

Transforming Urgent & Emergency Care (TUEC)

Final Internal Audit Report

April 2024

Hywel Dda University Health Board



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Executive Summary

Purpose

Review of the governance arrangements in place to manage, monitor and report delivery of the TUEC programme.

Overview


We have concluded **Reasonable** assurance with three medium priority matters arising relating to:

- Inconsistency in County operational delivery plans, and lack of health board-wide delivery plan to drive operational activity at County level.
- Whilst metrics have been identified to measure achievement of the overall aim to reduce the 3Cs, these lack specific time-bound targets and trajectories and are not aligned to projects within the programme, hindering meaningful assessment of programme delivery / success.
- Lack of audit trail demonstrating updates provided to / discussed at programme governance groups.

The assurance rating relates to the arrangements for monitoring and reporting programme performance and is not a reflection of the actual performance and outcomes of the TUEC programme.

Full details of matters arising are provided in Appendix A.

Report Opinion

		Trend
	Reasonable Some matters require management attention in control design or compliance.	n/a
	Low to moderate impact on residual risk exposure until resolved.	

Assurance summary¹

Objectives	Assurance
1 Executive and operational leads responsible for the delivery of the TUEC programme have been identified and receive programme/project management support	Reasonable
2 Key deliverables, anticipated benefits and trajectories for achieving these are clearly defined	Reasonable
3 Associated risks are identified, managed and mitigated	Substantial
4 Programme delivery is monitored and reported at appropriate forums	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 Delivery Plan	2	Design	Medium
2 Outcomes Framework	2	Design	Medium
3 Meeting Records	4	Operation	Medium

1. Introduction

1.1 In April 2022 the Minister for Health & Social Services launched the *Six Goals for Urgent and Emergency Care Programme*. The goals represent the outcomes expected for people accessing urgent and emergency care, focusing on the provision of effective, high quality and sustainable healthcare as close to home as possible.



Programme priorities for 2023/24 include:

- Develop & deliver an integrated urgent care model 24/7
- Implement Same Day Emergency Care (SDEC) services
- Reduce handover delays and ambulance conveyances to Emergency Departments
- Continue to develop/implement key clinical pathways to enable patients to access care in the right place, first time
- Reduce volumes of patients who experience a length of stay over seven days and over 21 days in hospital.

1.2 Aligned to the Ministerial Priorities, the Health Board's planning objective (PO) 3 centres around the *Transforming Urgent & Emergency Care (TUEC) Programme*. The Annual Plan highlights that the focus for the TUEC Programme in 2023/24 will be:

"revisions to the Same Day Emergency Care Model (SDEC), incorporating proactive care and building community capacity via Home First and Further, Faster, Together. TUEC will support a clear reduction on the current level of surge beds within the four acute sites, aligned to clear operational plans developed within each County System. There will also be an operational review to revise the delivery of Urgent Primary Care and GP Out of Hours to increase access for our population".

1.3 The potential risk considered in this audit is that anticipated outcomes and benefits are not realised due to poor governance arrangements, resulting in wasted resources and failure to deliver on Ministerial Priorities.

1.4 The scope of this audit was limited to a high-level review of programme governance arrangements. We have not sought to assess or provide assurance on the performance and outcomes of the TUEC programme, but have assessed the arrangements for monitoring and reporting on this within the Health Board.

2. Detailed Audit Findings

Objective 1: Executive and operational leads responsible for delivery of the TUEC programme have been identified and receive programme/project management support

- 2.1 The Director of Operations is Executive Lead for the TUEC programme and Planning Objective 3a: Implement the Six Goals - to develop and implement a plan by March 2024 to deliver Ministerial Priorities by 2026.
- 2.2 The Programme Director (and Senior Responsible Officer) post has been vacant since September 2023. It is anticipated this will be replaced with a new post as part of the ongoing operations restructuring which is currently going through the organisational change process. The role of Senior Responsible Officer has been assumed by the Director of Operations in the interim.
- 2.3 Clinical Leads for community and acute have dedicated sessional input into the programme. County Directors, the Director of Secondary Care, Unscheduled Care Lead (Programme Lead) and Hospital General Managers play key roles in the programme governance structure, with evidence of finance and workforce input/representation.
- 2.4 Operational Delivery Plans for each County identify officers responsible for implementing the actions within, although a number of gaps were identified – this is addressed under Objective 2.
- 2.5 The programme receives support from the Transformation Programme Office (TPO) with a dedicated Principal Programme Manager supported by a Programme Manager assigned to each of the two TUEC pillars, a Project Support Officer and administration support.

