

Accelerated Cluster Development Final Internal Audit Report

June 2024

Hywel Dda University Health Board



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Committee:	Audit & Risk Assurance Committee



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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.

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and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

Executive Summary

Purpose

The overall objective of this audit is to establish and review the implementation of the Accelerated Cluster Development Programme arrangements within the Health Board.

Overview

We have issued Reasonable assurance on this area.

The matters requiring management attention include:

- Review and approval of the terms of reference for cluster and pan cluster groups.

Other recommendations and advisory points are detailed within the report, including the lack of in year reporting to the SDODC for 2023/24.

Report Opinion

Reasonable



Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved

Trend

N/A

Assurance summary¹

Objectives

Assurance

1 Governance arrangements within Clusters and Pan-Cluster are consistent and align with national guidance.

Reasonable

2 Cluster projects are scrutinised and approved by the appropriate personnel ensuring that they meet the health needs of the population.

Substantial

3 Progress against plans is monitored within the Cluster and Pan-Cluster and reported through to the Health Board.

Reasonable

¹The 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	Terms of Reference	Design	Medium

1. Introduction

- 1.1 The Accelerated Cluster Development (ACD) Programme is the Primary Care component of Place Based Care, delivered through Professional Collaboratives and Clusters. Collaboratives bring together General Medical, Dental and Optometric Practitioners, Pharmacists, Nurses, Allied Health Professionals and Social Care professionals, within their professional groups, to assess population needs and service improvement priorities. Solutions are developed within Collaboratives and through multi-disciplinary Cluster working.
- 1.2 The Health Board's Annual Plan for 2023-24 identified the ACD Programme as a key component in the ongoing development and delivery of the Primary Care Model for Wales (PCMW). This is identified as a key priority for the organisation and is aligned with the Welsh Government's ministerial priorities.
- 1.3 The potential risks considered in this review include:
 - Anticipated project outcomes and benefits are not realised due to poor governance arrangements resulting in wasted resources and failure to deliver for the population needs.
 - Reputational damage.

2. Detailed Audit Findings

Objective 1: Governance arrangements within Clusters and Pan-Cluster are consistent and align with national guidance.

- 2.1 Review was undertaken to ensure the terms of reference in use for both the cluster and pan cluster groups aligned to what has been published within the National guidelines of the Accelerated Cluster Development (ACD) 'Tool-Kit'.

Cluster Terms of Reference

- 2.2 We sampled five of the seven cluster terms of reference, incorporating the Carmarthenshire and Ceredigion clusters. Each was found to be in line with the published guidelines. We did however note for the following cluster terms of reference the review date had passed and therefore require review and approval:
 - Amman Gwendraeth
 - North Ceredigion; and
 - South Ceredigion [**Matters Arising 1**]

Pan Cluster Terms of Reference

- 2.3 Terms of reference are in place for each of the three pan cluster groups in place for the Hywel Dda region, namely the:

- Healthier Carmarthenshire Pan Cluster Planning Group
- Healthier Pembrokeshire Strategic Group
- Healthier Ceredigion Strategic Group

2.4 Comparison of the three 'Healthier' groups terms of reference (tor) and acknowledging that local amendments are necessary in some instances we highlighted the following for improvement to ensure a unified approach across the three groups :

- When compared to the Pembrokeshire and national ToR, Carmarthenshire and Ceredigion terms of reference have additional and deleted appendices, respectively. A review as to the relevance of the appendices should be undertaken.
- Ceredigion terms of reference does not name members of the group or record its budgetary responsibilities, as is seen in the terms of references of its counterparts.
- Pembrokeshire terms of reference requires review. However, as confirmed by management this is currently on hold until review of the IMTP has concluded to ensure this is correctly reflected within the terms of reference along with current membership.
- Carmarthenshire and Pembrokeshire terms of reference have not referenced their reporting accountabilities to a sub-committee of the Health Board.

[Matters arising 1]

Conclusion:

2.5 Terms of reference are in place for both the clusters sampled and for the Healthier Groups. However, we did identify instances where review and agreement are required along with enduring a unified approach. Accordingly, we have concluded **Reasonable** assurance for this objective.

Objective 2: Cluster projects are scrutinised and approved by the appropriate personnel ensuring that they meet the health needs of the population.

2.6 We sampled two current cluster projects, namely Llanelli Spirometry; and South Ceredigion Frailty Healthcare Support Workers, which have been approved by the pan cluster groups to ensure:

- Reference to a population needs assessment has been undertaken in support of the project proposal.
- Financial implications of the project have been assessed and set out.
- Submission and approval of the project is evidenced within the pan cluster group meetings.

2.7 We found no matters arising within our testing.

Conclusion:

2.8 Considering the above we conclude a **Substantial** assurance for this objective.

Objective 3: Progress against plans is monitored within the Cluster and Pan-Cluster and reported through to the Health Board.

2.9 Project monitoring arrangements were reviewed to ensure established reporting on cluster progress was evident from cluster level through to pan cluster and Board level.

2.10 Discussion and quarterly updates were evident in the minutes of the sampled cluster meetings for the period September 2023 to April 2024. Though management should consider adding an action log to the North Ceredigion, South Ceredigion and Tywi/Teifi Cluster agenda to enhance tracking and completion of actions. Progress reporting was evident at all three 'Healthier' pan cluster groups. Updates and monitoring are also recorded at the quarterly Locality Leads meetings.

2.11 Good practice is highlighted with the developing Primary Care Cluster Projects Sharepoint point page. Details of each cluster project is listed together with links to the project status/progress, allowing for quick access to data and reporting.

2.12 Assurance to the Board is provided by an annual report to the Strategic Development and Operational Delivery Committee (SDODC). We confirmed however that no update was received by SDODC for 2023/24. Management is fully aware of the omission and measures have been put in place to report to the August 2024 SDODC meeting and a permanent place on the committee agenda in line with its work plan going forward.

Conclusion:

2.13 Noting that some project updates to the Healthier Carmarthenshire Group have not been received since January 2024 and no update report was received by SDODC for 2023/24. As this have now been planned, a further recommendation has not been made. We have concluded **Reasonable** assurance for this objective.


Appendix A: Management Action Plan

Matter Arising 1: Terms of Reference		Impact	
<ul style="list-style-type: none"> The terms of reference for the Amman Gwendraeth, North Ceredigion and South Ceredigion clusters require review and approval. Budgetary responsibility has not been reflected in the Healthier Ceredigion terms of reference. Reporting responsibilities to the sub-committee of the Health Board has not been reflected in the Carmarthenshire and Pembrokeshire terms of reference. 		<p>Potential risk of:</p> <p>Anticipated project outcomes and benefits are not realised due to poor governance arrangements resulting in wasted resources and failure to deliver for the population needs.</p>	
Recommendations		Priority	
1.1	Cluster and pan-cluster group terms of reference should be reviewed and agreed with a unified approach taking in to account national guidelines.	Medium	
Agreed Management Action		Target Date	Responsible Officer
1.1	At the forthcoming meeting of the locality leads meeting a review will be undertaken of the terms of reference for both the clusters and pan-cluster groups. Final approval of the terms of reference will take place by November 2024	November 2024	Assistant Director of Primary Care

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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