Follow-up: Bronglais General Hospital Quality & Safety Governance
Final Internal Audit Report

February 2024

Hywel Dda University Health Board

Contents

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

This review has sought to establish progress made by management to implement agreed actions arising from the previous internal audit [report HDUHB-2324-03 refers], which concluded limited assurance over the governance arrangements in place for the Quality & Safety Forum.

Overview of findings

The original audit identified six high and three medium priority matters arising, as summarised in the Progress Summary table.

Positive action has been taken by management to address all matters arising with six of the nine recommendation implemented.

Whilst management have made progress in addressing the remaining three recommendations, action remains ongoing for:

- ensuring key risks and issues from support groups through to the Quality Forum;
- addressing the overdue risks highlighted to the Quality Forum; and
- reducing the number of open incidents assigned to the directorate.

We have concluded **Reasonable** assurance overall.

Follow-up Report Classification

		Trend
Reasonable	**Follow up:** All high priority recommendations implemented and progress on the medium and low priority recommendations.	⬆

Progress Summary

	Previous Matters Arising	Previous Priority Rating	Direction of Travel	Current Priority Rating
1	Reporting Arrangements	High	⬆	Closed
2	Governance Arrangements	High	⬆	Medium
3	Table of Actions	Medium	⬆	Closed
4	Risk Register	Medium	⬆	Medium
5	Incidents Management	High	⬆	Medium
6	Performance Management	Medium	⬆	Closed

1. Introduction

1.1 This audit sought to establish the progress made by management in implementing agreed actions to address the issues identified in the original review (report HDUHB-2324-03 refers).

1.2 The potential risk considered in the original review was that quality and safety governance arrangements at Bronglais were ineffective with issues not escalated to and addressed by the Health Board, potentially resulting in poor quality services and/or patient harm.

2. Findings

2.1 The table below provides an overview of progress in implementing the previous internal audit recommendations:

Original Priority Rating	Number of Recommendations	Implemented / Obsolete (Closed - No Further Action Required)	Partially Implemented (Further Action Required)	Not implemented (Further Action Required)
High	6	4	2	-
Medium	3	2	1	-
Total	**9**	**6**	**3**	**-**

2.2 Full details of recommendations requiring further action are provided in the **Management Action Plan** in **Appendix A**.

Appendix A: Management Action Plan

Previous Matter Arising 2: Governance Arrangements	
Original Recommendation	**Original 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.	

Management Response	**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

Current Findings	**Residual Risk**
2.1 The revised Quality Forum TOR adopted in October 2023 set out directorate's governance and reporting structures. In order to facilitate the timely and accurate organisation and documentation of supporting groups and meetings, the directorate has been successful in gaining funding for the Band 3 Administrative post to undertake this role. The vacancy is currently in the process of being put on TRAC. Whilst positive actions have been identified and implemented, the gap in key issues and risks not being reported through from supporting groups to the Quality Forum remains in place. **Conclusion:** *Partially Implemented – Further Action Required*	Management do not receive the required information or data to help inform of the operational changes to improve services.
2.2 The TOR for the Quality Forum was updated to reflect the Health Board standard format including key items such as membership, purpose, key responsibilities, frequency of meetings, reporting, accountability,	No residual risk

	responsibility and authority. The TOR was submitted to the Quality Forum meeting in October 2023 for information. **Conclusion:** *Implemented – No Further Action Required*	

New Recommendation		**Priority**
1.1	Quality and safety orientated supporting groups and meetings should report into the Quality Forum ensuring key issues and risks are brought to the attention of hospital management.	**Medium**

Management Response		**Target Date**	**Responsible Officer**
1.1	Band 3 "committee support" post has been advertised with interviews scheduled for late February. This post will support the formalisation of the various meetings that need to feed into the Quality Forum, ensuring risks are flagged up to management.	1st April 2024	General Manager BGH

Previous Matter Arising 2: Risk Register		

Original Recommendation		Original Priority
4.1	The risk register should be reviewed and updated or amended to reflect current risks impacting the directorate.	**Medium**

Management Response		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

Current Findings		**Residual Risk**
4.1	The risk register continues to be reviewed on a monthly basis at the Quality Forum. A review of the latest update paper submitted to the January 2024 meeting highlighted three new risks had been included since the last Internal Audit report whilst instances of escalated risks and increase in risk scores were evident. The report also highlighted six risks that were overdue for review.	Key risks are not being addressed resulting in patient or staff harm.

Conclusion: *Partially Implemented – Further Action Required.*	

New Recommendation	Priority
2.1 Outstanding overdue risks recorded on the directorate register should be promptly addressed.	**Medium**

Management Response		Target Date	Responsible Officer
2.1	Risks are being reviewed on an ongoing basis. Actions being taken are sometimes open-ended (such as recruitment campaigns) and a review of how much this, along with other mitigations, reduces the presenting risk level is underway.	1st April 2024	General Manager BGH/Hospital Head of Nursing BGH

Previous Matter Arising 5: Incidents Management	

Original Recommendation	Original Priority
5.1 Management should seek: • To 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.	