Conclusion:

- 2.6 Executive leadership is clear and the governance structures in place demonstrate involvement of key clinical and operational roles, with support from the TPO. The absence of a Programme Director presents a risk to delivery in the short to medium term, although we recognise that arrangements to replace this post are underway so have not made a recommendation in this regard. We have concluded **Reasonable** assurance for this objective.

Objective 2: Key deliverables, anticipated benefits and trajectories for achieving these are clearly defined

- 2.7 The *Six Goals Delivery Investment Plan* identifies the programme deliverable for 2023/24:
To increase flow at 'front door' by reducing bed surge by 80 across all sites
- 2.8 This will be achieved through reducing conveyance, conversion and complexity (length of stay) – known as the '3Cs'. There are 20 projects within the TUEC

programme, each aligned to one of two programme pillars and four Ministerial Priorities:



2.9 Projects are formally managed as such, proportionate to size and complexity, with governance arrangements, deliverables and trajectories identified within the respective project initiation documents. Project delivery is reported via the relevant pillar to the TUEC Programme Delivery Group.

Operational Plans

2.10 There is no Health Board-wide operational plan in place to deliver the strategic programme. Operational plans are in place for each County setting out the actions for 2023/24, aligned to the two programme pillars and six 'building blocks'.

2.11 There is notable variation in the plans, which may indicate inconsistency in approach across the three counties. Pembrokeshire is considered to be the better example, whilst Ceredigion has fewer actions with a number not assigned to a responsible officer, no start/end dates and no completion indicators. The narrative for many of the actions lacks clarity, and gaps in actions were apparent in comparison to the Pembrokeshire plan.

[Matter Arising 1]

Outcomes Framework

2.12 The *Outcomes Framework* for TUEC includes performance metrics relating to the factors impacting on the 3Cs, which the projects aim to influence. For example:

Number of admissions	Number of direct referrals to SDEC
Emergency Department attendances	Ambulance lost hours
4 & 12hr ED wait performance	Number of occupied beds
Number of patients with length of stay >21 days	Conveyance rate

2.13 Whilst metrics are aligned to the Six Goals, they are not clearly aligned to the individual projects and delivery plan actions that influence them so it is difficult to ascertain whether they are having the desired impact on the 3Cs.

2.14 Many of the metrics identify only a measure rather than a specific and time-bound target for achievement, the aim being for actual performance to follow forecast trend as determined by external consultants. The rationale for this is a continual drive to reduce the 3Cs as much as possible however, the absence of definitive targets hinders meaningful measurement of progress in achieving the end goal –

it is not clear how much of a reduction is needed to achieve the 80 bed efficiencies and for the programme to be considered a success.

[Matter Arising 2]

Conclusion:

2.15 The TUEC programme is centred around reducing conveyance, conversion and complexity (the 3C's) in order to reduce length of stay, achieve bed efficiencies and ultimately improve patient flow. Metrics are in place to measure these, although specific targets and trajectories have not been determined. There is no Health Board-wide delivery plan to drive operational activity, and variation in operational delivery plans. We have concluded **Reasonable** assurance for this objective.

Objective 3: Associated risks are identified, managed and mitigated

2.16 Corporate risk 1027 *risk to delivery of timely urgent and emergency care due to demand exceeding current capacity* relates to the TUEC programme and is assigned to the Quality, Safety & Experience Committee (QSEC). It was last reviewed in October 2023 and remains RAG rated red (risk score 20).

2.17 Programme risks are captured on the TUEC Programme Delivery Group (PDG) risk register. There are 15 open risks, including two red risks relating to financial sustainability of the UEC pathway beyond existing funding sources, and fragility of the community care infrastructure.

2.18 Risks are well documented, with clear and meaningful risk titles and descriptions. The risk log records inherent/baseline risk score, mitigation plan and the mitigated risk score.

2.19 The risk log is included on the agenda for each meeting as a link to the live document, so we were not able to review previous iterations to assess movement in (and therefore progress in managing) identified risks.

