

Health & Care Quality Standards Final Internal Audit Report

June 2024

Hywel Dda University Health Board



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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.

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Executive Summary

Purpose

Review the arrangements for implementation of and preparation for compliance with the new Health and Care Quality Standards.

Overview

We have concluded **Reasonable** assurance on this area. The Duty of Quality Roadmap to Implementation readiness assessment indicates that key deliverables identified within the National Reporting Framework for implementation in April 2023 have been achieved, and evidence in support of this was observed.

The matters requiring management attention include:

- The Internal Quality & Engagement Act Implementation Group has not met since October 2023 despite further actions required to achieve full implementation of the Act. There is no evidence of progress or assurance reporting via Board Committee structures since this time.
- Management recognise that further work is required to ensure full implementation and embedding of the standards at an operational / Directorate level. However, there is no action plan in place setting out how and when this will be achieved.

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

Report Opinion

Reasonable



Some matters require management attention in control design or compliance.

Trend

N/A

Assurance summary¹

| Objectives | Assurance |
|--|------------|
| 1 Governance Arrangements are in place to oversee and ensure strategic and operational implementation of the Quality Standards | Reasonable |
| 2 The Health Board has a clear understanding of the changes required | Reasonable |
| 3 Staff are aware of and receive training on the Quality Standards | 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 | Governance Arrangements | 1 | Medium |
| 2 | Implementation Action Plan | 2&3 | Medium |
| 3 | DoQ Training | 3 | Low |

1. Introduction

- 1.1 The Health and Social Care (Quality and Engagement) (Wales) Act 2020 introduces the Duty of Quality which means all NHS organisations have a legal responsibility to continually improve the quality of services they provide. In this context, quality is defined as continuously, reliably and sustainably meeting the needs of the population served.
- 1.2 The Duty of Quality came into effect in April 2023 and can be summarised into four key components:
1. Health and Care Quality Standards
 2. Quality-driven decision-making
 3. Quality Management System
 4. Quality reporting
- 1.3 The new Health and Care Quality Standards 2023 (the 'Quality Standards') set out what people in Wales can expect when they access health services and provide a structure on which to implement the duty of quality.
- 1.4 They are a means of applying the Duty of Quality in practice across all clinical and non-clinical services and functions. The Standards comprise six domains of quality (inner circle) supported by six quality enablers (outer circle).
- 1.5 The risk considered during the audit was failure to meet the Duty of Quality and comply with Quality Standards, potentially resulting in poor patient experience or patient harm, and regulatory or reputational risk.
- 1.6 The review focuses on the high-level corporate arrangements in place to implement the Quality Standards and will not seek to assess or provide assurance on compliance with the Standards at directorate/service level.



2. Detailed Audit Findings

Objective 1: Governance arrangements are in place to oversee and ensure strategic and operational implementation of the Quality Standards throughout the Health Board, with regular assurance reporting to the Board

Roles and Responsibilities

- 2.1 All Board members are collectively responsible for implementing the Duty of Quality and accountability rests with the Chief Executive.
- 2.2 The Chair of the Quality, Safety and Experience Committee is the Independent Member of the Board delegated with responsibility for ensuring strategic implementation and oversight.
- 2.3 The Interim Director of Nursing, Quality and Patient Experience is the Executive lead responsible for strategic implementation of the Health and Social Care (Quality and Engagement) Wales Act 2020, Duty of Quality, and the Quality Standards.
- 2.4 The Head of Quality and Governance, supported by the Patient and Safety Assurance Manager, is the operational lead with specialist knowledge of the Act and Quality Standards. Responsibilities include review and implementation of the Act, education and learning.
- 2.5 A Board awareness training session on the duties of quality and candour was delivered during the consultation phase in 2022, ahead of the Act coming in to force in April 2023.

Governance Arrangements

- 2.6 The Health Board was actively engaged in the *Duty of Quality and Candour Implementation Board* established by NHS Executive to provide support to NHS organisations during the implementation phase. The Board was stood down in March 2024 although engagement and collaboration continue via a national Teams channel.
- 2.7 The *Internal Quality & Engagement Act Implementation Group*, chaired by the Director of Nursing, Quality and Patient Experience, was established to oversee preparations for and implementation of the Act including the roadmap, communication plan, awareness raising and training. There are no terms of reference for the Group, which has not met since October 2023. We were advised that this was the final meeting of the Group as they moved to a 'business as usual' position, although this is not evident in the minutes. There was no formal closure of the Group and the SBAR reported to QSEC in October 2023 identifies further actions required. The arrangements for monitoring progression and completion of these are not clear. **[Matter Arising 1]**
- 2.8 The Quality, Safety & Experience Committee (QSEC) is responsible for providing assurance to the Board in relation to compliance with relevant healthcare standards, this includes monitoring implementation of the Act. QSEC also maintains oversight of the *Quality Improvement Strategic Framework* (see para 2.16).

