

Mental Health & Learning Disability Services – Timely Access

Final Internal Audit Report

October 2023

Hywel Dda University Health Board



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Executive Summary

Purpose

To undertake a review of the key controls in place to manage and mitigate the risk of failing to achieve Welsh Government targets for ASD and Psychological Therapies.

Overview

The audit review focused on the risk, controls and gaps in controls identified within risk 1032, and whilst there are still significant challenges in the achievement of the Welsh Government performance target, we have concluded a **Reasonable** assurance.

We identified five medium priority matters arising relating to:

- Further work to strengthen and support existing controls;
- Lack of documentation;
- Reviewing and revising of risk 1032;
- Identifying the root cause of the ASD performance decrease; and
- Establishment of the ASD trajectory.

Two low priority 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.

Low to moderate impact on residual risk exposure until resolved

Assurance summary¹

Objectives	Assurance
1 Controls to improve performance against Welsh Government targets for ASD and Psychological Therapies have been identified, with appropriate actions to address any gaps in control.	Reasonable
2 Effective arrangements are in place to monitor performance, action implementation and ensure any barriers to achievement of targets are escalated where appropriate.	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	Key Controls	1 Operation	Medium
2	Gaps in Controls – Further Action	1 Operation	Medium
3	Revision of Key Controls and Gaps in Controls of Risk 1032	1 Operation	Medium
5	Autism Spectrum Disorder (ASD) Trajectory and Performance Measure	2 Design and Operation	Medium

1. Introduction

- 1.1 The Health Board is required to report to Welsh Government on a range of metrics in line with the Mental Health (Wales) Measure 2010. As the Health Board emerges from the pandemic MH&LD services are experiencing significant staffing and accommodation pressures, which coupled with increased referrals for some services and increases in acuity for service user groups are putting a strain on the service. These pressures are impacting on service users who as a result are having to wait longer to access services.
- 1.2 In October 2022, Welsh Government placed the Health Board into Targeted Intervention (TI) escalation status for planning and finance, and Enhanced Monitoring (EM) for performance. In addition, WG also gave the Health Board a series of Accountability Conditions (AC) for areas where improvements are needed. For Mental Health and Neurodevelopmental Services these include, but are not limited to:
- meet the agreed improvement trajectory for psychological therapies by 31 March 2023; and
 - submission of an improvement trajectory to demonstrate how the health board will meet the national target by 31 March 2023 and have clear plans in place to improve neurodevelopmental services.
- 1.3 Timely access to assessment and diagnosis for MH&LD clients is reflected on the Health Board's risk register: Risk 1032 (Risk Score 20):
- "There is a risk of the Health Board not achieving Welsh Government targets in relation to the start of diagnosis of ASD within 26 weeks and commencement of interventions for Psychological Therapies within 26 weeks".*
- 1.4 The potential risks considered in the review were as follows:
- delayed access to services resulting in harm to patients; and
 - reputational damage to the Health Board.
- 1.5 The audit focused on the risk, controls and gaps in controls identified within risk 1032 relating to ASD and Psychological Therapies.

2. Detailed Audit Findings

Objective 1: Controls to improve performance against Welsh Government targets for ASD and Psychological Therapies have been identified, with appropriate actions to address any gaps in control.

Key Controls Currently in Place

- 2.1 The key controls currently in place within risk 1032 are defined as the *existing controls and processes in place to manage the risk*. Testing identified that for the fourteen key controls identified within risk 1032, twelve are currently in place and operating as reported.
- 2.2 A review of the documentation, evidence and information provided confirmed the current status of the key controls and the processes in place with the objective of improving the performance measures against Welsh Government targets.
- 2.3 The following is a selection of key controls and processes currently operating within Hywel Dda University Health Board (HDUHB) in order to address and support individuals on the waiting lists:
 - Due to exponential demand on the service, HDUHB has appointed two providers for the period January 2023 to March 2025 to support both the Integrated Autism Service and or the Child / Adolescence ASD Service with Autism Spectrum Diagnosis (ASD) assessments in order to address the waiting list. The providers will undertake individual diagnostic assessments of up to 379 children and young people per annum and, 347 virtual /online individual adult diagnostic assessments over the term of the contract;
 - Furthermore, HDUHB have appointed a provider to undertake individual diagnostic assessments of approximately 128 individuals over the term of the contract in relation to Eye Movement Desensitization and Reprocessing Therapy (EMDR); and
 - A digital mental health and emotional well-being support service for children and young people has been procured, with the aim of delivering support and treatment via an online platform.
- 2.4 For two of the key controls, testing identified that further work would support and strengthen the existing controls, ensuring that they are operating as expected:
 - one instance where the documentation and information provided was not sufficient to fully support the reported key control; and
 - one occasion where the trajectory has not been established. **[Matter Arising 1]**