2.20 Risk logs are in place for the Integrated Home First Group (IHFG) and Managing Complexity & Conversion Group (MCCG) although risks are generally escalated to and therefore recorded on the TUEC PDG log instead to maintain a single central record. Identification of key risks is also a requirement of the exception and highlight report templates for monthly reporting within the TUEC governance structure.

2.21 Risk logs are also used for projects/workstreams within the TUEC programme, with risks escalated via the IHFG and MCCG to PDG as appropriate.

Conclusion:

2.22 We have concluded **Substantial** assurance for this objective.

Objective 4: Programme delivery is monitored and reported at appropriate forum(s)

TUEC Programme Governance Structure

- 2.23 The TUEC PDG is responsible for oversight and governance of the TUEC programme. Chaired by the Director of Operations, the group includes multi-disciplinary membership from across the Health Board and representation from Welsh Government and the Regional Partnership Board.
- 2.24 Monthly highlight reports are received from the two programme pillar groups – Integrated Home First Group (IHFG) and the Managing Complexity & Conversion Group (MCCG) – established in August and October 2023 respectively. Highlight reports summarise key achievements in the current period, plans for the next period, slippage and remedial action. Current status and trend is depicted using a traffic light system – in the latest meeting (February 2024) the IHFG and MCCG pillars reported amber and green status respectively, with both reporting green/improving trend.
- 2.25 The pillar groups maintain oversight of the County Operational Plans, with IHFG focusing on the 'Home First' approach and the MCCG focusing on the 'Good Hospital Care' aspect. This is achieved via monthly exception reports from the three Counties which focus on performance against metrics (outcomes) rather than delivery of actions within the plans (process).
- 2.26 Exception reports follow a standard format with a traffic light system to depict trend performance for identified outcome measures. A more detailed drill down of actual performance against forecast is provided for measures rated red or amber, with narrative to explain why the situation has occurred, what is being done to improve it, anticipated timescales and identification of key challenges.
- 2.27 Meetings are documented in the form of actions rather than minutes. In some cases updates are verbal with no papers to indicate the content of discussions.
- [Matter Arising 3]**
- 2.28 TUEC PDG reports into Operational Planning, Governance & Performance (OPGP), and Regional Partnership Board via the Integrated Executive Group.

Health Board Committee Structure

- 2.29 PO3a is aligned to the Strategic Development & Operational Delivery Committee (SDODC). Progress reporting to SDODC is in line with the committee workplan for 2023/24. A Deep Dive review of PO3a in October 2023 reported that 51 bed efficiencies had been achieved, although 39 of these were associated with the ongoing Reinforced Autoclaved Aerated Concrete (RAAC) issue in Wthybush Hospital.
- 2.30 Programme delivery is reported bi-monthly to the Health Board as part of the Operational Update, in terms of the impact of the programme on the '3C' outcome indicators. In December 2023 it was reported that the overall trends for

conveyance and conversion continue to reduce, whilst the trend for complexity (length of stay) continues to increase.

Conclusion:

