

# **Hywel Dda University Health Board**

## **Health and Care Standards**

### **Final Internal Audit Report**

**May 2020**

**Private and Confidential**

**NHS Wales Shared Services Partnership**

**Audit and Assurance Services**



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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:**

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## **1. Introduction and Background**

The review of the Health and Care Standards was completed in line with the Internal Audit Plan 2019/20. The relevant lead Executive for the assignment was the Director of Nursing, Quality and Patient Experience.

The new standards provide a consistent framework that enables health services to look across the range of their services in an integrated way to ensure that all that they do is of the highest quality and that they are doing the right thing, in the right way, in the right place at the right time and with the right staff.

## **2. Scope and Objectives**

The objective of the audit was to evaluate and determine the adequacy of the systems and controls in place for the Health & Care Standards, in order to provide assurance to the Audit & Risk Assurance Committee that risks material to the achievement of system objectives are managed appropriately.

The purpose of the review was to establish if the Health Board has adequate procedures in place to monitor the effective utilisation of the standards to improve clinical quality and patient experience.

The main areas that the review sought to provide assurance on were:

- An appropriate process is in place to assess the current utilisation of the Health & Care Standards to ensure they are being utilised to improve the quality and safety of services; and
- The Health Board has appropriate processes in place to oversee, monitor and report the utilisation of the standards.

## **3. Associated Risks**

The potential risk considered in the review were as follows:

- The standards are not effectively utilised across the Health Board; and
- The Health Board is not aware of how the standards are used to improve quality.


## **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 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 Health and Care Standards is **Reasonable** assurance.





<b>RATING</b>	<b>INDICATOR</b>	<b>DEFINITION</b>
<b>Reasonable Assurance</b>		The Board can take <b>reasonable assurance</b> 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 <b>low to moderate impact on residual risk</b> exposure until resolved.

Our fieldwork highlighted that positive progress has been made since our previous review. We can confirm that the Health Board has further developed its process to assess the utilisation of Health and Care Standards (HCS) to improve the quality and safety of services through the use of the assurance and scrutiny framework. We noted that HCS are fully embedded into day-to-day practices, which was evident from our review of several papers submitted to statutory committees of the Board in 2019/20.

The HCS assurance matrices provide a consistent approach for capturing evidence of the HCS being embedded across service areas. However, we noted a number of individual HCS criteria listed in the assurance matrices continue to either reference a group/committee not listed within the organisation's reporting hierarchical structure or no reference was made to a group/committee. This issue was highlighted in the previous Internal Audit report (HCUHB-1819-04).

## 5. Assurance Summary

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

Audit Objective		Assurance Summary*			
					
1	An appropriate process is in place to utilise the Health & Care Standards to improve the quality and safety of services				✓
2	The Health Board has appropriate processes in place to oversee, monitor and report the utilisation of the standards			✓	

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

### Design of Systems/Controls

The findings from the review have highlighted **one** issue that is classified as weakness in the system control/design for Health and Care Standards. This is identified in the Management Action Plan as (D).

### Operation of System/Controls

The findings from the review have highlighted no issues that are classified as weaknesses in the operation of the designed system/control for Health and Care Standards.

## 6. Summary of Audit Findings

The key findings are reported in the Management Action Plan at Appendix A.

### **OBJECTIVE 1: An appropriate process is in place to assess the current utilisation of the Health & Care Standards to ensure they are being utilised to improve the quality and safety of services.**

The Health and Care Standards (HCS) assurance matrix was developed in 2018/19 to capture information against each of the standards, such as the Executive Directors and lead officers and linking each standard to the appropriate reporting committees.

A review of this process was undertaken in 2019/20 and an enhancement was made to include corporate self-assessments against the standard statements. A paper documenting this new approach was submitted to the Operational Quality, Safety & Experience Assurance Committee (QSEAC) meeting in March 2020.