Gaps in Controls

- 2.5 The identified gaps in control are defined as *where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working.*
- 2.6 Risk 1032 consists of four gaps in control, broken down into sixteen *further actions necessary to address the controls gaps* together with the corresponding progress and status of each gap.
- 2.7 Documentation and information provided supported the reported progress made in addressing the identified gaps in controls for fourteen of the sixteen actions. For the remaining two actions to address the gaps in controls, the following was identified:
- one instance where the progress has been deemed completed by the Service Manager, however some of the documentation to support the work reported in the gap in control has not been provided for review; and
 - one occasion where there was no evidence that an impact assessment had been undertaken. **[Matter Arising 2]**
- 2.8 Testing confirmed significant overlap between the documentation and information provided to support the key controls reported as currently in place and the identified gaps in controls. Where progress has been attained in addressing the gaps in controls and various processes have been implemented, consideration should be given to the revision of the controls identified and reported within risk 1032 to ensure an accurate reflection of the current position. **[Matter Arising 3]**

Conclusion:

- 2.9 We have concluded **Reasonable** assurance for this objective on the basis that whilst controls have been identified to improve performance against WG targets and have been verified to supporting documentation and evidence, with the actions identified to address the gaps in controls deemed as appropriate. Testing confirmed four occasions where further work would support, strengthen and address the existing measures, ensuring the controls are operating as reported.
- 2.10 Furthermore, a revision of the controls identified and reported within risk 1032 in order to reflect the progress in addressing the gaps in controls and the inclusion of further key controls or additional gaps is required.

Objective 2: Effective arrangements are in place to monitor performance, action implementation and ensure any barriers to achievement of targets are escalated where appropriate.

- 2.11 In response to the report published during July 2022 by the Welsh Government entitled a *Review of Demand, Capacity and Design of Neurodevelopmental Services*, the Deputy Minister for Social Services announced a neurodivergent improvement programme funded by £12 million over three years until March 2025.
- 2.12 Furthermore, HDUHB have applied and successfully secured funding via the WG Service Improvement Funding for Mental Health 2023-24 which supports the challenges Health Boards across Wales are currently facing.
- 2.13 The referrals rates for Neurodevelopment and IPTS below highlight the demand being placed on the services over the last four years. With four months remaining of 2023 the number of referrals into Neurodevelopment Services will significantly surpass previous years.

Neurodevelopment

Referrals – per calendar year	2020	2021	2022	January to August 2023
Received	815	937	984	937
Accepted	628	887	823	779
% Accepted	77%	94%	83%	73%

IPTS

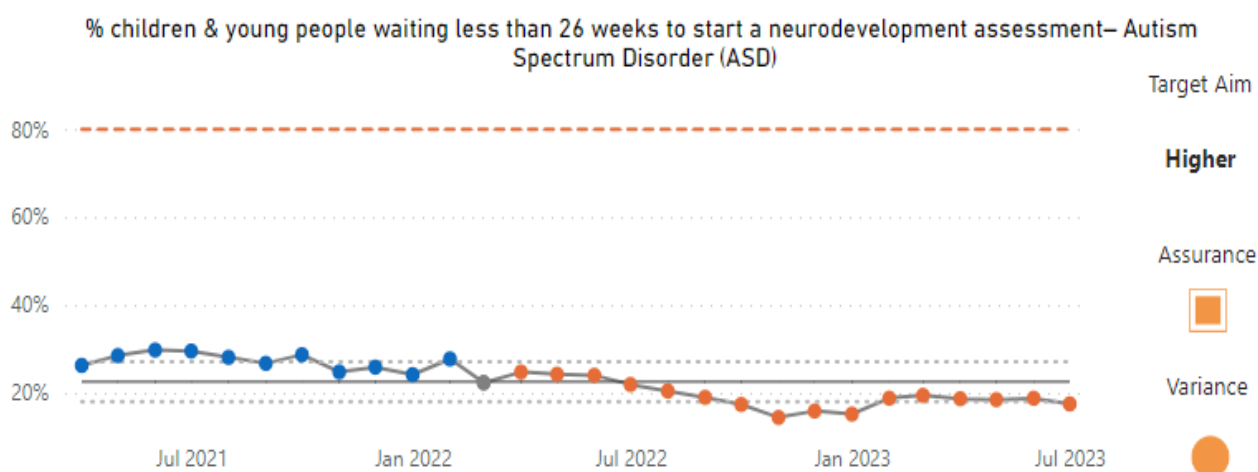
Referrals – per financial year	2020	2021	2022	April to August 2023
Received	654	764	994	374
Accepted	535	678	893	330
% Accepted	82%	89%	90%	88%

- 2.14 Recent reviews of the systems and current working methods has resulted in the standardisation of documentation and the streamlining of several processes in order to create efficient services. Including the introduction of job planning and caseload management with regular 1-2-1's completed.

