

Hywel Dda University Health Board

Annual Quality Statement 2019/20

Final Internal Audit Report

May 2020

Private and Confidential

NHS Wales Shared Services Partnership

Audit and Assurance Services



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Auditor/s:	Jennifer Usher
Executive sign off:	Mandy Rayani (Director of Nursing, Quality and Patient Experience)
Distribution:	Sian Passey (Assistant Director – Nursing Assurance & Safeguarding) Cathie Steele (Head of Quality & Governance)
Committee:	Audit & Risk 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.

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1. Introduction and Background

The review of the 2019/20 Annual Quality Statement was completed in line with the Internal Audit Plan. The review sought to provide the Health Board with assurance regarding the process for the production of the Annual Quality Statement.

The relevant lead Executive Director for the review was the Executive Director of Nursing, Quality and Patient Experience.

2. Scope and Objectives

The overall objective of the review was to assist Hywel Dda University Health Board with accuracy checking, including the scrutiny of data and evidence, before the publication of the Annual Quality Statement.

The scope was limited to ensuring that the Annual Quality Statement is accurate, complete and consistent with information reported to the Board over the period. In addition, consideration was given to compliance with Welsh Government guidance (WHC (2019) 042) for 2019/20.

The main areas reviewed were:

- Annual Quality Statement is compliant with Welsh Government guidance;
- Planned developments and stated challenges identified in the 2018/19 AQS are appropriately reported in the 2019/20 submission;
- Timetable for production and publication of the Annual Quality Statement;
- Stakeholder engagement in the production and review of the Annual Quality Statement;
- Review relevant performance information / data demonstrating 2019/20 achievements and challenges; and
- Testing of a performance indicator detailed in the Annual Quality Statement.

3. Associated Risks

The inherent risks considered in the review include:

- i. Failure to follow Welsh Government guidance;
- ii. The public is not clearly informed of any improvement and challenges experienced in the range of services provided, as well as improvement priorities for the forthcoming year; and
- iii. The information detailed in the Annual Quality Statement is incomplete and / or incorrect.


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 the Annual Quality Statement is **Substantial** assurance.

RATING	INDICATOR	DEFINITION
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.

The draft AQS for 2019/20 adhered to the national guidelines. There is a clear defined structure and it is written in jargon-free plain English. It also includes the utilisation of visual graphics to highlight the key messages.





Timetables for the production of the AQS are clearly documented in committee papers. The level of engagement of the stakeholders is also evident with their attendance at statutory meetings.

The implementation of the reporting template by the Assurance, Safety & Improvement Team has enabled information to be collated against the identified domains in a structured fashion. A review of sampled figures within the draft AQS document corroborated to original data sources.

One medium priority finding was identified where the AQS document for 2018/19 had only recently been translated into the medium of Welsh and uploaded onto the Health Board website.

5. Assurance Summary

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

Audit Objective		Assurance Summary*			
					
1	Annual Quality Statement is compliant with Welsh Government guidance			✓	
2	Planned developments and stated challenges identified in the 2018/19 AQS are appropriately reported in the 2019/20 submission				✓
3	Timetable for production and publication of the Annual Quality Statement				✓

		Assurance Summary*			
Audit Objective					
4	Stakeholder engagement in the production and review of the Annual Quality Statement				✓
5	Review relevant performance information/data demonstrating 2019/20 achievements and challenges				✓
6	Testing of a performance indicator detailed in the Annual Quality Statement				✓

* 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 no issues that are classified as weaknesses in the system control/design for the Annual Quality Statement.

Operation of System/Controls

The findings from the review have highlighted **one** issue that is classified as a weakness in the operation of the designed system/control for the Annual Quality Statement. This is identified in the Management Action Plan as (O).

6. Summary of Audit Findings

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

OBJECTIVE 1: Annual Quality Statement is compliant with Welsh Government Guidance

A review of the Health Board's Annual Quality Statement (AQS) for 2019/2020 was undertaken to ensure compliance with the Welsh Government's AQS Statement 2019/2020 Guidance document (WHC/2019/042).

We can confirm that the AQS for 2019/20 complied with the content and structure identified in the guidance document, was written in plain English, jargon-free and utilised visual graphics to underline key messages.

Welsh Government guidance requires the AQS for 2019/20 to be published by the 29th May 2020. Whilst the submission date was revised until the 30th September 2020 due the outbreak of coronavirus, the Head of Quality & Governance took the decision to continue to publish the AQS for 2019/20 in line with the original submission date. This approach will enable them to focus on any other areas if and when required such as supporting roles within clinical practice during the pandemic.

