

Hywel Dda University Health Board

National Standards for Cleaning (Follow Up)

Final Internal Audit Report

June 2020

Private and Confidential

NHS Wales Shared Services Partnership

Audit and Assurance Services



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Committee:	Audit & Risk Assurance Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors.

ACKNOWLEDGEMENT

NHS Wales Audit & Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Disclaimer notice - Please note:

This audit report has been prepared for internal use only. Audit & Assurance Services reports are prepared, in accordance with the Service Strategy and Terms of Reference, approved by the Audit & Risk Committee.

Audit reports are prepared by the staff of the NHS Wales Shared Services Partnership – Audit & Risk Assurance Services, and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Hywel Dda University Health Board and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

1. Introduction and Background

The assignment originates from the 2019/20 internal audit plan. The relevant lead Executive Director for the assignment was the Director of Operations.

The original internal audit review (HDHB-1819-34) considered how the University Health Board meets its requirements in relation to the National Standards for Cleaning in NHS Wales. The review was limited to reviewing Standard VII – Monitoring Cleaning Outcomes – of the National Standards and concentrated on Internal Technical Audits. A report rating of limited assurance was derived from this review.

This audit has looked at the progress made by management to implement agreed actions to address the key findings identified in the previous report.

2. Scope and Objectives

The overall objective of this audit was to establish progress made by management to implement actions agreed to address key issues identified during the 2018/19 review of the adequacy of the systems and controls in place for National Standards for Cleaning, in order to provide assurance to the Audit & Risk Assurance Committee that risks material to the achievement of system objectives are managed appropriately.

The scope of this review was limited due to the restrictions imposed following the national outbreak of the coronavirus (COVID-19). The follow up review opinion provides the assurance level against the implementation of the agreed action plans only. The assurance provided will relate only to progress made on the objectives covered.

3. Associated Risks

The following inherent risks were considered during this audit:

- Risk of infection for patients;
- Poor public image for the Health Board;
- A health and safety risk for the public and staff;
- The risk of the Health Board providing poor value for money; and
- Recommendations have not been addressed as agreed by management.

OPINION AND KEY FINDINGS


4. Overall Assurance Opinion

We are required to provide an opinion as to the adequacy and effectiveness of the system of internal control under review. The opinion is based on the work performed as set out in the scope and objectives within this report. An overall assurance rating is provided describing the effectiveness of the system of internal control in place to manage the identified risks associated with the objectives covered in this review.

The scope of this review was limited due to the restrictions imposed following the national outbreak of coronavirus. This report does not provide assurance against the full review scopes and objectives of the original audits. The follow up review opinion provides the assurance level against the implementation of the agreed action plans only.

The overall level of assurance that can be assigned to a review is dependent on the severity of the findings as applied against the specific review objectives and should therefore be considered in that context.

The level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with National Standards for Cleaning (Follow Up) is **Reasonable** assurance.

RATING	INDICATOR	DEFINITION
Reasonable Assurance		The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.

The Follow up audit work undertaken, has confirmed that positive progress had been made with the implementation of the agreed management actions from the previous audit, although some actions still need to be fully implemented.





In summary, progress against the five agreed recommendations that required implementation is as follows: Priority rating	No of management responses to be implemented	Fully actioned	Partially actioned	Not actioned
High	4	1	3	0
Medium	1	1	0	0
Low	0	0	0	0
Total	5	2	3	0

Progress and improvements were seen with the utilisation of iPads at GGH and PPH, making the audit process efficient and timely. In addition, C4C audits were now being uploaded to the PMS website without delay, along with C4C audit rotas being implemented across the organisation. The follow up audit also identified the inclusion of community hospitals and sites within the performance dashboards.

However, the audit noted that, unresolved Estates issues continue to result in low Estates scores across the sites and some further work is required in order to fully action the management responses in regard of frequency of internal technical audits and consistency of scoring across sites and distribution of C4C reports.

5. Assurance Summary

The summary of assurance given against the individual objectives is described in the table below:

Audit Objective		Assurance Summary*			
					
1	Standard VII Monitoring of Cleaning Outcomes has been implemented within the Health Board in accordance with the National Standards for Cleaning in NHS Wales			✓	
2	There are measures of performance, evaluation and follow-up to monitor cleaning			✓	

* The above ratings are not necessarily given equal weighting when generating the audit opinion.

6. Summary of Audit Findings

The key findings from the follow up audit are reported in each section below.

Unresolved Cleaning and Estates Fails

The follow up audit identified from a review of the Estates Directorate Facilities Team Meetings for January and February 2020, that Credits for Cleaning (C4C) audits were reported within the performance dashboard reports. The performance dashboard reports contain a detailed review of both Estates and Cleaning C4C results for the preceding month.

Whilst we noted the performance reporting of C4C audit, the audit wasn't able to evidence the reporting of specific information on each 'fail' nor the targeted actions required to be undertaken.

Management action partially addressed.

Frequency of Internal Technical Audits

The previous Internal Audit report noted that Management identified the need to implement C4C audit rotas across the four acute hospital sites. The follow up audit work identified that C4C audit rotas has been established and implemented.

A review was undertaken of the wards and departments tested in the previous Internal Audit report to establish whether C4C audits had been undertaken on a regular basis. The audit identified that monthly audits had been undertaken at three of the four wards sampled, it was identified that a small number of audits weren't evidenced as undertaken at Cilgerran Ward at Glangwili General Hospital.

Management partially action addressed.

Uploading of Data and Scoring

The management response in the previous Internal Audit report was to ensure audits were uploaded within 48 hours of completion. Internal Audit attended and observed four C4C audits undertaken within the organisation and can confirm that the results were uploaded to the PMS (Pierce Management Services Ltd) website by the Domestic Supervisors immediately.

Management action addressed.

IPads Usage

As part of the agreed actions management planned to utilise iPads to undertake C4C audits across the Health Board, and from the follow up audit work undertaken including C4C audits attended and observed by Internal Audit at GGH and PPH, iPads were being fully utilised, making the audit process efficient and timely.

To capture the usage of iPads across the organisation, a modification of the performance dashboard presented at the Operational Performance Review was evident in the submission to the December 2019 meeting.

Management action addressed.

Audits at Peripheral Sites


Since the previous Internal Audit report, actions were implemented to ensure community sites were regularly audited in accordance with the All-Wales Monitoring Tool.


Whilst we noted that community hospitals have been included in the performance dashboard submitted to the Operational Performance Review, we noted that not all peripheral sites were being audited on a regular monthly basis.


Management action partially addressed.


Appendix A - Assurance Opinion and Action Plan Risk Rating

2019/20 Audit Assurance Ratings

 **Substantial Assurance** - The Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure.

 **Reasonable Assurance** - The Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with **low to moderate impact on residual risk** exposure until resolved.

 **Limited Assurance** - The Board can take **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **moderate impact on residual risk** exposure until resolved.

 **No Assurance** - The Board has **no assurance** arrangements in place to secure governance, risk management and internal control, within those areas under review, which are suitably designed and applied effectively. Action is required to address the whole control framework in this area with **high impact on residual risk** exposure until resolved.

Prioritisation of Recommendations

In order to assist management in using our reports, we categorise our recommendations according to their level of priority as follows.

Priority Level	Explanation	Management action
High	Poor key control design OR widespread non-compliance with key controls. PLUS Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in control design OR limited non-compliance with established controls. PLUS Some risk to achievement of a system objective.	Within One Month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. These are 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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