The utilisation of HCS within key reporting documents to the Health Board and statutory committees allows for the monitoring of quality and safety of services. That HCS are embedded within the following documents:

- Quality Dashboard reported quarterly under HCS domains
- All SBAR reports are linked to HCS
- Integrated Performance Assurance Report (IPAR) reported on alternative month to either Board or Business Planning Performance Assurance Committee (BPPAC) under HCS domains
- Annual Quality Statement reported the organisation's annual performance for each HCS domain
- Fundamental of Care Audits

We reviewed a sample of standards for each of the above documents with the exception of Quality Dashboard (due to the COVID-19 situation). We can confirm that all of the above documents are routinely submitted to the appropriate committees and the Board.

### **No matters arising.**

**OBJECTIVE 2: The Health Board has appropriate processes in place to oversee, monitor and report the utilisation of the standards.**

The Health and Care Standards assurance matrix confirmed that each standard had been linked with assigned groups and committees in addition to an identified Executive Director or lead officer.

In our previous Internal Audit report (H DUHB-1819-04), testing was undertaken to ensure supporting committees listed against each HCS was evident in the Health Board’s reporting structure. We noted 24 HCS criteria had either referenced a group/committee not listed on the reporting hierarchical structure or no reference was made to a group/committee. Whilst this year’s fieldwork has highlighted some progress five HCS criteria continue to reference a group/committee not listed or no reference made as below:

Standard	Criteria	Supporting Committee
<b>Standard 1.1</b> <i>Staying Healthy</i>	Carers of individuals who are unable to manage their own health and wellbeing are supported.	West Wales Carers Transitional Action Plan Group
<b>Standard 3.2</b> <i>Effective Care</i>	Support is given for carers and advocates who in turn are supporting the needs of people with communication needs.	West Wales Carers Transitional Action Plan Group Sensory Loss Standards Implementation Group
<b>Standard 6.2</b> <i>Individual Care</i>	Strategic equality plans are published setting out equality priorities in accordance with legislation.	None
<b>Standard 6.3</b> <i>Individual Care</i>	Patients, service users and their carers are offered support including advocacy and where appropriate redress	None
	Health services are open and honest with people when something goes wrong with their care and treatment.	None

Testing was undertaken for Standards *2.2 Preventing Pressure and Tissue Damage*, *4.1 Dignified Care* and *5.1 Timely Care* to ensure an assessment had been completed and returned. We can confirm that corporate assessment has been undertaken for these standards and returned to the Quality & Governance Team complete with supporting evidence.

We also reviewed the statutory committees of the Board and confirm that all standards had been embedded into day-to-day practices and was evident in the SBAR section of papers submitted during 2019/20.

**See Finding 1 at Appendix A.**



## 7. Summary of Recommendations

The audit findings and recommendations are detailed in Appendix A together with the management action plan and implementation timetable.

A summary of these recommendations by priority is outlined below.

<b>Priority</b>	<b>H</b>	<b>M</b>	<b>L</b>	<b>Total</b>
<b>Number of recommendations</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>

<p><b>Finding 1 – Mapped Reporting of Standards (D)</b></p>	<p><b>Risk</b></p>
<p>A review of the assurance matrices confirmed that the majority of the standards and their criteria were aligned to a sub-committee/group with reporting arrangements through to the Board via a statutory committee, advisory or partnership group. However, we noted that some criteria within the standards continue to reference a group/committee not listed on the reporting hierarchical structure or no reference was made to a group/committee.</p>	<p>The Health Board is not aware of how the standards are used to improve quality.</p>
<p><b>Recommendation 1</b></p>	<p><b>Priority level</b></p>
<p><b>Management should ensure that all Health &amp; Care Standards criteria listed in the assurance matrix is accurately mapped to an appropriate group or committee with reporting arrangements to the Board.</b></p>	<p><b>MEDIUM</b></p>
<p><b>Management Response</b></p>	<p><b>Responsible Officer/ Deadline</b></p>
<p>Accepted. The Assurance, Safety and Improvement Team will work with the Board Secretary and Corporate Governance Team to ensure that the mapping is revised to reflect the committee and sub-committee arrangements that have recently been reviewed.</p>	<p>Head of Quality and Governance &amp; Head of Corporate &amp; Partnership Governance.  30<sup>th</sup> June 2020</p>

## Appendix B - 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
<b>High</b>	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*
<b>Medium</b>	Minor weakness in control design OR limited non-compliance with established controls. PLUS Some risk to achievement of a system objective.	Within One Month*
<b>Low</b>	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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