- 2.15 The narrative file is the key documentation for capturing and reporting of the WG performance measures. The performance team collates the information to produce the IPAR, which is presented to the HB and WG. The narrative file and IPAR encompasses the context and issues that each area (measure) is currently experiencing, together with corresponding actions, noting progress made in addressing the issues and to improve the performance measure. In addition, the file also notes the risks and mitigation for each measure.
- 2.16 Furthermore, a presentation to the Integrated Quality Planning and Delivery (IQPD) meeting and Enhanced Monitoring (EM), reports on the performance for each measure and area, the root cause analysis, together with the services goals, trajectories and action plan. In addition, quarterly performance review meetings are undertaken with the NHS Delivery Unit (DU).
- 2.17 The performance measures for autism spectrum disorder (ASD) and Integrated Psychological Therapies Services (IPTS) were extracted from the Performance Assurance Report (BI Database) below.



- 2.18 The trajectory for Psychological Therapies has been set at a 1% performance increase per month. It is evident from the above graph that the trajectory has been achieved, noting an upwards movement with an increase from 46.5% in June to 47.7% in July. During November 2023 the intention is to reset the referral process where individuals referred into IPTS will be offered group therapy as a first treatment option. Therefore, consideration should be given to revisiting and revising of the set trajectory at the end of the financial year, in order to reflect the work currently ongoing within the therapies service. **[Matter Arising 4]**



- 2.19 A review of the above graph notes a downward movement noting a decrease in performance from 18.8% in June to 17.5% in July. In addition, the trajectory for ASD is not in place. It is imperative that the ASD trajectory is established with a review undertaken in order to identify the root cause of the decrease in performance for July. **[Matter Arising 5]**
- 2.20 It is evident from a review of the considerable volume of meeting minutes, agendas, presentations, reports etc provided for the numerous meetings held that monitoring of performance, implementation of new processes, action plans and next steps, together with the highlighting and reporting of risks and mitigations are actively discussed, with appropriate action taken and the escalating of arising issues and constraints.
- 2.21 In addition, the papers provided covered a wide range of meetings from team meetings to meetings undertaken with the Board, WG (including EM) and the NHS DU. The frequency of the meetings varied from monthly to quarterly.
- 2.22 Furthermore, from the meeting minutes provided, we noted significant overlap of both performance discussions and attendees at each meeting. Therefore, consideration should be given to potentially consolidating or amalgamating the discussion elements of performance in order to prevent duplication of work and to reduce the amount of time spent in meetings. **[Matter Arising 6]**

Conclusion:

- 2.23 Accordingly, we have concluded **Reasonable** assurance for this objective, based on the key points noted and matters arising above.

Appendix A: Management Action Plan

Matter Arising 1: Key Controls (Operation)		Impact
<p>For two of the key controls, testing identified that further work is required in order to support and strengthen the existing controls, ensuring that they are operating as expected and as reported within risk 1032. The following was noted:</p> <ul style="list-style-type: none"> • one instance where the documentation and information provided was not sufficient to fully support the reported key control; and • one occasion where the trajectory has not been established. 		<p>Potential risk of:</p> <ul style="list-style-type: none"> • Delayed access to service resulting in harm to patients. • Reputational Damage to Health Board.
Recommendations		Priority
1.1	In order to address the matter arising, further work should be undertaken to ensure the identified key controls within 1032 are fully established and operating as reported to the health board.	Medium
Agreed Management Action		Target Date
1.1	<p>ASD services will ensure pre and post diagnostic support is available for children and young people as outlined in the Code of Practice on the Delivery of Autism Services (Welsh Government; 2021) and ensure clients are kept informed on waiting times via regular correspondence and explore the development of websites/ as an additional source of support.</p> <p>Trajectory is addressed in 5(2)</p>	March 2024
		Service Delivery Manager (Neurodevelopmental Services)

Matter Arising 2: Gaps in Controls – Further Actions (Operation)		Impact	
<p>The reported gaps in controls consist of sixteen further actions, with two actions unable to be fully verified as complete due to a lack of documentation.</p> <p>Testing identified the following:</p> <ul style="list-style-type: none"> one instance where the progress has been deemed complete by the Service Manager, however some of the documentation to support the action and progress reported in the gap in control has not been provided for review; and one occasion where there was no evidence that an impact assessment had been undertaken. 		<p>Potential risk of:</p> <ul style="list-style-type: none"> Delayed access to service resulting in harm to patients. Reputational Damage to Health Board. 	
Recommendations		Priority	
2.1	<p>Management should review their current progress made against the identified gaps in controls and further actions identified, in order to assess the further work required to ensure actions as completed have been fully implemented.</p>	Medium	
Agreed Management Action		Target Date	Responsible Officer
2.1	<ul style="list-style-type: none"> To ensure 'Keeping in touch' letters are routinely sent to those on the Learning Disability Psychology waiting list. Following the audit of 1032, it is agreed the impact assessment is no longer required. 	December 2023	Service Manager Learning Disabilities

