

Primary Care Clusters Final Internal Audit Report

March 2022

Hywel Dda University Health Board

NWSSP Audit and Assurance

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Acknowledgement

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Executive Summary

Purpose

The purpose of the audit is to review Primary Care Cluster plans and arrangements in place to monitor their delivery and to assess assurance reporting to Health Board.

Overview

We identified one high priority matter relating to the absence of appropriate assurance reporting arrangements to Health Board/Subcommittee. Audit noted inadequate reporting arrangements for Cluster development and progress, with limited visibility to the Health Board demonstrating Cluster performance.

This has resulted in a Reasonable assurance rating overall. Other matters arising concerned are as follows.

An inconsistent approach was identified across Cluster Meetings and Locality Lead Meetings regarding the use of Minutes and Action Logs, and in some instances no information was available. Audit suggests the introduction of specific action logs for recording actions agreed and to follow up at subsequent meetings.

Report Classification

Reasonable



Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved.

Trend

N/A

Assurance summary¹

Assurance objectives	Assurance
1 The format and content of cluster plans meet the requirements of the Welsh Government framework and are aligned to the Health Board	Substantial
2 Oversight, leadership, performance monitoring and support is given to the primary care clusters through health board management and their supporting teams	Reasonable
3 Progress against plans is monitored within the clusters and the Health Board	Substantial
4 A process is in place to provide assurance on Cluster development to the Health Board	Limited

Matters Arising

		Assurance Objective	Control Design or Operation	Recommendation Priority
1	Meeting Minutes and Action Logs	2	Design	Medium
2	Reporting Arrangements	4	Design	High

¹ The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

1. Introduction

- 1.1 The review of Primary Care Clusters has been completed in line with the 2021/22 Internal Audit Plan. The Executive lead for this review was the Director of Primary Care, Community and Long Term Care.
- 1.2 The potential risks considered in the review were as follows:
- cluster plans do not direct action effectively towards the objectives and priorities of the Health Board and Welsh Government;
 - objectives and targets are not met due to inadequate monitoring and scrutiny mechanisms;
 - the Board are not informed of cluster issues and risks due to ineffective reporting arrangements.

2. Detailed Audit Findings

Objective 1: The format and content of cluster plans meet the requirements of the Welsh Government framework and are aligned to the Health Board

- 2.1 Hywel Dda's approach is informed by a Healthier Wales, A healthier Mid and West Wales, the Primary Care model for Wales, the Regional Partnership Board and its West Wales Area Plan, the three Public Services Boards Wellbeing objectives and the priorities articulated by the seven Primary and Community Cluster Plans. The seven clusters remain the forefront of its work programme and each cluster has fully reviewed and revised their integrated Medium Term plans in line with contractual requirements and to help shape the vision of the Health Boards Annual Plan.
- 2.2 Previously prescribed templates provided by Hywel Dda Health Board were no longer considered mandatory, and individual Clusters were instead to develop plans as they saw fit and to be tailored to the needs of the individual Cluster community. This being said, a considerable amount of work has been performed during the period to ensure IMTP's are similar in both format and in content/reporting metrics and to allow the documents to be considered 'live' and updated when required.
- 2.3 During the development of Cluster Plans, guidance had not been received and a decision was made collectively by Health Board Directors of Primary Care across Wales whilst in communication with Strategic Planning team to proceed with the work performed on Cluster Plans using Annual Templates.
- 2.4 Audit sampled and tested three Cluster IMTP's and their content against Cluster Annual Delivery Plan template whilst considering the content and format of each Plan.
- 2.5 Audit noted a positive level of compliance to guidance, with the sampled IMTP's evidencing consistency in content. As expected, 2021 Cluster Plans focus heavily in regard to Covid and the content itself varies slightly between plans. For example, in one sample it was noted to have a specific reflection on Covid impact as a sub-section whilst the other plans did not contain this breakdown, they did however reflect on Covid impact within Section 4. Additionally, it was noted that the content of some areas within each plan differ slightly, such as training requirements and the detail included. It was noted in one plan that the detail in regard to training requirements is more vague than other IMTP's sampled.
- 2.6 Audit noted a consistency across all IMTP samples including standardisation within charts and other reporting metrics allowing Clusters and Management to appropriately monitor plans and their associated success. Although the content of sections sometimes vary in detail, there is clear consistency noted across Cluster Plans and their alignment to Welsh Government, as such no matters arising.

Conclusion:

- 2.7 Accordingly, we have concluded Substantial assurance for this objective.

Objective 2: Oversight, leadership, performance monitoring and support is given to the primary care clusters through health board management and their supporting teams;

- 2.8 There has been significant improvement within Cluster development over the years, part of its success is driven by the support provided by the Health Board and associated

representatives. It has been noted that Clusters themselves are maturing in nature to the extent that they are more independent, however Health Board management plays a key role regarding guidance, oversight and support.