Management Response		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	30th November 2023	Senior Nurse for Quality

	Datix team. Lead Nurse for Quality and Safety to develop plan for incidents within local responsibility. 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
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

Current Findings	**Residual Risk**
5.1	Considerable work has been undertaken to reduce the number of open incidents assigned to BGH. Allocation of the 'New' open incidents has been spread amongst BGH managers and as at 23rd January 2024, the number of new incidents has reduced to 31 from the 578 originally reported in September 2023, whilst cases awaiting closure have more than halved from 282 to 130 – see breakdown of comparison figures below.	Risk resulting from incidents are not addressed resulting in patient and staff harm, and potential for financial damages.

BGH Incident Report Date	Awaiting Closure	Management Review/ Make it Safe Plus	New Incidents	Under Investigation	Grand Total
6th Sept 2023	282	284	578	38	1182
23rd Jan 2024	130	705	31	43	909

A high percentage of those that remain open were allocated on reporting as 'Community Pressure Sores' and management are working together with the Central Governance Team to assign these correctly for clearing. Progress is being closely monitored by the directorate management and progress reported at the Quality Forum meetings, as evidenced within the papers and the January Exception Report to OQSEC.

Conclusion: *Partially Implemented – Further Action Required*

| 5.2 | A review of the October-December 2023 Quality Forum minutes confirmed that identified themes and hotspots, such as pressure damage, had been identified and discussed at recent meetings, whilst the exception report | No residual risk. |

submitted to the Operational QSEC highlighted sickness rates, agency cover and infection control incidents as key themes for monitoring.

Conclusion: *Implemented – No Further Action Required*

New Recommendation	Priority
3.1 A review of the remaining open incidents are promptly investigated and correctly assigned for clearing.	**Medium**

Management Response		Target Date	Responsible Officer
3.1	New incidents are reviewed and assigned quickly; the Head of Nursing for Quality and Safety is working with service areas to fully investigate and close incidents. The priority incidents will be those where harm has been identified. This process has begun.	31st August 2024	Hospital Head of Nursing

Appendix B: Previous Matters Arising Now Closed

Previous Matter Arising 1: Reporting Arrangements		
Original Recommendation		**Original 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.	

Management Response		**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 be documented in the minutes. OQSEC minutes to be item for noting in the local quality forum.	31st October 2023	Head of Nursing BGH

Current Findings	
1.1	The standard Health Board terms of reference (TOR) and agenda has been adopted by the Quality Forum from October 2023. A review of the Quality Forum agenda and minutes for October, November and December 2023 confirmed that key quality and safety topics, including health & safety issues, safety alerts, NICE guidance and research & development were discussed.
	Management confirmed that since the audit in September 2023 attendance is being monitored with a future view to including attendance records within the minutes to aid monitoring. Management have not had the need to escalate attendance issues for the previous three Quality Forum meetings.
1.2	Since the adoption of the standard Health Board agenda in October 2023, the Quality Forum have included an 'Items for Escalation' as part of the standing agenda. A review of the Quality Forum minutes for October and November 2023 meetings identified no items that required escalation,

whilst an exception report highlighting key directorate risks, such as challenges with clinical space on site, open incidents, pressure damage was noted for submission to the Operational QSEC meeting in January 2024.

Previous Matter Arising 3: Table of Actions		
Original Recommendation		**Original Priority**
3.1	Key quality and safety topics should be regularly reported by a representative member of the Quality Forum.	**Medium**
Management Response	**Target Date**	**Responsible Officer**
3.1 Agreed – a table of actions approach has already been adopted.	2nd October 2023	General Manager BGH
Current Findings		
3.1	Review of the October – December 2023 Quality Forum meeting minutes and papers confirmed a Table of Actions has been adopted as a standard agenda item. The action table sets out the action, responsible lead, timescale and update.	

Previous Matter Arising 6: Performance Management		
Original Recommendation		**Original Priority**
6.1	Performance data should be used to drive discussion and actions of areas of concern and improvement at the Quality Forum.	**Medium**
Management Response	**Target Date**	**Responsible Officer**
6.1 Obtain dashboard access for Hospital Head of Nursing and Hospital Service Manager.	2nd October 2023	General Manager BGH

	Dashboards used to inform reports and be reported at the local Quality Forum. Hospital Management Team to contribute to continued dashboard improvements.	13th October 2023	Head of Nursing BGH

Current Findings			
6.1	Review of the October – December 2023 Quality Forum meeting minutes and papers confirmed a Table of Actions has been adopted as a standard agenda item. The action table sets out the action, responsible lead, timescale and update.		

Appendix C: 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. **Follow up:** All recommendations implemented and operating as expected
	Reasonable assurance	Some matters require management attention in control design or compliance. **Low to moderate impact** on residual risk exposure until resolved. **Follow up:** All high priority recommendations implemented and progress on the medium and low priority recommendations.
	Limited assurance	More significant matters require management attention. **Moderate impact** on residual risk exposure until resolved. **Follow up:** No high priority recommendations implemented but progress on most of the medium and low priority recommendations.
	No assurance	Action is required to address the whole control framework in this area. **High impact** on residual risk exposure until resolved. **Follow up:** No action taken to implement recommendations

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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