2.9 An overview of the Act, the duties within and the *Duty of Quality Roadmap to Implementation* (see para 2.14) was presented to QSEC in April 2023. A progress update was provided as part of the Quality Assurance Report in June 2023, with a more detailed SBAR report presented in October 2023 and to Board Seminar in September 2023. No further updates have been provided. **[Matter Arising 1]**

Statutory Reporting Requirements

2.10 The Roadmap has been reported to WG monthly between April - July 2023, at which point we are advised the implementation phase concluded and is now considered business as usual.

2.11 The Health Board is required to submit the first annual quality report in June 2024 to Welsh Government (WG) detailing steps taken to comply with the duty to exercise its functions to secure improvement in the quality of health services. The Head of Quality and Governance is working with Directorates to compile evidence and stories of improvement to include in the report. We understand that it will be presented to QSEC and Board before submission to WG.

Conclusion:

2.12 Roles, responsibilities and governance structures are clear, and there is evidence of progress and assuring reporting up until October 2023. However, were unable to establish whether the implementation group has met since October 2023, and there is no evidence of progress and assurance reporting through the Board Committee structures since this time. We have concluded **Reasonable** assurance for this objective.

Objective 2: The Health Board has a clear understanding of the changes required to existing quality infrastructure to align with the Quality Standards

2.13 Implementation tasks for NHS organisations, including minimum requirements to be completed by April 2023 and subsequent deliverables and timescales are set out in the National Reporting Framework.

2.14 The *Duty of Quality Roadmap to Implementation* is based on the National Reporting Framework and is the basis of routine reporting to WG. It includes a monthly readiness assessment for April – July 2023. As at July 2023, all deliverables were assessed as *Stage 3 Implementing and Operationalising* or *Stage 4 Full Implementation*, some of which were verified during the course of this review.

2.15 The implementation progress report presented to QSEC (October 2023) and Board Seminar (September 2023) acknowledged that further work is required to implement the Act, including ensuring that all staff recognise and understand the organisation's Quality vision and their roles within it. The Head of Quality & Governance advised that this is the next area of focus for the Health Board, although there is no plan in place setting out how this will be achieved and associated timescales. **[Matter Arising 2]**

2.16 In March 2023, the Board approved the revised *Quality Improvement Strategic Framework (2023-2026)*, the aim of which is to provide a system-wide approach

to achieving quality of care in a way that secures continuous improvement and sets out the approach, structure and tools provided to empower staff to lead and deliver services that meet quality and safety expectations and standards. The framework has a strong focus on improving quality through the Enabling Quality Improvement in Practice (EQiIP) programme, with the framework committing the Health Board to delivering two EQiIP programmes per year.

Quality Impact Assessments (QIAs)

- 2.17 A QIA tool has been developed by the all-Wales Duty of Quality Implementation Group to support strategic decision making within NHS organisations. As part of the annual planning process QIAs associated with the proposals outlined in service plans are required to be completed. The tool is available to staff online and we were observed examples of its use.
- 2.18 The QIA Panel was established in March 2024 as a group of the QSEC to ensure that quality is the central principle in how health and care services are designed and delivered within the Health Board. The Panel will meet monthly and the agenda is based around completed QIA's. Any areas of high-risk, for example significant negative quality impact, will be reported to the QSEC to ensure that mitigations are identified and inform decision making processes.

'Always On' Reporting

- 2.19 Another Duty of Quality requirement relates to reporting on quality systems, principally for populations and stakeholders. The Quality Dashboard is currently under development for always on reporting so that indicators and measures will be published more frequently however this hasn't yet been achieved and there is currently a lag of around a month.

Board / Committee Templates & Reporting

- 2.20 The Board and Committee reporting template has been revised so that reporters can demonstrate consideration of the duty of quality. There is now a requirement to enter a link to the quality domains and enablers in the objectives section and to include narrative on quality in the assessment section of the template.
- 2.21 We also observed examples where the quality standards have been used to theme recommendations from external inspection bodies and the Nosocomial Covid Programme Closure report.

Conclusion:

- 2.22 High level deliverables are set out within the National Reporting Framework and the Health Board's readiness assessment in the Duty of Quality Roadmap to Implementation indicate that these have been achieved. The next steps focus on embedding the Standards at an operational level but there is no action plan for achieving this. We have concluded **Reasonable** assurance for this objective.

Objective 3: Staff are aware of and receive training on the Quality Standards and understand the Health Board's Quality vision

- 2.23 A local Communications and Engagement Plan for the Quality and Engagement Act was produced in March 2023 and action has been taken to raise awareness across the Health Board via the Public website and Facebook, Staff Bulletin, Health Board intranet site and Facebook group, Team Brief and Global e-mail, with sign posting to the Quality and Engagement Act SharePoint site.
- 2.24 There is also a SharePoint site dedicated to the Duty of Quality with learning resources, for example a short awareness video and a slide set for senior leaders to use in their own training sessions and a downloadable 'Duty of Quality on a page' poster.
- 2.25 We were unable to establish whether a training needs analysis has been undertaken, although an e-learning programme is available on ESR and signposted from the Duty of Quality learning page. Training isn't mandatory (consistent with national arrangements) and completion is not monitored. Minutes of the national *Duty of Quality & Candour Implementation Board* suggest that organisations should routinely access and monitor their own data on uptake via their ESR leads. **[Matter Arising 3]**
- 2.26 We were advised that the Head of Quality and Governance raises awareness on the Duty and the Quality Standards in person to staff at directorate level for example at quality governance meetings and the Directorate Improving Together Sessions and via the Enabling Quality Improvement in Practice (EQiIP) sessions. A further example of awareness raising is via roadshows for World Patient Safety Day and Patient Safety Week.
- 2.27 As highlighted in objective 2, further work is required to implement the Act including ensuring that all staff recognise and understand the organisation's Quality vision and their roles within it. **[Matter Arising 2]**