- 2.9 Cluster meetings take place six times a year at formal Cluster meetings to plan and review progress and strategic direction related to the cluster IMTP and to routinely address associated cluster planning actions, cluster spending plans, sustainability and finance. Since COVID 19, these meetings have continued to be held virtually via Teams.
- 2.10 Audit sampled and tested three Clusters and their individual Cluster meeting minutes, reviewing attendance, actions raised, and whether actions had subsequently been addressed.
- 2.11 Audit noted a positive and consistent attendance to Cluster meetings, with Cluster Leads and Primary Care Service Managers (PCSM's) in attendance at all meetings. It was also positive to note the attendance of pharmacists, Health visitors, district nurses which supports the view that Clusters are broadening their approach in recent years.
- 2.12 Our review of documentation associated to Cluster meetings highlighted that for the most part that actions highlighted at meetings were subsequently addressed. However, some variation in the format of meeting notes and more specifically action logs exist, with some Clusters not providing action logs. Audit recommend agreement with Clusters the introduction of specific templates/action logs for recording actions agreed and addressed at subsequent meetings. **[See Matter Arising 1]**

Conclusion:

- 2.13 We identified instances where Cluster meetings and associated action logs differ across individual Clusters, with some Clusters not issuing action logs. This raises concern that actions raised in meetings are not subsequently addressed or documented. Accordingly, we have concluded Reasonable assurance for this objective.

Objective 3: Progress against plans is monitored within the clusters and the Health Board

- 2.14 Audit reviewed the arrangements in place within both Clusters and Health Board to allow for monitoring progress against plans of Cluster IMTP's. It is noted that there is not one single monitoring process, instead a multitude of actions which allows for performance monitoring against objectives.
- 2.15 Cluster Meetings and Locality Lead Meetings provide a positive forum for Clusters to internally review progress against plans. It allows for direct discussion of operational and strategic matters with senior management.
- 2.16 Audit obtained and reviewed the content of three Cluster IMTPs and it is positive to note the reflection included on past performance with specific reference to previous projects and their performance.
- 2.17 The introduction of Bower BI software allows access to Cluster performance and past performance of each project. Moving forward and as part of Locality Lead meetings, Clusters are to present progress updates as part of a revolving monitoring process with specific reference to the information contained within Power BI.

2.18 Audit has noted that monitoring arrangements in place are effective to meet the needs of the IMTP plan and the needs of the individual Cluster.

Conclusion:

Accordingly, we have concluded Substantial assurance for this objective.

Objective 4: A process is in place to provide assurance on Cluster development to the Health Board

2.19 Audit met with Management to discuss what standard arrangements are in place and to assess its adequacy in providing appropriate assurance to the Health Board.

2.20 Historically the Health Board received Primary Care Annual reports which provided narrative information on cluster developments alongside progress against previous years action plans, however due to Covid this has not been issued in some time. As part of our testing, we reviewed Cluster Meeting Minutes and Locality Lead Minutes to assess arrangements in place, with these meetings providing detail regarding Cluster progress and operational data.

2.21 Audit has noted limited reporting beyond what is described above and as such a recommendation has been noted below. **[See Matter Arising 2]**

Conclusion:

2.22 Audit concluded there to be a lack of visibility regarding progress updates to Health Board and recommend communicating matters on a more regular basis. Accordingly, we have concluded Limited assurance for this objective.

Appendix A: Management Action Plan





Matter Arising 1: Action Logs (Design)		Impact
<p>We were unable to identify a consistent approach across the seven Clusters and their associated Cluster Meeting minutes and action logs, with significant variation noted across our testing and in some instances, there was no information available to Audit.</p> <p>Within Audit samples it was noted that where actions are raised and documented, these were not specifically addressed in subsequent meetings or documented in an appropriate manner. Audit queried with management and found that for the most part actions are adequately addressed, however there is a clear lack of documentation and therefore Audit recommends a standardised template to identify and remedy such issues.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> • Missed Actions • Inefficient Cluster Working
Recommendation		Priority
<p>Management should introduce the use of standardised action logs at Cluster Meetings, with actions to be reviewed in subsequent meetings.</p>		<p>Medium</p>
Agreed Management Action	Target Date	Responsible Officer
<p>Primary Care Service Managers will ensure ongoing completion of a 'Table of Actions' following each Cluster meeting. This will include the action description; date raised; responsible officer; and status i.e. completed / work in progress. An audit to confirm compliance will be undertaken in May 2022.</p>	<p>31st May 2022</p>	<p>Assistant Director of Primary Care & Primary Care Manager (Business/ Service Improvement)</p>

Matter Arising 2: Reporting Arrangements (Design)		Impact
<p>Audit noted inadequate reporting arrangements regarding Cluster development/progress, with limited visibility to the Health Board demonstrating Cluster performance.</p> <p>Audit sampled 3/7 Cluster IMTP's and noted internal reviews performed on a regular basis and at Cluster level, with results presented at Locality Lead Meetings. Whilst this is considered positive, no clear reporting route or process to Health Board/Committee exists therefore updates/progress is not communicated on a regular basis.</p> <p>As discussed with management - Historically the Health Board received Primary Care Annual reports which provided narrative information on cluster developments alongside progress against previous years action plans, however this has not been issued in some time.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> • Inappropriate reporting route • Health Board Objectives not met
Recommendation		Priority
<p>Management should ensure arrangements are in place for assurance reporting to the appropriate subcommittee of the Board on key aspects of Primary Care Clusters.</p>		High
Agreed Management Action	Target Date	Responsible Officer
<p>A Cluster IMTP Progress Report will be provided to an appropriate Health Board / Committee meeting on a quarterly basis. The exact committee will be identified with relevant officers in due course, with the intention of implementation in time for Quarter 1 reporting.</p>	31 st July 2022	<p>Assistant Director of Primary Care & Primary Care Manager (Business/ Service Improvement)</p>

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.
	No 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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