2.31 We have concluded **Reasonable** assurance for this objective.

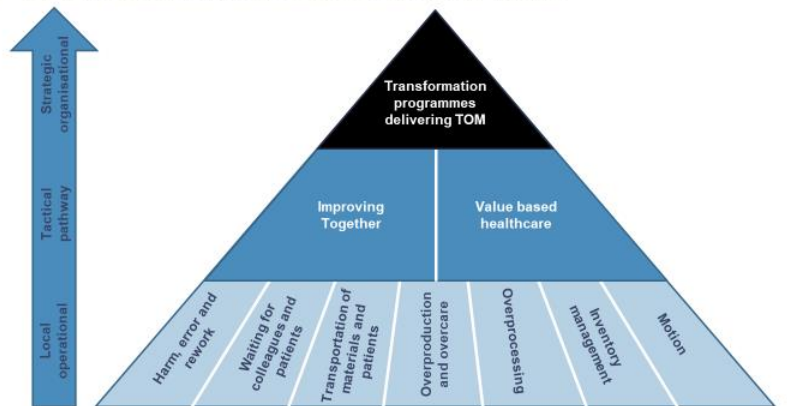
Appendix A: Management Action Plan

Matter Arising 1: Delivery Plan (Design)		Impact	
<p>There is no Health Board-wide or pillar-based delivery plan in place to drive operational activity at County level and bridge the gap between strategic programme aims and operational delivery.</p> <p>Operational delivery plans sit at County level and whilst actions are aligned to the two programme pillars, there is inconsistency between the three County plans – see para 2.11.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> Strategic programme aims do not translate into operational delivery The programme is not successfully delivered or anticipated outcomes not achieved resulting in wasted resources. 	
Recommendations		Priority	
1.1	Consider the merits of developing a Health Board-wide delivery plan to drive operational activity and ensure consistency between the three Counties.	Medium	
Agreed Management Action		Target Date	Responsible Officer
1.1	The Health Board is currently in the process of submitting both the Annual Plan and Six Goals Programme Plan for Welsh Government, setting clearly the TUEC Programme actions with agreed timescales, milestones and responsible officers. It is our intention that the detail for each action should be referenced in the Operational Delivery Plans, this will allow each County system to be regularly monitored against their baseline.	1 April 2024	Andrew Carruthers, Director of Operations

Resource Allocation Principles



- Discussion – how do we create a 'shift' in our resource to focus it on the 'must dos'



The above articulates that from April 1st the Health Board aim to be more effective at tracking actions contributing to the agreed TUEC high level metrics (3Cs). As part of the Operational Planning process Counties will be expected to develop and map actions against expected trajectories for TUEC improvement. This will be scrutinised and monitored through existing Improving Together meetings, as well as through existing TUEC governance structures.

The Six Goals Programme Plan is required to be submitted to Welsh Government on the 15th of March and the Annual Plan on the 28th of March. Once submitted we will share these documents with the audit team to provide reassurance against this recommendation.

Matter Arising 2: Outcomes Framework (Design)		Impact	
Metrics are in place to measure progress in reducing conveyance, conversion and complexity although there are no specific time-bound targets for achievement, the aim being to achieve a reducing trend, so it is difficult to measure programme success and the extent to which investment in the programme is worthwhile.		Potential risk of: <ul style="list-style-type: none"> The programme is not successfully delivered or anticipated outcomes not achieved resulting in wasted resources. 	
Recommendations		Priority	
2.1	Assign specific and time-bound targets to the identified metrics to enable meaningful assessment of progress and success in achieving the strategic aims of the programme.	Medium	
2.2	Align the metrics to the projects and actions that influence them so there is a direct link between performance and the root cause.	Medium	
Agreed Management Action		Target Date	Responsible Officer
2.1 / 2.2	<p>The Transforming Urgent and Emergency Care Programme is one of continuous improvement, rather than of defined end points against the agreed metrics. Furthermore, due to the complexities of the Urgent and Emergency Care system it is extremely difficult to be able to align specific actions to delivering improvements in specific areas. As such, the Health Board have signed off the collection of Conveyance, Conversion and Complexity metrics to highlight at a high level the success and benefits of the programme as a whole.</p> <p>However, the Health Board do recognise the importance of being able to track success and failure, and to have valid and reliable data to determine funding decisions. We are currently working with Operational Teams across each of our Counties to be able to improve the position</p>	1 July 2024	Andrew Carruthers, Director of Operations

	<p>by aligning local Operational Plans, actions and expected improvement trajectories to Annual Planning processes (please see 1.1).</p> <p>Additionally, the TUEC programme is currently working with the Informatics Directorate to ensure that we have the correct format of data required to monitor key metrics for the TUEC programme. For example, we hope to have a TUEC dashboard going forward with monthly views, historical and predictive trend lines. This will enable more accurate monitoring of data which are key for holding to account meetings such as Improving Together and the governance meetings associated with the TUEC Programme.</p>		
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Matter Arising 3: Meeting Records (Operation)		Impact	
Meetings within the TUEC programme governance structure are documented in the form of actions rather than minutes. In some cases updates are verbal with no papers to indicate the content of discussions.		Potential risk of: <ul style="list-style-type: none"> failure to successfully deliver the programme due to poor governance arrangements. 	
Recommendations		Priority	
3.1	Updates to the groups within the TUEC governance structure should be more robustly captured, for example in the form of a paper (rather than verbal) or high-level notes of the meeting.	Medium	
Agreed Management Action		Target Date	Responsible Officer
3.1	The TUEC PMO will have noted this and will add in more detail to action and decision logs going forward (inclusive of context to actions). The team are also recording Programme meetings in Teams and the links to the recordings will be embedded in the meeting agendas for 60 days for members to check risks, actions, or decisions in more detail if required.	1 April 2024	Thomas Alexander, Principal Programme Manager

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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