the Quality Forum for scrutiny.

Performance Data

2.17 The Health Board has an established Performance Assurance Report dashboard that provides performance data for quality and safety for each directorate. There

[2] Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

were a number of areas that had failed to achieve their target, such as registered nurse agency usage and patient falls, and also improving areas such as patient waits over 104 weeks.

2.18 The Hospital Services Manager for Unscheduled Care and the Head of Nursing have not received training or access to the dashboards – this was identified at the time of fieldwork and communicated to the Performance Manager to arrange the necessary training.

2.19 A review of the Quality Forum minutes and papers confirmed that performance dashboards are not used to aid discussions, actions and lessons learned. **[Matters Arising 6]**

Escalation of Key Risks

2.20 Directorates and services are required to provide updates on actions and risks to the OQSESC on a regular basis. Whilst we can confirm the reporting of some BGH quality and safety issues at OQSESC meetings for the period November 2022 to May 2023, the high levels of open incidents and complaints or updates on infection rates had not been escalated. **[Matter Arising 1]**

Conclusion:

2.21 The Quality Forum's current operating arrangements has displayed a lack of detailed scrutiny, management and discharge of responsibilities/actions in regard to the high levels of open incidents, the completeness of the risk register, the undocumented completion of Table of Action issues and the non-escalation of identified key risks to OQSESC. Accordingly, we have concluded a **Limited** assurance level for this objective.

Appendix A: Management Action Plan

Matter Arising 1: Reporting Arrangements (Operation)	**Impact**
A review of Quality Forum papers for the period November 2022 to May 2023 was undertaken to establish whether there is regular reporting of key standing agenda items. Concluding testing the following was noted: • No evidence of NICE Guidelines or safety alerts/ notices being discussed. • No representation from the R&D Department or the IPC Team. • No reports or paper have been received from the IPC Team. • No items of escalation to the OQSEC have been recorded. Directorates and services are required to provide updates on actions and risks to the OQSEC on a regular basis. Whilst we can confirm the reporting of some BGH quality and safety issues at OQSEC meetings for the period November 2022 to May 2023, no reference to the high levels of open incidents and complaints or updates infection rates had been escalated.	Potential risk of: • Management do not receive the required information or data to help inform of the operational changes to improve services.

Recommendations		**Priority**
1.1	Key quality and safety topics should be regularly reported by a representative member of the Quality Forum.	**High**
1.2	The Quality Forum should ensure the escalation of all key risks and items are reported through to Operational QSEC.	**High**

Agreed Management Action		**Target Date**	**Responsible Officer**
1.1	All required teams are invited to meetings and will be specified as per the standard terms of reference when these are adopted on 13/10/23. Attendance concerns will be raised in the Quality Forum's OQESC reports.	31st October 2023	General Manager BGH & Deputy Director Nursing, Quality and Patient Experience

1.2	Items are escalated in the Quality Forum's OQESC report, but documentation not clear in minutes. Escalation will documented in the minutes. OQSEC minutes to be item for noting in the local quality forum.	31st October 2023	Head of Nursing BGH

Matter Arising 2: Governance Arrangements (Design)	**Impact**
Whilst the TOR sets out the membership, identified chair, purpose and frequency of meetings, the following was identified: • The TOR template is not in the required Health Board format. • There is no reference to accountability, responsibility and authority, reporting arrangements and secretarial support. • No organisation chart/structure or version control was evident documenting the governance and reporting structure of groups and meetings within the directorate for quality and safety. • A number of key quality and safety responsibilities have not been referenced or referred to in the TOR including health & safety issues, safety alerts, NICE guidance and R&D. There are no formal groups supporting the Quality Forum. We were advised that there are a number of informal groups (e.g. weekly governance meeting and weekly quality update meeting), whilst there is a formal monthly scrutiny meeting for falls, medicines errors and pressure damage. However, there was no evidence that this group reports into the Quality Forum.	Potential risk of: • Management do not receive the required information or data to help inform of the operational changes to improve services.

Recommendations		**Priority**
2.1	BGH Directorate's governance arrangements should be reviewed and amended to ensure quality and safety orientated supporting groups or meetings report into the Quality Forum ensuring key issues and risks are brought to the attention of hospital management.	**High**
2.2	The Quality Forum TOR should be updated to reflect the Health Board required format and content.	**Medium**

Agreed Management Action	**Target Date**	**Responsible Officer**

2.1	Agreed – noting that this will need to be supported by one band 3 additional administration staff to act as a service committee officer. Case for funding to be made via the relevant process.	1st December 2023	General Manager BGH
2.2	Agreed – the standard Terms of Reference will be adopted at the Quality Forum meeting on 13 October 2023.	13th October 2023	General Manager BGH & Head of Nursing BGH

Matter Arising 3: Table of Actions (Operation)			**Impact**
A review of 15 actions listed on the Quality Forum 'Table of Actions' during the period November 2022 to May 2023 identified seven instances that had either not been closed or an update provided at a subsequent meeting.			Potential risk of: • Actions are not fully addressed resulting in the inherent risk to patient and staff harm remaining in place.
Recommendation			**Priority**
3.1	The Quality Forum should ensure all listed actions should be formally documented noting the responsible officer and target date to ensure progress updates are fully completed.		**Medium**
Agreed Management Action		**Target Date**	**Responsible Officer**
3.1	Agreed – a table of actions approach has already been adopted.	2nd October 2023	General Manager BGH