A finding in last year's AQS audit review (HDUHB-1819-19) identified the lack of a Welsh version of the AQS document had not been uploaded onto the organisation's internet site. During this audit, we noted that the AQS for 2018/19 had only recently been translated into the medium of Welsh and published on the Health Board's website in April 2020.

See Finding 1 at Appendix A.

OBJECTIVE 2: Planned developments and stated challenges in the 2018/19 AQS are reported in the 2019/20 submission

The Health Board identified a number of key developments and challenges to address throughout 2019/20 in the AQS for 2018/19. The audit review of the AQS for 2019/20 concluded that progress of the developments and challenges were evident within dedicated chapters and quality themes.

No matters arising.

OBJECTIVE 3: Timetable for production and publication of the Annual Quality Statement

The production and publication of a timetable for the AQS 2019/20 was outlined in papers submitted to the Quality, Safety & Experience Assurance Committee (QSEAC) meetings in October 2019 and February 2020.

The timetable sets out specific dates and periods for the end-to-end review and agreement of the AQS document. This includes various review stages, together with engagement and feedback of the Readers Panel and the Stakeholder Reference Group, plus the revision and submission of the draft and final document to the Health Board before its publication on the organisation's website.

No matters arising.

OBJECTIVE 4: Stakeholder engagement in the production and review of the Annual Quality Statement

The Patient Engagement Team have produced a document entitled 'Delivering effective engagement to support the development of the AQS'. The document covers the testing of the draft AQS with both the Stakeholder Reference Group (SRG) and the Readers Panel, together with timescales for their engagement.

It was evident that some stakeholders were regularly engaged at statutory committee meetings, such as Community Health Council (CHC) members being invited to the QSEAC meetings in October, December 2019 and February 2020 where the AQS was presented.

Whilst we recognise the engagement of some stakeholders through the QSEAC meetings, a decision was made not to include the Readers Panel in the review process due the recent pandemic.

Therefore, the function intend to solely engage with the Stakeholder Reference Group for comment and review of both the English and Welsh draft versions of the AQS for 2019/20 via email.

No matters arising.

OBJECTIVE 5: Review relevant performance information/data demonstrating 2019/20 achievements and challenges

Performance stories included in the AQS for 2019/20 were submitted to the Assurance, Safety & Improvement (ASI) Team by email from identified service and department leads via the Directorate Triumvirate. The Executive Directors

received the draft AQS for comment and approval of the stories prior to it being submitted to the Board. Following the internal audit review of the AQS 2018/19, the ASI Team had designed and issued a reporting template to enable all services and departments to capture the required information against all domains.

A sample of stories demonstrating the organisation's achievements and challenges that were reported in the AQS for 2019/20 were tested to ensure their validity. Concluding testing, we were able to verify the figures of the sampled stories included within the draft AQS to the data source via the reporting templates.

No matters arising.

OBJECTIVE 6: Testing of a performance indicator detailed in the Annual Quality Statement

A review was undertaken to verify a performance indicator reported in the AQS 2019/20 against supporting documentation. We can confirm that the Influenza figures within the document corroborated to the raw data.

No matters arising.

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.


Priority	H	M	L	Total
Number of recommendations	0	1	0	1


Finding 1 – Welsh AQS (O)	Risk
<p>A finding in last year's AQS audit review (H DUHB-1819-19) identified the lack of a Welsh version of the AQS document had not been uploaded onto the organisation's internet site. The AQS for 2018/2019 has only recently been translated into the medium of Welsh and published on the Health Board website.</p>	<p>Failure to follow Welsh Government guidance.</p>
Recommendation 1	Priority level
<p>Management should ensure mechanisms are in place to enable the delivery and publication of the Welsh version of 2019/2020 AQS document onto the Health Board website in line with Welsh Government requirements.</p>	<p>MEDIUM</p>
Management Response	Responsible Officer/ Deadline
<p>Action: to liaise with the translation team to ensure that the Board approved versions of the AQS are published on the Health Board internet simultaneously.</p> <p>The Board will receive the final version of the AQS for approval at the meeting scheduled for 28th May 2020. This final version has been sent for Welsh translation.</p>	<p>Head of Quality and Governance</p> <p>30th June 2020</p>


<p>It is recognised that a few amendments may be required at the request of the Board. A plan is in place to ensure that the required changes are made to both the English and Welsh versions of the AQS.</p>	
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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
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.



Office details: St Brides
St David's Park
Carmarthen
Carmarthenshire
SA31 3HB

Contact details: 01267 239780