Quality and Safety Governance

Final Internal Audit Report

October 2022

Hywel Dda University Health Board

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services Partnership
Audit and Assurance Services

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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Executive Summary

Purpose

Review of the operational quality & safety governance arrangements in place at directorate level to ensure that issues fundamental to the quality and safety of services are managed, monitored and escalated where appropriate.

Overview

Revised governance arrangements for directorate Quality, Safety and Experience (QSE) meetings appropriately identify and monitor key risk areas to ensure high quality care is delivered.

However, we identified that not all sampled directorates have adopted the mandated templates.

We did not identify any significant issues that had not been escalated within the sampled directorates. However, the level of detail recorded in meeting minutes is inconsistent, with some clearly documenting the key points discussed whilst others only confirming that discussion has taken place.

Accordingly, we have concluded **Reasonable** assurance overall with two medium priority matters arising relating to the adoption of the standard terms of reference (ToR) and agenda templates by all directorates, and the quality of minutes to clearly evidence discussion of key issues. Full details are provided in Appendix A on page 7.

Report Opinion

		Trend
Reasonable	Some matters require management attention in control design or compliance. **Low to Moderate impact** on residual risk exposure.	N/A

Assurance summary[1]

	Objectives	Assurance
1	Adoption of the revised governance arrangements for directorate QSE Groups	Reasonable
2	Identification, discussion and recording of key issues at service level, with escalation where necessary	Reasonable

[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	Revised Governance Templates	1	Operation	Medium
2	Quality of QSE Group Minutes	2	Operation	Medium

Introduction

1.1 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) also 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.

1.2 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 to the Health Board Quality Safety & Experience Committee.

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

1.4 Six directorates were selected as tracers for the review: Women and Children's Health (WCH), Scheduled Care, Primary Care, Therapies, Unscheduled Care - Bronglais, and Public Health.

1. 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 Four of the six sampled directorates have adopted the standard ToR and agendas for their Quality, Safety & Experience (QSE) Group.

2.2 Primary Care has not adopted the recommended templates, with older (out-of-date) versions of the ToR and agenda being utilised. Whilst agendas include directorate risks, safeguarding and service assurance/exception reports; many of the key areas identified in the Health Board agenda template are omitted, including:

Patient Experience	Patient story, patient incidents & complaints
Quality, Safety & Effective Clinical Practice	Mortality reviews, clinical audit, safety alerts & notices, infection prevention & control
Health & Safety	Staff incidents, fire safety
External Inspections / Reports	Audit, HIW, CIW, peer reviews

2.3 The Unscheduled Care directorate has also not adopted the mandated ToR, but is using the correct QSE agenda template so the structure and content of the meetings is in line with Health Board requirements.

2.4 In some cases, minutes of the WCH and Therapies QSE Groups did not cover all items on the standard agenda template and it was not clear from either the agenda or the minutes whether these items were not applicable or omitted in error. We note that other sampled directorates indicate on the agenda if an item is not applicable.

2.5 With the exception of Primary Care which meets quarterly, all sampled directorate QSE Groups meet at least bi-monthly, in line with the Health Board mandated ToR. Due to operational pressures, Unscheduled Care – Bronglais has been unable to conduct regular monthly meetings as noted within their ToR with their most recent meetings held in March and July 2022. We are advised that key issues are still being discussed outside of formal meetings - see para 2.10 below. **[See Matter Arising 1]**

Conclusion:

2.6 The Health Board has made some progress in embedding the revised governance arrangements. However, our testing has identified instances where these are not operating as intended, with Primary Care yet to adopt the standard ToR and agenda resulting in key items not being considered by the QSE Group. Accordingly, we have concluded **Reasonable** assurance 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

2.7 The Health Board mandated agenda template for directorate QSE Groups includes time at the end of each meeting to identify and agree items requiring escalation to the Operational Quality, Safety and Experience Sub-Committee (OQSESC). Following each meeting, the Chair is required to complete an exception reporting template (where applicable) to escalate issues that cannot be resolved operationally to the OQSESC, which reports to the Health Board's QSE Committee.

2.8 Audit reviewed all QSE Group minutes and agendas from April 2022 for the sampled directorates and where items were noted for escalation, we sought to confirm reporting to the next OQSESC meeting.