Matter Arising 4: Risk Register (Operation)			**Impact**
A review of the risk register as at the 8th June 2023 identified the following: • A number of longstanding risks continue to appear on the register (e.g. Risk 200 & 205), whilst the inherent risks originally identified for some entries are not applicable now and require reviewing and/or updating (e.g. Risk 983). • Target dates for risk actions have not been met and are outstanding including one action that was due in June 2021 (Risk 983).			Potential risk of: • Key risks not being addressed resulting in patient or staff harm.
Recommendation			**Priority**
4.1	The risk register should be reviewed and updated or amended to reflect current risks impacting the directorate.		**Medium**
Agreed Management Action		**Target Date**	**Responsible Officer**
4.1	Agreed – the Risk Register is reviewed; long standing risks will be updated to reflect the latest situation (where these otherwise cannot fully be brought under control).	2nd October 2023	General Manager BGH

Matter Arising 5: Incidents Management (Operation)	**Impact**
The Quality Forum TOR outlines a very brief remit for the reporting of incidents only. However, unlike other directorate TOR that are in line with Health Board requirements, there is no reference to the scrutiny of managed incidents at service level or mitigating actions being agreed. This is reflected in the meeting minutes and papers where no evidence of plans or actions to address the high number of incidents or analysis of incidents to identify trends and hotspots across the directorate to ensure action is taken to prevent recurrence. During fieldwork, we observed reservations on the efficiency and effectiveness of the Datix system, believing that completion of Datix records is very time consuming for staff in the current climate with staff shortages and work pressures. The reservations of the Datix systems, coupled with the ineffective manner of the Quality Forum in discharging its role to reduce the number of incidents, is reflected in the high number of open records	Potential risk of: • Risk resulting from incidents are not addressed resulting in patient and staff harm, and potential for financial damages.

on the system. A review of the new RLDatix system as at 6th September 2023[3] confirmed 1182 open incidents with 578 listed as a 'new incident' that have yet to be investigated. The '*Incident Report – BGH*' for April 2023 highlighted 67 incidents that had been open for more than 100 days. In addition, the number of directorate incidents (with the status of 'open' and 'being reviewed') recorded on the old Datix system stands at 565.			
Recommendations			**Priority**
5.1	Management should seek: • work together with the Corporate Quality and Governance Team to identify an approach to reduce the number of open incidents, in particular on the old system, incorporating lessons learned of other acute sites within the directorate, and • to develop an action plan and timeline to improve the directorate' position for incidents.		**High**
5.2	Thematic reviews to identify trends and hotspots across wards and services within the directorate should be reported to the Quality Forum in order to target areas based on high risk.		**High**
Agreed Management Action		**Target Date**	**Responsible Officer**
5.1	Review of open incidents indicates a large number that are not within remit of BGH. Plan to move these to appropriate management teams to be worked up with central Datix team. Lead Nurse for Quality and Safety to develop plan for incidents within local responsibility.	30th November 2023	Senior Nurse for Quality
	To consider how the services and locations can be simplified in Datix Cymru to facilitate easier reporting and to work with the Once for Wales concerns management systems team to identify potential solutions.	1st January 2024	Head of Quality & Governance

[3] RLDatix extract report received upon request from the Quality Assurance Information System Team

5.2	Thematic reviews are undertaken, but note that the administration support to ensure these are appropriately reported reduce their visibility. The recent creation of the Lead Nurse for Quality and Safety will take this forward and the additional administration resource identified above will support this (see 2.1 above).	2nd October 2023	Head of Nursing BGH

Matter Arising 6: Performance Management (Operation)			**Impact**
A review of the Quality Forum minutes and papers confirmed that performance dashboards are not used to aid discussions, actions and lessons learned.			Potential risk of: • The direction of the Quality Forum agenda is not driven by key risk or concerns identified in performance data.
Recommendation			**Priority**
6.1	Performance data should be used to drive discussion and actions of areas of concern and improvement at the Quality Forum.		**Medium**
Agreed Management Action		**Target Date**	**Responsible Officer**
6.1	Obtain dashboard access for Hospital Head of Nursing and Hospital Service Manager. Dashboards used to inform reports and be reported at the local Quality Forum. Hospital Management Team to contribute to continued dashboard improvements.	2nd October 2023 13th October 2023	General Manager BGH Head of Nursing BGH

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	**Substantial assurance**	Few matters require attention and are compliance or advisory in nature. **Low impact** on residual risk exposure.
	**Reasonable assurance**	Some matters require management attention in control design or compliance. **Low to moderate impact** on residual risk exposure until resolved.
	**Limited assurance**	More significant matters require management attention. **Moderate impact** on residual risk exposure until resolved.
	**Unsatisfactory assurance**	Action is required to address the whole control framework in this area. **High impact** on residual risk exposure until resolved.
	**Assurance not applicable**	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 Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.

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