Matter Arising 3: Revision of Key Controls and Gaps in Controls of Risk 1032 (Operation)		Impact	
<p>Testing confirmed significant overlap between the documentation and information provided to support the key controls reported as currently in place and the identified gaps in controls.</p> <p>Furthermore, progress has been attained in addressing the gaps in controls with various processes implemented and new ways of working currently being reviewed.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> • Delayed access to service resulting in harm to patients. • Reputational Damage to Health Board. 	
Recommendations		Priority	
3.1	Revisiting, reviewing and revising of the key controls, gaps in controls, actions and progress identified and reported within risk 1032, in order to provide an accurate account of the current status of risk 1032.	Medium	
Agreed Management Action		Target Date	Responsible Officer
3.1	A review of Risk 1032 on the Risk Register will be started on the 17 th October 2023.	December 2023	Director MH&LD / Assistant Director MH&LD
	Gaps in control and actions will be reviewed in line with the review of meetings, as this will reduce duplication and overlap of documentation.	December 2023	

Matter Arising 4: Psychological Therapies Trajectory (Design)		Impact	
<p>The trajectory for Psychological Therapies has been set at a 1% performance increase per month, with an increase from 46.5% in June to 47.7% in July.</p> <p>The review has noted a significant amount of ongoing work around the implementation of new processes and new ways of working, together with the intention later in the year to reset the referral process where individuals referred into IPTS will be offered group therapy as a first treatment option. Therefore, as progress continues to be made, the trajectory should be reviewed to reflect the proactive steps taken to reduce waiting lists.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> • Delayed access to service resulting in harm to patients. • Reputational Damage to Health Board. 	
Recommendations		Priority	
4.1	Revisiting and revising of the set trajectory, in order to reflect the progress of the implementation of new ways of working within the therapies service.	Low	
Agreed Management Action		Target Date	Responsible Officer
4.1	To review trajectory's quarterly in line with performance trends and adjust accordingly.	December 2023	Service Delivery Manager (Psychological Therapies)






Matter Arising 5: Autism Spectrum Disorder (ASD) Trajectory and Performance Measure (Design and Operation)		Impact		
<p>A review of the ASD performance measure for June to July noted a decrease of 1.3% in performance from 18.8% in June to 17.5% in July. Furthermore, testing identified the trajectory for ASD is not in place.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> • Delayed access to service resulting in harm to patients. • Reputational Damage to Health Board. 		
Recommendations		Priority		
5.1	<p>A review is undertaken to identify the root cause of the decrease in the performance measure for July, with appropriate next steps and action taken to address the issue.</p> <p>Where a gap in control has been identified, consideration should be given to the inclusion of the action within risk 1032.</p>	Medium		
5.2	<p>A trajectory for the ASD performance measure should be established.</p>	Medium		
Agreed Management Action		Target Date	Responsible Officer	
5.1	<p>ASD Services will undertake a service review of demand and capacity to compare 2023 data against 2022 to ascertain cause of decline in performance.</p>	December 2023	Service (Neurodevelopmental Services)	Delivery Manager
5.2	<p>The ASD service will work with the HB Performance / Operational Team to establish a realistic trajectory considering the demand and capacity impact already highlighted to Board and Welsh Government – a maximum of 1 % will be monitored.</p>	March 2024	Service (Neurodevelopmental Services)	Delivery Manager

Matter Arising 6: Meetings (Design / Operation)		Impact	
<p>Testing confirmed that monitoring of performance, action plans and next steps, together with the highlighting and reporting of risks and mitigations are actively discussed at numerous team, group and committee meetings. Furthermore, we noted significant overlap of both discussions of performance measures and attendees at each meeting.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> • Delayed access to service resulting in harm to patients. • Reputational Damage to Health Board. 	
Recommendations		Priority	
6.1	Potential consolidating or amalgamating the discussion elements of the performance measures in order to prevent duplication of work and to reduce the amount of time spent in meetings.	Low	
Agreed Management Action		Target Date	Responsible Officer
6.1	Undertake a review of both service level and Health Board level scrutiny meetings to identify most efficient use of resource and avoid duplication.	December 2023	Director MH&LD/Assistant Director MH&LD

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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