2.9 Therapies and Public Health Directorate QSE Group minutes recorded that there were no items for escalation. WCH, Primary Care and Scheduled Care QSE Group minutes identified items requiring escalation to OQSESC and in all instances OQSESC minutes evidenced that this information had appropriately been reported.

2.10 Unscheduled Care – Bronglais QSE Group meetings scheduled for April – June were cancelled due to operational pressures. However, OQSESC minutes demonstrate that key issues continued to be escalated during this time, albeit via verbal updates instead of the exception reporting template. Minutes for the formal QSE Group meetings held in March and July 2022 recorded that there were no items for escalation.

2.11 Our review of QSE Group minutes for the sampled directorates did not identify any significant issues that had not been escalated. However, the level of detail recorded in meeting minutes is inconsistent, with some clearly documenting the key points discussed whilst others only confirming that discussion has taken place. Therapies directorate also record meetings in the form of actions rather than formal minutes. **[See Matter Arising 2]**

Conclusion:

2.12 Sufficient arrangements are in place which allow for effective assurance reporting of quality and safety issues to the Health Board, ensuring issues identified at directorate level are escalated where necessary. Whilst we did not identify any significant issues that had not been escalated, the level of detail contained in QSE minutes varied. There is also opportunity to improve the quality of meeting minutes to better evidence discussion of key quality and safety areas. Accordingly, we have concluded **Reasonable** assurance for this objective.

Appendix A: Management Action Plan

Matter Arising 1: Adoption of revised Governance Templates (Operation)	**Impact**
Four of the six sampled directorates have adopted the Health Boards standard ToR and agenda for directorate QSE Group meetings. Primary Care has not adopted the recommended templates, with older versions of the ToR and agenda being utilised, omitting key items as identified at para 2.2. Unscheduled Care have not adopted the mandated ToR, but are utilising the correct agenda so the structure and content of meetings is in line with Health Board requirements.	Potential risk of: • quality and safety issues are not discussed at directorate level, escalated where appropriate or addressed, potentially resulting in poor quality services and/or patient harm.

Recommendation		**Priority**
1.1	Ensure that all directorates adopt the Health Board standard ToR and agenda templates for directorate QS&E groups.	**Medium**

Agreed Management Action		**Target Date**	**Responsible Officer**
1.1	The findings of this review by Internal Audit will be shared with Directorates through the Operational Quality Safety and Experience Sub-Committee. This will include use of the template Terms of reference and agenda. Members will receive a copy of the templates.	08/11/2022	Head of Quality and Governance / Chair of the Operational Quality Safety and Experience Sub-Committee

Matter Arising 2: Quality of QSE minutes	Impact
As part of the mandated Health Board agenda, significant issues and/or those that cannot be resolved at directorate level are required to be reported by exception to the Operational Quality, Safety & Experience Sub-Committee (OQSESC) using the Exception Reporting Template (issued Nov 2021). Audit reviewed all agendas and minutes from April 2022 within each of the six directorates and where items were noted for escalation to the Health Board, we confirmed this information had been reported to the next OQSESC. Two directorates recorded within the QSE Group minutes that there were no items requiring escalation. QSE Group minutes did not identify any significant issues that had not been escalated. However, the level of detail recorded in meeting minutes is inconsistent, with some clearly documenting the detail of the key points discussed whilst others only confirming that discussion has taken place.	Potential risk of: • quality and safety issues are not discussed at directorate level, escalated where appropriate or addressed, potentially resulting in poor quality services and/or patient harm.

Recommendations		Priority
2.1a	QSE Group minutes should clearly document the key points discussed and identified for further discussion/escalation.	**Medium**
2.1b	Minutes should demonstrate consideration of all items on the standard agenda template, even if only to confirm that there is nothing to report.	

Agreed Management Action		Target Date	Responsible Officer
2.1a 2.1b	The findings of this review by Internal Audit will be shared with Directorates through the Operational Quality Safety and Experience Sub-Committee. This will include clear documentation of key points and consideration of all items (as recommended above).	08/11/2022	Head of Quality and Governance / Chair of the Operational Quality Safety and Experience Sub-Committee

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.
	No 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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