

Hywel Dda University Health Board

Health and Care Standards

Final Internal Audit Report

February 2021

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.

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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 2020/21. The relevant lead Executive for the assignment was the Director of Nursing, Quality and Patient Experience.

The 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 and 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 and 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 **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. |





Our fieldwork highlighted that further positive progress has been made since our previous review in 2019/20. We can confirm that the Health and Care Standards (HCS) assurance matrix, first developed in 2018/19, has been broadened to include an assuring committee for each standard in addition to a sub-committee, steering group or advisory group, if appropriate. We noted that this development satisfies the recommendations made by Internal Audit during previous reviews (H DUHB-1819-04 & H DUHB-1920-01).

The maturity of the embedded Health and Care Standards within the organisation's governance framework has resulted in information for each standard being reported through to the Board and fully adopted into day-to-day practices.

No findings were noted as part of this review.

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 no issues that are classified as weaknesses in the system control/design for Health and Care Standards.

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

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 and Scrutiny Matrix was introduced in 2018/19 to capture key information against each of the standards, such as the lead officers and appropriate reporting committees. Further developments were made in 2019/20 to include corporate self-assessments against each standard.

The maturity of the embedded HCS within the organisation's governance framework has resulted in information against each standard being reported through to the Board. To corroborate the embedding of HCS within the governance framework, we reviewed several papers submitted to the Health Board, statutory committees and sub-committees from April 2020 to date and can confirm that the HCS are fully utilised within the key reporting documents noted below and routinely reported upon to the Health Board and its appropriate committees.

| | |
|---|--------------------------------------|
| Quality Assurance Reports | Improving Patient Experience Reports |
| SBAR Reports | Fundamental of Care Audits |
| Annual Quality Statement | HCS Self-Assessment Reports |
| Integrated Performance Assurance Reports (IPAR) | |

No matters arising.

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

In our previous Internal Audit reports (H DUHB-1819-04 and H DUHB-1920-01), it was noted that certain HCS criteria within the Assurance and Scrutiny Matrix had either no reference to a group/committee or the group/committee was not listed within the Health Board's reporting structure. This year's fieldwork and testing highlighted further development of the matrix to include an assuring committee for each standard, in addition to an Executive Lead, and if appropriate, a sub-committee, a steering or an advisory group. We are satisfied that our previous recommendations have been implemented.

Internal Audit chose a sample of three standards (*Standard 2.9 Medical Devices, Equipment and Diagnostic Systems, Standard 3.4 Information Governance and Communications Technology and Standard 4.2 Patient Information*) and testing was undertaken to ensure the criteria were being reported in papers submitted to the relevant assuring committees. We can confirm that all papers reviewed focussed on reporting against the HCS.

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 2020/21.

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 | 0 | 0 | 0 |


Appendix A - Assurance Opinion and Action Plan Risk Rating

2020/21 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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