Conclusion:

- 2.28 We found that system wide learning and sharing is encouraged and there is evidence of action to cascade Duty of Quality messages via established communication channels. Completion of ESR training is not monitored and we were unable to establish whether a training needs analysis has been undertaken. We have concluded **Reasonable** assurance for this objective.

Appendix A: Management Action Plan

| Matter Arising 1: Governance Arrangements (Operation) | | Impact |
|---|---|--|
| <p>There are no terms of reference for the Internal Quality & Engagement Act Implementation Group, which has not met since October 2023. We were advised that this was the final meeting of the Group as they moved to a 'business as usual' position, although this is not evident in the minutes. There was no formal closure of the Group and the SBAR reported to QSEC in October 2023 identifies further actions required. The arrangements for monitoring progression and completion of these are not clear.</p> <p>There is also no evidence of progress and assurance reporting to QSEC (and therefore the Board) since October 2023.</p> | | <p>Potential risk of:</p> <ul style="list-style-type: none"> • Failure to fully implement and comply with the Duty of Quality and the Health & Care Quality Standards • The Board is not apprised in respect of the above. |
| Recommendations | | Priority |
| 1.1 | The Internal Quality & Engagement Act Implementation Group should reconvene to confirm and oversee the further actions required to achieve full implementation of the Act, ensuring ongoing assurance reporting to QSEC. | Medium |
| Agreed Management Action | | Target Date |
| 1.1 | <p>Recommendation noted.</p> <p>Workshop to be convened to develop next steps to ensure that duty of quality responsibilities are clear and the duty becomes business as usual in all areas.</p> <p>Update to be provided to the Quality, Safety and Experience Committee through the routine Quality Assurance Report.</p> | 30/09/2024 |
| | | Responsible Officer |
| | | Director of Nursing, Quality and Patient Experience, supported by the Head of Quality and Governance |


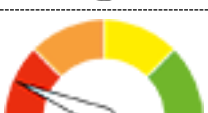
| Matter Arising 2: Implementation Action Plan (Design) | | Impact |
|--|---|--|
| <p>The implementation progress report presented to QSEC (October 2023) and Board (September 2023) acknowledged that further work is required to implement the Act, including ensuring that all staff recognise and understand the organisation’s Quality vision and their roles within it. The Head of Quality & Governance advised that this is the next area of focus for the Health Board, although there is no action plan in place setting out how this will be achieved and associated timescales.</p> | | <p>Potential risk of:</p> <ul style="list-style-type: none"> Failure to fully implement and comply with the Duty of Quality and the Health & Care Quality Standards |
| Recommendations | | Priority |
| 2.1 | <p>The next steps required in implementing and embedding the Duty of Quality and standards at throughout the Health Board (i.e. at operational/Directorate level) should be formalised in an action plan with progress reported via existing governance structures.</p> | Medium |
| Agreed Management Action | | Target Date |
| 2.1 | <p>Recommendation noted.</p> <p>Workshop to be convened to develop next steps to ensure that duty of quality responsibilities are clear and the duty becomes business as usual in all areas.</p> | 30/09/2024 |
| | | Responsible Officer |
| | | Director of Nursing, Quality and Patient Experience, supported by the Head of Quality and Governance |

| Matter Arising 3: DoQ Training (Design) | | Impact |
|---|---|--|
| <p>An e-learning programme is available on ESR, signposted from the Duty of Quality learning page, this isn't currently mandatory and therefore completion is not monitored. Minutes of the national <i>Duty of Quality & Candour Implementation Board</i> suggest that organisations should routinely access and monitor their own data on uptake via their ESR leads.</p> | | <p>Potential risk of:</p> <ul style="list-style-type: none"> Lack of awareness of the new Health & Care Quality Standards leading to failure to meet them |
| Recommendations | | Priority |
| 3.1 | Consider undertaking a training needs analysis and monitoring completion of DoQ e-learning. | Low |
| Agreed Management Action | | Target Date |
| 3.1 | <p>Recommendation noted.</p> <p>Workshop to be convened to develop next steps to ensure that duty of quality responsibilities are clear and the duty becomes business as usual in all areas.</p> <p>Update to be provided to the Quality, Safety and Experience Committee through the routine Quality Assurance Report.</p> | 30/09/2024 |
| | | Responsible Officer |
| | | Director of Nursing, Quality and Patient Experience, supported by the Head of Quality and Governance |

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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